idpc

Drug Policy Training Toolkit
Facilitation Guide

EURASIAN
HARM REDUCTION NETWORK

In collaboration with
the Eurasian Harm Reduction Network

CONTENTS

ACKNOWLEDGEMENTS

ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
AIVL	Australian IV and Illicit Drug Users League
ART	Antiretroviral therapy
CCMP	Committee of Concerned Methadone Patients and Friends
CND	Commission on Narcotic Drugs
CSO	Civil society organisation
DCR	Drug consumption room
ECOSOC	Economic and Social Council
EHRN	Eurasian Harm Reduction Network
HIV	Human immunodeficiency virus
HRI	Harm Reduction International
IDPC	International Drug Policy Consortium
IEC	Information, education, communication
INCB	International Narcotics Control Board
INGO	International non-governmental organisation
INPUD	International Network of People Who Use Drugs
LAS	Legal Affairs Section
NGO	Non-governmental organisation
NSP	Needle and syringe programme
OST	Opioid substitution therapy
SMART	Specific, measurable, achievable, relevant, time-bound
STI	Sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
UPP	Unidades de Policía Pacificadora (Pacifying police unit)
VNGOC	Vienna NGO Committee
WHO	World Health Organisation

INTRODUCTION TO THE TOOLKIT

This training toolkit has been developed by the International Drug Policy Consortium (IDPC) and the Eurasian Harm Reduction Network (EHRN) to build the capacity of civil society organisations for engaging with, and influencing, drug policy making processes.

This toolkit allows IDPC, EHRN and a wide range of organisations to deliver trainings and workshops on drug policy advocacy to their civil society partners and members. It covers the areas of drug policy, civil society advocacy and harm reduction, and is intended as a comprehensive menu of activities and content – from which a facilitator can pick and choose the ones which best suit the context, audience and timeframe.

About IDPC

The International Drug Policy Consortium (IDPC) is a global network of civil society organisations that come together to promote objective and open debate on drug policy issues. Its vision is that national and international drug policies are grounded in the principles of human rights and security, social inclusion, public health, development and civil society engagement.

IDPC intervenes at two levels in the decision making process:

1. Facilitating networking and collaboration between civil society stakeholders and empowering civil society to better engage with and influence policy making processes.

2. Intervening directly with high-level policy making processes by providing analysis and expertise to governments and UN agencies on effective and more humane drug policy options.

For more information, visit http://idpc.net/

About EHRN

The Eurasian Harm Reduction Network (EHRN) is a regional network with a mission to promote humane, evidence-based harm reduction approaches to drug use. It aims to improve health and protect human rights at the individual, community, and societal levels.

👁 Facilitators' note

To deliver every activity in this toolkit would take more than a full week – and it is very unlikely that you will have this much time for your training or workshop. As such, 'Facilitators' Notes' such as this one have been inserted throughout the toolkit to guide you on which activities complement each-other or overlap. We welcome any feedback you may have to improve these notes, which can be sent to contact@idpc.net.

EHRN's geographical focus consists of six sub-regions: the Baltics, Central Europe, South-Eastern Europe, the Commonwealth of Independent States, Caucasus and Central Asia. EHRN is a member of IDPC as well as the European Commission's Civil Society Forum on Drugs and HIV/AIDS.

For more information, visit http://www.harm-reduction.org/

Why was this toolkit developed?

Over the years, IDPC and EHRN have received numerous requests to deliver trainings in countries around the world – often from local civil society partners with acute skills building needs in terms of advocacy and policy reform. This Toolkit was therefore developed to build the capacity of civil society organisations to better engage with, and influence, the policy making processes of national governments and regional and international agencies.

The Toolkit is the result of several years of work – building on, or informed by, advocacy trainings in Poland, the Philippines, Thailand, Indonesia and Kenya. It fills an identified gap for a global training resource that focuses specifically on advocacy for drug policy reform.

The intention is to create an open access resource that can be used by facilitators and partners around the world – independently from IDPC or EHRN, although these two organisations will also be using the toolkit for their own activities in the coming years.

How is this toolkit structured?

This toolkit is composed of four independent modules:

Module 1: The current drug control system

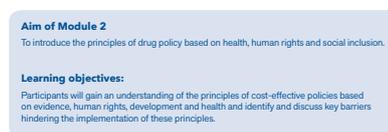Module 2: Effective drug policy: What needs to change?

Module 3: Harm reduction advocacy

Module 4: Civil society engagement in drug policy advocacy

Each of these modules contains:

MODULE 4
Civil society engagement in drug policy advocacy

The title of the module

Aim of Module 2
To introduce the principles of drug policy based on health, human rights and social inclusion.

Learning objectives:
Participants will gain an understanding of the principles of cost-effective policies based on evidence, human rights, development and health and identify and discuss key barriers hindering the implementation of these principles.

The aim and learning objectives of the module

SESSION 4.12

Interactive presentation: Advocacy framework Step 7
Creating an action plan

60-90 min

Aim – To allow participants to put into action some of the learning from the previous sessions by practising lobbying in a face-to-face meeting

1. Introduce the aim of the session.

2. Working with the whole group, clarify the difference between a target and an ally, and how some allies can also be indirect targets.

Sessions, numbered in each module, either depicted as 'Presentations' or as 'Activities' so that the facilitator knows what type of session he/she will be facilitating.

We have suggested how much time the facilitator can allocate to each session, although this is flexible and will depend on time available for the overall training.

Each session starts with the description of its aims, followed by detailed instructions on the flow of the presentation/activity.

Information to cover in this presentation:
The work done in Steps 1 to 6 will help to choose appropriate advocacy activities to achieve your aim. By now, you know what you are trying to achieve, who your targets are, who your allies are, and resources available. The handout 'Advocacy methods' will also help in selecting activities.

For the 'Presentation' sessions: after the instructions, the facilitator will find a box entitled 'Information to cover in this presentation'. The amount of information to be covered by the facilitator during the actual presentation depends on time constraints and level of knowledge of the participants.

Objectives of drug policy advocacy
- Develop policies
- Place an issue on the policy agenda
- Adopt a new policy
- Block the adoption of a new policy
- Ensure the implementation of a policy
- Monitor and evaluate a policy
- Maintain a specific policy
- Reform of harmful or ineffective policies.

For the 'Activity' sessions: the facilitator will find 'sample outputs', which offer an example of what they are to expect from the participants as an outcome of the exercises proposed in the materials.

Note to facilitators:
Observe whether the group influencing the target is clear about exactly what it is they want and that they take full advantage of the cooperativeness of the target.

Throughout the training materials, the facilitator will also find 'Facilitators' notes' which are intended to help the facilitator with the overall flow of the training materials and to decide which sessions are more important than others in case of time constraints.

5.2 - SHORTER OPTION IF YOU HAVE LESS TIME

20 min

1. Introduce the aim of the session and present the information above (slides XX) – 5 min

2. Follow instructions 6 and 7 above, but instead of asking each group to add to the Venn diagram, ask them to simply list potential allies on a flipchart and to consider the guideline questions (displayed either on a pre-prepared flipchart or on a slide) for one or two of the listed allies.

Module 4 also includes text boxes entitled 'Shorter version if you have less time', which offer shorter alternatives to existing exercises in case of time constraints.

HANDOUT

Each module ends with 'Handouts' to distribute to the participants. These illustrate a certain topic with specific examples, or provide additional information on a specific issue. The facilitator can pick and choose which handouts they want to distribute to feed into the discussions. It is also up to the facilitator to decide when they prefer to distribute the handouts – at the beginning, during the training, or at the end.

How can this toolkit be used?

Because most trainings are just for a day or two – and some may only be for a few hours - the toolkit has been developed to allow facilitators to 'pick and choose' which modules, presentations, activities and handouts are the most relevant to their audience. This is particularly relevant for Module 4, which offers a wide range of exercises. The sample agendas below provide an idea of how this might work in practice:

Sample 1: When you have one day:

9.00 – 9.20	Registration, coffee/tea, welcome, introductions, and objectives for the day
9.20 – 10.20	MODULE 1: THE CURRENT DRUG CONTROL SYSTEM Activity 1.2: overview of dominant international drug control approaches Presentation 1.4: United Nations drug control architecture
10.20 – 11.00	MODULE 2: EFFECTIVE DRUG POLICY: WHAT NEEDS TO CHANGE? Activity 2.2: the tree of good drug policy
11.00 – 12.00	MODULE 3: HARM REDUCTION ADVOCACY Activity 3.1: the harm reduction hand Activity 3.5: peers, patients, prisoners, or partners?
12.00 – 13.00	Lunch
13.00 – 14.00	MODULE 4: CIVIL SOCIETY ENGAGEMENT IN DRUG POLICY ADVOCACY Activity 4.1: what is drug policy advocacy? Activity 4.3: the importance of planning drug policy advocacy
14.00 – 15.00	Activity 4.5: selecting the issue or problem you want to address
15.00 – 15.30	Break
15.30 – 16.30	Activity 4.11: Creating an action plan
16.30 – 17.00	Discussion, questions and reflections on the training

Sample 2: When you have two days:

DAY 1

9.00 – 9.30	Registration, coffee/tea, welcome, introductions, and objectives for the day
9.30 – 12.00	MODULE 1: THE CURRENT DRUG CONTROL SYSTEM Presentation merging 1.3 and 1.4: overview international drug policy and UN drug control architecture Activity 1.5: impacts and consequences of dominant drug control approaches Activity 1.6: film on international drug policy
12.00 – 13.00	Lunch
13.00 – 15.00	MODULE 2: EFFECTIVE DRUG POLICY: WHAT NEEDS TO CHANGE? Activity 2.2: the tree of good drug policy Presentation 2.3: principles to guide effective drug policy Presentation 2.5: flexibilities in the UN drug conventions
15.00 – 15.30	Break
15.30 – 17.30	MODULE 3: HARM REDUCTION ADVOCACY Activity 3.1: the harm reduction handout cards Activity 3.3: harm reduction interventions Activity 3.4: road blocks to harm reduction

DAY 2

9.00 – 9.30	Recap on previous day and discussion
9.30 – 12.00	MODULE 4: CIVIL SOCIETY ENGAGEMENT IN DRUG POLICY ADVOCACY Activity merging 4.1 and 4.2: what is drug policy advocacy and what are its objectives? Activity 4.3: the importance of planning drug policy advocacy Break Activity 4.5: selecting the issue or problem you want to address Presentation 4.10: identifying resources to address the selected advocacy issues
12.00 – 13.00	Lunch
13.00 – 14.30	MODULE 4 (continued) Interactive presentation 4.11: Creating an action plan
14.30 – 15.00	Break
15.00 – 16.00	Activity 4.13: Lobbying exercise
16.00 – 16.30	Discussion, questions and reflection on the training

Prior to the training…

The facilitators should:

1. Develop the goals and objectives of the training and clearly communicate these to the participants prior to the workshop.

2. Determine participants' level of understanding of drug policy in order to adapt the training to their level of knowledge. This can be done with a short questionnaire sent to the participants prior to the training. When working in groups (which will often be the case in many of the activities presented in the toolkit), it can be useful to divide the participants into groups that contain both the experienced and the beginners to the field of drug policy.

3. Ensure he/she understands any specific local practices or customs with regards to trainings (i.e. the need to open or close with prayers in certain cultures, length of lunch breaks, start and end of day, etc.), and any other culturally specific needs that the participants may have.

4. Gather as much data and background information as possible from the country or region where the training is to be delivered, including:

   - Current and historic patterns of drug use, including recent increases in the supply/demand of certain substances or changes in the routes of administration

   - Relevant ratified UN conventions – e.g. relating to drug control and human rights

   - Relevant national and regional drug strategies

   - Policy response to drug use – measures adopted and funding allocated in the areas of criminal justice, treatment and prevention

   - Rationale and impact of current policies – regarding drug supply and demand, health-related indicators, etc. at the local/national level

   - Different policy options (if any) currently under discussion - e.g. recent proposals by government and / or any expressed desire for change

   - Upcoming opportunities for engagement with policy makers – e.g. forthcoming international meetings at which government and / or NGOs will be represented

This information can be gathered by issuing a questionnaire to the participants in advance of the training, and/or from some of the following online sources:

   - http://idpc.net/

   - http://www.harm-reduction.org/

   - http://www.ihra.net/global-state-of-harm-reduction

   - http://data.worldbank.org/

   - http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/

   - http://idpc.net/about/relevant-links

5. Ensure that all the materials and information are ready prior to the training in terms of:

   - Flow of the sessions and good understanding of the presentations and activities planned, and an understanding of everyone's role during the training (particularly relevant when there are several facilitators)

   - Preliminary research by the facilitator(s), which is necessary for some of the activities (this is indicated in facilitators' notes)

   - PowerPoint slides and other visuals

   - Printed copies of the handouts to be distributed to the participants

6. Assess the language skills of the participants – i.e. whether the training will be delivered in English, or in another language, or in English with interpretation in another language.

If you are delivering the training in another language, you will need to allocate a large amount of time (and often money as well) for translating the text, slides and hand-outs in advance. If you plan to have translators in the session itself, please allow extra time for each activity.

Thorough preparation is vital for this type of training – so please do not underestimate the time that this takes!

After the training…

At the end of the training, it is useful for the facilitator to ask the participants to evaluate the workshop quality and usefulness. A template evaluation form is available in the Appendices of training materials. This form can be distributed to the participants at the last coffee break to give them time to fill it in and to return it to the facilitator at the end of the training.

Experience has also shown that participants appreciate receiving a certificate of attendance at the training. A template of such a certificate is available in the Appendices of the training materials. The certificates can either be prepared in advance and distributed at the end of the workshop, or can be sent afterwards to the participants by email.

Who should be involved in the facilitation of the training?

Ideally, a minimum of two facilitators should be involved in delivering the training activities from this toolkit. They should both be present throughout the training itself, as the modules are linked to each other. It is advisable that at least one trainer has some experience in using participatory methods. At least one trainer should be familiar with drug policy issues.

It is always useful to keep a record of the discussions and outputs created during the training by taking pictures. This can easily be done if there are two facilitators at the training. However, should the facilitators wish to do so, they will first need to get the authorisation of the participants. For the purposes of IDPC's and EHRN's work, we would be grateful if the facilitators could send us some pictures of the trainings they have conducted based on these materials, at contact@idpc.net.

Training materials checklist

You will need to go through each activity to check which materials (e.g. flip charts, handouts, slides, etc.) are needed. These will likely include:

- Computer with PowerPoint

- Projector and screen (or blank wall)

- Flipchart stand(s) and paper (it is useful, if possible, to have one flipchart stand per group)

- Coloured marker pens

- Wall tack or tape (to fix flipcharts to the walls)

- Large rectangular post-it notes in different colours

- Printed copies of relevant hand-outs

- Microphones (depending on the number of participants)

ENERGISERS / ICE-BREAKERS

Some facilitators like to open a training session with 'energiser' activities – also known as 'ice-breakers'. These can prove useful to help participants to relax, and to allow everyone to get to know each other. They can also give participants greater enthusiasm for the training.

For a range of 'energiser' ideas, please read the International HIV/AIDS Alliance publication: *100 ways to energise groups* (http://www.aidsalliance.org/publicationsdetails.aspx?id=146).

At the very least, facilitators should allow time for a round of introduction for all participants.

Sample 'energiser'

Aim

- For participants to introduce themselves to each other
- To compare expectations and fears about the workshop with the training objectives.
- To clarify the workshop agenda and methodologies.
- To agree on ground rules for the training.

Methodology

- Presentation
- Introductory ice breaker
- Pair-work
- Group work

Time required

- Up to 1 hour

Materials needed

- Flip chart or PowerPoint slide with the workshop aims and objectives
- Flip chart or PowerPoint slide outlining the workshop agenda
- Post-it notes – 2 different colours
- Blank flip chart sheets
- Marker pens
- Photocopies of :
  - o Agenda
  - o Registration sheet
  - o Workshop aims and objectives

Preparation

- Prepare either a flipchart or a PowerPoint slide of the workshop programme
- Prepare either a flipchart or a PowerPoint slide of the workshop aims and objectives
- Prepare 2 flipcharts – one titled 'expectations' and one titled 'concerns'
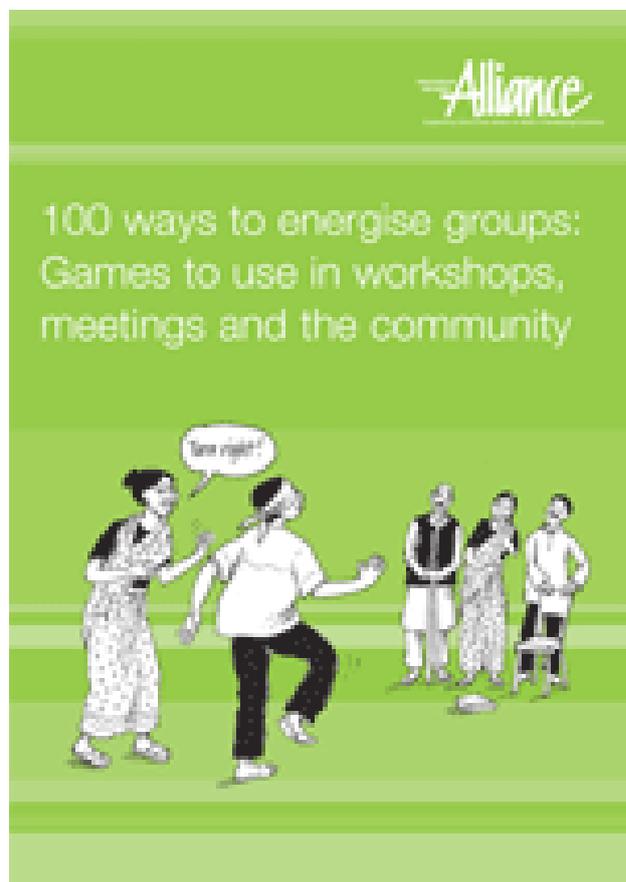
Activity: Find your pair

40 min

1. Welcome participants and introduce the workshop.

2. Address any housekeeping and logistical matters.

3. Provide each participant with one of the 'Find your pair' icebreaker cards (see: Annex 1), and ask then to walk around the room and find the person who is holding their 'partner' card (i.e. the person with 'Day' must find the person with 'Night').

4. Ask each person to introduce themselves to their partner by:

    a. stating their name,

    b. the organisation they are from and

    c. giving one example of something they enjoy doing outside of work.

In plenary, ask each pair to present their partner to the rest of the group.

5. Give 1 coloured post-it note to each participant and ask them to write one expectation about the workshop. Ask participants to stick these notes on pre-prepared flip charts placed on one of the walls in the room. One of the facilitators needs to quickly sort these into similar themes.

6. Present the training aims and objectives – either on a pre-prepared flip chart or on a PowerPoint slide. Compare these to participants' expectations and concerns and state how each will be addressed within the limits of the workshop.

7. Present the workshop agenda, explain the methodology that will be used and address any questions.

8. Spend five minutes brainstorming and agreeing on some basic ground rules or ways of working together during the training (e.g. listening to others without interrupting, etc.) and note these on flip chart paper to be stuck to the wall for the duration of the workshop.