

PROJECT REPORT

# CONSORTIUM STRATEGY BUILDING



This is a strategy developed as part of the ERASMUS+ Small Scale Partnership Project entitled “EU Drug Policy Training & Strategy Series for Young People” led by Students for Sensible Drug Policy International in partnership with YouthRISE. Project no: 2021-2-AT01-KA210-YOU-000050146.

## VISIONS OF LIBERATION

### THE STRATEGY BUILDING COMPONENT DEBUTED WITH A DISCUSSION ON VISIONS OF LIBERATIONS, WHERE PARTICIPANTS REFLECTED ON THE VALUES AND KEY OBLIGATIONS OF A POST-PROHIBITIONIST WORLD.

Values of a Post-prohibitionist World agreed upon: Interdisciplinary Approaches, Education, Communal Care, Harm Reduction, Inclusivity and Equality, Justice, Reparations, Gender Equity, Consideration of Socio-Economic Factors, Decolonisation, Empowerment Across the Supply Chain, Inclusive Medical System, Accessibility, Sustainability.

Brainstorming on key obligations resulted in the following considerations: the inclusion of drug education and harm reduction across disciplines, accessible and inclusive addiction services such as consumption rooms, enhancement of social services, responsibly regulate legal markets, strong coordination between harm reduction specialists and medical professionals, introduction of people with lived experience in medical and social services, reparations that take into consideration socio-economic implications of criminalisation and that seek to address them, address the relationship with the police, communal drug growing allotments, and no barriers for drug checking services.



## GOAL SETTING

After the Visions of Liberation workshop, participants began working on developing SMART goals. In this sense, the goals are to be specific, measurable, achievable, realistic and timely. The groups were divided alongside 4 sectors that emerged from the initial discussions on Visions of Liberation. These sectors were:

**EDUCATION**

**COMMUNITY |  
SOCIAL**

**LEGAL |  
POLITICAL**

**HEALTH &  
ACCESSIBILITY**

The following actionable items/smart goals have emerged for each sector.



## EDUCATION

### 1. Remove stigmatizing language from media and promote non-stigmatising terms Creation/adaptation of a word-searching algorithm to identify stigmatizing language Research and education:

- Conduct country-specific research on non-stigmatising terms
- Provide recommendations for better terms based on focus groups
- Provide peer-led education to health workers who work with PWUD in order to combat stigma
- Provide PWUD with resources to enhance peer-led education
- Timeline: 5 to 10 years for complete implementation | Context: local, national, international

### 2. Minimum standards for harm reduction and drug education training aimed at reducing stigma for professionals who engage with people who use drugs

- Certificate for standardized training for minimum standards for professionals.
  - Recommendations for implementation in different contexts. | Collaborating with networks of HR organizations in creation and monitoring of minimum standards.
  - Multidisciplinary teams in the creation of standards: medical and legal professionals, counselors, psychiatrists.
- Mandatory harm reduction stalls above these standards in spaces frequented by PWUD | timeline: 2 years

**THIS TRAINING HAS HAD A DUAL OUTCOME OF INCREASING THE CAPACITY OF INDIVIDUALS AND ORGANIZATIONS TO MEANINGFULLY ENGAGE WITH EU DRUG POLICY**



# EDUCATION

## 3. Evidence-based drug education in schools and for school-aged children

- Standards and guidelines for drug education for a school context:
  - Adapt materials from the goal above to make them school-appropriate
  - Consultations with teachers on content, format, delivery, etc.
  - Include legality information regarding age and drugs
- Improve access to drug education in schools and address restrictions to sensible drug education
  - Access for students on a voluntary basis (school-dependent)
  - Drug-education for families on a voluntary basis.
- Financing: Apply for EU grants (long-term goal) | Timeline: 2 to 3 years

## 4. Delineating healthcare from responsible use of drugs

- Advocate for moving away from over-medicalisation of PWUD responsibly and towards a right of bodily autonomy (included in multiple goals)
- Explore avenues and groups that have this as an explicit focus and seek to incorporate their insights in resources, education materials as a way to reduce stigma
- Providing a platform for these groups, PWUD and non-using individuals to encounter each other as a way to reduce stigma

## 5. Develop trainings to increase legal awareness and awareness of individual rights.



### 1. Assist PWUD and people who used to use drugs into non-stigmatising workplaces

- Investigate the services of reintegration for these communities and monitor their success (e.g. integration of people recently released from prison) by organizing focus group discussions with PWUD.
- Release a report on dignified minimum conditions based on the research gathered and make a statement
  - Understand the variety of Integration services, their activity, subsequent limits and the type of jobs offered to PWUD
  - Advocate against drug testing for jobs that do drug testing to deny access/ continuation to positions.
  - Campaign against random raids, drug testing and sniffer dogs
  - Aim to advocate for a minimum quota for jobs where people assist PWUD with their employment search
- Launch report and statement with the aim to generate engagement with stakeholders and to develop sustainable partnerships and collaborations
- Following focus groups discussions, encourage interested participants to form working groups that meet regularly to discuss the needs of their population group.
- Facilitate the implementation of a valuable figure: PWUD (actively or not) can be valuable experts/concellors in community
- Timeline:
  - 6 months to carry out focus group discussions, 2 months to write the report, the statement and organize a launch event
  - 1 month of initial follow-up with stakeholders to generate partnerships and collaborations.
- Funding: looking into Erasmus+ grants, Open Society Foundations etc. | Context: national and/or regional, still to be determined

### 2. Make support for universal basic income one of our values

- Support other organizations that have a UBI-supportive stance with their campaigns, advocating for the inclusion of youth and PWUD perspectives
- We stand in support of 60 % of minimum wages
- We stand in support of gaining UBI fundings from defunding the police and/or utilise budget currently spent on policing to HRand drug education services. This includes subsidized housing and other initiatives that support standard HR services.
- Timeline: ongoing, as in when and if opportunities arise | Context: national to international
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### 3. Encourage the Collections of Robust Data

- Measuring success of drug policies through peer-led research and focus group discussions as the initiative suggested above.
- Monitoring and analyse data on civil rights violations of PWUD, identify subsequent gaps/ shortcomings and collaborate with organizations doing this work.
- Promoting a YPWUD focus to data collection, advocate for this perspective to organizations already doing this work.
- Creating a guideline for common statistical standards and sharing of data between organizations which should include guidance on qualitative data.
- Collect data in a standardized way to allow for analysis and services for different groups
- Context: national to international level

### 4. Communities of PWUD to have access to spaces and funding that encourage community building

- Goal needs to be fleshed out further in order to become actionable
- Timeline: not yet discussed or agreed upon
- Context: to be determined

### 5. Encourage the formation of working groups for different populations/ with a different focus each week for the discussion of their needs.

- This would take as a baseline the working group that will emerge following focus group discussions with PWUD as part of action item 1.
- Goal needs to be fleshed out further
- Timeline: not yet discussed or agreed upon
- Context: to be determined

**THE GROUP WORKING IN THIS AREA WOULD COMMIT TO FINDING WAYS TO ENSURE CORRECT IMPLEMENTATION OF THESE GOALS AND MAINTAIN A FLEXIBLE STRUCTURE TO ITS WORK IN ORDER TO ADAPT TO COMMUNITY NEEDS. IT WILL REGULARLY ENGAGE IN FEEDBACK COLLECTION TO ACHIEVE THE LATTER**





## LEGAL | POLITICAL

### 1. Advocate for decriminalization of drugs through a pan-European network

- Build up on German legislation changes which can be linked to public health and the balanced EU drug strategy
  - Delineating healthcare from responsible use of drugs
    - Move away from over-medicalisation of PWUD and towards a right of bodily autonomy
  - Use and adapt the tools and materials available for a youth focus
  - Collect and exchange materials and strategies
  - Create a Strategy Paper on how to attract decision makers and how to engage with them as youth
  - Look to establish long-term partnerships with MEPs and EP political parties (S&D, the Greens) in order to push for legislative reform
  - Promote the youth perspective in the development of toolkit for decriminalization advocacy
  - Take advantage of the days of action (Support Don't Punish, International Youth Day, European Action Day for Decriminalisation) to campaign stakeholders
- Timeline:
    - 6 months for collection and exchange of materials, the creation of the Strategy Paper
    - 1 year for campaigning and direct stakeholder engagement
  - Context: national to regional



### 2. Building mechanisms and improving accessibility (e.g. accommodations, travel and language/jargon barrier) for young PWUD to engage with drug policy advocacy

- The goal needs to be fleshed out in more detail
- It can be a similar structure to this Erasmus+ project: Knowledge building, Skills Building, Networking, Strategy Building
- Funding: Capacity building grants including Erasmus+ grants
- Context: regional

### 3. Develop trainings to increase legal awareness and awareness of individual rights

- Training for judicial/law enforcement office- repertoire of best practices, standards (build up on IDPC and work on advancing youth consideration into the content).
- Decriminalization integrated into HR

# HEALTH & ACCESSIBILITY

## 1. Widespread access to overdose-reversing medication

- Provide free naloxone, prevention medication and drug paraphernalia to PWUD
  - Create guidelines and information on how to implement free naloxone distribution
  - Long-acting PrEP injection (2-weeks) to prevent HIV infections + Hepatitis A & B prevention
  - Free drug paraphernalia available together with the above
- Access:
  - More specification of take-home naloxone within EU drug strategy
  - Eliminate restrictions to access of naloxone, and no restriction in amount of naloxone (i.e. more needed for fentanyl OD)
- Collaborate with EMCDDA - European Monitoring Centre for Drugs and Drug Addiction
- Timeline: 5 years

## 2. Scaling up safe consumption room access

- Research:
  - Weighing up costs and benefits correctly to prevent closure of consumption rooms due to budget cuts and incorrect cost-benefit calculations
  - Correlation's drug consumption rooms working group, EuroNPUD, examples from other countries (Canada, USA, Denmark)
  - Youth and barriers to consumption room access in different countries
- Advocacy campaigns at different levels depending on country legislations:
  - Mobile harm reduction and educational services that are able to go to isolated places
  - Provide training for the operation of consumption rooms
- Listening to the needs, access issues and concerns of communities using the rooms:
  - Community-led safe consumption rooms (variable depending on the country)
  - Provide separate safe spaces for marginalized groups where required by the communities in question and cater to their needs (e.g. hygienic products on site, provide childcare/open during school hours)
- Timeline: 1 year



## HEALTH & ACCESSIBILITY

### 3. Requesting information for the supply side in order to reduce harm

- **Research:**
  - Collect data on purity and adulterants in the substances analyzed
  - University funding for research projects
- Advocate for the analysis of drugs seized - obtain supply data to quantify harms of control efforts (such as harm from the alteration of the substance in the country where drugs were seized at the border)
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- **Timeline: 5 years**

### 4. Providing universal drug-checking services (advocacy and information sharing)

- **Accessibility and testing options:**
  - Full front of house drug checking at events, mail in, lab & reagent tests
  - Ensure accessibility of drug checking for different communities, including people who are homeless
- **Collaborations:**

Connect drug-checking services to share information on funding/structure/collaborations to work together on the sustainability of various types of drug-checking services

  - Timeline: 6 months
- **Tools:**

Drug checking manual (including different at-home methods like reagent use)

  - Advocacy advice and legal framework
  - Timeline: 6 months to 1 year
- Advocacy for appropriate drug checking at the local and international level
  - Timeline: Forever, probably



## HEALTH & ACCESSIBILITY

### 5. Harm reduction services for the incarcerated and detained populations

- During:
  - Integrating HR services and drug education in prisons and juvenile detention centers (youth aspect)
  - Better overdose, HIV & AIDS, hepatitis prevention
  - Basic monitoring in prisons
- After:
  - Better support after release from prison - continued support care model
- Advocating for policy change at inter/national level (EU drug strategy)
  - Collaborate with criminal justice organizations & INHSU
- Timeline: Undefined

### 6. Wider access to harm reduction services and treatments (Action 32 of the EU drugs strategy 2021-25)

- Accessibility and non-discrimination:
  - Improve access to therapies (substitution therapies and heroin)
  - Emphasis on patient choice (remove abstinence-only treatment)
  - Non-discriminatory, non-coercive and gender sensitive
  - Improve availability and affordability to level the access to services
  - Eliminate penalisations during treatment based on drug testing
- Collaborations:

Work with local and international NGOs to improve access of services and treatments in different areas
- Timeline: 2 years
- Utilize budget currently spent on policing to HR and drug education services (including subsidized housing and other initiatives that support standard HR services)



## PAN-EUROPEAN YOUTH CONSORTIUM:

Following goal setting, the participants agreed to develop together a Pan-European Youth Consortium to coordinate actions and activities relevant to the milestones established.

The following mission was agreed upon during discussion:

**“ADVOCATING TOWARDS  
A PEOPLE-CENTRED  
COMPASSIONATE  
APPROACH TO DRUGS  
AND WORKING TOWARDS  
UNITING YOUTH AND  
HARM REDUCTION  
MOVEMENTS”**

The wording and content of the mission, however, can still be open to debate, should the members of the Consortium wish to revise. It remains up to the members whether processes of revision should be done by vote.

The Consortium will accept as members/partners both individuals and organizations. No final decision has yet been made on the kind of organizations that are eligible for membership/ partnership, nor on what kind of distinctions in privileges and responsibilities will be made between members and partners. The Consortium also needs to consider the role of underage people, whether and how they should be involved with its work and that of youth organizations in general.

In terms of structure and decision-making, the consortium will be mainly organized in working groups. The working groups that have resulted from the initial strategic discussions are: **Community & Social, Education, Health & Accessibility, Legal & Political.**

## PAN-EUROPEAN YOUTH CONSORTIUM:

Judit Roca has offered to organize an initial meeting for Community & Social, Pijus Petn for Education, Gonçalo Reis Dias for Health & Accessibility, and Clotilde Sebag for Legal & Political.

The initial call will be organized in January to further define the working groups and decide on a project for each. Each Working Group will then schedule their own meetings and assign a point person to deliver updates on their group's progress.

The coordination of the working groups will be the responsibility of Judit Roca and Gonçalo Reis Dias who will act as Consortium secretaries unless members wish to develop an alternative central management structure.

The secretaries will be supported organisationally by SSDP (point person: Róisín Downes) and YouthRISE (point person: Manuela Memi).

To ensure sustainable leadership, secretary and point person positions will be reserved to young people (as in below 35 years old).

The Consortium shall be called the European Youth Drug Policy Consortium until further notice.

The Consortium has yet to adopt voting procedures on amendments.