



Strategic Platform

Drug Policy Network South East Europe

The Drug Policy Network South East Europe Strategic Platform was developed in 2021 through the review process of the DPNSEE Strategy.

DPNSEE finalized its strategic process at the General Assembly held in February 2020. However, the unfolding of the COVID-19 pandemic significantly affected the planned operations of the Network. Due to new circumstances, DPNSEE launched the process of adjusting the Strategy to the new reality caused by the coronavirus pandemic.

The **Technical Assistance to Civil Society Organisations in the Western Balkans and Turkey** (EU TACSO 3) supported the strategy review process through their Strategic Mentorship Programme open call. The strategic mentoring support assisted in summarising previous experiences and new practices to adjust the Network strategic approach to the new post-COVID-19 reality. The support included design of the DPNSEE Public Relations and Communication Strategy.

This Strategic Platform document includes

- SWOT Analysis
- Theory of Change Matrix
- Core functions of the DPNSEE – relation to the member organizations (based on M4P understanding of core interactions)
- Leave No One Behind (LNOB) principles included as cross thematic work of the Network – Target group and list of beneficiaries
- Thematic topics DPNSEE
- Map of key stakeholders
- Communication action points
- Risk assessment

Vision and Mission

The **Vision** of the DPNSEE is that

National and international drug policies and programmes are grounded in the principles of **human rights, social inclusion** and **public health**.

Policy making processes should be **transparent** and policy makers should **engage meaningfully** with civil society, particularly with **affected populations** (such as people who use drugs, families and NGO initiatives).

The **Mission** of the Drug Policy Network South East Europe is adoption of more **humane and effective** drug policies in SEE

The Network strives to achieve the Mission through the following activities:

Creating channels and advocacy tools for the Network members and **building their capacity** to better engage with and influence the policy making processes of national governments, regional and international agencies

Facilitating **communication and co-operation** between civil society stakeholders and supporting collaborative activities/endeavours

Producing and disseminating information and analysis to highlight the shortcomings of the current drug control system with its strong law enforcement-dominated approaches and promote a **public health and human rights** based approach in the SEE region

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SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • Strong member organizations • DPNSEE trend setter for new topics • First network on drug policy • Diversity of the member organizations in the DPNSEE • Number of topics covered under the DPNSEE and Member organizations (on harm reduction) • Regional approach and contribution to cooperation in the region • Large scope of the network EU and Non EU countries included • Good resources and base with member organizations 	<ul style="list-style-type: none"> • Not clearly defined what DPNSEE can offer to Member Organizations • Different approaches of the member organizations and wide range of beneficiaries and topics • How to avoid competition on potential project opportunities between member organizations and DPNSEE • Reaching out to the stake holders and communication strategy • Not strong operational capacity of the office • No existing Ethical code and procedures • No existing procedures for avoiding conflict of interest
Opportunities	Threats
<ul style="list-style-type: none"> • Adaptability of the Member organizations and DPNSEE during pandemic in terms of approach toward IPS • Huge potential for exchange in the region of SEE • Cooperation among the Member organizations beyond the network • Focus of the SEE from Global perspective • Good reputation of the DPNSEE among the national agencies • Greater interest for LNOB • Sub regional approach for EU could add value • Health policies are national topics but there is room for Europeanization of the topic 	<ul style="list-style-type: none"> • Complexity of the stakeholders involved in the topic related to harm reduction and drug policy issues • Other networks/regions are better positioned for fund raising on the same topic (global analysis) • Funding opportunities overlapping between DPNSEE and Member organizations • Runaway of the topic/ black sheep/stigmatization • Conflicts of interest

Division of roles between Network and Member Organizations

Functions of the Network

- Core functions of the Network are in Capacity Building and Advocacy
- Developing dialog and multi stakeholder approach
- Knowledge sharing and hosting Resource Centre
- Partnership Development
- Advocating for enabling environment for Member organizations and their end beneficiaries of the
- Partnership development
- Campaigning for decriminalization
- Standardization of Services provided by Member organizations in the region
- Trainings for fundraising and project development to member organizations and outside
- Creating enabling access to resources for the Member organizations

Leave No One Behind principles

In 2016¹, the UN Chief Executives Board (CEB) for Coordination adopted a Shared UN System Framework for Action. The CEB called on all UNSDG member entities, among others, to put the **Leave No One Behind** (LNOB) imperative at the centre of their strategic frameworks, policy guidance and global plans of action in support of implementation of the 2030 Agenda.

To this end, the CEB noted the importance of human rights-based approaches to programming, as endorsed by UNDG in 2005 and set out in the UNDAF guidance. The CEB framework set out the need to focus on three closely related but distinct concepts:

- **Equality**: the imperative of moving towards substantive equality of opportunity and outcomes for all groups;
- **Non - discrimination**: the prohibition of discrimination against individuals and groups on the grounds identified in international human rights treaties; and
- **Equity**: The broader concept of fairness in the distribution of costs, benefits and opportunities.

What do we mean by ‘leaving no one behind’?

The United Nations approach to “leaving no one behind” not only entails reaching the poorest of the poor, but also seeks to combat discrimination and rising inequalities within and amongst countries, and their root causes. This is grounded in the UN’s normative standards, including the principles of equality and non-discrimination that are foundational principles of the Charter of the United Nations, international human rights law and national legal systems across the world. Leaving no one behind means moving beyond assessing average and aggregate progress, towards ensuring progress for all population groups at a disaggregated level.

This will require disaggregating data to identify who is being excluded or discriminated against, how and why, as well as who is experiencing multiple and intersecting forms of discrimination and inequalities. This will entail identifying unjust, avoidable or extreme inequalities in outcome and opportunities, and patterns of discrimination in law, policies and practices. This will also entail addressing patterns of exclusion, structural constraints and unequal power relations that produce and reproduce inequalities over generations, and moving towards both formal and substantive equality for all groups in society. This will require supporting legal, policy, institutional and other measures to promote equality and reverse the trend of rising inequalities. This will also require free, active and meaningful participation of all stakeholders, particularly the most marginalized, in review and follow-up processes for ensuring accountability, recourse and remedies to all.

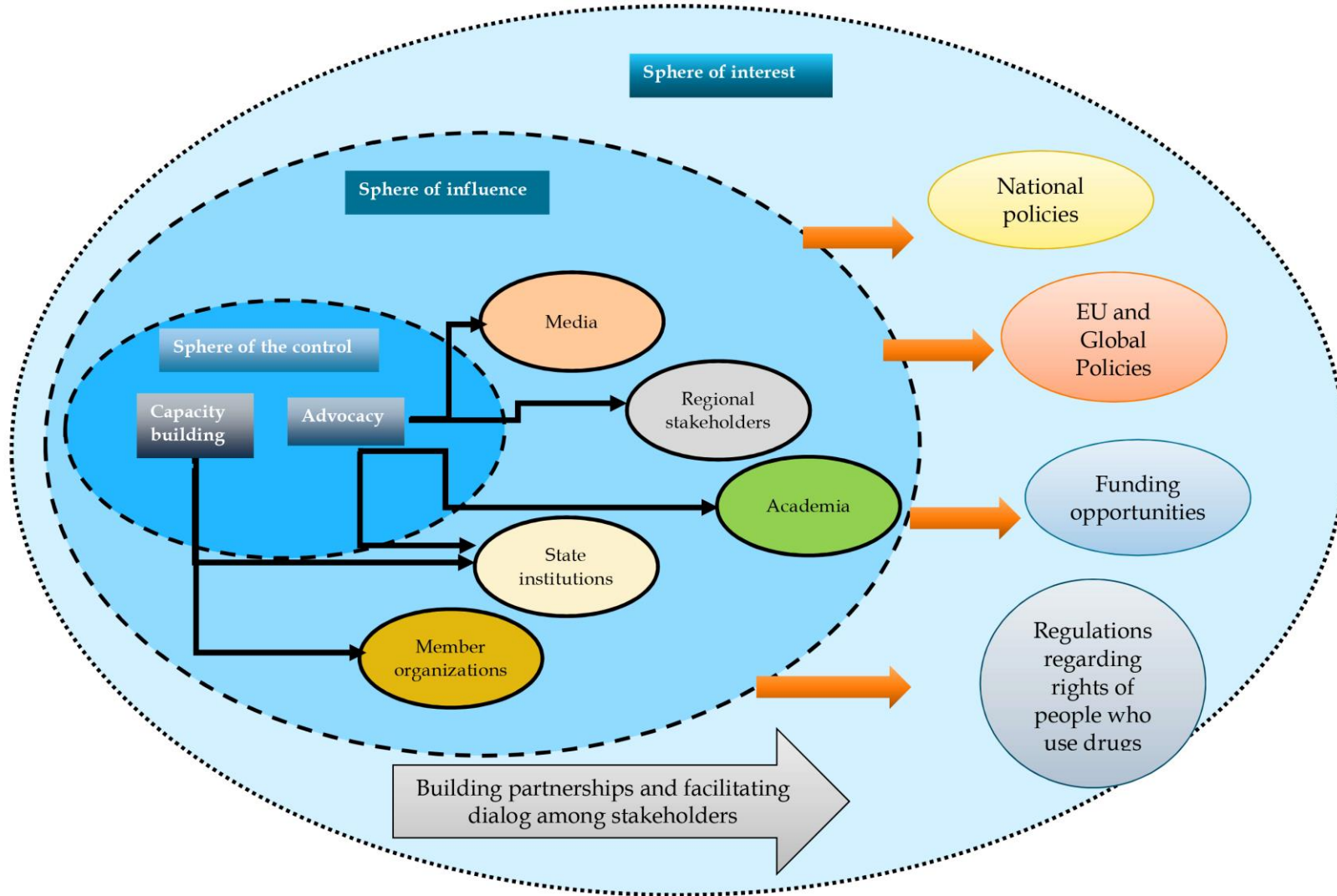
¹ <https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams>

Target group and list of beneficiaries

List of beneficiaries is to be added by the Member Organizations during consultation process.

*Main question to answer is who is benefiting from our work?
With whom our volunteers and members are working?*

DPNSEE Theory of change



DPNSEE Strategic priorities

Strategic Area 1 - Quality of services and harm reduction

- Strategy 1.1 Ensuring effective exchange of best practices, cooperation and multi-sectorial partnerships in South East Europe on regional and international level
- Strategy 1.2 Providing the base for quality services of DPNSEE member organisations
- Strategy 1.3 Providing policies on standards for work of the DPNSEE member organizations

Strategic Area 2 - Model for regulation of drugs

- Strategy 2.1 Improving the understanding of the model, creating partnerships with governments and other stakeholders
- Strategy 2.2 Involving senior experts from different fields – creating Advisor committee
- Strategy 2.3 Using the success stories and knowledge sharing, good practices and experience

Strategic Area 3 - Rights of people who use drugs based on LNOB principles SDG 2030

- Strategy 3.1 Community involvement
- Strategy 3.2 Legal issues and protection mechanisms- inclusive advocacy
- Strategy 3.3 Fighting discrimination and stigma – inclusive advocacy
- Strategy 3.4 Gender equality

Strategic Area 4 - Effective and Sustainable Network

(This part is to be presented in a separate paper on governance and structure of the Network based on decision of the Management Board)

- Strategy 4.1 Financial sustainability
- Strategy 4.2 Capacity building
- Strategy 4.3 Improved governance of the DPNSEE (network as Focal point, establishing the Resource Centre, knowledge platform on thematic issues of the Network)

Post-COVID recovery

- Digitalization of health services, public services
- Better social services

Learning from the new reality

Adjust our services

- Sharing larger quantities of equipment to the users
- More online consultations and consultations over the phone with peer workers
- Social workers doctors and psychologists, including counselling, case management of users and social services handling - integrated services, one stop shop approach²
- More attention to socio-economic and mental problems of ISPs
- More outreach work
- Involvement of ISPs in planning and organising services
- Shelters for vulnerable homeless people and other new vulnerable groups
- Vending machines for needle and syringe distribution

Additional efforts on fighting stigma and discrimination

- Human rights protection mechanisms launched and operating
- Violation of patient rights

New governance actions

- Crowd funding campaigns
- More specialised staff training
- Flexible services
- Digitalisation of harm reduction services
- Regional purchase and storing harm reduction materials for emergency and solidarity purpose
- Recognition of civil society contribution

² Find more at <https://www.drugabuse.gov/news-events/news-releases/2021/06/nih-funded-study-tests-one-stop-mobile-clinics-to-deliver-hiv-substance-use-care>

Stakeholders map

Actors (formal and informal)	Interest (including incentives and disincentives)	Power (Potential impact)	Drivers/restraints
International Drug Policy Consortium (IDPC)			
Correlation			
Eurasian Harm Reduction Association (EHRA)			
European Network of People who Use Drugs (EuroNPUD)			
European AIDS Treatment Group (EATG)			
Civil Society Forum on Drugs (CSFD)			
ERA - Regional LGBTI Network			
CSO Alliances			
Trimbos Institute			
UN national system			
International Federation of Red Cross and Red Crescent Societies (IFRC)			
International Association of Providers of AIDS Care (IAPAC)			
EU Institutions			
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)			
EU Delegations			

Organization for Security and Co-operation in Europe (OSCE)			
European Parties			
Central European Initiative			
Regional Cooperation Council (RCC)			
Regional Youth Cooperation Office (RYCO)			
Regional police associations			
National law enforcement institutions			
National political parties			
FAST Track Cities			
Think thanks (Which one?)			
Prosecutors/Judges			
Western Balkan Fund			
Private foundations			
Open Society Foundations (OSF)			
Eton John AIDS Fund			
Robert Carr Fund			