

IDPC Membership Survey: Summary of Results

February 2020

The IDPC membership survey was shared with IDPC members in English, French and Spanish on 18 November 2019 and received responses until 13 December 2019. Out of IDPC's 195 member organisations, we received 65 eligible responses (i.e. 33% of IDPC's members¹). Responses originated from 45 individual countries, with four responses adopting a regional or multi-national outlook. In terms of regional representation, Latin America (18 responses), Sub-Saharan Africa (16) and Western Europe (11 responses) provided the highest amount of responses, followed by Eurasia (5), South East Europe (4), North America (3), South East Asia (2), South Asia (2), the MENA region (2) and Oceania (1). A summary of the responses is available below.

PERCEPTIONS OF CURRENT OR FUTURE POSITIVE/NEGATIVE DRUG POLICY REFORMS AROUND THE WORLD

POSITIVE MOVES TOWARDS DRUG POLICY REFORM

41 responses reported positive moves towards drug policy reform over 2019, and 13 (from 8 countries) anticipated further positive moves on the following year.

Cannabis - Medical

- **Brazil:** Steady implementation, led by pharmaceutical companies.
- **Colombia:** Issuance of medical cannabis permits.
- **El Salvador:** Medical cannabis debate in Parliament, with the participation of the national medicines' agency.
- **France:** Approval of a pilot medical cannabis programme for people with critical conditions, to start in 2020.
- **Ireland:** Adoption of medical cannabis programme.
- **Spain:** New government seemingly favourable to regulating medical cannabis.
- **Switzerland:** The election of a greener more liberal parliament could pave the way for more open conversations on medical cannabis.
- **United Kingdom:** Medical cannabis rescheduled, allowing for its prescription.
- **United States:** Four states could join the existing 33 in adopting medical cannabis systems.
- **Zimbabwe:** Cannabis regulations for medical and scientific purposes

Cannabis - Other

- **Argentina:** New government signals willingness to discuss cannabis regulation for adult use,
- **Canada:** Cannabis regulation came into force (now including edibles, extracts and topicals).
- **Germany:** Cannabis regulation discussed more positively by the political class.
- **Mexico:** Supreme Court jurisprudence (resulting from strategic litigation) means parliament has until April 2020 to amend laws to allow for adult access; strong push for social justice.
- **Netherlands:** Pilot cannabis regulation experiment expected to be given the green light (5-10 growers to provide existing outlets for 4 years).
- **South Africa:** Expected follow-up by parliament of the Supreme Court's decision to strike the absolute prohibition of cannabis cultivation and use as unconstitutional.
- **Switzerland:** The election of a greener more liberal parliament could pave the way for more open conversations on legal regulation.
- **United States:** Illinois and Michigan joined other 9 states in legalising cannabis. Almost 10 more states are expected to discuss similar measures.

¹ For reference, for the 2018 Members Survey, we received responses from 37% of the membership.

Coca

- **Colombia:** The Constitutional Court imposed limits on the resumption of aerial spraying with glyphosate; indigenous peoples' organisation in the biggest coca-growing area of the country committed to a harm reduction plan for 2020 (focused on producers).

Harm reduction:

- **Australia:** Take-home naloxone availability expanded.
- **Benin:** Adoption of harm reduction services.
- **Brazil:** Local elections could suppose victories for the implementation of harm reduction.
- **Canada:** Expanded access to naloxone (*very* variable across the country), to diacetylmorphine and hydromorphone (for opioid agonist therapy) and to drug checking services; NSP in prisons (albeit highly problematic); Increased number of supervised consumption rooms.
- **Colombia:** Ministry of Health enacts regulations on prevention and comprehensive care that enshrine harm reduction.
- **Georgia:** Increased OST coverage.
- **Germany:** Expected legal framework for drug checking, naloxone projects are tolerated.
- **Greece:** Safer consumption sites law, plus operational regulations, adopted.
- **Ivory Coast:** Launch of an OST programme.
- **Kenya:** Expansion of harm reduction services.
- **Morocco:** Transition of OST programmes to primary healthcare settings (vs. police stations).
- **Nigeria:** Pilot NSP to open in 2020, constitution of a 'National Technical Working Group on Drug Demand and Harm Reduction'.
- **Norway:** HAT to be implemented, safer consumption sites up and running in Bergen and Oslo, expansion of naloxone access, improved OST.
- **Senegal:** National drugs law now includes harm reduction and therapeutic "orders" (as an alternative to criminalisation).
- **Serbia:** Adoption of guidelines for the implementation of harm reduction services.
- **Uganda:** Ministry of Health approved OST and NSP guidelines, implementation imminent.
- **Ukraine:** NSP and OST financed by the State and increasing in access.
- **United Kingdom:** 2 HAT clinics opened, first fixed-site drug checking service.

Decriminalisation:

- **Argentina:** Potential for the new government to translate Arriola decision into law.
- **Australia:** Australian Capital Territory decriminalises cannabis use and growth.
- **Benin:** Movement towards decriminalisation.
- **Brazil:** Still expecting Supreme Court decision on decriminalisation (pending since 2015).
- **India:** Narcotics Control Bureau has started to discuss decriminalisation as a possibility.
- **Norway:** Government-mandated committee issues recommendation to decriminalise.
- **Uganda:** Cross-movement campaign to decriminalise petty offences.

Alternatives to incarceration:

- **Kyrgyzstan:** Adoption of alternatives to incarceration for possession for personal use (but heavy fines and imprisonment for non-payment).
- **United Kingdom:** Roll-out of local diversion schemes.

Other changes in criminal justice:

- **Colombia:** Constitutional Court strikes down the Police Code's blanket prohibition of possession/use in public spaces.
- **Costa Rica:** Law adopted to reduce prison sentences for women in situations of vulnerability (for all offences).
- **Georgia:** Constitutional Court rules drug use in private cannot be criminalised, reductions in drug-related arrests and imprisonment.
- **Indonesia:** No death penalty executions of people criminalised for drug offences.
- **Ivory Coast:** More proportional sentencing.
- **Morocco:** Discussions to amend Criminal Code.

Gender:

- **Costa Rica:** Law adopted to reduce prison sentences for women in situations of vulnerability (for all offences).

Other developments:

- **Albania:** New Strategy on Drug Demand and Supply drafted in consultation with stakeholders.
- **Burkina Faso:** Advocacy led to the opening of a drug dependence centre.
- **Chile:** Constitutional reform could pave the way for drug policy-related progress.
- **China:** Window of opportunity for improved service provision as the government signals willingness to expand community-based 'rehabilitation' and 'detoxification' centres.
- **Hungary:** Budapest signals shift away from ultra-repressive drug policy after municipal elections.
- **Indonesia:** Less alarmist and stigmatising public discourse / media representations.
- **Ireland:** Universities introducing supportive drug policies.
- **Mauritius:** Progress in terms of the public discourse around people who use drugs, increased willingness to engage with civil society.
- **Mexico:** Stated willingness to end the "war on drugs".
- **South Africa:** Adoption of a National Drug Master Plan.
- **South East Europe:** Adoption of National drug strategies and action plans.
- **Zimbabwe:** Progress in the production of the country's drugs master plan.

NEGATIVE MOVES AWAY FROM PROGRESSIVE DRUG POLICY REFORM

39 organisations reported negative moves in terms of drug policy this year, and 8 anticipated further negative moves in 2020 (in 7 countries).

Cultivation:

- **Colombia:** Government decree announcing the resumption of aerial spraying, investment in forced eradication, near-complete abandonment of the substitution programme in the Peace Agreement.
- **Costa Rica:** Increased persecution of people who grow cannabis.

Regulated markets:

- **Mauritius:** Government refuses to regulate cannabis for non-medical purposes.

Harm reduction and drug-related services:

- **Australia:** Supervised injection room trial might be shut down if government deems it unsuccessful.
- **Brazil:** Closure of national and local harm reduction programmes, adoption of a new drug policy excluding harm reduction and hinging on abstinence, adoption of legal provisions for forced treatment, financing for the drug response going almost exclusively into therapeutic communities.
- **Canada:** Elections have meant new conservative parties have questioned supervised consumption/overdose prevention sites, adopting hindering regulations that have led to closures in the provinces of Alberta and Ontario.
- **Colombia:** Closure of harm reduction services for people who use opioids.
- **Russia:** "Drug propaganda" laws criminalising harm reduction information.
- **Ireland:** Delays and blockages to the implementation of a safer consumption site in Ireland, universities blocked the distribution of reagent safety testing.
- **Kenya:** Closure of harm reduction services in Mombasa.
- **Mexico:** Harm reduction services de-/under-funded.
- **Serbia:** Withholding of funds impeding the implementation of drug-related services.
- **South Africa:** Suspension of NSP in Durban, depletion of methadone stocks.
- **South-East Europe:** Harm reduction services experiencing crisis (Albania, Bosnia Herzegovina, Bulgaria, Romania).
- **Switzerland:** Fears the ascent of the right wing will mean drug-related services will no longer be funded by the public health system.
- **Uganda:** New NGO regulations limit HIV and harm reduction services.
- **United Kingdom:** Spending cuts to public health affecting service provision, government veto on safer consumption sites, universities block the distribution of reagent safety testing.

Criminal justice system:

- **Benin:** Application of more severe penalties for drug-related offences.
- **Bolivia:** Amendments to Law 1173 punishing micro trafficking, disproportionately affecting women.
- **Brazil:** Parliament on the brink of approving harsher prison regimes (which will disproportionately affect women and Black communities).
- **Colombia:** Parliament passed legislation to punish people who use drugs in the public space, particularly in public parks and near schools; Police Code has given further latitude to law enforcement authorities to stop people who use drugs (despite decriminalisation).
- **Costa Rica:** Increased persecution of people who use and grow cannabis.
- **Georgia:** Creation of new drug-related offences (driving under the influence, consuming drugs in the proximity of minors).
- **Germany:** Continued prosecution of people who use drugs.
- **El Salvador:** Increased persecution of people who use drugs.
- **France:** Expansion of the law enforcement toolbox, with the implementation of systematic administrative fines for drug use (without decriminalisation), creation of the *OFAST* (a new inter-ministerial counter-drug agency).
- **Indonesia:** Persistent reports of police extortion to allow people who use drugs to be diverted to treatment.
- **Ivory Coast:** Persistent criminalisation of drug use.
- **Kyrgyzstan:** Introduction of hefty fines for the possession of drugs for personal use.
- **Mali:** Persistent criminalisation of drug use.
- **Mexico:** Increased use of pretrial detention.
- **Morocco:** Increased severity of penalties for people who use drugs.
- **Philippines:** Bills in the House of Representatives and Senate to reinstate the death penalty for drugs.
- **Russia:** “Drug propaganda” laws criminalising harm reduction information.
- **Uganda:** Enactment of anti-drugs law criminalising people who use drugs with long prison sentences.
- **Ukraine:** Increase in the fines for small drug offences.
- **Zimbabwe:** Persistent criminalisation of drug use.

Militarisation of drug control:

- **El Salvador:** Increased militarisation of public security.
- **Mexico:** Reinforcement of militarisation of public security under the guise of a ‘National Guard’.

Gender

- **Bolivia:** Amendments to Law 1173 punishing micro trafficking, disproportionately affecting women.
- **Brazil:** Harsher prison regimes for micro-trafficking will disproportionately affect women

Other challenges:

- **China:** Entrenchment of monitoring and tracking mechanisms for people who use drugs.
- **Colombia:** Assassination of social leaders defending substitution programmes, adoption of national drug strategy that prioritises repression and side-lines harm reduction.
- **Costa Rica:** Dismissal of pro-reform civil servants.
- **EECA region:** Weaponisation of drug use to target political activists.
- **Hungary:** Current national drug strategy (meant to achieve a drug-free Hungary by 2020) to conclude, paving the way for an even more repressive strategy.
- **India:** Home Minister consulting local governments on drug reform (fears of focus on anti-terrorism).
- **Kenya:** Lynching of people who use drugs.
- **Liberia:** Social cleansing raids targeting people who use drugs.
- **Mexico:** Large-scale prevention campaign, pushed by the President, relying heavily on the stigmatisation of people who use drugs.

CURRENT LEVEL OF SUPPORT FOR REFORM IN THE MEDIA

Overall, respondents' appreciation of support for reform in the media experienced a slight downtick compared to last year's values. The average rating of 5.05 (vs. 5.26 for the 2018 Survey) suggests pro-reform narratives remain noticeably hard to mainstream. However, it is worth noticing the very high level of dispersion in responses, going from 1.5 in South Asia to 7.67 in North America.



Despite substantial challenges, many responses focused on **positive reporting**. A few respondents highlighted a generally positive stance from media outlets (i.e. Albania, Germany, Iran, Morocco, Mauritius, Mexico, Netherlands, South Africa, Switzerland, United Kingdom, United States) and improved relationships with civil society (ex. Mauritius).

In a very high number of cases, however, existing support was most apparent in relation to a limited number of issues. These included cannabis regulation (i.e. Canada, Colombia –*mostly among reporters rather than management*; France; Mauritius), medical cannabis (i.e. Argentina, Brazil, Mauritius, Ukraine, United Kingdom), decriminalisation (i.e. Argentina and Australia – *albeit lukewarm or limited*; Canada), harm reduction in general (i.e. United Kingdom), drug checking (i.e. Australia), access to a opioid agonists / safe supply (i.e. Canada) or the need for better welfare and care programmes (Albania, Colombia). A few responses noted an uneven distribution of support, with leadership coming from media outlets that were independent (i.e. Brazil); progressive, liberal or left-leaning (i.e. Brazil, France, Russia, Switzerland); local (i.e. India) or urban (i.e. Switzerland); as well as from individual reporters, particularly the young and social media influencers (i.e. Lithuania). Finally, it is worth noting some support seemed to result from political changes, both domestic (ex. Brazil's increasing violence leading to calls for proportionality, South Africa's Constitutional Court decision creating space for conversations on reform) and foreign (ex. Uruguay's legal regulation was said to have facilitated conversations about reform in Argentinean media), an insight that could be harnessed by IDPC member organisations.

Responses focusing on **negative bias** in media have reduced this year, hopefully signalling lessened opposition. However, more respondents than ever highlighted challenges related to media independence. In many countries, media outlets are perceived to act as sounding boards for reactionary government/official messages (i.e. Colombia, Hungary, India, Italy) and/or promote prohibitionist and stigmatising discourses (i.e. most of the MENA region – *but less so in Morocco, Iran, Tunisia and Lebanon*; Serbia, South East Europe, Uganda). In a number of cases, negative bias was strongly associated with the moral/ideologically conservative stance of certain outlets (i.e. Brazil, MENA region, Switzerland). Finally, some respondents highlighted media hostility concentrates on specific issues (ex. safer consumption sites in Australia, legal regulation in the United Kingdom).

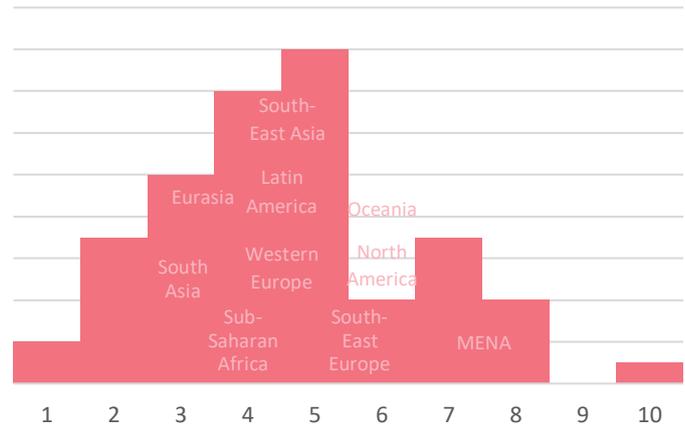
Respondents also highlighted media outlets' **ignorance and neglect** of drug policy issues. In some contexts, this was perceived to be issue-based (ex. legal regulation in Argentina), while in other contexts respondents noted a generalised apathy (i.e. Indonesia, Ivory Coast, Kenya, Spain, Ukraine).

Given the above, it is not surprising that many members highlighted the need for, and in some cases ongoing investments towards, **capacity development** for media operators (i.e. Ivory Coast, Mali, Mexico, Nigeria, Mauritius, Senegal).

CURRENT LEVEL OF POLITICAL SUPPORT FOR REFORM

In terms of political support, responses were slightly less regionally dispersed and, alas, less optimistic, with an average rating of 4.57 (vs. 4.9 last year). Once more, many responses highlighted **progress**, although more often than not this was deemed to be divided across ideological lines, issue-based or limited to a party vanguard.

In some countries, support was understood to be concentrated among ‘progressives’, liberals and left-leaning parties (i.e. Canada, France – *mostly at the local/regional levels*, Georgia, Hungary, Lithuania, Mexico); or a reduced number of leaders from specific jurisdictions (i.e. Germany – *strongly correlated with wealth*; India – *ex. Kerala, Punjab*). However, an equally important number of respondents noted steps forward across the political mainstream (i.e. Argentina, Colombia, Ivory Coast, Liberia, United Kingdom, Zimbabwe), which has at times translated into cross-party initiatives (i.e. Colombia – *30-member group of pro-reform parliamentarians*, Ivory Coast – *parliamentary coalition for harm reduction*).



A handful of respondents highlighted support is increasing on specific issues (i.e. Argentina – *medical cannabis*; Canada – *safe supply and decriminalisation, despite government reluctance*; Italy – *cannabis regulation*; Morocco – *formalisation of cannabis cultivation*); while others noted improved narratives (i.e. Mauritius) and willingness to discuss with civil society (i.e. Australia) that fail to materialise into reform.

Finally, it is worth noting contrasting views can co-exist within [parties in] government (i.e. Canada – *Liberal Party delegates for decrim vs. government against*; Mexico – *Government members for reform vs. President against*; Ukraine – *Ministry of Health mostly for decrim and medical cannabis vs. Ministry of Internal Affairs*).

Conversely, a [lesser] number responses pointed out that **regressive stakeholders** continue to block reform. In particular, opposition was understood to come, from conservative/nationalist/authoritarian political forces (i.e. Brazil, Canada – *particularly at the province level*, Greece Nigeria, United Kingdom); although responses acknowledged the “war on drugs” narrative can be part and parcel of the mainstream too (i.e. Lithuania). At least one response highlighted the negative influence of external processes (i.e. Brazil following in the footsteps of Trump and Duterte).

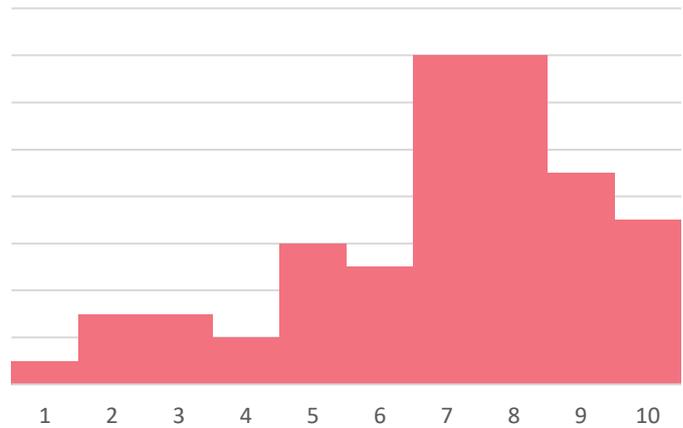
An equally important number of respondents (i.e. Albania, Chile, Mexico, Serbia, South Africa, Spain, Switzerland) suggested drug policy was rather **deprioritised**. In some of these cases, drug policy reform was said to be perceived by politicians as a ‘risk’, only worth pursuing in situations of ‘crisis’, given the subject was not a ‘vote winner’. In at least one case, respondents suggested ongoing popular social mobilisations (i.e. Chile) could open a window of opportunity, but so far had failed to materialise.

Finally, other responses suggested **potential to garner political support** if electorally beneficial (i.e. Australia, Mauritius) or if civil society were better equipped to sustain engagement (i.e. India, Kenya, Nigeria, Senegal).

LEVEL OF CIVIL SOCIETY ENGAGEMENT IN DOMESTIC DRUG POLICY DISCUSSIONS, DEBATES AND DECISIONS

Responses to this question were mostly positive, although the average response of 6.97 represents a slight downtick from last year's 7.2.

About 14% of respondents felt **less involved** (Scores 1 to 4). Comments in this regard suggest organisations in this range are excluded by State authorities given the government's current opposition to drug policy reform (i.e. Bolivia – *in a state of shock and flux after the coup*, Colombia, France, Russia) or to meaningfully involving networks of affected communities (i.e. Ivory Coast). That said, at least one respondent also evoked limited capacity.



17% of respondents placed themselves in the **medium** range of engagement (Scores 5 and 6). Most organisations in this range reported participating in national drug policy debates through the submission of advocacy notes and bills to government officials and parliamentarians, hosting and joining debates and consultative committees and through the Support. Don't Punish campaign. That said, most of them find significant obstacles to mobilise beyond their sector, are excluded on the basis of their nature as community-led networks or have only recently began engaging in these debates. One respondent also noted being incapable to compete with the lobbying power of the private sector (in particular the alcohol and tobacco lobbies).

The biggest proportion of respondents rated their domestic engagement as **medium-high** (Scores 7 and 8). Further comments provide an overview of the broad and rich range of strategies deployed by member organisations, including:

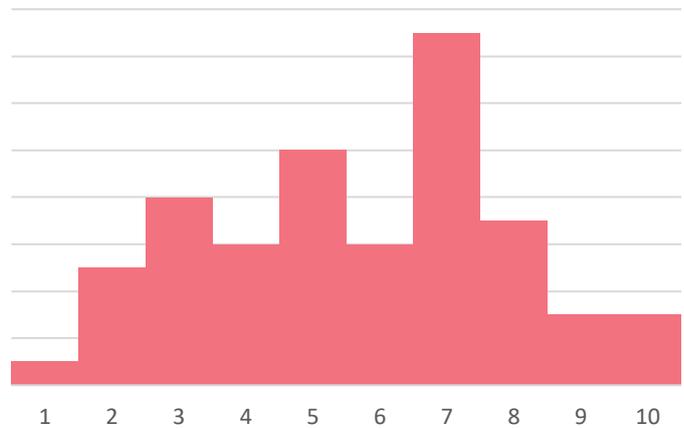
- Direct engagement with decision-makers (local – *provincial governments*; national – *parliamentarians, ministers, opposition leaders*; and international – *relevant UN delegations*).
- Advisory role to pro-reform parliamentary coalitions.
- Dialogue with and support to community-based organisations (ex. networks of people who use drugs and growers).
- Membership of official governmental national commissions (ex. on HIV) and civil society advocacy coalitions.
- Participation in national consultations and other accountability processes (ex. Ombudsperson's office).
- Organisation of multi-stakeholder events (forums, briefings, Q&A sessions).
- Production of advocacy notes, white papers and other publications.
- Follow up activities on international processes (ex. UNGASS, 2019 Ministerial Segment, Global Fund Replenishment).
- Leadership in mobilising for the Support. Don't Punish Global Day of Action and Overdose Awareness Day.
- Issuing press releases and providing commentary for the media.
- Dialogue with academics.
- Strategic litigation.
- Innovative means of engagement (ex. social media campaigns, board games).

A quarter of the responses rated their engagement as **high** (Scores 9 and 10). Comments suggest the strategies of engagement are not different from those in the previous range. Rather, respondents alluded to their long-term, solid, embeddedness in national debates on drug policies. Members in this range understand themselves to be recognised as indispensable stakeholders in their area of expertise by government officials, the media and/or the public. In some cases, members highlighted their national expertise being sought after in international forums.

LEVEL OF CIVIL SOCIETY ENGAGEMENT IN INTERNATIONAL DRUG POLICY DISCUSSIONS, DEBATES AND DECISIONS

Responses to this question averaged 5.70 (vs. 5.98 last year); expectedly below the average for the previous question.

Organisations that **do not engage** with international drug policy debates noted their limited capacity, particularly in relation to dedicated funding. That said, some responses expressed interest in increasing engagement and shared that they are taking steps towards doing so. A few organisations also said they felt engaged with international debates **through IDPC**, whether by engaging annually in the Support. Don't Punish campaign's Global Day of Action, or being represented by/receiving updates from the IDPC Secretariat (e.g. e-mails, publications, the CND Blog).



Respondents that reported **limited** engagement also often alluded to staffing and funding obstacles. One response mentioned their country's marginalisation by the international community as a hindrance, an often overlooked point that underscores global power inequities. That said, respondents also leveraged a range of avenues to connect with international debates: international forums and conferences (ex. INHSU), organisation of side events at CND, civil society engagement mechanisms (e.g. European Civil Society Forum on Drugs), and civil society networks and platforms (e.g. Geneva Platform, IDPC, RIOD).

Members that ranked their engagement in the **medium** range mentioned their participation in regional and international human rights mechanisms (e.g. Interamerican Human Rights System, UN human rights bodies and mechanisms in Geneva), drug control bodies (e.g. through official civil society mechanisms – *CSTF*, *VNGOC*; participation in State delegations to CND; side events; statements and submissions) and regional cooperation processes (e.g. CARICOM). One respondent also highlighted global sector-wide initiatives (e.g. global statement on nursing and drug policy reform).

Ten respondents considered their engagement to be **intense** (Scores 9-10), an increase from 6 last year. In terms of means, in addition to the ones already mentioned above, respondents noted their advisory role to/consultancies for governments and UN agencies (e.g. WHO working group on harm reduction and HCV), regular participation at harm reduction events (e.g. International Harm Reduction Conference) and involvement in civil society platforms (e.g. INGOs Conference of the Council of Europe, Coalition Plus).

ACKNOWLEDGEMENTS

We are grateful to the 65 organisations that responded to the original questionnaire and provided feedback to improve the survey result's accuracy.

1. Acción Semilla
2. AFEW International
3. African Law Foundation (AFRILAW)
4. AIDS & Rights Alliance for Southern Africa
5. Aksion Plus
6. akzept e.V. Bundesverband für akzeptierende Drogenarbeit und humane Drogenpolitik
7. Alcohol and Drug Foundation
8. Alternative Georgia
9. ANCS - Alliance Nationale des Communautés pour la Santé
10. Andrey Rylkov Foundation for Health and Social Justice
11. Asia Catalyst
12. Asociación Bienestar y Desarrollo
13. Asociación Costarricense para el Estudio e Intervención en Drogas (ACEID)
14. Association AIDES
15. Association de lutte contre le sida - ALCS
16. Association FOYER DU BONHEUR
17. ATS Colombia
18. Canadian HIV/AIDS Legal Network
19. CELS – Centro de Estudios Legales y Sociales
20. Centre on Drug Policy Evaluation
21. Centro de Convivência É de Lei
22. Centro de Estudios en Seguridad Ciudadana de la Universidad de Chile
23. CO "100%LIFE"
24. COLLECTIF URGENCE TOXIDA (CUT)
25. Conectas Direitos Humanos
26. Corporación Viso Mutop - Observatorio de cultivos y cultivadores
27. Correlation - European Harm Reduction Network
28. DEJUSTICIA
29. Diogenis, Drug Policy Dialogue
30. Drug Policy Network South East Europe
31. Eurasian harm reduction association (EHRA)
32. Fachverband Sucht
33. Forum Droghe
34. Foundation Against Illicit Drugs and Child Abuse
35. GREA - Groupement Romand d'Etudes des Addictions
36. Harm Reduction Nurses Association
37. Iglesia Evangélica Protestante de El Salvador IEPES
38. India HIV/AIDS Alliance
39. Instituto RIA, AC
40. Instituto Terra, Trabalho e Cidadania (Institute Land, Work and Citizenship)
41. Latinoamerica reforma
42. LBH Masyarakat
43. MENAHRA - The Middle East and North Africa Harm Reduction Association
44. Médecins du Monde - France
45. México Unido Contra la Delincuencia
46. NGO Re Generation
47. ONG REVS PLUS
48. Paroles Autour de la Santé
49. Perle sociale ONG
50. Prévention Information et Lutte contre le Sida (PILS)
51. RAISSS
52. REDUC
53. RESET - Política de Drogas y Derechos Humanos
54. Society for Promotion of Youth & Masses (SPYM)
55. Students for Sensible Drug Policy
56. TB HIV Care
57. Temeride
58. The Association for Human Drug Policy
59. Transform
60. Uganda Harm Reduction Network (UHRN)
61. VOCAL-KENYA
62. World Coalition Against the Death Penalty - WCADP
63. Youth Organisations for Drug Action
64. YouthRISE Nigeria
65. Zimbabwe Civil Liberties and Drug Network