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GREEN PEPPER

On the role of Civil Society in Drug Policy in the European Union

**Comments of the European Coalition for Just and Effective Drug Policies
(ENCOD) on the Green Paper, on the role of civil society in drugs policy in the
European Union, released by the of the European Commission on 26 June
2006 (COM (2006) – 316 final)**

Antwerpen, 28 September 2006

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Annex: History of the role of citizens in the drug debate in the European Union

1. General Comments

The objective of the Commission's Green Paper is 'to explore the scope for bringing those most directly concerned by the drugs problem more closely into the policy process', and 'to realise such input in relation to the EU Action Plans on Drugs' (p.3). Keeping well in mind this objective, we wish to make the following general comments.

Those citizens mostly concerned by the drug problem are most often concerned by drug policies. This fact has to be acknowledged in the dialogue process. The analysis expressed by the Commission in the first paragraph of the Green Paper, according to which the worldwide impact of the production and consumption of drugs is a serious problem for societies and governments, is not complete. It fails to mention that the greatest part of this problematic impact consists of the fact that drugs are illegal.

Of all European citizens directly affected by drugs, a large majority consists of drug consumers (between 10 and 30 million EU citizens regularly consume an illegal drug). However, the participation of drug consumers and their associations in the official drug policy debate is extremely limited. The reason for this is the stigmatisation and even criminalisation of drugs consumption as such as well as the lack of resources and facilities to participate in this dialogue, especially in comparison with subsidised organisations of professional service providers or other entities which operate within the sectors of drug prevention or treatment.

For the dialogue on EU level, it is important to not only avoid the exclusion of any, but also actively promote the inclusion of all possible civil stakeholders in the drug phenomenon. One of the sensitive issues of the planning process of the dialogue with civil society will therefore be to reach consensus on the definition of selection criteria of participating organisations in this dialogue.

Observations by the Commission such as ‘civil society acts either as service provider or as representing the interests of professionals working in these fields’ (p 8) raise the question if the Commission is enough aware of the importance to include organisations of ordinary citizens. Groups and associations representing drug consumers or others affected by drug policies, such as relatives, policy activists or companies working in the legal sector created around the consumption of cannabis and other illegal drugs should have their say as well, and not only in areas such as HIV/AIDS, as indicated by the Commission (p. 8).

In many local and (inter-)national experiences with dialogue on drug policy in Europe, it has become clear that in order to succeed, this process needs to be maintained as open and transparent as possible. If all stakeholders have access to the dialogue process, it will be considerably easier to design policies that take into account the impact on the lives of all involved citizens.

Therefore, we believe it should be possible for any European citizen to take part in the dialogue process by adhering to one of the organisations involved in the process and channeling his or her concerns through this organisation. Only in this way, we may obtain the involvement of European citizens, which is, as the Commission acknowledges, ‘crucial for the effectiveness and indeed the acceptance of the EU’ (p. 6).

2. Comments on option 1: Civil Society Forum on Drugs (p. 9)

The objective of this option would be to create a broad platform of civil society stakeholders in order to operate as a practical instrument to support policy formulation and implementation through practical advice. The forum would provide for regular informal consultations, mainly on themes defined by the EU Action Plan. It would be chaired by the European Commission, membership would be limited according to several criteria for eligibility that would be established and applied by the Commission.

Benefit: The forum would consist of regular consultations. A dialogue should not be a incidental event, but consist of a systematic round of encounters, in order to develop a process-oriented approach.

Added value: The themes to be discussed would have a direct relevance for the EU Action Plan and the eventual adaptation of this Plan by EU authorities.

Weaknesses: The top-down approach in the direction of the dialogue, the lack of transparency in the selection process and the informal character of the forum.

From the description under 6.1. of the Green paper (p.8), it becomes clear that the Commission would be solely responsible for taking important decisions concerning the establishment of the forum, such as the selection of participants to the forum, the

chairing of meetings etc. As a justification for this position, the Commission invokes the fear that the forum could otherwise become a platform for various ideologies.

If the European Commission wishes to establish a genuine dialogue with civil society organisations on drug policies, it needs to accept that ideological differences exist both within civil society and between civil society and authorities. To exclude organisations of citizens in order to avoid the debate out of fear that it would not be manageable would jeopardise the whole point of having a dialogue. The manageability of a debate can be ensured in other ways, such as to respect both majority and minority views, and expect all participants to produce evidence for their statements.

Concerning the selection of members of the forum, the current option already raises questions. The Commission mentions that representatives of different stakeholders and policy options should be balanced in order to avoid one-sided views. However, in a genuine dialogue, no previous requirements should be made with regards to the ideological backgrounds of the participants. If organisations are selected because of their views, this could lead to the exclusion of people and organisations who have the right to be heard.

In order to be transparent, the selection process of the members of the dialogue forum should not be decided by just one stakeholder (the European Commission). We believe that the Commission should above all facilitate this process, not direct it.

One important element that is missing in the list of selection criteria set out by the Commission is the accessibility and transparency of the organisations that will be selected as members of the civil society forum. We believe it is important to ensure that membership of these organisations is accessible to any EU citizen. Also, rules for membership and decision-making structures inside the organisations should be transparent. This will enable others to recognise these organisations “as being able to speak on behalf of those they claim to represent” (p. 9).

A further weakness in the option is the fact that the consultations would be informal. If informality means that there is no procedure foreseen to use the outcomes of these consultations in the policy-making process, this would raise the question why they are organised in the first place. We propose that the meetings of the forum have a formal character, and that the recommendations that are produced in these meetings are duly reported to all relevant fora in the drug policy making process in the European Union.

3. Comments on option 2: Thematic Linking of the existing networks (p.10)

The objective of this option would be to create cooperation among different networks of civil society organisations working in the field of drugs, linking them under common themes, in order to structure an informal information flow and assistance towards the EU authorities in those areas where they could provide added value. In some cases, single contact points could be established to provide the Commission with information and cooperate in the identification of possible funding sources.

Benefit: This option creates the opportunity to work on specific themes, bringing people with a similar background together in cross-border settings. This could accelerate the process of reaching consensus on specific recommendations.

Weaknesses: The top-down approach in the selection process and the informal character.

Again the question of who will be responsible for the management of this option is crucial: who will decide and apply the selection criteria, which are the different sectors under which the networks will be chosen, and is the transparency and accessibility for all organisations involved in the drug field to this process ensured? Especially in the process of identifying funding sources, this last aspect is relevant. The impression could be created that the Commission is 'buying' some carefully selected civil society organisations to agree on its drug policies.

Also the informal character of the consultation is a weakness. We believe it would be a good opportunity to recognise the value of civil society consultation by giving it an explicitly formal character. For instance, the thematically linked organisations could be asked to elaborate an annual report on the issue of their particular competence. This report could be made available to all relevant policy-makers in the EU. A summary could be published as an annex to the Annual Report of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA)

4. Comments on the way that option 1 and 2 should inter-act.

The civil society forum, as a plenary session of all relevant stakeholders, could be very well complemented by the thematic approach, which could take shape in the form of working groups. However, we believe that the current descriptions of both options is too general to obtain a clear view on how they would operate in practice. Many issues concerning the practical implementation of both options remain unclear.

5. Comments on the examples of other consultation practices

Consulting through Internet

This could be an additional tool to the dialogue process. It could be useful for instance to measure the state of the drug policy debate in European civil society. Regular surveys could be organised asking visitors to express their opinion on current themes regarding drug policies.

Open consultation with those interested, registration needed

Also this could be an additional tool to the dialogue process. It could help to structure the information flow between the participants to the dialogue forum, especially in between the physical meetings. Internet communication will never be able to replace these physical encounters, but it can certainly help to make them more successful.

Representative civil society (NGO) networks

This option is similar to option 1: Civil Society Forum on Drugs, and contains some elements of option 2. See the comments above.

Combination of two-level fora

The two-level consultation taking place in EU Health Policy could be an example of the model that a dialogue forum on drug policy could take. Similar to the health policy forum, this drug policy forum could meet twice a year and cover the following groups of organisations:

1. Organisations representing the interests of drug consumers and other directly affected citizens
2. Organisations working in the drug policy field
3. Health service providers and health professionals

The description of the coordination structure that has been installed to help in the formulation and implementation of policy activities on HIV/AIDS in Europe raises several questions on how this structure works in practice. Again the weakness here is the fact that the dialogue is informal, and that the Commission chooses its members.

6. Comments on possible other options

ENCOD would like to make an own proposal for the future dialogue process between the European Commission and civil society on the drug issue. This proposal is based on 15 years of experience with dialogue processes concerning the drugs issue on a European, national and local level, and on an analysis of dialogue structures on other issues in the European Union.

This proposal contains suggestions for the structure, the admission of participants, the content, and the practical organisation of the dialogue.

Structure

The following elements should be taken into account when designing a structure for dialogue:

- The structure should be elaborated by representatives of authorities and civil society together.
- The structure should respect the diversity of all existing networks and organisations.
- Transparency and accessibility should be guaranteed in the entire process.

The dialogue between the European Commission and civil society organisations on the drugs issue could consist of two instruments:

1. Independent body

An independent body would be created, with equal representation of European networks of civil society organisations on one side and European Union authorities on the other. The body (of max. 25 people) would be moderated by a Member of the European Parliament. This body would meet twice a year, in order to supervise the process that will take place in the civil society forum (plenary session and working groups), in order to ensure that all decisions around the forum are taken in a transparent way. This body would discuss proposals to feed the dialogue process and the follow up that may be given to the recommendations that arise from it.

Meetings of this body could coincide with the annual meetings of the Horizontal Drugs Group where the Action Plan is evaluated, with the aim of including the input from civil society in this evaluation process.

The European civil society networks that would participate in this independent body should be chosen according to their geographic, organisational and sectorial representativity. Ideally, they should cover the largest possible number of affected and concerned citizens.

2. The civil society forum

A civil society forum on drug policy would be created, that would be accessible to all European civil society organisations working in the drugs field, which fulfill certain criteria regarding transparency and representativity.

The forum would consist of one plenary session each year (to which all participating organisations can be invited) and a number of smaller working group sessions, that would deal with specific themes. To these sessions representatives of the European Commission, Member State Governments, the EMCDDA, EUROPOL and the European Parliament would be invited as observers.

The aim of the civil society forum would be to produce documents containing the recommendations of both the majority and minority of civil society representatives present, in order to be included in the revision of the current EU Action Plan and the design of forthcoming Action Plans.

Admission of participants

In order to identify the organisations that would be invited to become a member of the civil society forum, a survey of all organisations working in the drugs field in Europe can be elaborated. On the basis of this survey, the independent body (see above) could select the members to the forum.

When selecting the composition of the forum, attention should be given to the following criteria:

Priority should be given to European and national networks, but if some weakness was identified during the preparatory process concerning the coverage of some areas, the possibility for other organisations that do not belong to any network and have expertise in any concrete issue should be opened.

Organisations should be able to prove that they represent their members, rules on membership and decision-making structures should be transparent and organisations should base their statements on evidence. Membership should be accessible to any citizen.

European networks should have member organisations in a significant number of EU Member States.

The admission of participants to the working groups could be established according to various criteria, depending on the division of the working groups.

These criteria can be based on the different sectors covered by drug policies, such as advocacy, harm reduction, prevention, research, treatment, user involvement, etc.

They could also focus on specific issues that are cross-sectoral, such as the situation around cannabis, the situation in prisons etc.

A third possibility is to organise the working groups along the areas identified by the EU Action Plan:

- Coordination. Follow up on the dialogue with civil society in Member states, promotion of this dialogue, systematic integration of this concept in EU drug policy, agreements with third states etc.
- Demand reduction: evaluation of demand reduction measures, prevention, rapid intervention, access to treatment and rehabilitation, alternatives to prison, risk prevention, harm reduction, AIDS/HIV and other infectious disease prevention.
- Supply reduction: evaluation of law enforcement measures against drug production and trafficking, money laundering, organised crime etc.
- International co-operation: participation and role of EU in international fora, contribute to the final evaluation on the 10 year strategy after the UNGASS of 1998.

Content

The content of the dialogue would need to touch 4 levels:

- Political level: how to design policy models that produce minimal harm and maximal benefit for citizens.
- Technical level: coordination between initiatives of citizens and authorities in Europe.
- Research level: improve and share knowledge about long term efficacy of measures and programmes aimed at reducing or avoiding drug related problems.
- Information level: how to improve the consultation procedures between authorities and citizens on the drug issue in Europe.

Practical organisation

The practical organisation of the civil society forum could be as follows:

- A secretariat to coordinate logistical details and inform all participants regularly about the progress of the dialogue process.
- A plenary session that meets once a year to analyse the global approach in EU drug policy, define future priorities and approve the working group reports. An Internet forum could be established to prepare these meetings and follow up on them.
- Working group sessions that will produce recommendations in their specific area of competence. These groups could be invited to produce annual reports, a summary of which could be published as an annex to the annual report of the EMCDDA.

7. Conclusion and declaration of willingness

The Green Paper is a step in the right direction, as it represents a reflection on the creation of a concrete instrument to facilitate a genuine dialogue between civil society and authorities on drug policy in the EU. The next step, the implementation of the concrete measures that should lead to this dialogue, is a more crucial one.

We believe it is extremely important to guarantee the openness and transparency in this process, and request the Commission to remain inclusive and facilitate the accessibility of all stakeholders in the drug field in the European Union. Excluding any organisation with the fear for ideological debates as a motive would be the wrong signal to send to European citizens who have been waiting long for this opportunity (see the annex).

Obviously, ENCOD is more than willing to participate in a genuine and well structured dialogue with the European Commission in order to contribute to more just and effective drug policies in the future.

On behalf of the European Coalition for Just and Effective Drug Policies,

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Steering Committee

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ANNEX

History of the role of citizens in the drug debate in the European Union¹

In 1986, the European Parliament installed a Committee of Inquiry “*to investigate the factors that favour the demand for illicit drugs, permit their production and distribution and make a series of proposals for action on a European scale*”.² It was the very first time an official European institution made a reflection on how a common approach regarding the drug issue in Europe would look like.

In its report, the Committee made the following recommendation: “*A continuous review and open discussion should take place on the attitude and role of society in dealing with drug addicts and the effects of law enforcement policies on drug users themselves*” (Stewart-Clark, 1986).

During the past 20 years, the governments of the EU Member States as well as the European Commission have virtually ignored this recommendation. In the European Union, drug policies are being designed and evaluated in a vacuum. Non-governmental organisations and independent experts are not consulted in the official decision-making process of European drug policies. Neither is there any public debate about the real outcome of these policies, which, consequently, remain unchallenged.

Meanwhile, many experts and involved citizens consider current drug policies as completely out of date. Some even call it a “costly, failing and counter-productive affair”.

In the past years, the European Coalition for Just and Effective Drug Policies, a network of people and organisations representing European citizens who are affected and / or concerned by drug policies, has made many efforts to improve this situation. ENCOD considers the current lack of genuine dialogue between authorities and civil society on the drug issue as one of the reasons for the continuation of ill-conceived policies that are based on wrong or inadequate assumptions. As hundreds of prominent citizens wrote in an open letter to UN Secretary General Kofi Annan in 1998, ‘drug policies are causing more harm than the drugs themselves’.

The purpose of this document is to explain the way in which European Union authorities have established a common policy on drugs since 1986 and how the issue of dialogue with civil society has been dealt with in this process. It also gives an overview of the current European networks of civil society organisations that are active in the drugs field today.

¹ This text has been elaborated by Virginia Montañes and Joep Oomen, members of the ENCOD Steering Committee.

² Stewart-Clark, Sir Jack (1986): Committee of Inquiry into the Drugs Problem in the Member States of the Community : report on the results of the enquiry / rapporteur. Section 1, recommendation 11. of this report.

A EUROPEAN UNION POLICY ON DRUGS

In 1989, French president François Mitterand called on the then 15 EU Member States to start developing a common policy on illicit drugs. This call was based on the recognition that European integration and disappearing border control would have direct consequences for the expansion of the drug phenomenon.

The Member States of the European Union provide a patchwork of different drug policies. To make these policies fit into one uniform approach would prove to be a complicated task.

Firstly, it was considered necessary to start comparing the results of the different policies of the EU Member States. For this reason, the European Union Monitoring Centre on Drugs and Drug Addiction (EMCDDA) was established in 1993 in Lisbon, Portugal.

The EMCDDA collects information on drug issues provided by the Member States and develops tools to measure, evaluate and compare the results. However, as the Centre repeatedly recognises in its annual reports, the information it receives from the governments is not always complete and comparable. It is a public secret that the results of national drug policies are sometimes different from the way authorities wish to present them.

Although some NGO's had been invited to take part in the preparatory phase of the EMCDDA, and were promised a concrete role in the work of the centre, all formal relationships between the EMCDDA and civil society organisations were cut off as soon as the centre became established and started working.

The second step was the establishment of the Europol Drugs Unit in 1994 in The Hague, the Netherlands. There has never been any formal relationship between Europol and civil society organisations.

Finally, the European Union approach to drugs had to be formulated in policies containing activities and budgets. From 1995 onwards, a EU Drug Strategy and a EU Action Plan on Drugs have been presented every 5 years by resp. the European Council of Ministers (through their drug policy working group, the Horizontal Drugs Group) and the European Commission.

The purpose of the EU Strategy on Drugs is to determine the global guidelines of drug policies, while the EU Action Plan on Drugs sums up a number of concrete engagements that the Member States and the European Commission commit themselves to.

Since 1995, three EU Action Plans on Drugs have been adopted: from 1995 to 1999, from 2000 to 2004, and from 2005 to 2009. Civil society organisations such as ENCOD have been trying to obtain the participation of civil society in the design and implementation of these Action Plans. The following is a short summary of these experiences.

Promises and conferences

In the first European Union Action Plan to Combat Drugs (1995-1999) the following action was included: *“Interdisciplinary exchanges on the drug problem between the bodies and professional organisations responsible for reducing drugs demand and drugs supply (...) could promote exchanges between the different actors involved (e.g. local authorities, magistrates, lawyers, social workers, customs officials, police officers, non-governmental organisations, and drug addicts’ associations.”*³

The only concrete outcome of this action was the organisation in March 1996, with the support of among others the European Commission, of a three day Conference in Lisbon, Portugal, under the title “Drugs, Dependence and Interdependence”.

Approx. 160 participants of 60 countries from Europe, Asia, Latinamerica and Africa assisted to this conference, representing governments, multilateral organisations such as the UN, parliamentarians, the scientific community and non-governmental organisations.

The recommendations of the conference highlighted the strategic role played by non-governmental actors in opening a broad discussion on drug policies in both drug consuming countries in the North as well as drug producing countries in the South. ⁴

In the following years, the European Union did not take any initiative whatsoever to establish this discussion. On the contrary. In 1999, the European Commission rejected a proposal coming from ENCOD to organise a consultation of civil society organisations and experts from the Andean Region (among them Evo Morales, then leader of the Bolivian coca growers’ movement, currently Bolivia’s president) concerning the impact of the EU-supported fight against coca production on the lives of involved citizens. The argument was that this consultation could damage relationships between the European Union and the governments of the Andean countries.

In the end of 1999, a new European Union Strategy on Drugs (2000-2004) was presented. Also in this document, the role of citizens, including risk groups themselves, in drug related action, was referred to as *“of paramount importance. Non-governmental organisations have a long tradition in raising public awareness and educating the young as well as helping drug addicts and their families, and coping with the damage caused; They are often in a pioneering position in developing visions and methods for our work. Citizen participation is also necessary to ensure the transparency of the EU strategy, since the development of drug policy presupposes a special concern for open, frank and critical discussion. The European drug strategy will be devised and carried out in close co-operation with the civil society. International non-governmental networks and activities of cities, facing the drug problem, will be supported.”*⁵

³ European Commission: EU Action Plan to Combat Drugs (1995-1999)

⁴ Rapport de la Conférence Internationale Drogues: Dépendence et Interdépendence, Lisbonne, 23-25 mars 1996

⁵ European Council, EU Strategy on Drugs (2000-2004) , 1999:7.

Also this time, the intention was followed by the organisation of a conference, in February 2000 in Brussels. The purpose of this conference was to facilitate a discussion between authorities and civil society organisations on the issue of drug policies in Europe.

Among the participants to this conference were representatives of the 15 EU Member States, the European Parliament, the European Commission, EUROPOL, EMCDDA, international organisations, candidate countries and some NGOs. According to the official report of the conference, 40 out of a total of 300 participants were NGO representatives, although others who attended the conference estimate their number at less than 20.⁶

Gérard Leblonde Valièrgue, a representative of ENCOD and the French organisation of drug users Ligne Blanche, said the following at this conference: *“I speak on behalf of all those at the two ends of the drug chain whose freedom is threatened, whose health is destroyed, whose human qualities and conscience are deteriorated by your decisions. And of a gigantic total number of people when we add those whose lives in the past 30 years have been brutally shortened after you have made them into a nightmare. We are neither less dignified, nor less legitimate than you.”*⁷

In the official report of this Conference, released by the European Commission in May 2000, it was concluded that the conference *“allowed the representatives of national authorities and of civil society to discuss the main issues on drugs in a wide ranging and open debate. Coordination between services and synergies with NGOs is crucial for success. National and EU policies should facilitate co-operation and exchange between actors and the role of networks should be revised and strengthened.”*⁸

However, again there was no action behind the words. In the coming years, no concrete measures were taken to strengthen the collaboration with civil society organisations. In 2002, a mid-term evaluation of the EU Action Plan on Drugs 2000 – 2004, elaborated by a task force consisting of EU and governmental agencies, indicated that *“a strategy for strengthening co-operation with civil society in the field of drugs should be developed”*. The evaluation recommended the organisation of a new conference in 2004 to involve civil society in the future development of EU Drug Policy.⁹

The Dublin Summit

In Dublin, Ireland, in May 2004, a conference was organised under the title “EU Strategy on Drugs – The Way Forward”. The purpose of this Conference was to draw the first guidelines for a new EU Drug Strategy that would be approved in december 2004, to cover the period from 2005 to 2012. The Strategy would be followed by the publication of a EU Action Plan on Drugs that would cover the first half of this period (2005-2009).

⁶ Among them some members of ENCOD, who presented an Open Letter that can be read at <http://www.encod.org/careu.htm>.

⁷ Gérard Leblond Valièrgue: “Contre trente années d’erreurs et de mensonges, et pour une nouvelle socialisation européenne des drogues”, February 2000.

⁸ European Commission: Flash report. 2nd Inter-institutional Conference on Drug Policies in Europe, May 2000 - http://europa.eu.int/comm/justice_home/doc_centre/drugs/studies/doc/flash_report_2000_en.pdf.

⁹ European Commission: Communication from the Commission to the Council and the European Parliament, on the mid-term evaluation of the EU Action Plan on Drugs 2000-2004, COM(2002) 599 final, 04/11/2002.

Approximately 200 governmental delegates and only a handful of NGO¹⁰ representatives were randomly invited to this Conference. The original idea, to invite a large number of civil society representatives following the recommendations of the mid-term evaluation, had been abandoned, due to “lack of space”.

Perhaps to compensate for this failure, during the opening hours of the conference, a panel session of one hour was dedicated to the opinions of civil society organisations on current EU drug policies.

The session included a 6 minute presentation of the ENCOD representative who insisted on the need to create “room for manoeuvre” for policies that would not be based on prohibition. Besides, an 8 minute video was shown containing interviews with several European drug policy experts who all indicated the need for change in current drug policies.¹¹

When the audience was then given the floor, three governmental delegates (Belgium, Italy and Greece) stood up and declared to be “scandalized” by what they had heard and seen. Furthermore, they questioned the right of NGO’s to interfere in the discussion on EU drug policies. These rather undiplomatic remarks dominated the atmosphere during the rest of the conference. Upon the request of the Belgian representative, Mr. Raymond Yans, the whole issue of civil society participation was ignored in the official conference report.¹² Unofficially, several government delegates expressed their support to the ‘NGO point of view’ although always at a strictly “personal” title.

In the final version of the EU Strategy on Drugs (2005-2012), published in December 2004, the consultation with civil society was included as a priority issue: “*A balanced approach to the drugs problem also requires adequate consultation with a broad group representative of the relevant NGO’s and civil society. Especially in the process of drawing up action plans, their advice should be taken into account.*”¹³

This consultation never took place. In October 2004, the European Commission installed a website where visitors were encouraged to send their comments on how the future European drug policies should look like. However, no public announcements were made to make EU citizens aware of this opportunity. Neither the draft EU Strategy nor the EU Action Plan were accessible at the time, so people had no chance of knowing exactly what they were expected to comment to.

When people sent their comments, they did not receive any confirmation of receipt, nor were they informed about the follow up. The Commission finally received 35 comments, which were classified as confidential, together with the names of their authors.

¹⁰ These were the Hungarian Civil Liberties Union, Transnational Institute from the Netherlands, Desmond Carrigan - a doctor based in Dublin - and ENCOD.

¹¹ ENCOD: The hard way forward to another drug policy. Report of ENCOD on the European Union Conference on a new strategy on drugs, <http://www.encod.org/reportdublin.htm>.

¹² European Council (2004c): Report from the Presidency to the Council on the main elements discussed at the Dublin conference – “EU Strategy on Drugs – The Way Forward” 10/11 May 2004, 95951/04 REV 1 CORDROGUE 36, 01/06/2004.

¹³ European Council: Note from the Netherlands presidency to the Horizontal Drugs Group referring the EU Strategy on Drugs (2005-2012), 10999/04 CORDROGUE 53, 30/06/2004.

In January 2005, the Commission published its own summary of the received comments. According to this summary, *“many respondents are worried about the lack of transparency in drug policy making, both at national and especially at the European level. Most people feel that the views of civil society are not duly taken into account in drug policy decision making. The request is to create structures to ensure that representatives of civil society can articulate their case effectively.”*¹⁴

Two months before, in October 2004, the final evaluation of the former EU Action Plan 2000 – 2004, carried out by the EMCDDA, had drawn the same conclusion. Apart from the fact that it had been impossible for the EMCDDA to find convincing evidence of any positive results in any of the six headline objectives established by the Action Plan in 1999, the report also acknowledged that a regular consultation of civil society in the formulation process of EU drug policies had not taken place.¹⁵

The Catania report

During the elaboration process of the new EU Strategy and Action Plans, in the fall of 2004, ENCOD proposed the Horizontal Drug Group to organise a moment of constructive dialogue between authorities and civil society representatives in order to discuss current and future drug policies in the European Union. This proposal referred to one of the key recommendations of the mid-term evaluation of the current Action Plan in 2002, which had called for a conference to be organised in 2004 to involve civil society in the future development of EU Drug Policy. We never received a formal reply, but were informally told by individual officials to address our requests to our own elected representatives at the European Parliament. So we did.

In September 2004, the European Parliament’s Committee on Civil Liberties, Justice and Home Affairs appointed a rapporteur to prepare a set of recommendations concerning the new EU Drug Strategy 2005-2012. His name is Giusto Catania, an Italian member of the Group of United Left (GUE).

During the Autumn of 2004, ENCOD Members informed Members of the European Parliament on the result of current drug policies, the lack of civil society participation in the official debate on drug policy, and the need to organise a concrete moment of dialogue and common reflection in the process towards the new drug strategy.

On 15 December 2004, the plenary session of the European Parliament approved the report prepared by Giusto Catania. The report proposes a radical shift in EU drug policies, that should be based *“on scientific research and in-depth, structured consultation with those involved in this”*. It also recommends to *“define and exponentially step up the involvement and participation of drug addicts and users of illicit substances, civil society, NGOs, the voluntary sector and the general public in resolving drug-related problems, in particular by involving organisations operating in this area more closely in the work of the Horizontal Drugs”*.

¹⁴ European Commission (2004): Informal Public Consultation of Civil Society on the EU Action Plan on Drugs (2005-2008),

http://europa.eu.int/comm/justice_home/news/consulting_public/drugs/summary_contributions_en.pdf, 23/12/2004.

¹⁵ European Commission: Communication of the Commission to the Council and the Parliament, of 22 October 2004, on the results of the final evaluation of the EU Drugs Strategy and Action Plan on Drugs (2000-2004), [COM \(2004\) 707](#), 22/10/2004.

Finally, the European parliament mentions the need to “*create a specific budget line in order to facilitate an ongoing process of consultation with affected civil society organisations and independent professional experts about the impact of drug policies at the level of citizens*”¹⁶.

On 21 april 2005, upon the request of ENCOD, the European Parliament's Committee on Civil Liberties organised a Public Hearing on the EU Action Plan on Drugs (2005-2009). The hearing was attended by Members of the European Parliament, representatives of the EU Member State Governments, the Commission, experts and civil society organisations. Out of 120 participants, more than 50 people represented NGOs.

Most voices at this hearing proposed to change the current approach in drug policies. These voices did not only come from drug policy activists, but also from local authorities (Gerd Leers, lord mayor of Maastricht, Netherlands), the professional health sector (Massimo Barra, vice-president of the Red Cross Society) and multilateral organisations (Bob Keizer, chair of the Pompidou group of the Council of Europe).¹⁷

However, these recommendations and those of the European Parliament report were ignored in the final versions of the EU Strategy on Drugs (2005-2012) as well as in the EU Action Plan on Drugs (2005-2009) which were approved by the European Council in resp. December 2004 and July 2005. The Head of the Anti-Drugs Coordination Unit of the European Commission, Carel Edwards, in a telephone conversation with an ENCOD representative, characterised the European Parliament report as “completely useless”.

The EU Action Plan broadly repeats the same objectives as the former Plan. The Plan is said to “*target in particular those areas that the evaluation highlighted as needing further progress*”.¹⁸ Under the objective of “strengthen the involvement of civil society”, two concrete actions were announced: in 2006, the Commission would publish a “*Green Paper on ways to effectively co-operate with civil society*”. And in 2007, “*Member States are expected to give the opportunity to civil society to present their opinion*”¹⁹. More details on how the concrete follow up of these actions would look like were not given.

This means a policy is being continued which has been proved to be ineffective by the institution that was created to inform authorities about the impact of their policies (EMCDDA), while the evidence of the reasons why this policy does not work and how it could be improved, coming from directly affected civil society organisations, is ignored.

¹⁶ European Parliament : European Parliament recommendation to the Council and the European Council on the EU drugs strategy (2005-2012) (2004/2221(INI)) Brussels: European Parliament, *P6_TA(2004)0101*.

¹⁷ Keizer, Bob: “How can the Pompidou Group contribute to the quality of a European Drug policy?”, speech presented at the Public Hearing “EU Action Plan on Drugs”, organized by the Committee on Civil Liberties, Justice and Home Affairs, 21/04/2005.

¹⁸ European Commission (2005): “EU Action Plan on Drugs (2005-2008) (2005/C168/01)”, Official Publication, C168, 8-7-2005.

¹⁹ European Commission (2005): “EU Action Plan on Drugs (2005-2008) (2005/C168/01)”, Official Publication, C168, 8-7-2005.

The Conference on Civil Society and Drugs

During the preparatory phase of the Action Plan, in February 2005, the European Commission had expressed the intention of organising a new conference to consult civil society organisations on the future dialogue process.

Finally, on 15 December 2005, this conference was publically announced, establishing a period of 20 days to register (in a time where many people were having their Christmas holidays) and a limit of 2 participants for each network or NGO. Of these two, one could have his/her travel and accomodation costs sponsored by the European Commission.

The conference "*Civil Society and Drugs in Europe*" took place in Brussels on 26 and 27 January 2006. Approximately 60 NGO-representatives attend the conference, as well as about 40 representatives of the European Commission, Member States governments or other official agencies.

It remained unclear which criteria had been used to select the representatives. The impression was that the Commission had accepted the people at a 'first come – first deal' basis. There were people present from the Former Yugoslav Republic of Macedonia, in spite of the fact that FYROM is not even a candidate country to enter the EU and current EU drug strategies will therefore probably not be applied in this country for the next 10 years.

The programme of this conference was entirely decided by the European Commission. Out of 11 speakers in the opening session, 10 were men. Among them EU Commissioner for Justice Franco Frattini, who ensured the will of the Commission to open a 'genuine dialogue' with civil society on the drug issue.

During the speeches, debates and workshops that took place at the Conference it became obvious that "civil society" is a heterogeneous concept. Among the organisations that participated, 10 to 15 % advocated 'zero tolerance' policies, 50 % promoted harm reduction policies within the current legislative framework, while 35 to 40 % advocated legislative changes to allow for drug policies not based on prohibition.

In spite of these differences, it turned out that civil society representatives were perfectly able to discuss with each other and contribute with concrete suggestions on how to structure the dialogue process with the European Commission. A common concern among the participants was the lack of insight in what would be the follow up process of the Conference. Representatives of the European Commission were unable to present a clear scenario for this follow up.

The official conclusions of the Conference that were presented by the Commission include the need to create a permanent structure of dialogue with civil society, starting with representatives of all NGO networks and other organisations that would be included using criteria such as thematic expertise, geographic distribution or demonstrated efficacy. In these conclusions, the Commission promised to use the results in the preparation of the Green Paper.

At the closure of the Conference, the Commission promised that in 2007, “a budget line will be created to facilitate the efforts to include the demands of citizens and their organisations in the European policies and strategies, and to guarantee that information reaches the citizen”. At least part of a total amount of 16 million EURO would be dedicated to this purpose.²⁰

Conclusion

Many engagements and promising statements have been made in the past years, but EU authorities have not yet been able to establish any formal mechanism to strengthen the co-operation with civil society in the field of drug policies. The incidental efforts that have been made so far (the Conference in February 2000, the public on-line consultation in October 2004 and the Conference in January 2006) can not pass the criteria of a transparent and participative approach, in which “all interested sectors can have an opportunity to express their opinions”, a general principle acknowledged by the Commission in the consultation of interested parties.²¹

Our conclusion is simple: the drug policy making process in the European Union is suffering from a considerable democratic deficit. Not only have EU authorities been unable to establish a sincere dialogue with civil society on drug policy. In the elaboration process of the new EU Drug Strategy and Action Plan, both the outcome of the evaluations of earlier strategies as well as the recommendations of the European Parliament have been ignored. .

In many places of the world, drug policies are failing because they are ill conceived. The first step towards improvement is to question the legitimacy of the policies that have been carried out thus far, and to carry out a sincere debate on what could be the best alternative options. Currently, drug policy is designed behind closed doors. This is an alarming fact, as in this way, public and even parliamentary attention is kept away from the disastrously negative outcomes of current policies, so a discussion about the lessons that can be learned from them can not take place.

Europe is a place where a truly new concept of drug policy, based on the evidence that is collected from the daily reality on the streets, could be developed. This new concept could be more balanced and effective in reducing damage to the health and safety of the millions of people who are daily affected by the drug issue in Europe, as well as in tackling the roots of (un-) organised crime related to drugs and global social diseases like terrorism, corruption and money laundering.

Therefore, one of the fundamental questions that will decide the future dialogue process with European civil society on the drug issue is the accessibility to this process for all EU citizens who experience this daily reality. Taking into account the experiences of the past, it is crucial to ensure the transparency and bottom-up approach of this process, especially concerning the criteria of admission for participants to the concrete instruments of the dialogue process.

In the following pages, we will analyse the current situation of European civil society networks working in the field of drugs.

²⁰ European Commission (2006): Conclusions of the Conference on Civil society and Drugs in Europe, 26 and 27 January 2006.

http://ec.europa.eu/justice_home/news/information_dossiers/drugs_conference_06/conclusions_en.htm

²¹ European Commission: Towards a reinforced culture of consultation and dialogue – General principles and minimum standards for consultation of interested parties by the Commission COM(2002) 704 final, 11/12/2002.

EUROPEAN CIVIL SOCIETY AND DRUGS

What do we mean when we talk about civil society?

To analyse the current situation of organised European civil society working in the drugs field, it is first important to consider what we mean when talking about “civil society”. There is no generally accepted definition of the concept of ‘civil society’. But some attempts have been made to describe it. Dutch sociologist Kees Biekart defines civil society in its modern concept as *“the totality of social institutions and associations, both formal and informal, that are not strictly production-related, and do not have either governmental or private character”*.

The author relates the concept of civil society to that of citizenship, and states that civil society can only be analysed in relation to the state: *society* becomes *civil* both in its separation from and implicit relation to the state. In this way, society would be defined as something opposed to, autonomous and separated from the state, and civil as something that is part of the political system.²²

Another definition has been produced by the Centre for Civil Society of the London School of Economics: *“Civil society refers to the arena of uncoerced collective action around shared interests, purposes and values. In theory, its institutional forms are distinct from those of the state, family and market, though in practice, the boundaries between state, civil society, family and market are often complex, blurred and negotiated. Civil society commonly embraces a diversity of spaces, actors and institutional forms, varying in their degree of formality, autonomy and power. (...) Organisations such as registered charities, development non-governmental organisations, community groups, women's organisations, faith-based organisations, professional associations, trades unions, self-help groups, social movements, business associations, coalitions and advocacy groups”*.²³

In its Green Paper, the European Commission proposes an equally broad definition of civil society organisations: *“the associational life operating in the space between the state and the market, including individual participation, and the activities of non-governmental, voluntary and community organisations..”* Thus, it includes in the definition actors that are operating in the labour market (for instance trade unions or business associations); organisations that represent social or economic interests (for instance, consumer organisations); Non Governmental Organisations; social organisations (i.e; organisations that have surged from the bottom of society, and that defend the interests of their members); youth movements, family associations, and all organisations that enable citizens to participate in local and municipal decision-making processes, as well as religious communities.²⁴

²² Biekart, Kees (1999): *The Politics of Civil Society Building*, Amsterdam: International Books/Transnational Institute

²³ London School of Economics (2004): *What is Civil Society?*, http://www.lse.ac.uk/collections/CCS/what_is_civil_society.htm

²⁴ European Commission: *Towards a reinforced culture of consultation and dialogue – General principles and minimum standards for consultation of interested parties by the Commission COM(2002) 704 final, 11/12/2002*. This description corresponds to the analysis of the Economic and Social Committee in its text on “The role and contribution of organised civil society in the construction of Europe” (DOC 329, 17 November 1999, p. 30).

Overview of European civil society networks working in the field of drugs

In Europe, hundreds, perhaps thousands of organisations are operating in the field of drugs. There is quite some variety among them, in terms of the sectors they represent, the covered issues and the ideological background.

In order to enable these organisations to co-operate at a European level, a number of networks have been created, some as a formal association with statutes and an organisational structure, others as an informal group with ad hoc purposes.

Here is an overview of the both formal and informal European networks (with members in at least more than 2 EU member states) of civil society organisations that relate to the drug issue.

1. BASICS.²⁵

Founded in 1998, this is an informal network of approx. 20 members, basically organisations working in low threshold harm reduction projects in the dance scene (basically around the use of synthetic drugs). The purpose is to develop strategies to reduce harms, obtain self-empowerment, and stimulate self-organisation related to the party culture, sexuality and drug consumption. The common objectives are to promote autonomous decision-making and the knowledge of drugs and their effects; enable people to administer their entertainment and the associated risks in an adequate way, promote public health by facilitating a voice to those involved in party culture in political decision-making; participate actively in scientific work and distribute scientific data. The network receives funding from the European Commission.

2. CENTRAL AND EASTERN EUROPEAN HARM REDUCTION NETWORK (CEE-HRN).²⁶

CEE-HRN was founded in 1997 to support, develop and advocate for harm reduction approaches in the field of drugs, HIV, public health and social exclusion by following the principles of humanism, tolerance, partnership and respect for human rights and freedoms. It unites some 50 organisations from Central and Eastern European countries that shares a unified ideology and employs a diversity of policies and approaches. Activists and member organizations as well as the Steering Committee and the Secretariat of the Network provide with ideas, urgent information, mechanisms, and methodologies that meet demands and increase work efficiency of member organizations in the region and within the sub-networks. It does not receive funding from the European Commission.

3. CORRELATION.²⁷

This informal network was created in 2005; its predecessor, AC-Company, operated since 2003. Its objective is to improve the access to social and health services of marginalised people who are facing exclusion, mostly drug consumers and/or sex workers.

²⁵ <http://www.basics-network.org>

²⁶ <http://www.ceehrn.org>

²⁷ <http://www.correlation-net.org>

The network consists of 64 members, being national or local health agencies, research centres, service providers and service users, who meet in regular conferences to exchange information and plan common initiatives. It is financed by the European Commission.

4. DEMOCRACY, CITIES AND DRUGS (DC&D).²⁸

This informal network started as a three years project, co-financed by the European Commission, in 2005. The goal of DC&D is to develop a network where knowledge and information can be transferred and exchanged concerning local practices with drug policies. The project unites 7 regional or European networks of professionals working in the health sector (ALIA, Basics, Euro-TC, Integration Projects, Irefrea Italy, ITACA and T3E) and one network of 300 cities promoting 'urban safety' (EFUS).

DC&D aims at promoting local and participative responses on the drug issue and initiate and strengthen the involvement of all actors (elected representatives, actors working on prevention, harm reduction and treatment, police, justice, community organisations, club owners etc..). It organises conferences and exchange projects.

5. EURO METHWORK²⁹

Informal network operating since 1996 for those who are active in the substitution treatment field in the European Region, i.e. practitioners, researchers, policy makers, but also heroin users, their friends and families. 'Meth' stands for 'Medically assisted Treatment of Heroin addiction'. EURO Methwork organises conferences and training sessions on this subject. It is not clear what are the rules for membership and how many organisations participate in this network. It receives funding from the European Commission.

6. EUROPEAN ASSOCIATION OF LIBRARIES AND INFORMATION SERVICES ON ALCOHOL AND OTHER DRUGS, ELISAD.³⁰

ELISADs primary objective is to facilitate the exchange of ideas and experiences and facilitate documentation to improve the knowledge, capacities and rentability of those who work in the field of drugs. ELISAD is a formal association of currently 55 members, libraries specialised in drugs issues. It was founded in 1988. It receives funding from the European Commission.

7. EUROPEAN CITIES AGAINST DRUGS, ECAD.³¹

This informal network serves as a political pressure group consisting of municipalities (245 from 27 countries). It was founded in 1994. The stronghold of this network lies in Stockholm, Sweden, although active members are reported in Russia, Ireland and Turkey. This network promotes a 'drug free Europe'. Its director, Tomas Hallberg, was invited to deliver a keynote speech at the Conference on Civil Society and Drugs organised by the European Commission in January 2006.

²⁸ <http://www.democitydrug.org>

²⁹ <http://www.q4q.nl/methwork2/home.htm>

³⁰ <http://www.elisad.org/>

³¹ <http://www.ecad.net>

During his presentation, entitled “Repressive policies are more effective than liberal policies”, Hallberg declared that “*all evidence proves that the exchange of needles is not effective in the reduction of the HIV/AIDS epidemic*”, and that “*cannabis is much more dangerous than heroin, as in Sweden, there are 50% more deaths related to cannabis than related to heroin*”. The network is not financed by the European Commission.

8. EUROPEAN COALITION FOR JUST AND EFFECTIVE DRUG POLICIES, ENCOD.³²

Formal association created in 1993, now consisting of 145 member organisations and individuals. ENCOD unites organisations of consumers of cannabis and other drugs, their relatives, professionals working in the field of harm reduction and research, entrepreneurs operating in legal industry related to cannabis and other drugs) and drug policy activists. Its principal objective is to obtain more transparency and democracy in the process of making drug policies. Apart from organising lobby towards the European institutions, ENCOD organises activities to stimulate the debate on drug policies, promoting dialogue and collaboration within European and non-European organisations working for drug policy reform. Until 2000 ENCOD received funding from the European Commission, but since then, it has been essentially financed by the contributions of its members.

9. EUROPEAN NETWORK ON DRUGS AND INFECTIONS PREVENTION IN PRISON, ENDIPP.³³

This is an informal multidisciplinary network, co-financed by the European Commission. It was created in 2004, and actually consists of 65 members from 25 EU countries, that unite approximately 7.500 professionals working in national, regional and international organisations that deal with the issue of drug use in prisons. Its members are prison administrations, social services, NGOs and universities. ENDIPP organises conferences and events, training and research, and it also published and distributes information on this subject.

10. EUROPEAN TREATMENT CENTRES ON DRUG ADDICTION, EURO-TC.³⁴

EURO TC was founded in 1982, it counts with 25 members in 7 European countries. All members are active in the field of treatment and prevention of drug addictions, mostly following the philosophy of the ‘therapeutic community’; which is based on abstinence. Its objectives are to promote measures to reduce the demand for drugs, improve access to prevention and treatment, and re-integration in society and on the labour market of former drug addicts. EURO-TC is a formal association. It is unclear if EURO TC receives funding from the European Commission.

³² <http://www.encod.org> – see for a complete list of members on page 27

³³ <http://www.endipp.net>.

³⁴ <http://www.euro-tc.org>

11. FEDERATION OF EUROPEAN PROFESSIONAL ASSOCIATIONS WORKING IN THE FIELD OF DRUG ABUSE, ERIT.³⁵

This formal network consists of 11 members, some of which are national networks themselves. All members are organisations working in the field of treatment and prevention. Among ERIT's objectives are the defense of ethical values in drug policies. Among others, it would like to see drug addicts be considered as citizens with full human rights. The purpose of the network is to develop exchange and co-operation between European professionals; recognise institutions and professionals that work in prevention and treatment of "addicts" as partners in the design and implementation of European drug policies. ERITs members have diverse ideologies: some of them are harm reduction oriented, others are considered to be in favour of a drugs free approach. ERIT is financed by the European Commission.

12. INTERNATIONAL DRUG POLICY CONSORTIUM, IDPC.³⁶

Informal group of NGOs and professionals constituted in 2004 in the framework of the drug policy programme of the Beckley Foundation. IDPC's purpose is to contribute to evidence-based policies and the concern for the lack of effectiveness of current drug policies. There are 24 members in Europe, North America and Australia, mostly think tanks and health institutes. Its principal objective is to produce analysis that may help to elaborate effective policies and programmes, distribute this material and promote debate, as well as make specific recommendations to national governments and international agencies. It does not receive funding of the European Commission. IDPC considers itself as a liberal thinktank on drug policy.

13. IREFREA.³⁷

This is an informal European network of professionals founded in 1988, interested in the promotion and research of prevention of drug and other child and adolescent problems. The network is financed by the European Commission, it counts with 7 members in different European countries. Its objective is to promote primary prevention, interventions on problems related with recreational activities performed by adolescents, harm reduction efforts that do not exclude other preventive interventions, and evaluation and analysis.

14. ITACA.³⁸

Informal network of health professionals aiming at the promotion of collaboration and debate with an open mind in order to develop common strategies, methods and good practices based on evidence and protection of human rights. Among its members (it is unclear how many members) are politicians, scientists, medical experts, psychotherapists, educators and people working in the legal apparatus. There are 3 national delegations in Italy, Spain and Greece. The network is financed by the European Commission.

³⁵ <http://www.erit.org>

³⁶ <http://www.beckleyfoundation.org/policy/think.html>

³⁷ <http://www.irefrea.org>

³⁸ <http://www.itacaeurope.org>

15. PREVNET NETWORK³⁹

Prevnet Network is a European network of bodies (approx. 50 health services in 25 European countries) promoting the use of Internet and other electronic methods for purpose of drug and other substance misuse prevention. It is basically the process of sharing experiences. This informal network is financed by the European Commission.

16. T3E.⁴⁰

Since 1991, this European network for exchange, exposition and action research has identified and created a space for peer training and exchange of knowledge for professionals working in the field of drug prevention and harm minimisation. This informal network has developed and promoted its activities in 13 member states of the European Union. It has at least one correspondent in each of the countries concerned, with responsibility for facilitating and supporting partnerships. It is financed by the European Commission.

Conclusion

By analysing the activities and objectives of these networks (see the overview on the following page) we can draw the following conclusions:

Of the European civil society networks working in the drug field, twelve (12) are primarily formed by organisations of professionals working in the health and information sector. Most of these organisations are not accessible to just any citizen; to be a member, one has to be recognised as an actor inside the health or information sector.

Two (2) networks consist primarily of local authorities (DC&D and ECAD). They describe themselves as civil society and have been considered as such by the European Commission. One (DC&D) has even been created as an informal network around a grant of the European Commission. However, local authorities are part of the state apparatus, and therefore the question if they could be considered as civil society could be raised.

This leaves us with two (2) networks (BASICS and ENCOD) that consist of associations of citizens. These networks have been set up mainly to defend the interests of consumers and other affected and concerned citizens, with no direct relationship to the state apparatus (although Basics receives funding from the European Commission)

Of the 16 networks, 10 currently receive funding from the Commission, 8 of whom are networks of professionals, 1 of local authorities and 1 of citizens (BASICS).

³⁹ <http://www.prevnet.net/>

⁴⁰ <http://www.t3e-eu.org>

CLASSIFICATION OF NETWORKS

CORE ACTIVITIES

TREATMENT/HARM REDUCTION	PREVENTION	INFORMATION AND CAPACITY BUILDING	ADVOCACY
BASICS CEE HRN ERIT EURO-TC EURO METHWORK ITACA	IREFREA PREVNET T3E	CORRELATION DC&D ELISAD ENDIPP	ECAD ENCOD IDPC

DOMINANT PROFILE OF THE MEMBERS OF THE NETWORK

CITIZENS	PROFESSIONALS	AUTHORITIES
BASICS ENCOD	CEE HRN CORRELATION ELISAD ENDIPP ERIT EURO METHWORK EURO-TC IDPC IREFREA ITACA PREVNET T3E	DC&D ECAD

IDEOLOGICAL ORIENTATION

ZERO TOLERANCE	ABSTINENCE	HARM REDUCTION	ANTI-PROHIBITION
ECAD	EURO-TC IREFREA PREVNET	BASICS CEE HRN CORRELATION DC&D ENDIPP ERIT EURO-METHWORK IDPC ITACA T3E	ENCOD

FUNDED BY THE EUROPEAN COMMISSION

YES: BASICS, CORRELATION, DC&D, ELISAD, ENDIPP, ERIT, EURO-METHWORK, ITACA, IREFREA, PREVNET and T3E

NO: CEE HRN, ECAD, ENCOD and IDPC

UNCLEAR: EURO-TC

List of ENCOD members, 1 September 2006

Organisations

COMUNIDADE CONTRA A SIDA - Portugal
AICC - Spain
AKZEPT e.V. - Germany
ALICE-PROJECT - Germany
AECAM – Spain
ALLIANZDESIGN.NET – Germany
AMIGOS DE MARIA - Spain
AMOC – Netherlands
AMSTERDAM HEADSHOP - Germany
ARSECA - Spain
ASK - Switzerland
AUPA'M - Spain
BLUE POINT – Hungary
BONJO - Netherlands
BRUGERFORENINGEN - Denmark
BUNDESNETZWERK
DROGENPOLITIK - Germany
BUNDESVERBAND DER ELTERN UND ANGEHÖRIGEN FÜR AKZEPTIERENDE DROGENARBEIT e.V. - Germany
BÜNDNIS HANFPARADE e.V. - Germany
CALMA - Spain
CAM-RD – France
CANNABIS COLLEGE - Netherlands
CANNACLOPEDIA - Belgium
CAÑAMO - Spain
CASA JUANITA - Spain
CCAN – Spain
CiviC - Czech Republic
CLCA – United Kingdom
CHANVRE ET CIE – France
COLOSSEUM – Netherlands
CRITICAL GRASS – Italy
DEBED vzw - Belgium
DHV - Germany
DMT AVOCATS – Spain
DOBLE ZERO – Spain
DROLEG - Switzerland
DUTCH PASSION - Netherlands
ELEFSYNA - Greece
ENLACE - Spain
EVE & RAVE - Switzerland
FAUDAS - Spain

FLOW - Belgium
FORUM DROGHE - Italy
GANJACOLOMA – Spain
GANJAZZ ART CLUB – Spain
GASS - Spain
GLASGROW - United Kingdom
GREEN DELUXE TISCHER, AXAMIT
OEG - Austria
GROW IN BERLIN – Germany
GRUP IGIA - Spain
HANF JOURNAL – Germany
HEMPFLAX BV - Netherlands
HIPERSEMILLAS – Spain
HOMEGROWN FANTASY – Netherlands
HOPE SOFIA - Bulgaria
INFO-CHANVRE - Switzerland
JOHN MORDAUNT TRUST - United Kingdom
KANABA - Poland
LA HUERTA DE JUAN VALDES - Spain
LA MARIA DE VALLS – Spain
LA MARIETA – Spain
LCA - United Kingdom
LEGALIZE – Netherlands
LIAISON ANTIPROHIBITIONNISTE - Belgium
LIGNE BLANCHE - France
LLUM VERDA – Spain
MAS TRICOMAS - Spain
MATRIX GROWSHOP - Spain
MDHG - Netherlands
MONAR KRAKOW - Poland
MUNDO ANTIPROHIBICIONISTA - Spain
NACHTSCHATTEN VERLAG AG - Switzerland
THE NEW BALANCE - Netherlands
NORMAL - Norway
OTHALA BV – Netherlands
PANNAGH - Spain
PARADISE SEEDS – Netherlands
PATIENTENBELANGEN
MEDICINALE MARIJUANA - Netherlands

PLATFORM
CANNABISONDERNEMINGEN
NEDERLAND – Netherlands
POLLINATOR COMPANY -
Netherlands
PRO JUGENDSCHUTZ - Switzerland
QUINTESSENTIAL TIPS Ltd - United
Kingdom
RADIO K CENTRALE - Italy
REFORM - United Kingdom
ROOR - Germany
SENSI SEEDS BV - Netherlands
SERIOUS SEEDS BV – Netherlands
SPANNABIS - Spain
SPLIF - The Netherlands
STAD – Belgium
STICHTING DRUGSBELEID –
Netherlands
SVENSKA NORMAL – Sweden
TEATER OLYDIG – Sweden
THE ROOKIES - The Netherlands
TRANSFORM - United Kingdom
UISCE - Ireland
VAPORSTAR ADMIN - United
Kingdom
VEREIN FÜR DROGENPOLITIK e.V –
Germany
VRCO - Netherlands
VOCM - Netherlands
ZERO ZERO GROWSHOP – Spain
ZUM HINKELSTEIN - Switzerland

Individual Members

Adriaan Jansen, The Netherlands.
Ana Pertika, Spain.
Andreas Holy, Austria
August de Loor, The Netherlands
Beatriz Acevedo, Colombia/United
Kingdom.
Carlo Dijkmeester, The Netherlands.

Chass Vermeulen, Netherlands
Claudio Cappuccino, Italy.
Daan van der Gouwe, Netherlands
Eduardo López Arriero, Spain.
Eliot Ross Albert, United Kingdom.
Gerbrand Nootens, Belgium.
Hanne Joergensen, Denmark.
Ismael Pradera, Spain
J.B. Richardson, Netherlands
Jan Vindheim, Norway
Jens Schneider, Germany
Jeroen Bos, Netherlands
Jos Oomen, The Netherlands.
Juha Alakulppi, Finland.
Jules Sinturel, France
Karachalios Tryfon, Greece
Kris Verdonck, Belgium.
Kristina von Stosch, Germany.
Lorenz Boellinger, Germany
Maria Solikova, Slovakia.
Marie-Francoise Potts-Provot,
Netherlands.
Mauro Guarinieri, Italy.
Michael Benneke, Denmark.
Nora Stojanovic, Macedonia
Olivier Ferreira, France.
Paul von Hartmann, USA/France
Paolo Crocchiolo, Italy.
Peter Cohen, The Netherlands.
Peter Webster, France.
Santiago Ibañez, Spain
Sjaak de Winter, Netherlands
Stein Hoftvedt, Norway.
Stijn Goossens, Belgium.
Thorri Johannson, Iceland.
Timothy Jake Gluckman, Germany.
Vero Casamia, France
Virginia Montañes, Spain.
Wernard Bruining, Netherlands.
Uro¹ Skulj, Slovenia.
Xavier Majo, Spain.