APPENDICES

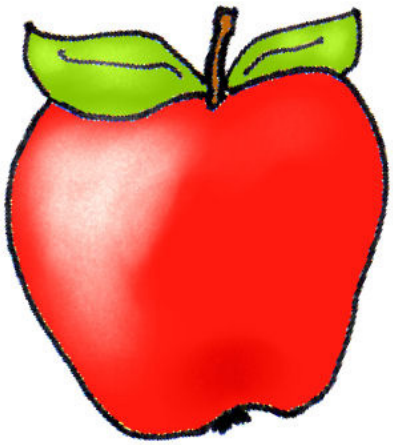
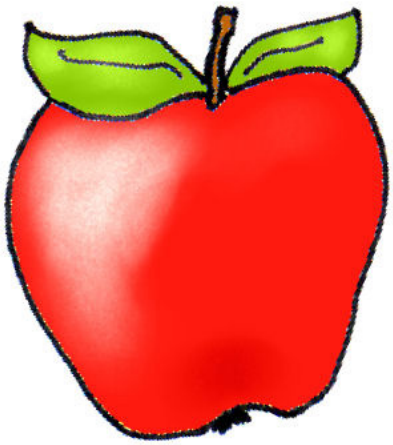
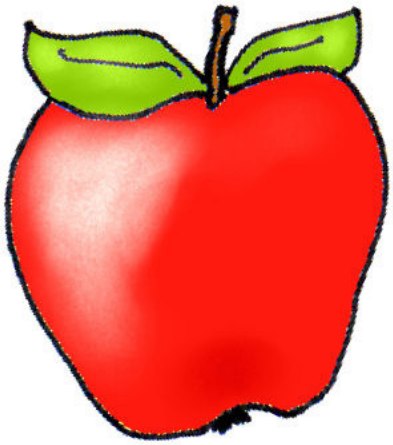
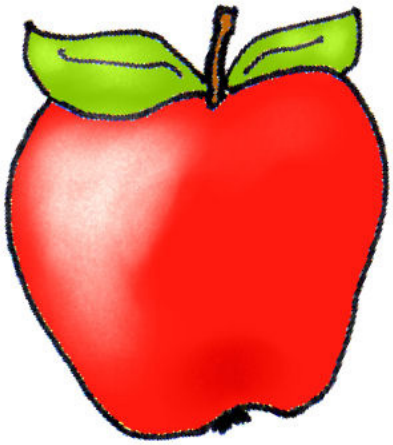
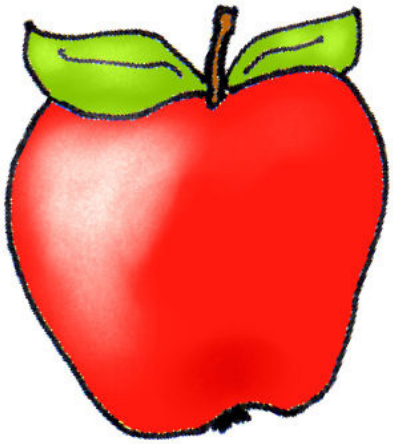
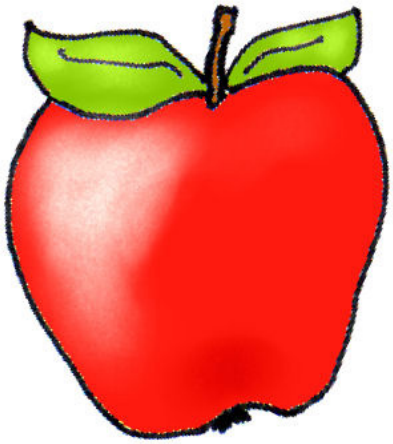
ANNEX 1: Introductory icebreaker – Find your pair

Cut word pairs into individual words. Fold up individual words and place in a bag ONLY when you know the number of participants taking part in this activity. Each participant takes one piece of paper and must then 'find their pair'.

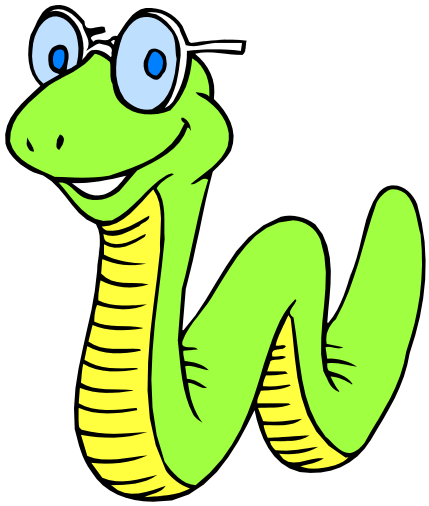
Example:

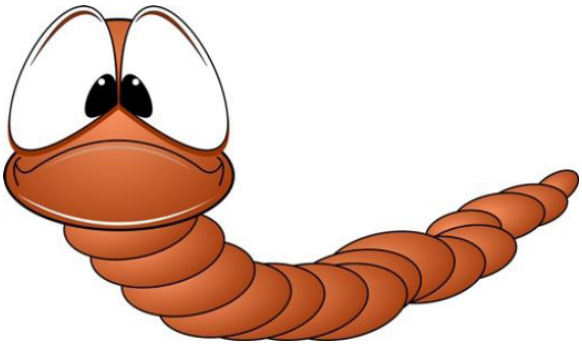
'NIGHT'	'DAY'
'KNIFE'	'FORK'
'SUN'	'MOON'
'BLACK'	'WHITE'
'HIGH'	'LOW'
'SOCK'	'SHOE'
'TOOTHBRUSH'	'TOOTHPASTE'
'LOVE'	'HATE'
'HELLO'	'GOODBYE'
'WAR'	'PEACE'

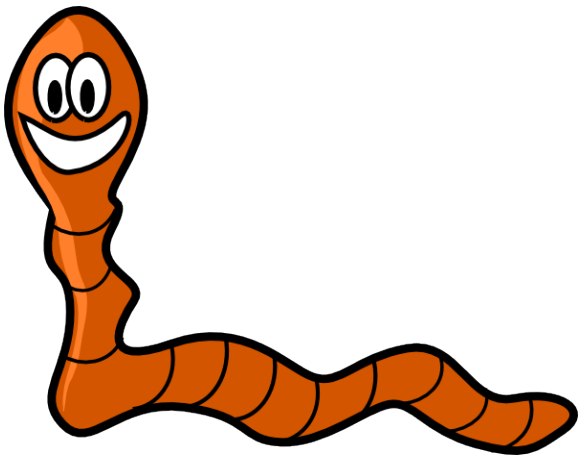
ANNEX 2: Apples for tree of good drug policy (Session 2.2)

ANNEX 3: Worms for the tree of good drug policy (Session 2.2)







ANNEX 4: Case studies for activity in Session 2.4

The following selected case studies provide examples of drug policies that have been developed around the world, some of which continue to be anchored in the principles of deterrence and harsh penalties towards people involved in the drugs trade, others that seek to move towards greater emphasis on human rights, public health and/or social inclusion, and others that have shown positive moves towards reform but continue to impose severe punishments towards vulnerable groups involved in the drug trade.

These case studies constitute a basis for discussions among the participants in Session 2.4 on the need to achieve a balance between the complementary demands of criminal justice, health and social programmes, and community.

The facilitator can choose from these case studies (or use their own examples) in order to adapt the exercise to the participants' local context. Each case study is accompanied by a key reference in case the facilitator and/or the participants need more information.

Portugal

In 2001, Portugal introduced a new national law that **decriminalised** the illicit possession of all controlled drugs for personal use. Instead of being considered as a criminal offence, the possession of controlled drugs for personal use is now an 'administrative offence'. Drug supply remains a criminal offence. When individuals are caught in possession of small amounts of drugs (defined as a maximum of 10 doses of a particular drug), they are referred to a *Dissuasion Commission*. Each region in Portugal has its own Commission, composed of a medical professional, a legal advisor and a social worker supported by a team of technical experts.

The Commissions provide an individually tailored response, and their primary objective is to dissuade people from drug use, promote social reintegration and to encourage access to health care and drug dependence treatment for those who need it. Although administrative penalties such as fines, and community orders can be imposed, referral to the Commissions does not result in a criminal record.

This policy has led to reductions in drug-related health harms, including lower levels of HIV and hepatitis B and C transmission among people who inject drugs, reductions in overdose deaths, and a significant reduction in prison overcrowding. This has also enabled the police to focus law enforcement efforts towards major drug traffickers in the country.

Key resource: Hughes, C. and Stevens, A. (2010), *What can we learn from the Portuguese decriminalization of illicit drugs?* http://kar.kent.ac.uk/29910/1/Hughes%20%20Stevens%202010.pdf

Scotland

The Scottish National **Diversion from Prosecution** scheme was established in 2000-2001, and is designed to prevent relatively minor and non-violent offenders from entering the criminal justice system. Once an individual is reported by the police, a prosecutor is responsible for identifying whether or not they are suitable for diversion into social work interventions. The scheme targets primarily people who use drugs, young people and women.

Those diverted away from the criminal justice system can access individual and group sessions to address their drug use, as well as social skills, education, employment, training and problem-solving. Considerable success has been achieved, particularly in the reduction of youth re-offending.

Key Resource: Scottish government website,
http://www.scotland.gov.uk/Topics/Justice/public-safety/offender-management/offender/community/examples/6827

Bolivia

Bolivia has a long tradition of coca chewing for social, medicinal and spiritual purposes, although coca chewing is internationally banned under the 1961 Single Convention on Narcotic Drugs. In 2009, the Government and President Evo Morales decided to enshrine the practice of coca chewing within its new constitution, with an obligation to 'protect native and ancestral coca as a cultural patrimony'. The banning of coca by the 1961 Convention was driven largely by Western geopolitics and ideology, and marginalised the cultural practices of native Amerindian people. After a failed attempt to remove the ban on coca chewing from the 1961 Convention, the Bolivian government **formally withdrew from the 1961 Convention**, before re-joining in 2013 with a reservation that allows the traditional use of coca within the country's territory (despite the attempts of the INCB and the USA to prevent it doing so).

Key Resource: The Transnational Institute's Drugs and Democracy programme, http://www.undrugcontrol.info/en/home/tag/2-bolivia

Switzerland

In 1994 the Swiss government adopted a new drug strategy that integrated public security, health and social cohesion objectives. This strategy comprises four pillars: prevention, treatment, harm reduction and law enforcement. The strategy was developed on the basis of consultations with members from the law enforcement, public health and community sectors, and continues to have strong backing among the general public.

The **Swiss Four Pillars Policy** is one of the best examples of a balanced, integrated drug policy that meets the demands of law enforcement (directed at major criminals involved in violence and/or trafficking), while also supporting health and social programmes. As a result, Switzerland has a comprehensive harm reduction approach that includes drug consumption rooms and the prescription of pharmaceutical heroin for treating drug dependence.

The progressive implementation of this policy resulted in a significant decrease in harms related to drug consumption. For example, the drug related death toll fell by 50 per cent between 1991 and 2005.

Key Resource: Csete, J. (2010), *From the mountaintops: What the world can learn from drug policy change in Switzerland* (Open Society Foundations Global Drug Policy Program), http://idpc.net/publications/2010/11/from-the-mountaintops-switzerland

Malaysia

Malaysia has been a longstanding supporter of incarceration and the use of capital punishment for drugs offences and the compulsory detention of people who use drugs. In 2010, Malaysia reconfigured its drug policies – initiating a major **transformation toward voluntary services** through a 'Cure and Care' model. This move acknowledges the need for a range of treatment approaches for different individuals. Treatment options now include OST, and clients can access services without conditions and choose their own objectives against which treatment progress is measured.

NSPs were also developed in Malaysia. However, fear of arrest constitutes a significant barrier to accessing these services, as drug use and the possession of clean needles are still heavily criminalised in the country.

Key Resource: Tanguay, P. (2011), *Policy responses to drug issues in Malaysia* (International Drug Policy Consortium), http://idpc.net/publications/2011/06/policy-responses-to-drug-issues-in-malaysia

Brazil: Rio de Janeiro

Rio de Janeiro has a long history of high levels of violence associated with the illicit drug market, organised crime and police repression. The drug trade is concentrated in the city's *favelas* (slums), where social and economic disadvantage and poverty are endemic. In 2008, the city of Rio introduced a new response, starting in the *favela* of Santa Marta: the *Unidades de Polícia Pacificadora* (UPP), or 'Pacifying police units'. The deployment of these units takes place within a public security policy that combines law enforcement with

social, economic and cultural interventions to tackle the violence associated with the drugs market. They are focused on areas where the market is at its most harmful, and acknowledge that some level trafficking will be tolerated elsewhere. The process of 'pacification' entails four steps: *invasion*, which deploys military force to 'retake' the territory; *stabilisation*, in which the military forces remains until community policing (i.e. the UPPs) is established in the territory; *occupation*, whereby the UPPs seek to restore the rule of law through community policing; *post-occupation*, in which relations of trust are forged between the community and the UPPs, based on social programmes that bring educational and employment opportunities. However, criticisms have been raised about the fact that this strategy remains small scale (there are over 900 *favelas* in Rio, and less than 20 of them have been pacified. Other concerns have been raised regarding corruption among police forces involved in the UPP process.

Key Resources: International Drug Policy Consortium (2012), *Drug Policy Guide, 2nd Edition,* http://idpc.net/publications/2012/03/idpc-drug-policy-guide-2nd-edition; Washington Office on Latin America (June 2011), Tackling urban violence in Latin America: reversing exclusion through smart policing and social investment (Washington, DC: Washington Office on Latin America), http://idpc.net/sites/default/files/library/WOLA_Tackling_Urban_Violence_in_Latin_America.pdf

Cannabis regulation in Washington and Colorado

In November 2012, the US states of Washington and Colorado voted for the **legal regulation of cannabis** production, sale and consumption, even though cannabis is banned under the 1961 Single Convention on Narcotic Drugs and under US federal law. The two states are now working on the complex set of rules and regulations that will define how cannabis is grown, transported, advertised, sold and consumed. The reform was aimed not only at protecting consumers from life-altering criminal penalties and prison sentences, but also reducing incentives for violence associated with unregulated markets. Profits from marijuana consumption will also benefit legitimate economies, rather than fuel violence in producer or transit countries. Finally, the measure seeks to promote drug dependence treatment for those who need it without fear of arrest, stigma and discrimination. Additional US states are now turning to similar policies on cannabis.

Key resource: Open Society Foundations (2012), *The implications of marijuana legalization in Colorado and Washington*, http://idpc.net/alerts/2012/11/the-implications-of-marijuana-legalization-in-colorado-and-washington

Thailand

In 1969 the Thai government adopted policies that sought to tackle high levels of opium cultivation, by integrating highland communities into mainstream national life, rather than through traditional crop eradication campaigns. Opium cultivation and use was a tradition amongst some of these communities, and any development plan therefore required an alternative livelihoods component. The integration of the crop replacement element into broader national and local development projects, which included social programmes (e.g. education and healthcare) and economic infrastructure (e.g. transport and water) lay behind the successes of this approach. Local communities were also involved in the design and delivery of these policies.

A key factor in Thailand's pattern of alternative livelihoods was the adequate sequencing of these measures: poppy crop reduction only commenced in 1984, 15 years into the programme. Poppy cultivation was reduced only when new sources of income were established, thus avoiding the problem of re-planting. This developmental process took more than 30 years, but the results appear to have been sustained.

Key Resource: Youngers, C. & Walsh, J. (2010), *Development first: A more human and promising approach to reducing cultivation of crops for illicit markets* (Washington Office on Latin America), http://justf.org/files/pubs/1003wola_df.pdf

United States: Plan Colombia

Beginning in 2000, 'Plan Colombia' involved the USA Government spending around US$ 8 billion to support the Colombian government's attempt to suppress the production of cocaine and heroin. The project was overwhelmingly centred on law enforcement, with the heavy involvement of the Colombian military. Cocaine use among US citizens (considered to be a key driver of the Colombian market), was not considered as a priority in this strategy, with little money going into drug demand reduction.

While the USA argues that it succeeded in reducing violence and cocaine production, the project generated severe negative consequences. Extending the government's presence across the country translated in practice into a military presence, which was associated with a large rise in extra-judicial killings and human rights violations. As crop eradication was not accompanied by any serious attempt to provide alternative livelihoods, the resulting social and environmental destruction focused disproportionately on Afro-Caribbean and indigenous minorities. Coca farmers responded to crop spraying by moving into remote areas, leading to deeper social marginalisation and additional destruction of fragile ecosystems.

Key Resource: Haugaard, L., Isacson, A., Stanton, K., Walsh, J. & Vogt, J. (2005), *Blueprint for a new Colombia policy* (Washington Office on Latin America, Latin America Working Group Education Fund, Center for International Policy, US Office on Colombia), http://www.wola.org/sites/default/files/downloadable/Andes/Colombia/past/blueprint_new_colombia_0305.pdf

Indonesia

Indonesia's rapidly expanding HIV epidemic has been largely driven by the sharing of needles and injecting equipment. The Indonesian government has traditionally responded with harsh law enforcement measures, resulting in overcrowded prisons where drugs continue to be used, and injecting equipment to be shared. Local activists and UN agencies pressed the government to respond to drug use as a health issue rather than a criminal justice one, and their advocacy has led to the development of harm reduction measures (including OST and NSP) directed at people who use drugs. However, drug use remains heavily criminalised under Indonesian drug laws and people who use drugs constitute a large proportion of Indonesia's prison population. Under national laws, people dependent on drugs should report themselves to Indonesian authorities to enter treatment or are imposed a prison penalty or a fine. Relatives of a person dependent on drugs are also obliged to refer that person to authorities.

As a result of the increased drug use in prison and high levels of harms associated with drug use in closed settings, Indonesia has started to develop harm reduction interventions in prisons. The Kerobokan prison in Bali led the way, becoming the first prison to offer methadone treatment in 2005. By 2009, it had treated 322 patients, combining OST with a range of harm reduction measures including needle and syringe exchange, bleach for cleaning equipment, and condoms. However, these and other OST and harm reduction interventions need to be scaled up, as they presently only accessible for a small minority of the drug using population. In the Banceuy prison, Bandung, for example, harm reduction is less integrated into the prison programme, and only 9 patients accessed OST between 2007 and 2009. Nonetheless, the introduction of these measures represents a positive direction away from exclusive reliance on law enforcement toward the inclusion of health and social programmes and community measures.

Key resource: Lai, G., Asmin, F. & Birgin, R. (2013), *Drug policy in Indonesia* (International Drug Policy Consortium), http://idpc.net/publications/2013/01/idpc-briefing-paper-drug-policy-in-indonesia

Russia

Russia's drug policy is focused overwhelmingly on law enforcement efforts and severe punishments handed out by the courts. Although there are drug treatment services in Russia, they have inherited the "narcology" approach from the former Soviet Union – with the objective of achieving rapid detoxification (often under conditions that resemble prison rather than medical treatment facilities). Contrary to medical evidence accepted by the global scientific community, Russia's government and much of its medical profession claim that OST with methadone or buprenorphine is not an effective treatment. Methadone and buprenorphine remain prohibited under national laws. The country remains committed to the principle that severe punishments against drug use will deter potential users from starting to consume drugs.

It should be noted that Russia has very high levels of drug use: there are an estimated 1.8 million people who inject drugs in the country – 37 per cent of whom are living with HIV and 72.5 per cent of whom are living with hepatitis C.

Key reference: Human Rights Watch (2004), *Lessons not learned: Human rights abuses and HIV/AIDS in the Russian Federation*, http://www.hrw.org/sites/default/files/reports/russia0404.pdf

China

China has a long history of drug use. Today, there are an estimated 2.3 million people who inject drugs in the country, the majority of whom inject heroin. The government has responded to drug use and trafficking through tough drug law enforcement efforts and severe sanctions against people involved in the drug trade, ranging from the compulsory detention of people who use drugs (which includes forced labour, beatings and humiliations) to the use of the death penalty for drug trafficking offences. Every year, China celebrates the International Day against Drug Trafficking and Drug Abuse with the execution of major drug traffickers to deter people from involvement in the drug trade.

For years, injecting drug use has been a major HIV transmission route. This has led the government to review its policies towards people who use drugs to reduce risks of infection and of drug-related deaths. This includes NSPs, OST and overdose prevention. China has made significant progress in scaling up harm reduction programmes, with 753 methadone maintenance treatment clinics in 28 Chinese provinces and 941 NSPs in 19 provinces. More than 98 million syringes having been distributed since NSPs started operating in 1999.

Today, methadone maintenance treatment clinics function alongside compulsory detention centres, which the government is seeking to phase down and replace with community based treatment centres. People who use drugs also continue to be registered as drug users in government and police registries. Harsh penalties continue to be imposed on people involved in drug production and trafficking.

Key reference: Li, J., Ha, T.H., Zhang, C. & Liu, H. (2010), *The Chinese government's response to drug use and HIV/AIDS: A review of policies and programs,* http://www.harmreductionjournal.com/content/7/1/4; Data from IDPC scoping visit to China, February 2013

ANNEX 5: Evaluation form template

For each of the following areas, please indicate your rating from 1 (poor) to 5 (excellent) by ticking the relevant column

GENERAL CONTENT	☹	1	2	3	4	5	☺
The training covered useful topics							
The training was practical and useful to my needs and interests							
The training was well organised							
The training was presented at the right level of difficulty							
The activities were relevant and useful							
Training methods used were varied							
There was sufficient opportunity for interactive participation							
Visuals and handouts were useful							
The goals of the training were clearly defined							
The goals of the training have been met							
Time allowed for the training was sufficient							
PRESENTATION	☹	1	2	3	4	5	☺
The facilitator's knowledge was satisfactory							
The facilitator's presentation style was satisfactory							
The facilitator covered the materials clearly							
The facilitator responded well to questions							

OTHER COMMENTS				
How could this workshop be improved?				
Do you have any other comments or suggestions?				
Overall, how would you evaluate this training? (please circle)	**Poor**	**Fair**	**Good**	**Excellent**

ANNEX 6: Template of certificate of attendance

[ADD LOGO OF YOUR ORGANISATION]

Certificate of Attendance
Drug Policy Advocacy Workshop

We certify that [FULL NAME]

has completed the Drug Policy Advocacy Workshop

organised at [ADD LOCATION]

on [ADD DATE OF TRAINING]

[ADD SIGNATURE OF DIRECTOR OF YOUR ORGANISATION]	[ADD SIGNATURE OF TRAINER]	[ADD SIGNATURE OF TRAINER]
[ADD NAME OF DIRECTOR OF YOUR ORGANISATION]	[ADD NAME AND AFILIATION OF TRAINER]	[ADD NAME AND AFILIATION OF TRAINER]