

# Report

## Advocacy for the Human Rights of People who Use Drugs

**Mainline Foundation and AIDS Foundation East-West**

**Bridging the Gaps:** International HIV programme on health and rights for LGBT people, sex workers and people who use drugs

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# Report

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## List of abbreviations

AFEW	AIDS Foundation East-West
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IHRA	International Harm Reduction Association
ICCPR	International Covenant on Civil and Political Rights
IDPC	International Drug Policy Consortium
LGBT	Lesbian, Gay, Bisexual and Transgender
NGO	Non-Governmental Organisation
NSP	Needle and Syringe exchange Programme
OST	Opioid Substitution Therapy
PUD	People who Use Drugs
UN	United Nations
UNAIDS	The joint United Nations programme on HIV and AIDS
UNODC	United Nation Office on Drug and Crime
WHO	World Health Organisation

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## Executive summary

### *Contextual background*

Protection of the human rights of People who Use Drugs (PUD) is important, not only because the rights of these people must be respected, protected and fulfilled, but also because it is an essential precondition to improve their health (Jürgens et al., 2010). Therefore it is important that harm reduction organisations advocate for the human rights of PUD (Beyrer et al., 2010). Organisations working on harm reduction, however, struggle in advocating for human rights, which is a major problem, according to experts such as Friedman et al. (2012). Studies and guidelines are written about how to advocate for the human rights of people who use drugs (Kaplan et al., 2009). However, it is unclear to what extent small organisations succeed to implement these guidelines in advocating practices and make use of a human rights framework. Therefore this study examines how and to what extent advocacy for human rights of People who Use Drugs is currently used and how human rights advocacy can further improve the effectiveness of harm reduction strategies and services.

### *Methods*

Qualitative explorative methods were used, in addition a survey. Fourteen semi-structured interviews were done. Interviews were done with respondents from harm reduction organisations and national advocacy organisations based in eight countries: Ukraine, Tajikistan, Kyrgyzstan, Pakistan, Georgia, Nepal, Indonesia and Kenya. These interviews were complemented with three interviews with experts from international advocacy organisations in the field of drug use. The survey was handed out during a meeting including representatives of organisations based in the eight countries: sixteen surveys were obtained.

The interviews were recorded and transcribed afterwards. The transcripts were analysed by using coding techniques in three different steps; open coding, axial coding and selective coding. The results of the analysis were when possible compared with the results of the survey.

### *Results*

The results of this research show that all organisations included in the research do advocate for the human rights of PUD. However, some organisations are not aware of practising advocacy and most organisations do not plan advocacy activities as being advocacy activities. Organisations reckon face to face communication and organising workshops as the most effective ways of bringing the advocacy message. Most organisations see (social) media as important tools as well, but do not know how to make use of these tools properly. In addition, important differences were found between organisations. For example, the expertise level of advocacy differs between organisations. The main difference in expertise was found in the application of human rights theory, which is seen as an important tool for advocacy according to international advocacy experts. Most organisations have little knowledge of human rights. Next to this, most organisations have difficulties in documenting human rights violations.

### *Conclusion*

Concluding, it can be said that there is room for improvement of advocacy of human rights practices by harm reduction organisations. Given the differences found between organisations, organisations could learn from each other to make their activities more effective. In general, improvement can be made in different phases of the advocacy process. First, awareness of organisations on their advocacy activities should be increased, making a better planning of these activities. Most organisations could improve their knowledge on human rights and how to use them as a tool for advocacy. Documentation of human rights violations can be used to support these kind of arguments, but most organisations have difficulties in documenting current human rights violations. Therefore, further research should emphasize the development of a tool to make documentation possible, taking into account the existing lack of financial and human resources in most researched organisations.

## Contextual Background

### People who Use Drugs and health risks

The use of drugs is associated with a higher health risk for drug users themselves as well as their environment. Overdose is one of the most well-known, however certainly not the only, health risks which could have fatal consequences (The Lancet, 2013). In addition to overdose, People who Use Drugs (PUD) are considered a key population that has a high risk to contract HIV/AIDS (Mathers et al., 2010) and can thereby infect non-drug users as well. According to the World Drug Report 2011 of the United Nations Office on Drugs and Crime 149-272 million people worldwide used illicit substances at least once in the previous year (UNODC, 2011). Illicit substances, as defined by UNODC, are 'drugs which are under international control (and which may or may not have licit medical purposes) but which are produced, trafficked and/or consumed illicitly' (UNODC, s.d.).

Among the population of PUD, between 11 and 21 million were injecting drug users (Degenhardt and Hall, 2012). These specific group of drug users has the highest risk of becoming HIV infected. In 2010 about 17,9% (approximately 3 million people who inject drugs) were infected with HIV and even more (45.2% - 55.3%) with hepatitis C (UNODC, 2011). People who inject drugs account for approximately 10% of the global HIV infections, not including Africa this percentage is even up to 30% (Mathers et al., 2008). In some countries, for example Ukraine, Indonesia, Nepal and Kenya, over 40% of the injecting drug users are HIV infected (Strathdee, S.A. and Stockman, J.K., 2010). In most African countries, where HIV is mostly spread by sexual intercourse, HIV incidence declines. In contradiction to this, HIV incidence increases in some countries in Eastern Europe, Central Asia and South Asia (Dutta et al., 2013), where HIV is in more cases spread among PUD.

### History: approach to People who Use Drugs

The past 50 years governments all over the world have intended to reduce the use of drugs. The main approach intended to expel drug use completely and is known as the so called 'war on drugs'. The global 'war on drugs' included harsh law enforcement action against people involved in the production, distribution and use of drugs in order to achieve a 'drug free world'. According to Nutt et al. (2007), since the 1960's policy approaches to drug use have mainly criminalised PUD and focused on supply reduction. In addition to this, a report of the Global Commission on Drug Policy, supported by many political and ex-world leaders such as Kofi Annan, declared: *"The global war on drugs has failed, with devastating consequences for individuals and societies around the world. Fifty years after the initiation of the UN Single Convention on Narcotic Drugs, and 40 years after President Nixon launched the US government's war on drugs, fundamental reforms in national and global drug control policies are urgently needed"* (Global commission on drug policy, 2011). According to the report, as a consequence of the war on drugs, there was an increase of illegal drug markets which are largely controlled by organised crime syndicates (Global Commission on Drug Policy, 2011). Instead of a 'drug free world', the use of illegal substances increased over the last 10 years (Global commission on Drug Policy, 2011). The same assertions are supported by an earlier United Nations report (United Nations Office on Drugs and Crime, 2008).

Although the 'war on drugs' does not appear to be effective, its impact on policies is still predominant in many countries. As a result of the 'war on drugs' paradigm governments try to deter



people from using drugs through a variety of methods. People who use drugs are dealt with differently from ‘common’ people and often condemned by a parallel system of justice. PUD are subjected to arbitrary arrests and detention and are put regularly into prison without seeing a lawyer or going through any type of juridical process (Beyrer et al., 2010). The use of compulsory detoxification centres remains to be widely implemented as well, despite of their proven ineffectiveness in reducing drug use: relapse rates upon release are between 80 and 95% (McCoy et al., 2001). Beatings and other abuses occur frequently inside prisons and detention centres as well as in open space, contributing to stigmatisation of PUD. Stigmatisation is sometimes even used by governments in public campaigns against drugs, showing images of beatings and executions (Jürgens et al., 2010). Degenhardt and Hall (2012) state that stigmatisation and criminalisation drive people from mainstream “open” society and reduces opportunities to help PUD, resulting in exacerbation of harm to both PUD and wider society.

### Human rights violations

Under human rights law, governments have the obligation to protect, respect and fulfil the rights of their citizens. Nonetheless, in the case of PUD, governments often fail or omit to do so (Jürgens et al., 2010). Human rights treaties acknowledge that in case of emergencies, it might be reasonable to limit human rights. However, rights such as protection from cruel, enslavement and torture may never be limited (United Nations Economic and Social Council, 1985). From case documentations by organisations such as Human Rights Watch we know that torture of PUD by police and inside detention centres occurs as well as the placement of PUD in forced labour camps (Human Rights Watch, n.d.). Among a variety of human rights treaties, the International Covenant on Civil and Political Rights which almost all countries in the world have signed and ratified (UN Treaty Collection, n.d.), mentions ‘torture, cruel, inhuman or degrading treatment or punishment’ as something that ‘no one shall be subjected to’ (ICCPR, article 7). On top of this, according to the ICCPR (article 9(1)) ‘no one shall be subjected to arbitrary arrest or detention’. However, it is known that arbitrary arrests of PUD occur regularly (Liu, Grusky, Zhu and Li, 2006). Imprisonments happen in a variety of cases without a fair trial which is a direct violation of article 9(3) of the ICCPR. Discrimination is frequently occurring and a violation of article 2 (ICCPR). PUD, for instance, are denied treatment because of their drug use or are seen as less human (Jürgens et al., 2010). Random body searches by the police including urine testing happen to PUD as well which is a violation of both, article 2 (ICCPR) and article 17 which states that ‘no one shall be subjected to arbitrary or unlawful interference.’ (Kaplan et al., 2009). Clearly, a variety of human rights of PUD are currently being violated. A clear overview of violations is provided in Appendix 6. Governments seem to fail or default to protect the rights of PUD which might be caused by influence of the ‘war on drugs’ approach.

### Harm reduction and human rights

The harm reduction approach is a different approach which aims to help PUD. The harm reduction approach tends to reduce harm of PUD themselves as well as their environment. In contradiction to the ‘war on drugs’ approach, harm reduction has not the first intent to deprive people from drug use. The harm reduction approach accepts that drug users are unable or unwilling to stop drug use at any given time (IHRA, 2010). Important harm reduction services are needle and syringe exchange programmes (NSP), opioid substitution therapy (OST, substitution of heroin by other less harmful substances, such as methadone), and Antiretroviral therapy (ART, providing medication for HIV infected users), for a complete list of interventions see Appendix 1. These services have shown to be

the most cost-effective interventions to prevent the spread of HIV and AIDS among PUD (Degenhardt et al., 2010).

Although the proven effectiveness of harm reduction services, policies in many countries deter PUD from these services. Denial from access to harm reduction services could be seen as a human right violation. According to the UN human rights monitor, access to harm reduction interventions like NSPs, OST and ART is necessary to comply with the right to health (UNCES, 2007). The right to the 'highest attainable standard of physical and mental health' is mentioned in for example the International Covenant on Economic, Social, and Cultural Rights (ICESCR, article 12(1)). The unavailability of NSP, OST and ART for PUD could thereby be considered a violation of the right to the highest attainable standard of health. The consequences of these policies enhance the risk on HIV and other infections (Beyer et al., 2010). Research in prison settings, where NSP are rarely available, shows that unsafe injection is more likely in prisons than in mainstream society (Dolan et al., 2007). Although it has been proven that the provision of needles and syringes in prisons doesn't increase injecting drug use or the frequency of injecting, NSPs stay controversial and remain unimplemented in prisons in most countries (Jürgens et al., 2009). A variety of evidence that advocates for harm reduction is neglected by governments. Even the WHO has urged for a change in policy, however the actual implementation of harm reduction strategies among PUD remains limited (Mathers et al., 2010). Currently, only around 10% of the PUD worldwide are reached by harm reduction programmes (Beyrer, et al., 2010).

### Rights based approach

Since the harm-reduction approach is based on and supported by human rights, it is also known as 'rights-based approach'. According to Jürgens et al. (2010), 'Protection of the human rights of people who use drugs is important not only because the rights of these people must be respected, protected and fulfilled, but also because it is an essential precondition to improve their health'. The Canadian HIV/AIDS Legal Network (2006) supports this stating that '*when human rights are not promoted and protected, it is harder to prevent HIV transmission, and the impact of the epidemic on individuals and communities is worse*'. Advocacy by service providers against punitive, forced and detention-centred approaches towards PUD is therefore needed (Beyrer et al., 2010) since we know that the risk to contract HIV/AIDS increases when people are detained. In order to decrease the amount of human rights violations organisations advocate. Human rights advocacy is a practice which is done in order to stop violations of human rights, such as beatings and arrests of PUD, or to promote measures which are needed to fulfil certain human rights, for example implementation of Needle and Syringes exchange programmes. A definition of advocacy provided by the International HIV/AIDS Alliance can be found in Appendix 1.

### Advocacy for the human rights of PUD in practice

Advocacy can aim to change the situation of one person or the change a situation which causes a structural improvement affecting more persons. Wolfe et al. (2010) and Strathdee et al. (2010) urge for a focus on structural and systematic barriers, rather than individual. There are different ways organisations can advocate such as protesting to create public awareness about a human rights violation or a direct conversation with a change agent without involving the public in order to convince the person to change a certain human right violating situation. Literature and guidelines are written about advocacy material which is of importance to convince or influence a change agent (Kaplan et al., 2009). Advocacy practices can be improved when activities fit a human rights

framework and are constructed based on research and guidelines (Kaplan et al., 2009). A rights-based approach on advocacy can strengthen lobby and advocacy activities for law-reform which is needed to reduce persistent human-rights violations and negative health effects (Wolfe, Carrieri, Shepard, 2010). It is therefore needed that organisations advocate structurally and actively for the human rights of PUD to improve their situation and that of their environment (Kaplan et al., 2009). In addition to how the change agent is approached and what material is used to increase the chance of success to convince the change agent, it is important who is or who are advocating. Having a broad network of persons or organisations who advocate for the same goal can increase the chance of success (Kaplan et al., 2009). Since these three different aspects (the way the message is brought, the messenger, and the materials used) are all important for the success changes of advocacy, organisations should include all these elements in their advocacy plan.

### Organisations working on harm reduction: Mainline, AIDS Foundation East-West and partners

Mainline Foundation and Aids Foundation East-West (AFEW) are organisations that try to reach people with harm reduction programmes by working with international and local partner organisations. The work supported by these organisations is partly done under a programme called 'Bridging the Gaps' ([www.hivgaps.org](http://www.hivgaps.org)), a programme which aims to reduce HIV/AIDS among the three key populations that have a higher risk to contract HIV/AIDS. In addition to sex workers and Lesbian, Gay, Bisexual and Transgender people, PUD is a key population. The Bridging the Gaps programme tries to reduce the spread of HIV/AIDS by supporting organisations who work among PUD in eight different countries, both financially and by providing knowledge. The organisations are active in Indonesia, Kenya, Kyrgyzstan, Nepal, Pakistan, Tajikistan and Ukraine. The programme started in 2012 and is financially supported by the Dutch Ministry of Foreign Affairs.

### Aim of this research

Despite the fact that there is widespread information about human rights abuses of PUD, the associated higher health risks and how to advocate for better protection, there is less known about how organisations working in the field implement this information. In order to improve the advocacy activities of organisations working on harm reduction of PUD it is necessary to know how they are currently doing. Therefore, the objective of this research is:

*To provide insight in to what extent and how advocacy for the human rights of People who Use Drugs currently is done by organisations working on harm reduction of People who Use Drugs and how this can be improved by comparing current human-rights based advocacy practices with literature, advocacy guidelines and the point of view of experts.*

To comply with this objective this research will answer the following question:

*To what extent and how is advocacy for the human rights of People who Use Drugs currently done by partner organisations of the Mainline Foundation and AIDS Foundation East-West in Georgia, Indonesia, Kenya, Kyrgyzstan, Nepal, Pakistan, Tajikistan and Ukraine and how can human-rights based advocacy be improved in order to enhance the effectiveness of harm reduction strategies and services?*



## Theoretical Background

This study aims to create insight in how (small) organisations working on harm reduction for PUD advocate for the human rights of PUD and to provide these organisations with recommendations concerning how to improve their advocacy activities. This chapter describes the theoretical what is already known about the influence of advocacy on the compliance of human rights of PUD. Insight is given in what important concepts are dealt with when advocating effectively. The conceptual model is presented and explained. Based on this conceptual model, it is explained how the (effective) working of organisations advocating for human rights of PUD is investigated in this research.

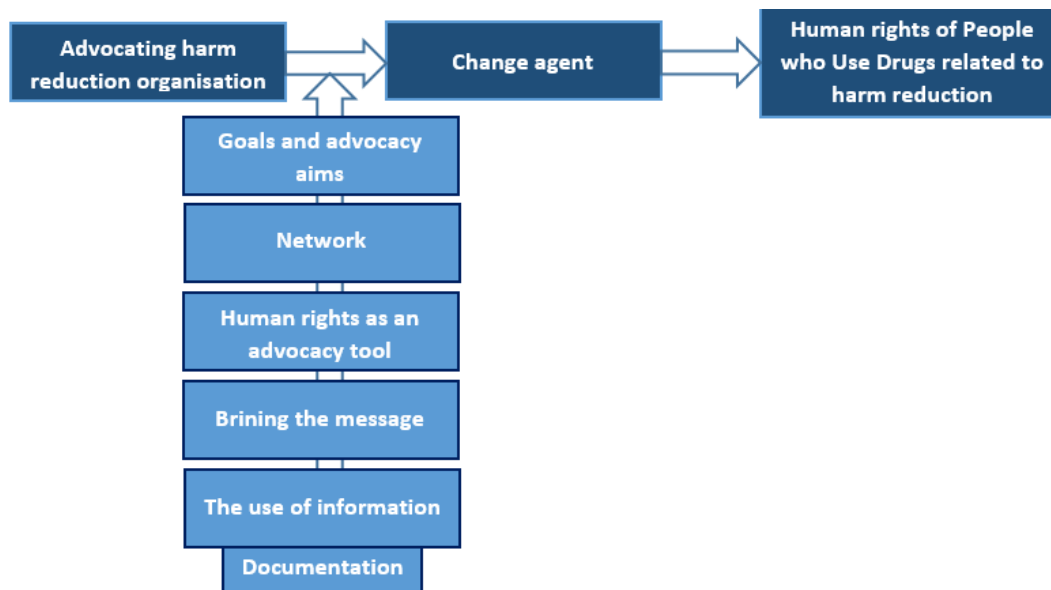
### Background

In the model (Figure 1) is shown that by advocating, organisations working on harm reduction eventually want to have a positive influence on the human rights of PUD. By advocating, organisations want to influence a so called ‘change agent’ which is a person or institution that can have a positive influence on the human rights of PUD.

In order to research how organisations working on harm reduction advocate for the human rights of PUD and how they can improve this, it is useful to know something about what concepts might be important to deal with to advocate effectively. In literature and guidelines, aspects are mentioned that are important for a powerful advocacy strategy (Kaplan et al., 2009). Important concepts for a powerful advocacy strategy are: Clear advocacy goals, a network with potential allies, the way the message is brought, the use of and capability to use human rights language when advocating, and the use and generation of information, especially documentation, of human rights violations.

Human rights are shown twice in the model. On the one hand, human rights can be used actively as an advocacy tool. This way of using human rights for advocacy purposes is explained further on in this paragraph. On the other hand, human rights are on the background of every part of the model. Since the purpose of advocacy is the compliance of human rights of PUD, human rights play a role in every part of the advocacy process.

Figure 1 - Theoretical model



## Concepts

The model shows the process of advocacy by harm reduction organisations: by targeting change agents, organisations try to have a positive impact on the human rights of PUD. As is shown in the model, this research focuses on the first step: advocacy by harm reduction organisations. The five plus one concepts in the research are: goals or advocacy aims, network, bringing the message, the use of human rights as an advocacy tool, the use of information and the therefore necessary documentation, are found in literature as concepts to deal with when advocating for human rights of PUD (Kaplan et al., 2009).

The process of advocacy starts with defining **goals or advocacy aims**. These goals or aims have to be precisely formulated to provide clearness to the advocacy process. A tool to check whether a goal or aim is formulated precise enough is the ‘SMART’ method. To formulate a goal according to the SMART principles, the goal must be: Specific, Measurable, Achievable, Relevant and Time-bound.

Building a **network** is important for the success of advocacy, because it helps to gain both more and broader influence: when the same advocacy message is expressed by different organisations it is possible to reach a larger public and have a stronger voice. Apart from this, building coalitions with advocacy allies can help to advocate on different levels. For example, when a local organisation creates a partnership with an international organisation, countrywide advocacy can become possible. It is therefore important to choose the right advocacy partners and to look for partners who can help to increase effectiveness of the advocacy process. Coalitions with lawyers can create the opportunity to prevent PUD of arbitrary arrest and detention without process.

Advocacy is about **bringing the message** with the aim to change something. As an organisation, it is important to both how you are going to bring your message and to identify who you have to address your message to influence a certain policy or action. Politicians for instance often follow public opinion (Makkai and McAllister, 1993). Therefore it is not only important to address your message at the politicians themselves, address the public as well. When the message is meant as pushing for accountability it is important to investigate who the most important actors are in a human right violation. When it is know who you want to address your message to, it is important to think about how to address your message. Mass media campaigns in favour of the effectiveness of a harm

reduction approach in preventing HIV can influence the public opinion which then can lead to political action and policy change (Wodak and Des Jarlais, 1993). To influence change agents it is important to keep addressing your message, regular appointments with change agents are therefore useful.

Since the advocacy is about the human rights of people who use drugs it is important that advocating organisations themselves are familiar know how to use **human rights as an advocacy tool** and can speak a human rights language. Effectiveness of the advocacy process can increase when the advocating organisation can explain what a human rights violation is to the change agent, in order to remind this actor about its responsibilities. Having knowledge of what human rights are and how to use them in the advocacy process is therefore important for the success chances of advocating organisations.

**The use of information** is important to convince people. Information can be used as evidence to strengthen the message an organisation brings. For example, evidence which understates the effectiveness of harm reduction interventions can be used to advocate for those interventions. Human rights documents, guidelines and declarations can be used to keep people accountable for not complying with those documents. Important international documents, declarations and guidelines are listed below. The bill of rights of a country in which international human rights are translated to national citizen rights can also be of important use. In addition to this, information about violations of human rights can be used to convince people or a change agent of the occurrence of certain human rights violations.

Examples of UN and international documents, guidelines and declarations that can be used as foundation of advocacy goals:

- UN General Assembly Special Session (UNGASS): “Millennium Declaration (2000)”.
- UNGASS: “Declaration of Commitment on HIV/AIDS (2001)”, a document that contains goals and targets for action on AIDS. The documents holds governments accountable for funding and access to essential medicines and includes a strong commitment to harm reduction. All member states of the UN adopted this document unanimously.
- International guidelines on HIV/AIDS and Human Rights.
- UNGASS: “Political Declaration” and “Declaration on Guiding Principles of Drug Demand Reduction”.
- UN Administrative Committee on Coordination (ACC): “Preventing the Transmission of HIV among Drug Abusers: A position paper of the United Nations System”. This paper recommends and endorses needle exchange programmes.

According to advocacy guidelines, **documentation of human rights violations** as well as the use of these documentations in the advocacy process can increase its effectiveness and is therefore important (Kaplan, et al., 2009). There are different criteria mentioned in guidelines to effectively document human rights violations of PUD. The following list contains the main points mentioned in advocacy guidelines which are subsequently explained:

- Documentation criteria
- Comprehensiveness of documenting a case
- Link to human rights
- Reference types

- Causal relationship human right violation and drug user status
- Use of documentation software
- Development of a report with results of human rights violations and alternatives
  - Sending to government, Non-governmental organisations, activists etc.

There are different documentation criteria mentioned in guidelines. According to an extensive guideline about documentation of human rights violations, in case of violation of the human rights of a PUD the following criteria have to be documented (Kaplan et al., 2009):

WHO was the victim, accused, aggressor, agent, police, prison, doctor?

WHAT happened, was used, was the weapon, was the accusation/sentence/law?

WHERE did it happen, what street/hospital/police station/court/jail/treatment centre?

WHEN was the year, date, time?

WHY did it happen, and how do you know that the victim's drug user status was the cause?

The more comprehensiveness in documenting a case, the better it can be used as material for advocacy practices (Kaplan, et al., 2009). A clear and comprehensive documentation provides the most insight into a human rights problem. Since it is about documentation of human rights violations, understanding of human rights is, as well as in advocacy, important. Documentations have to be clearly about human rights violations, this can be guaranteed by linking a violation directly to a human rights treaty. For examples of these treaties, see Appendix 6.

Documentations can be based on different types of reference; persons who's human rights are violated, persons who (have) violated human rights themselves, official documents and photo or video. In order to get more reliable documentation, the use of different types of reference can help.

The aim of the documentation is to provide insight in the violations of human rights on PUD, that occur because they use drugs. Therefore, when documenting a human rights violation of a PUD, there has to be a clear causal relationship between the violation and the use of drugs.

## Sub Questions

To help answering the research question, "To what extent and how is advocacy for the human rights of People who Use Drugs currently done by partner organisations of the Mainline Foundation and AIDS Foundation East-West in Georgia, Indonesia, Kenya, Kyrgyzstan, Nepal, Pakistan, Tajikistan and Ukraine, and how can human-rights based advocacy be improved in order to enhance the effectiveness of harm reduction strategies and services?", sub questions are constituted based on the concepts, important for effective advocacy, as explained in this paragraph.

- 1. To what extent is advocacy for the human rights of People who Use Drugs currently done by organisations working on harm reduction of People who Use Drugs and their environment?**



**2. How is advocacy for the human rights of People who Use Drugs currently done by organisations working on harm reduction of People who Use Drugs and their environment?**

Do organisations working on harm reduction of People who Use Drugs have clear advocacy goals and/or aims?

Do organisations working on harm reduction of People who Use Drugs form advocacy coalitions?

To who and how do organisations working on harm reduction of People who Use Drugs bring their advocacy message?

To what extent are organisations working on harm reduction of People who Use Drugs who advocate for the human rights of People who Use Drugs familiar with a human rights language?

What types of information do organisations working on harm reduction of People who Use Drugs who advocate for the human rights of People who Use Drugs use in their advocacy practices?

Do organisations working on harm reduction of People who Use Drugs document human rights violations?

How do organisations working on harm reduction of People who Use Drugs document human rights violations?

**3. How can organisations working on harm reduction improve their advocacy activities?**

## Methodology

This paragraph about methodology provides insight in how the research is done. The different phases of research are discussed and choices made in the process of research are explained. In this paragraph, first the research framework is presented, and then the choice of the research design is discussed. This is followed by how the data was collected, and finally it is explained how the data was analysed.

### Research strategy and design

To provide an answer to the research question a qualitative explorative study was conducted. Explorative research is useful for a problem that is not clearly defined (Shields and Rangarjan, 2013). While there were indications that organisations in different countries struggled with human rights advocacy for PUD, it was unknown what the exact shortcomings of the organisations in this field were. Therefore, an explorative research design was used to investigate how and to what extent organisations advocate, thereby helping to answer the research question. The explorative study was carried out in a qualitative manner, by using both in-depth interviews and a survey consisting of 10 questions to get the most reliable results. To structure the whole research a research framework was constructed. The research framework provided a schematic presentation of what steps needed to be taken in order to achieve an answer to the research question (Verschuuren and Doorewaard, 2010). The research framework of this study can be found in Appendix 2.

### Data collection

The in-depth interviews and the surveys used for collecting the data for this research were carried out in March and May 2014. Before the interviews and the survey were conducted, preliminary information was studied. Preliminary information was provided by the commissioner of this research project and aimed to provide knowledge, when available, about advocacy related activities of organisations which were interviewed at a later moment. For example, one organisations had a document about the training of paralegals, which is one of their advocacy related activities. Paralegals are people trained in the basics of legal knowledge in order to assist people whose rights are violated with basic legal assistance.

Interviews were conducted to gain information about how organisations work on human rights advocacy for PUD. Interviews are a useful method to gain information about how something is done, because an interview creates the opportunity to tailor the questions in order to gain rich, full stories. In an interview the respondent can be asked to provide more examples of how something went (Emans, 1986). In total, 14 semi-structured interviews were conducted with at least one expert from each country included in the research. Purposive sampling was used to recruit respondents: the respondents had to meet different in- and exclusion criteria. All respondents needed to be able to speak English. In case of a long distance interview, a connection via Skype had to be possible. In

In addition to this, participants needed to give informed consent (Appendix 5). Informed consent was, except for one respondent who was interviewed face-to-face, asked orally. All respondents gave their informed consent. In addition to these criteria, the respondents were selected on their expected knowledge of and experience with advocacy. People who were themselves involved in advocacy projects were for instance seen as potential interesting interview respondents. Because of the nature of the research questions, respondents with the most experience and knowledge were preferred, and therefore selected based on advice from the commissioners of this research. However, although knowledge and experience of respondents were seen as important, there had to be at least expert interviewed per country, to make it possible to create a diverse picture of advocacy in different places. Because of this, in some cases less suitable respondents, lacking either knowledge, experience, or both, had to be selected for being interviewed as well. In table 1, a lists of respondents is shown.

Table 1 - Interview respondents

Respondent	Organisation type	Gender	Country
R1	National advocacy	Male	Indonesia
R2	Harm reduction	Female	Ukraine
R3	Harm reduction	Female	Kirgizstan
R4	Harm reduction	Male	Pakistan
R5	National advocacy	Male	Pakistan
R6	International advocacy	Male	United Kingdom
R7	National advocacy	Female	Indonesia
R8	International advocacy	Male	United Kingdom
R9	Harm reduction	Male	Georgia
R10	Harm reduction	Male	Kenya
R11	Harm reduction	Male	Kenya
R12	Harm reduction	Male	Tajikistan
R13	Harm reduction	Male	Nepal
R14	International advocacy	Male	Sweden

### Interview structure

To provide structure in the interviews an interview guide containing a topic list was used (Appendix 3). This list was constructed based on the important concepts for understanding the advocacy process, as explained in the theoretical background, and the sub questions derived from this concepts. In addition to this, the research commissioners gave their advice on the topic list.

The interview consisted of three main phases: An opening phase, a phase with in-depth exploration, and a closing phase. First, there was an opening phase. After explanation about the content and the procedures of the interview the respondent was asked to give informed consent. During the second phase, an in-depth exploration started. The questions asked in this phase were based on the topics and questions included in the interview guide (Appendix 3). Mainly open ended questions were asked to beware of influencing the answers of the respondent and to give the respondent space to share his knowledge and experiences. The respondents seemed to feel comfortable and most of them were generous in sharing their knowledge and experiences. Most interviews took more than one hour and 15 minutes. During the last phase, the closing phase, it was checked if the interviewer

understood the main points mentioned by the respondent by giving a summary of the interview. The respondent was told that adding information on a later moment was always possible by sending an e-mail. In some cases, additional information was send which was included in the analysis of the interview.

### Interview management

Interviews were arranged by contacting respondents during a meeting in April and via the commissioner of this research project. The meeting in April was in Amsterdam and comprised of delegations of all organisations part of the Bridging the Gaps programme and was about the exchange of knowledge and experiences. In two cases, a respondent turned out to be unable to do the interview due to time constraints. Both respondents referred to a colleague with who the interviews were done. All interviews, except from one face-to-face interview, were conducted via Skype since the experts live and work in different long distanced countries. In the days after the interview the interview was transcribed and a summary of the interview was made. This summary of the interview was send to the respondents for verification of the interview content.

### Survey

In addition to the interviews, a survey was conducted. The survey took place during the meeting in Amsterdam. Representatives from all partner organisations present during the meeting were asked to fill out the survey. Eventually 29 questionnaires were handed out, of which 15 were received back. The questionnaires were used in addition to the interviews to gather information about to what extent and how organisations advocate for the human rights of PUD. The questions where build up from easy questions, to investigate whether the organisation of the respondent advocates at all, to more in-depth questions to gather some information on the advocacy expertise of the organisation. Free space was added to the questionnaire to provide the respondents the opportunity to leave a message which was according to them important. This information was used during the interviews. Respondents of surveys who seemed to have a broad knowledge and experience where asked to do an interview to go more in-depth on how they advocate. The survey, containing 10 questions can be found in Appendix 4.

### Analysis

When an interview is transcribed the data analysis was started directly. Because of this, analysed data could be used directly for analysing later transcripts. The analysis therefore formed an iterative process.

The data is analysed by using a coding technique. Coding can be used as an interpretive technique to organise data (Verschuren and Doorewaard, 2010). In this research, parts of text were given a code name which provides insight in the meaning and/or subject of that piece of text. Later, this was used to compare or combine different pieces of text with the same meaning and/or subject .

The coding process consists of three steps; open coding, axial coding and selective coding (Verschuren and Doorewaard, 2010). Open coding is first used in the process. Pieces of text which might be useful to provide an answer or context to a sub question will be assigned to a code or given a code. These codes do not interpret the meaning of what is said but do explain the subject of that piece of text. After the open coding phase, axial coding will be done. In this phase, the meaning of

pieces of text will be coded, and codes will become more specific and associated with its context. The last step in the process is selective coding: the previously noted codes will be refined to very specific concepts (Verschuren and Doorewaard, 2010). This makes comparison between different concepts and indicators possible, thereby making comparison of the found results with existing literature possible.

The outcomes of the survey were set out in an Excel sheet to provide an overview of responses and to get some quantitative information, for instance how many respondents were part of an organisation that advocates. These results were used in addition to the results of the interviews and gave mostly information about to which extent organisations advocate for the human rights of people who use drugs.

### Ethical considerations

Protection of participants was considered of importance in carrying out this research. For this, informed consent is crucial (Chaisson et al., 2011). Therefore, as said, informed consent was asked of each participant in the first phase of the interview. Information was provided to the respondent about the study, the aim of the research and the intended use of the results. Based on this information, the participant could decide if he or she is willing to participate in the study. In Appendix 5, an informed consent form is added.

## Results

In this paragraph, the results of the research are presented in two different parts, which are derived from the objective of this research. First, results that tell something about the extent to which organisations advocate are presented. Second, findings that indicate how organisations advocate are shown. The third objective, proposing suggestions for the improvement of advocacy by organisations, will be discussed in both parts.

### To what extent do organisations advocate

According to the survey, 15 out of 16 respondents said that their organisation advocates for People who use Drugs. The survey showed that all organisations advocate at more than one level. Advocating at a national level is the most occurring among organisations: 11 organisations advocate countrywide. This is followed by the local level, on which advocacy is done by 9 organisations. Advocating at a regional level is done by 7 organisations. Advocating on an international level does not occur often among the researched organisations: only 3 organisations do this.

The interviews confirmed the diversity in findings of the survey. Different levels on which advocacy was pledged were mentioned. Concerning the level of advocacy in another sense, namely the level of expertise of organisations, the interviews demonstrated a variety among organisations in their knowledge and expertise. In addition to this, differences were found among organisations considering the awareness of their own activities. While the results of the survey show that except for one all respondents filled in that their organisation advocate for PUD, the interviews showed some nuance: organisations of all respondents advocate, however advocacy activities are not always considered to be an advocacy activity. For instance, one respondent from an Ukrainian harm reduction organisation mentioned: *“I think we do a lot but often don’t name it advocacy”* (R2 Harm reduction organisation, Ukraine). An international advocacy expert confirmed this and mentioned:

*“If you running a service, you know, in particularly in certain countries in Eastern Europe and Central Asia, you constantly having to defend your service. Whether that be defending it financially, defending it from the police or explaining it to the local residence or anything like that. I mean all of that is advocacy (R6 International advocacy expert).”*

## How do organisations advocate?

This paragraph comprises findings that tell something about how organisations advocate. The findings are structured based on the conceptual model; divided in findings about goals and advocacy aims, network, bringing the message, human rights as an advocacy tool, and the use of information, of which documentation in special.

### Goals and advocacy aims

The goals and advocacy aims should form the basis of advocacy according to guidelines. This sub paragraph shows what respondents mentioned about how their organisation sets its goals for advocacy.

The way and extent to which advocacy is planned differs widely per organisation. While a respondent from a harm reduction organisation in Ukraine mentioned that they are not aware of their advocacy activities, other respondents conduct meetings on regular basis to define advocacy goals and make a plan. Mentioned advocacy aims were for instance to reduce HIV/AIDS or increasing access to services for vulnerable groups. Most respondents, however, had no clear or precisely defined answer on what their advocacy goals are.

Five respondents mentioned they do an assessment to identify gaps in service provision and base their advocacy aim and plan on the findings. One of them mentioned that their advocacy aim is based on the extent to which an issue has negative impact (R7 National advocacy organisation, Indonesia). Another respondent mentioned that they have good connections with international organisations who provide them with information about issues necessary to advocate for. He mentioned:

“we have our coordination platform with international organisation. They give us information and based on this information we develop our strategies. Communication between partners on national and international level is very good” (R12 Harm reduction organisation, Tajikistan).

Two respondents made their advocacy plan on a yearly basis. One of them, a drug user network, based the aim and plan of the following year on the issues their members bring in. They decide together what the biggest issue is and make that the main target for the following year. In addition they make decisions about their approach and give everyone his task. The respondent from the other organisation, a national advocacy organisation in Pakistan, was the most clear on how his organisation sets goals for its yearly advocacy plan:

“Our advocacy plan, our lobby plan, is based on three things. One is the research we conduct every year. Second is community based monitoring, people do inform us about their issues. We study this and based on this we plan our advocacy cases. Number three is that we make use of the information that comes in from different organisations, that comes in from UN agency, that comes in from partners” (R5 National advocacy organisation, Pakistan).

An international expert talked about what is according to him a first important thing organisations should do in planning advocacy. He mentioned:

“Basic power mapping like who do you need to speak to and what is the precise message you have. Just be very clear before every situation and even if you don’t get it, at least you went in with a clear vision on it” (R14 International advocacy organisation, Sweden).

As the results show, although there are some exceptions, a lot of organisations do not give that much attention to making an advocacy plan and setting their goals for advocacy. In accordance with the vision of this international expert, giving more attention for this part of the advocacy process would be an important suggestion for improving the effectiveness of advocacy by these organisations.

## Network

In this sub paragraph, it is described how organisations work together. Respondents mentioned different reasons for working together with other organisations. Organisations work together to get a more powerful voice by combining their forces, because they can share information used for advocacy, and because they can divide tasks based on knowledge and expertise.

### *Combining forces*

Different respondents mentioned their organisation tries to find allies to generate a bigger platform advocating for the same cause. One national advocacy network teaches his drug user members how to advocate in order to get more people advocating. He mentioned: “It will be more massive if all members and the national secretariat say the same” (R1 National advocacy organisation, Indonesia). In addition to this, this organisation tries to find allies such as youth groups and faith based groups by keeping regular contacts with these allies. They ensure that these allies advocate for drug users as well. The respondent mentioned about this: “We trying to engage with every kind of community to influence to talk about us” (R1 National advocacy organisation, Indonesia). Other organisations mentioned as well that they try to create a network to stand together for the same cause. Different organisations co-founded or joined coalitions of organisations. One respondent mentioned: “We created some coalition because we needed some alliance who help us” (R3 Harm reduction organisation, Kirgizstan). A respondent from Georgia told that he formed a coalition with other NGO’s to advocate against laws composing punishment of drug abuse, he mentioned:

“With this network with member NGO’s we advocate some issues to work on trying to change the Georgian laws regarding drug abuse and punishment of drug abuse” (R9 Harm reduction organisation, Georgia).

As said, coalitions are not only formed with other drug user organisations, but also with organisations who face related issues. A respondent told about his alliance with representatives from other populations who have a higher risk to contract HIV/AIDS:

“Well, all the representatives of all the key infected populations are in the network. From the drug community, sex workers, MSM (Man who have Sex with Man) communities, transgender community.



So we have the representation once we carry out advocacy, we do involve all these people” (R5 National advocacy organisation, Pakistan).

An international advocacy expert said something about why forming networks and alliances is important for harm reduction organisations:

“The bad thing is that almost all organisations in harm reduction are small. It depends on what they want to do and who they advocating with. For me one of the best things that can possibly be done sounds maybe quite simple, it is just strengthening your coalition. So your constituency support for the amount of people that you back. The more people that are on your side the better. So, if everybody is doing it with one tenth of their time, you want a lot more people using that tenth” (R14 International advocacy organisation, Sweden).

### *Sharing information and dividing tasks*

Tasks are in some networks or coalitions divided based on knowledge and expertise. In total eight respondents said something about that they work together with other organisations in advocacy. Five organisations work together with a human rights organisation, two respondents mentioned they did not, and one respondent did not know whether there is a human rights organisation which sticks up for the rights of drug users in her country. Two respondents talked about the relation between a human rights organisation and a harm reduction organisation or drug user network. In case of an issue, the organisation with knowledge of human rights then researches an issue from an human rights perspective while an organisation more close with drug users looks at practical implications of an issue. One respondent told about new potential legislation with preserved negative consequences for their clients. About the division of tasks she told:

“We did different analyses. I did this analysis on HIV issue. Another organisation did an analysis of discrimination, they used different kind of conventions. And some experts of a legal organisation did an analysis of the legal aspect, using constitutions” (R3 Harm reduction organisation, Kirgizstan).

A respondent from a national advocacy organisation with a human rights background told about a similar case. In Indonesia, there is a new legislation which denies drug users from health insurance and thereby access to health care since the beginning of this year. She worked together with a drug user network. Her organisation did research on the new legislation from a legal perspective while she asked the drug user network to provide information about implications of the new legislation for drug users in practice as well as to keep pushing as a network to the ministry of health. She mentioned:

“On one side we are encouraging respondent R1 (national advocacy organisation based on a drug user network) to keep pushing the minister of health and on the other hand we make our own legal opinion of the current situation.” As well as: “And we are using their data to support our research as well because they are basically more close to the community so they have more inside information” (R7 National advocacy organisation, Indonesia).

Providing information to human rights organisations is done in other countries as well. A respondent from Kenya mentioned:

“We send our information to Mohori, a national organisation fighting for rights. So when they fight for rights, they also fighting for the rights for people who use drugs” (R11 Harm reduction organisation, Kenya).

One respondent mentioned that they share information as well though not with human rights organisation as such but with big international organisation such as UNICEF and UNAIDS. In her opinion her organisation is too small to have influence on national level and therefore her organisation leaves this to the mentioned international organisations. However her organisation does provide the international organisations with information which they can use to base their advocacy on and supports them to be active, she mentioned:

“So we can support them by getting some information of the field, we can support them in participating in working groups. But I don’t think that we must take the initiative in this process. We can be as a partner” (R2 Harm reduction organisation, Ukraine).

Besides general information about the non-compliance of human rights of PUD, information about specific persons whose rights are violated or who are under arrest can be passed on to human rights organisations in order to help their cases. This was mentioned explicitly by two respondents. One respondent mentioned creating a connection with a human rights organisation as something which could help improve their advocacy. She mentioned:

“Yeah I think we can do more. And one of the things is to find a good partner like human rights organisations that have lawyers, legal consultant because we don’t have a lawyer in our organisation who could help” (R2 Harm reduction organisation, Ukraine).

## Bringing the message

This sub paragraph is about how organisations bring their advocacy message. The results concerning this topic will tell about how organisations bring their advocacy message and to who they bring their message. In addition to this, it will show an example from Pakistan, which explains that persistence is also very important for the success of the advocacy process: by keeping on trying seemingly hopeless actions might be effective in the end.

### *How is the advocacy message brought*

Different methods for advocacy are used by organisations. Three of them, bringing the message face to face, the organisation of workshops, and the usage of media channels, are used frequently, and are therefore discussed below.

Several respondent mentioned that bringing an advocacy message directly to the person you want to target is the most effective way to bring the message. Respondents mentioned different ways to get to talk with their advocacy target; some got invited while others invite their target or look at other possibilities to talk with their target. A respondent of a national advocacy organisation in Pakistan endorsed that it is very important to bring the message face to face and that:

“This can be done in form of informal meetings, it may be in form of seminars or in form of workshops. Depending on the resources available (R5 National advocacy organisation, Pakistan).”

Workshops are indeed another frequently used method (mentioned by five respondents) to bring an advocacy message. Main targets of this advocacy method are health care workers, the general public and the police, and the method is especially used to counter stigmatisation and discrimination. Stigmatisation and discrimination are mentioned as barriers for carrying out harm reduction services

by organisations, and often occur in health-care settings as well as on the streets by the general public. In the workshops organisations tell about drug users and their human rights and show and explain the work they are doing. By sharing this information they hope to influence the opinion about people who use drugs of the public and health-care workers as well as actions of the police.

Different media channels are used by organisations. The channel used to bring your message is mentioned by respondents as something that has influence on the effectiveness of advocacy as well. The channel used differs per situation and is often based on the target organisations want to reach. Respondent R3 from a harm reduction organisation of Kirgizstan was advocating against a new initiated law and wanted to bring this under attention of a broad public. In addition to a petition she organised she tried to bring their message via television interviews. In order to create more awareness she mentioned: *“I try to find some people who support us, this must be very important people (R3 Harm reduction organisation, Kirgizstan).”*

However, while media channels are mentioned as important by respondents, they also think they are difficult in their use. A respondent from Indonesia mentioned: *“We use Twitter and Facebook but it seems that we are not an expert on that (R7 National advocacy organisation, Indonesia).”* Three respondents mentioned social media as something which could improve their advocacy.

### *To who is the advocacy message brought*

Next to the right method, selecting the right target for advocacy is also of utmost important for the success of the advocacy process. Selecting the target and the method of advocacy are often interrelated: specific targets may ask for specific methods of advocacy. Considerations for selecting targets differed among organisations: some organisations focussed on targets easy to influence, while others focussed on targets they thought to be important. Two important targets for advocacy as mentioned by the respondents are the government and the police. The different considerations for choosing a target and advocacy on these two specific targets will be discussed in this sub paragraph.

Different considerations for selecting the right target were mentioned in different contexts. In case of approaching persons in higher positions respondent mentioned they approach persons of who they had the feeling they were relatively easy to influence positively. A respondent from an national advocacy organisation in Indonesia for instance mentioned: *“Sometimes you can see when your enemy is someone that you can press on (R7, National advocacy organisation, Indonesia).”* Another tactic mentioned is to find a way to a person in a powerful position via advocacy at persons in lower positions. In contrast a respondent told that in advocacy to the general public they choose to invite persons with a negative view on drug users to their advocacy sessions to show their work and talk about the human rights of people who use drugs. This, in some cases, had the enormous effect that the very next day people invited to those sessions start to talk in favour of the services and stop stigmatising drug users.

The government is often mentioned by respondents as an advocacy target: seven harm reduction and national advocacy organisations talk with the government. Achieving a direct connection with the government was easy for some organisations, while difficult for others. Two respondents mentioned that they just got invited by their government to talk about policy, share their issues and suggestions. Two other respondents mentioned that they themselves organise round table meetings in which they invite the government as well as other organisations to talk about policy, the change of legal documents and how to increase the access to services for drug users.

According to a respondent from Pakistan, the best way to advocate successfully when targeting the government is to get all people who are involved in the decision making process together: both policy makers and people who are responsible for implementing the decisions and policies. When these people are together advocacy was done by telling them about current issues in the communities. It depends on the resources available whether it is possible to bring all people together and how to bring them together. Respondent R1 of a national advocacy organisation in Indonesia mentioned that it was difficult to get involved in policy making by the government but when you are involved it increases your ability to have influence significantly. He mentioned:

“If you are against the system from the outside it is like a big wall and we are very small. But now we are trying to get involved and come from the system so we can change it from the inside, we changed our strategy. Now our government listens (R1 National advocacy organisation, Indonesia).”

Strategies for effective advocacy targeted on governments are dependent on the organisations position in relation to the targeted government. As quoted, the respondent from Indonesia tells that his organisation changed its strategy at the moment it was accepted by the government as a party that needs to be listen to. However, the respondent mentioned as well that it took a lot of effort to get involved in government policymaking. He did protest, sent a variety of messages to the ministry and went a couple of times to the minister’s office himself to ask for the possibility to speak with the minister. A respondent of a harm reduction organisation in Kenya said he used a different tactic. His tactic was to advocate at the prohibition officer first and use that as an entry to the government. The prohibition officer welcomed him and helped him advocating on other levels.

Next to the government, the police is also mentioned as an important target for advocacy by most respondents, because the police arrest their clients as well as -in some countries- their outreach workers. Arrests by the police is mentioned as an important barrier in the provision of harm reductions services. A respondent from an international advocacy organisation for instance mentioned:

“There is absolutely no point at having a needle and syringe programme if you know that the police waits outside and arrests people who use the service (R8, International advocacy organisation, United Kingdom).”

As said, organising workshops can be an important tool for advocacy when targeting the police, because they can help to abandon stigmatisation and discrimination. In this way, organising workshops for policemen might diminish the number of arrests caused by one of the two, thereby increasing effectiveness of harm reduction activities. A respondent from a harm reduction organisation in Kenya told about the workshops they organise for the general public and the police as well. By providing information they try to let policeman understand drug users and the work their outreach workers do in order that they don’t arrest them anymore while according to country policies they have to arrest drug users. He told:

“We invite the policeman in our workshops. So when they are involved they understand the drug users. So that they are helping us instead of arresting our outreach workers. The policy tells the police to stop us, but now the police understand us so now they are shutting their eyes so that we can do our work (R11 Harm reduction organisation, Kenya).”

According to this respondent, the police as well as other law enforcing officers in Kenya now support harm reduction work and all ask the government to change policy.

In addition to organising workshops, different methods to keep drug users out of prisons were mentioned. A respondent from an harm reduction organisation in Kirgizstan told about an award they introduced to reward a positive contribution of policeman. This contribution had to be in favour of anti HIV services such as needle and syringes exchange programmes resulting in a more friendly attitude towards drug users. Every year a policeman who is nominated for his positive contribution is nominated and receives the price from the government. Because the price is added by the government as an official price, policeman appreciate it and are proud to get it. This resulted in more friendly policeman. In addition to this preventive measure they use a different method to keep clients out of prison in Georgia. When a clients is arrested they write an letter to the court about the situation and that sending the clients to prison disfavours public health. This had have possible results.

### *Overcoming struggles*

When communicating your advocacy message the targeted receiver does not always listen immediately. Different organisations experienced a deaf ear when proclaiming their advocacy message, however some persistence has effect in some cases. A illustrative example of this was given by respondent R4 from Pakistan, and will be explained in Box 1.

#### *Box 2 – Example persistence*

A respondent from a harm reduction organisation in Pakistan tried to target the police with their advocacy activities, order to improve the effectiveness of their needle and syringes exchange programmes. The police arrested their clients which undid the positive effects of the programme. They wanted the police officer to sign a paper in which they declared not to arrest their clients. He mentioned the following about this:

*“So in the first place they listen in an very ignorant way, they don’t give that much importance. But after two of three appointments informing them about needle and syringe programmes and the work of the developing sector they signed it (R4 Harm reduction organisation, Pakistan).”*

After the signature of the police officer, they copied the form and gave it to every outreach worker. The outreach workers can now show the police the signed agreement when a client’s gets arrested, the police let them go after showing the agreement. The respondent went with an report about abuses of the police to the police and initially faced a deaf ear as well. The police didn’t want to believe the report or said that it was just a bad officer. After the report was showed a couple of times they found someone interested and willing to talk about it. This person became an entrance to communicate to other police officers as well. Together they developed a guideline which the was presented by the person they had contact with to her colleagues.

Stories like this were told by two more respondents. They prove that keeping on trying might be necessary for the success of the advocacy process, and that organisations should therefore not give up easily on their activities.

## Human rights as an advocacy tool

There are different tools which can be used to advocate, human rights is one of them. This research is about advocacy for the human rights of people who use drugs. Human rights therefore are both an advocacy tool as well as an advocacy goal. According to the survey outcomes thirteen respondents answered that human rights of drug users are violated in their country, Two were not sure and one said human rights of drug users are not violated. Fourteen survey respondents think that approaching harm reduction from a human rights point of view adds value to their work. The results described in this sub paragraph contain the role of human rights in advocacy. It will discuss the importance of human rights as an advocacy tool, the struggles of organisations in using human rights language, how to overcome these struggles by learning about human rights, and the downside of using human rights as a tool for advocacy.

### *The importance of human rights in advocacy*

According to different respondents, the use of human rights as a tool is needed in advocacy for harm reduction programmes and against human rights violations of PUD. The extent to which organisations consider human rights important as a tool for advocacy differs. Five respondents mentioned human rights as an advocacy tool explicitly as an essential tool in the advocacy process. A respondent mentioned that its crucial to refer to human right laws, which could be national as well as international, or to international treaties when you want to change governmental policy in Pakistan. He mentioned: *“When you want to change policy, you have to give the reference of human rights”* (R4 Harm reduction organisation, Pakistan). He used for instance a national human rights law which stated that every man is equal to advocate for access to health-care services for drug users.

Some respondents mentioned human rights as the basis of their advocacy messages. The interviewed international advocacy experts recognise the importance of human rights in advocacy as well. One of them answers to a question on whether harm reduction organisations should include human rights in their advocacy messages:

*“I think it’s very appropriate on that level to use an human rights language. I mean that’s the basic framework in which you should be operating. Denial of access to services is a human rights violation. So that is the appropriate framework to be used”* (R8 International advocacy organisation, United Kingdom).

According to one respondent, not everyone sees the importance of human rights in advocacy for harm reduction services. According to him, some people argue that it was not human rights that put harm reduction on the agenda, but public health, suggesting that advocacy making use of public health statements is the effective way to increase access to harm reduction services. The respondent does not agree with this point of view and mentions:

*“you know if public health is enough and if evidence and fact statistics is enough, we would have been there already. So we need economics, we need human rights, we need social welfare, we need community safety and so on”* (R14 International advocacy organisation, Sweden).

### *Struggles in using human rights language*

Human rights are often considered difficult. Most harm reduction organisations as well as one national advocacy organisations struggle when talking about human rights. A respondent from a national advocacy organisation for instance got confused when talking about human rights: “In our work human rights. We cannot. Of course we cannot deny. For harm reduction, yeah. That’s the basic of. I’m confused..” (R1 National advocacy organisation, Indonesia). He mentioned that human rights are the basis of his work, however, when he was asked to make it more explicit he got confused. It was difficult for him to translate human rights violations in practice into abstract human rights language used in laws and treaties and vice versa. The translation from practice to theory was difficult for other respondents as well. Different respondents were asked if harm reduction services, which are a human right according to the United Nations, are a human right according to them but they often did not, or at least did not directly, understand these questions. For instance: “I: Do you think access to methadone is a human right?, R: I don’t understand” (R9 Harm reduction organisation, Georgia). When thereafter these questions were made more explicit by asking if harm reduction services are essential to fulfil the right to health, the respondents replied by answering yes.

International advocacy experts recognised that service providing organisations struggle with the use of human rights. About harm reduction organisations who advocate one international advocacy expert mentioned:

“issue that some people don’t really see human rights as an important argument. I mean most people in the harm reduction field feel much more confident with scientific arguments.” (R6 International advocacy organisation, United Kingdom)

An harm reduction organisation acknowledges that they struggle with the use of human rights and that advises are needed by them:

“You know our organisation did a lot of advocacy with rights of people who use drugs but we still need advises from experienced organisations who are profi in advocacy.” (R3 Harm reduction organisation, Kirgizstan)

While harm reduction organisations struggle with the use of human rights, drug users themselves struggle even more or often don’t know that they have human rights. An international advocacy expert mentioned:

“one very big issue is the lack of human right literacy. So one of the things that you have to do is the human rights literacy training, so that people are aware of what their human rights are so that they know when they have been violated. Members of the criminalised community are very often not aware of the fact that they have human rights. That is very often accepted as the norm. So, yeah, doing basic training of what human rights are and how to document them is absolutely essential.” (R8 International advocacy organisation, United Kingdom)

When drug users don’t know about their human rights, they obviously cannot advocate for these rights. Different organisations therefore train drug users about their human rights or train drug users to become paralegals. A paralegal is someone with basic legal knowledge who can help people in need of legal assistance. One respondent from a harm reduction organisation mentioned: “We have trainings for clients about their human rights. So training and consultations in all of our projects.” (R2 Harm reduction organisation, Ukraine) After the training drug users become aware of their rights and advocate for them.

Where most harm reduction organisations, as well as one national advocacy organisation, struggle with the use of human rights, some organisations do seem to know how to use them. Six organisations gave insight in how they use national and international human rights standards in their advocacy activities. Four organisations mentioned explicitly how they consider international human rights treaties, declarations and constitutions. A respondent from Pakistan mentioned about international human rights declarations: “we are signatures of those declarations so we cannot do anything that is against those declarations” (R5, National advocacy organisation, Pakistan). He told that they keep the government responsible for violations of declarations Pakistan signed and advocate against those abuses. He uses human rights to strengthen his case: “To strengthen our case and to make our advocacy more strong and more powerful we do use support for international and regional instruments” (R5, National advocacy organisation, Pakistan). One human rights abuse conducted by the Pakistani government is a ban on OST treatment, he mentioned:

“I just mentioned that in Pakistan OST treatment is banned, so how we take it that it is a violation of human rights. Because you are depriving someone from a kind of treatment” (R5 National advocacy organisation, Pakistan).

Another respondent from Pakistan, from a harm reduction organisation, mentioned something in the same order: “there is no legislation that states that a person who is using drugs is not allowed to access the government hospitals” (R4 Harm reduction organisation, Pakistan).

A respondent from Kenya told about the use of the national constitution as well as the African charter of human rights. The human rights mentioned in these constitutions are used when advocating at the government. Another respondent from an Kenyan harm reduction organisation told that they use human rights as a tool for advocacy in specific cases. They have a lawyer at their organisation who is advocating for drug users after they got arrested. He mentioned:

“We have our own lawyer who does this. So after a police has arrested a drug user, there is now a big fight in the court because our lawyer is defending there” (R11 Harm reduction organisation, Kenya).

When clients of a harm reduction organisation get constantly caught by the police, the services becomes less effective. An international advocacy expert therefore pledges for a lawyer at every organisation who provides harm reduction services.

The opinion of experts differs when it comes to the use of national and international human rights mechanisms in advocacy. While one international advocacy expert mentioned: “But especially referring to international human rights law, is definitely an important thing” (R6 International advocacy organisation, United Kingdom), another international advocacy expert mentioned:

“The first thing I would do is forget about the international law and legal instruments and focus on what it means. And what it means for me is things like community empowerment and focussing on the most vulnerable people and explain why that is important” (R14 International advocacy organisation, Sweden).

This expert recognised that human rights are important to use, however, according to him, they can be used effectively by keeping it simple and staying away from the technical legal background of human rights such as declarations and treaties. In making this statement, he took in consideration that most harm reduction organisations have little legal knowledge and lack financial resources to increase knowledge. Taking into consideration this limitations, keeping it simple is for most organisations the most effective way in advocating for human rights.



The first, in addition, mentioned that exploring national human rights structures can be very effective including for small organisations. “You can apply to courts, this was already effective in lots of countries, in particular in Asia” (R6 International advocacy organisation, United Kingdom).

### *Increased knowledge about human rights can improve advocacy*

Almost all respondents mentioned that increased knowledge about human rights can improve advocacy and some saw this as an important opportunity for improvement. An interview respondent from an national advocacy network mentioned, that he could use a training to update his knowledge, since he was struggling with human rights. Another respondent, with a legal background, from a national advocacy organisation, answered positively when asked if it is useful to train harm reduction organisations in human rights. She explained that human rights could be used by the organisations in defending their own work, in this way guaranteeing their own existence:

“It’s really worth it. We are trying to do that at the moment because we think they are serving the community and if they face legal problems then the community will be in a gap” (R7, National advocacy organisation, Indonesia).

International advocacy experts had different opinions about organisations learning about human rights. While two mentioned that harm reduction organisations should learn about human rights, one had the opinion that they have to stick to service providing and let advocacy to others with more advocacy expertise. A respondent who thinks that harm reduction services providers should advocate using human rights mentioned about the increasing of knowledge by organisations:

“That requires an existing member of the staff team maybe spend one or two days in a training to learn about human rights.” (R6 International advocacy organisation, United Kingdom)

When he was asked about to what extent harm reduction organisations should be able to use human rights he mentioned:

“I think there is if you want to use human rights basic level of advocacy I think any NGO can do that within its current resources. But than if you really want to take it to the next level, that’s a much harder task.” and “There are two different things you can do. First is using laws in advocacy. Second is knowing how to appeal mechanisms and use them. The second is very tough and not always cheap” (R6 International advocacy organisation, United Kingdom).

### *Downside of the use of human rights in advocacy*

Human rights related to people who use drugs are not always accepted as an argument. Some respondents mentioned that people sometimes don’t want to listen to human rights arguments. This can be due to misunderstanding of human rights, or because people simply refuse to listen to these arguments. For instance, a respondent mentioned that once was said to him: “If you want to get human rights, than first change your behaviour”(R1 National advocacy organisation, Indonesia). According to an international advocacy expert arguments on human rights have become more widely accepted over the last years:

“It was only around 2006/2007 that people really started putting the harm reduction and human rights arguments together. And when they started do that they received a lot of resistance from people saying you can’t talk about human rights, people don’t want to hear about human rights. And

it is interesting that now it is much more widely accepted” (R6 International advocacy organisation, United Kingdom).

Overuse of human rights as an argument can occur leading to closed ears when talking about human rights. An international advocacy expert mentioned:

“You know some people will immediately switch of, because particularly in the west, human rights has been, the term itself have kind of been overused sometimes. So you have to be careful not use the argument all the time” (R6 International advocacy organisation, United Kingdom).

To prevent overuse he mentioned:

“you imagine someone having a toolkit in front of him, you want him to have a lot of tools in that toolkit, and human rights should be one of those things. Cost effectiveness, financial argument, is another one, cue evidence and scientific evidence is another argument. There are all kind of different arguments that you have to use. And I think that human rights has an very important role” (R6 International advocacy organisation, United Kingdom).

## The use of information

This sub paragraph will give the results about what materials organisations use to advocate for the human rights of people who use drugs. Two specific types of materials are however discussed in other paragraphs: human rights as a tool for advocacy are a form of used information, and the same goes for the documentation of human rights violations. This last type of used material will be discussed in the next sub paragraph.

This sub paragraph will consist all other advocacy materials mentioned by the respondents, and will therefore focus on research. All organisations use research to advocate. Research is seen as a very important advocacy tool because advocacy targets often don’t listen to non-evidence based advocacy messages. A respondent mentioned: “We have to try to use evidence based because they won’t listen otherwise” (R1 National advocacy organisation, Indonesia). Another respondent mentioned: “Our data and research is very critical. Because without that it is really hard to advocate” (R7 National advocacy organisation, Indonesia).

Different forms of research are used by organisations. Most organisations use their own research, which is done either on their programmes or other important topics than can be used in the advocacy process. Some organisations also use research materials provided by other parties. Both kinds of research materials will be discussed in this sub paragraph.

### *Research materials based on own programme research*

Various organisations research their work and the outcomes of the work. By some organisations the information gathered by this research is used in the advocacy process. Organisations show the documentation of their work to decision makers or policymakers to convince them about the need of the things they are doing and to show that there is more support needed for their harm reduction services. According to different respondents, documentation and sharing work outcomes is an

effective manner to advocate. One respondent (survey respondent 13) wrote: “The best way to advocate is to document your work because this will be evidence based information.” A respondent from a harm reduction organisation in Kenya agrees on this vision and put this in practice by sending data consisting work outcomes to the government on regular basis. He mentioned:

“We provide them with our data so that they know what the challenges are. We send our data also to the government board” (R11 Harm reduction organisation, Kenya).

The material based on research of their own programmes is by most respondents seen as important if not crucial in advocacy. Advocacy targets for who the research is used differ among organisations. For example, one organisation uses research is to develop learning materials for educate the police. A respondent from an country based advocacy organisation mentioned different other targets they approach with the use of research in advocacy:

“we use our research to advocate to other law operators or the ministerial legal and human rights, and the national narcotic board as well” (R7 National advocacy organisation, Indonesia).

### *Other forms of research done by organisations*

Next to research on their own programmes, organisations do other forms of research that can help them to improve their advocacy activities. Two examples of this are research on the needs of their clients, and research on the effects of a proposed new law. This two examples will be discussed below.

A interview respondent of an harm reduction organisation who coordinate different harm reduction organisations collects documentation of work outcomes and registrations of the needs from their clients from all their partner organisations to advocate for the needs of drug users. He mentioned:

“We ask our partners, NGO’s who work with people using drugs, about the needs of their clients. They then conduct small focus group discussions with their clients about their needs and document it.” (R12 Harm reduction organisation, Tajikistan)

Based on the collected documentation a report is made which is presented at the government to show what needs drug users have and where a lack in service provision exists.

One harm reduction organisation told about the research they did about the impact of a new law which they expected would increase stigmatisation of their clients. To measure the impact, they conducted interviews with specialists about the consequences of the law. The outcomes were discussed with the government and thereby used to advocate against widespread implementation of the law.

It is not possible for every organisation to research everything they want. Two respondents mentioned that they would prefer to do more research. However increasing the quantity of research requires financial as well as human resources. Most organisations working on harm reduction are relatively small and do not have enough resources to increase their research capacity. Since research is seen as an important material for advocacy, this might be an important point to focus on for these organisations to improve their advocacy activities. Another option can be do use research evidence provided by other parties.

### *Research evidence provided by others*

In addition to advocacy based on the research they themselves do, research done by others or published in international journals is used. An harm reduction organisation in Kenya used for instance the numbers about government expenditure to imprisonment to show how much money the government can save by decriminalising drug use and keeping drug users out of prison. Another respondent of an national advocacy organisation in Pakistan told about the international research he used to advocate for harm reduction programmes. He used research of harm reduction interventions in other countries as an argument for implementation of the same services in his country.

### Documentation

In this sub paragraph, results are presented on how organisations use documentations of human rights violations for their advocacy purposes. Looking at the survey, seven out of 16 respondents answered yes to the question if their organisation documents human rights violations. Two of these seven respondents answered yes to the question if this documentation is used to advocate. However, the interviews showed that in fact almost all organisations use some form of documentation of cases in which human rights of PUD are denied or violated. Information is presented on the value of documentation of human rights violations, different ways in which organisations document these violations and what problems they face during the documentation process.

### *The value of documentation*

While some respondents had doubts about the effectiveness of using documentation to advocate, more respondents mentioned that documentation has added value in their advocacy activities. One respondent mentioned:

*“ The idea was to document these issue. Now based on the findings and recommendations of this research we carried out a kind of intensive and expansive advocacy and awareness campaign at the government department which is really effective” (R5 National advocacy organisation, Pakistan).*

An international advocacy expert agrees with this way of working, he mentioned:

*“What you try to do is to get evidence to show how bad the situation is. So it can be really helpful especially if you can see for example in 6 months there is going to be some kind of a meeting or government process.” (R14 International advocacy organisation, Sweden)*

Another international advocacy expert mentioned the usefulness of documentation done by organisations in countries for international advocacy purposes. He said: *“The role of national groups is very often to document human rights violations.” (R8 International advocacy organisation, United Kingdom)* The documentation reports provided by national groups or organisations are collected by the international organisation and used to advocate at international institutions or at countries when there is an specific issue.

However, not all respondents were convinced about the usefulness of documentation for advocacy purposes. A respondent from a harm reduction organisation in Kirgizstan doubted whether his documentation activities were successful. He advocated ad the document and used a report based on documentation about denied access to harm reduction services. Although they helped increasing access to services, he doubted whether this was because of the on documentation based report. He said: [“I cannot say if they really paid attention to this.” \(R3 Harm reduction organisation, Kirgizstan\)](#)

### *Different ways of documentation*

Documentation of human rights violations is done in different ways. Differences occur in the time lapse in which violations are documented, in the way the documentations are made, and by who the documentation is done.

Organisations use different time lapses for documentation. Some organisations had programmes in which they tried to document human rights violations for a period. Another respondent of organisations in Kenya focus on specific cases, by documenting violations when they hear it from a client during their work.

The way how violations are documented differs as well. Documentation is done in clients maps during normal working, for instance when a client tells about that he does not got the treatment he need or about that the police misbehaved. An international advocacy expert mentioned other ways to document which are used in documentation programmes such as taking photographs, video material or conducting interviews. Different respondents used interviewing as a way to document cases. A respondent from a national advocacy organisation in Indonesia told about a campaign she organised to document cases of human rights violations which took place when the drug user was arrested by the police. The police has guidelines about how they should behave and treat the detainee. The respondent mentioned: [“We used the guideline how the police should behave as the questionnaires \(R7 National advocacy organisation, Indonesia\).”](#) By using this guideline they could easily determine to what extent the police not only violates human rights but also their own guidelines. Most respondents mentioned that when cases were documented, they made a report based on the documentation. Most interview respondents mentioned that this report was then used to advocate. When advocating the report was used as evidence of the violations of human rights occurring.

Documentation was done by different persons such as harm reductions outreach workers, lawyers and people who use drugs themselves. Different organisations mentioned that documentation was done by their outreach workers or counselling employees. Outreach workers sometimes documented when they heard about human rights violations during their work. Other organisations had documentation programmes in which drug users had to come to their office to let their case document. One respondent from a harm reduction organisation in Nepal told that his organisation had a lawyer to document physical human rights violations by the police, he mentioned: [“Our lawyer ask him question how he has been treated by police \(R13 Harm reduction organisation, Nepal\).”](#) Most organisations however don’t have a lawyer in their workforce. A respondent from a human rights advocacy organisation in Indonesia told that she let members from the drug user community document cases. Her organisation trains drug users to become paralegal. Paralegals as well as other drug user community members are asked to document cases because they know the people whose rights are violated, they know what happens in the community and are therefore trusted more. She mentioned:

“we ask our paralegals or other community members to participate in the documentation. It is easier for them to communicate with drug user.” (R7 National advocacy organisation, Indonesia).

An international advocacy expert is in favour of documentation by members of the drug user community for the same reasons as that they better understand what is happening and are trusted. In addition to these arguments this international expert as well prefers documentation by drug users because providing the drug users work and knowledge about what is happening is against their human rights empowers the drug user community. In order to be able to document cases of human rights violations properly a basic human rights literacy training is needed. He mentioned: “well you need a basic human rights literacy training and then you can use it and start documenting.” (R8 International advocacy organisation, United Kingdom)

### *Problems with documentation*

Various respondents faced problems with the documentation of human rights violations and the use of documentation to advocate. Problems differ among organisations. Some respondents told that they had problems with translating documentation to effective advocacy. However, the biggest problem seems to be the unwillingness of PUD to let their case document, because of safety reasons. Sometimes these objections can be overcome by anonymous documentation.

A respondent from an national advocacy organisation in Indonesia and, as mentioned earlier, a respondent from a harm reduction organisation in Kirgizstan faced difficulties with the translation of documentation to effective advocacy. It was not clear to them why there documentation based advocacy didn't work. The respondent from Indonesia mentioned:

“Maybe the documentation tool is not good. Maybe the report is not good. Maybe how the message was brought was not good. Maybe they just don't want to listen, don't care” (R1 National advocacy organisation, Indonesia).

Four respondents of harm reduction organisations had difficulties documenting human rights violations because drug users are afraid of possible negative consequences when they let their case document. All international advocacy recognised these problems. One respondent of a harm reduction organisation mentioned:

“The problem is that we don't know how that register cases of human rights violations. Because in order to really push the process to protect the rights we should have registered cases of human rights violations but our clients are afraid of giving us the information because they must give us their names and the whole situation” (R2 Harm reduction organisation, Ukraine).

Drug users whose rights are violated are afraid of providing their names. They fear that their names can be used against them because by providing their names, the government or police might get to know that they use drugs. Another respondent faced the same problems. Her organisation initiated a documentation programme in 2011, however, there were not many clients who let their case document, and clients refused to provide their names. The clients had no faith in the justice system and were afraid of prosecution. The respondent mentioned : “Unfortunately most of the clients refused to fill in these template as it was necessary to indicate personal data” (R3 Harm reduction organisation, Kirgizstan).

Both respondents did not know if anonymous documentation is possible. Two international advocacy experts and one respondent of a country human rights organisation mentioned that it is no problem

to document cases anonymous. One respondent said when her was asked if anonymous documentation is possible:

“No, it’s no problem and even now no one knows who we are interviewing at that time so it’s only in our database.” (R7 National advocacy organisation, Indonesia)

An international advocacy expert explained how to properly document anonymous cases of human rights violations:

“There are ways around it. For instance how you document in research papers. It can be done. And again if what you will show is happening over time. It’s not that you want to say this is happened with this person and for that you don’t need names. What you need is credibility that you are not making it up but the details without providing names should be sufficient.” (R14 International advocacy organisation, Sweden)

Another international expert mentioned that you should always document anonymous because it is very dangerous as a drug user to let your case document. Even when documentation is anonymous he told that it stays difficult and dangerous to let drug users document their case in which their human rights are violated and that you have to protect the drug user as much as possible. He mentioned:

“It’s always very difficult. So you can only do as much as you can do to try to increase the level of protection for the community and for the defenders. And that will vary from country to country.” (R8 International advocacy organisation, United Kingdom)

An international advocacy expert talked about the difficulties as well and provided the following information about how to deal with it:

“You just have to provide the tools, when someone is willing to do it you just have to give them all the support that you can. But if someone is not willing to do that because of personal safety or something else. You have to respect that or try to work around, it’s very tough” (R6 International advocacy organisation, United Kingdom)

This international advocacy expert mentioned about anonymous documentation that it is not possible in most countries when you want to use documentation to apply at courts. He mentioned:

No this is not possible when documentation is used to apply at courts. To get people provide their names, documenters need to know and communicate the protection if not anonymity provided by the court to individuals.” (R6 International advocacy organisation, United Kingdom)

Despite the difficulties different organisations mentioned that they are wilful to find ways to improve the successfulness of their documentation activities. One respondent who told that she didn’t know how to get human rights violations documented spoke out her intentions as followed:

“Probably we should find some ways to register this human rights violation and then collect this information and make this more public. We will try to do something with this but I’m not sure we will be successful” (R2 Harm reduction organisation, Ukraine)

## Discussion

This research aimed to create a better understanding of the ways and extent to which organisations in different countries advocate for the human rights of PUD. The results showed that all organisations included in the research do advocate for the human rights of PUD. However, some organisations are not aware of practising advocacy and most organisations do not plan advocacy activities as being advocacy activities. In addition, important differences were found between these organisations. For example, the expertise level of advocacy differs between organisations. The main difference in expertise was found in the application of human rights theory. These differences in the expertise level of advocacy as well as the found lack in awareness create a scope for improvement of the advocacy activities of most organisations, which supports the hypothesis of the research.

### Main findings

The results indicate that most improvement on advocacy expertise can probably be made on the limited knowledge of human rights that organisations have. This study confirms previous findings of Friedman et al. (2012) which showed that organisations have difficulties in advocating human rights. As indicated by experts from international organisations with professional knowledge, human rights can be an important tool in advocacy practices regarding the human rights of PUD, and can even be essential. These expert opinions further support the idea of Kaplan et al. (2009) who previously indicated the importance of human rights as a tool to advocate. Furthermore, the findings contribute to a greater understanding of possible causes. The results show that a possible explanation for the struggles with advocacy for human rights by organisations can be found in their characteristics; they are often small and have limited financial and human resources.

According to international advocacy experts, basic knowledge of human rights can improve advocacy. However, in addition to the importance international advocacy experts warned for overuse and indicated that the use of different advocacy tools and arguments is important. Besides human rights as an argument or tool, cost-effectiveness and public health research arguments seem to be important to use. Theory on policy and action change demonstrated that in addition to creating awareness about a problem or issue, the availability of alternatives for the problem or issue is needed (Kingdon, J. W., & Thurber, J. A., 1984).

Not only do experts warn for the overuse of human rights as a tool for advocacy practices, some experts argue against all use of human rights as an argument by harm reduction organisations. According to one expert, organisations should focus solely on harm reduction activities, since this is their specialisation, and they can mean the most for PUD by focussing on this. However, other results in this research show that this approach is too narrow. Harm reduction activities and human rights of PUD are often intertwined issues, and giving attention to advocacy of human rights can therefore improve harm reduction programmes as well. A good example is the organising of workshops for policemen by some organisations, in this way diminishing arrests of PUD on which harm reduction programmes are targeted. This proves that next to improving knowledge on human rights, raising awareness among organisations of the importance of human rights for their activities is crucial.



Evidential support may be crucial to be seen as reliable when advocating. Different forms of evidence are used. Organisations use existing research as well as monitoring reports about their own programmes. In addition, documentation of human rights violations is by most respondents seen as an important foundation of advocacy. The importance of human rights documentation is in accordance with findings of previous studies (Kaplan et al., 2009). An important point of consideration for organisations is what to document exactly. Organisations differ in their focus: some focus on individual cases, while other focus on building dossiers for showing structural problems. Since a lot of organisations struggled in documenting individual cases, mostly because of unwillingness of PUD to cooperate, a focus on structural problems is recommended. This is in accordance with existing literature (Wolfe et al., 2010 and Strathdee et al., 2010) However, several respondents indicated difficulties with the documentation of human rights violations in general. Organisations see documentation as important, but often do not know how to document human rights violations or lack resources to do so. Therefore, a need for an easy to use documentation tool, that takes into account a possible lack of resources, exist. The development of such a tool could be important for increasing effectiveness of activities for most organisations included in the research.

### Quality of the research

It is important to bear in mind that results might not be transferable to all organisations, due to the differences in their working circumstances. Attitudes towards PUD differ per country which might influence the effectiveness of advocacy tools such as human rights. Therefore, an advocacy tool might be effective in one country while being ineffective in another. General statements might not be true for all specific organisations. However, when taking specific country-related circumstances into account, the wide variety of advocacy approaches offers opportunities for the exchange of successful advocacy methods between organisations.

The found lack of awareness of their own activities, as well as a lack of knowledge on human rights by organisations, caused difficulties in the execution of the research. Respondents sometimes did not understand questions, which may have influences results in the interviews, caused by a necessary explanation, but especially in the survey, caused by misunderstanding of some questions. An example is the much higher number of organisations that say to use documentation of human rights violation in their advocacy activities found in the interviews than is found in the surveys. This might be caused by a misunderstanding of the question by respondents when filling out the survey.

Important measures were included in this research to guarantee the validity of the interpretation of the results. First, a summary of every interview transcript was made to provide respondents the opportunity to verify its content. Second, multiple research methods, interviews as well as surveys, were used to increase the likelihood of correct findings. However, because of the limited number of surveys, the increased validity of the research by using this method on top of the in-depth interviews is limited. Therefore, it is suggested that in future research on this topic a higher number of surveys is used, to improve the generalizability of the research.

### Conclusion

Taking in consideration the found lack of awareness of practicing advocacy activities as well as the knowledge in the use of human rights as an advocacy tool and on how to make proper

documentation, main opportunities for improvement of the effectiveness of organisations could be made in these areas. The results indicate that most improvement can probably be made on planning advocacy activities and on the little knowledge of human rights that organisations have. Experts from international organisations with professional knowledge on advocacy indicated that human rights could be an important tool and can even be essential in advocacy practices regarding the human rights of PUD. In addition, they suggested that a one or two day human-rights course could improve advocacy strategies substantially. Besides, experts indicated that basic planning of advocacy such defining you goals and power mapping of who your targets are may be an realistic opportunities for improvement. Additional opportunities for improvement can be found in the recommendations paragraph following this paragraph.

This research showed that organisations struggle in making proper documentation of cases regarding human-rights violations. A gap was found between expertise and knowledge of organisations and documentation guidelines. To realise more effective ways of advocacy in the future, further research has to be done on how knowledge and expertise of documentation can be transferred to organisations.

Concluding, it can be said that there is room for improvement of advocacy of human rights practices by harm reduction organisations. Given the differences found between organisations, organisations could learn from each other to make their activities more effective. In general, improvement can be made in different phases of the advocacy process. First, awareness of organisations on their advocacy activities should be increased, making a better planning of these activities. Most organisations could improve their knowledge on human rights and how to use them as a tool for advocacy. Documentation of human rights violations can be used to support these kind of arguments, but most organisations have difficulties in documenting current human rights violations. Therefore, further research should emphasize the development of a tool to make documentation possible, taking into account the existing lack of financial and human resources in most researched organisations.

## Practical recommendations

The found variety in the advocacy expertise level creates room for improvement of advocacy activities of organisations. This paragraph contains the most important practical recommendations based on the results of this research. The recommendations are written for Mainline Foundation and AIDS Foundation East-West in order that they can use the recommendations to advise their partner organisations. Applicability of recommendations will differ per organisation and per country since differences exist in human rights situations as well as in resource availability. Most harm reduction organisation have limited resources, both financial and human. The limited availability of resources has been taken in consideration when drawing the recommendations. Due to the variety in current advocacy practises and the thereby caused variety in the room for improvement, recommendations will be more applicable for some organisations than for other.

### *Awareness*

Not all organisations are fully aware of their own advocacy activities: some organisations do not recognize their activities as being part of the advocacy process. Awareness among these organisations of their own activities is important to create possibilities for improvement of these activities: by raising awareness organisations will be able to recognise strengths and weaknesses of their own activities. On top of this, not all organisations recognise the need of advocacy activities in their countries. Every harm reduction organisation has to advocate as long as harm reduction measures are still controversial in all researched countries. Being aware of the need to advocate should be the first step in improving advocacy activities.

### *Goals and advocacy aims*

Advocacy starts with setting advocacy aims and goals. It is advised to discuss advocacy goals on a regular basis. A tool for the creation of advocacy goals is the SMART method (Kaplan et al., 2009). In accordance to the SMART method a good advocacy goal needs to meet the following standards: it needs to be Specific, Measurable, Acceptable, Realistic and Time bound. Since only some organisations set goals on a regular basis following a standard procedure, this could be an important point of improvement for most organisations included in this research.

### *Network*

Since harm reduction organisations have often limited human resources available for advocacy creating an advocacy network is important. Having more persons or organisations advocating for the same issue has different advantages. First, more actors who invest a bit of their time in advocacy creates bigger pressure on the change agent. Second advocacy tasks can be divided based on the expertise of the different persons involved. This can make the advocacy process more effective, since in this way, each actor involved can focus on its own specialisation. For example, PUD or people

directly involved with PUD know the most direct needs of the PUD community, while people with legal knowledge can research policy implications from a rights point of view.

### *Bringing the message*

Based on the results of this research, bringing the message face-to-face or organising a workshop seems to be effective ways to bring an advocacy message and are therefore recommended. Media and social media are seen as important channels to use in advocacy by some respondents. However, they are not often used. Different respondents mentioned that they do not know how to use these channels. A further exploration on how these channels can be used acknowledging the limited availability of resources that might be valuable.

While most respondents saw national politicians as an important advocacy target, it is important not to forget that advocacy on a local or regional level can be very effective as well. Different respondents told about successful advocacy experiences with local police or health-care personnel. Since these groups are directly involved with PUD in their work, they should be regarded as important targets for advocacy activities as well. Advocacy activities targeted on these specific groups can have direct positive implications for PUD. For example, advocacy activities targeted on the police can reduce the number of arrests among PUD, in this way improving effectiveness of harm reduction programmes.

An international advocacy expert mentioned another tool which might be good to include in planning advocacy activities and choosing advocacy targets. He advises basic power mapping: creating an overview of which persons are important in discussing a certain issue (R14 International advocacy organisation, Sweden). In this way, organisations can improve the effectiveness of their activities by choosing the right change agents for the purpose of their advocacy activities.

### *Human rights as an advocacy tool*

Human rights are seen as an important, if not crucial, advocacy tool. However, most organisations struggle in using them. Since these struggles are mostly caused because organisations lack basic knowledge on human rights, experts advise advocating organisations to take a basic human rights literacy training. In addition, informing clients about their human rights is seen as important as well since PUD are often not aware of their rights. Experience has shown that a theoretical approach on teaching about human rights is regarded as too complicated by most PUD. Therefore, teaching PUD on their human rights is most effective when done based on practical examples. This can ensure that they will be able to advocate for their own rights as well as for the rights of PUD in general.

### *The use of information*

Research evidence is seen as a crucial basis of advocacy. It is important to use a variety of information to base advocacy on. In addition to human rights, public health arguments can be used as well as cost effectiveness arguments. Most organisations use research on the effectiveness of their own programmes as a basis for defending their own activities. Experience has shown that this is an effective approach, and it is therefore advised to organisations to keep on doing this and use this kind of research actively in their advocacy activities.

### *Documentation*

The documentation of human rights violations of PUD is in guidelines presented as an important tool in advocacy. It is therefore recommended that organisations document human rights violations. Human rights documentation are an important evidential material which can be used to put pressure on authorities who are responsible to ensure human rights. In order to protect the human rights of an individual person who uses drugs, the specific case needs to be brought to court. However, in order to bring a case to a court, PUD need to provide their names. PUD are often unwilling to let their case document, since they are afraid that their case might be handled unjustly because of the stigmatisation that rest on PUD in a lot of countries. This makes it often hard for organisations to protect the rights of individual PUD by bringing their case to court. Because of the risks involved for individual PUD, and the existing lack of knowledge on human rights among organisations, it is not recommend for organisations to focus on individual cases of human rights violations.

However, anonymous documentation can be used effective in another way. Documentation then must be done structured and exist of multiple cases. In this way, structural problems existing in a certain society can be identified. Since the identification of these problems can be used to make advocacy activities more effective, focusing on structural problems is recommended to organisations. However, while the guideline 'Human Rights Documentation and Advocacy, A guide for organizations of people who use drugs' can be used, documentation is often difficult (Kaplan et al., 2009). An easy to use documentation tool or guideline is yet not available. The development of such a tool could be useful for harm reduction organisations.

## References

- Beyrer, C., Malinowska-Sempruch, K., Kamarulzaman, A., Kazatchkine, M., Sidibe, M., Strathdee, S.A., (2010). Time to act: a call for comprehensive responses to HIV in people who use drugs. *The Lancet*, Volume 376, Pages 551–563
- Bryman, A., Becker, S. and Sempik, J. (2008). Quality Criteria for Quantitative, Qualitative and Mixed Methods Research: A View from Social Policy. *International Journal of Social Research Methodology*, Volume 11, Iss. 4, Pages 261-267
- Buse, K., Mays, N., and Walt, G. (2012). *Making health policy*. McGraw-Hill International.
- Canadian HIV/AIDS Legal Network (2006). Legislation on Health and Human Rights: Model Law on Drug Use and HIV/AIDS. Retrieved on 17-02-2014 from <http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=869>.
- Chaisson, L.H., Kass, N. E., Chengeta, B., Mathebula, U. and Samandari, T. (2011). Repeated assessments of informed consent comprehension among HIV-infected participants of a three-year clinical trial in Botswana. *PloS one*, 6(10), e22696.
- Degenhardt, L. and Hall, W. (2012). Extent of illicit drug use and dependence, and their contribution to the global burden of disease. *The Lancet*, Volume 379, Pages 55-70
- Degenhardt, L., Mathers, B., Vickerman, P., Rhodes, T., Latkin, C. and Hickman, M. (2010). Prevention of HIV infection for people who inject drugs: why individual, structural, and combination approaches are needed. *The Lancet*, Volume 376, Pages 285-301
- Des Jarlais, D.C. (1995). Editorial: Harm Reduction-A Framework for Incorporating Science into Drug Policy. *American Journal of Public Health*, Vol. 85, No. 1, Pages 10-12
- Dolan, K., Kite, B., Black, E., Aceijas, S. Stimson, G.V. (2007). HIV in prison in low-income and middle-income countries. *Lancet Infect* 9, Pages 32-41
- Dutta, A., Witz, A., Stanciole, A., Oelrichs, R., Semini, I., Baral, S., Pretorius, C., Haworth, C., Hader, S., Beyer, C. and Cleghorn, F. (2013). The Global HIV Epidemics among People Who Inject Drugs. The Worldbank
- Emans, B. (1986). Interviewen; theorie, techniek en training. Groningen: Wolters-Noordhoff.
- Global commission on drug policy (2011). War on drugs report.
- Human Rights Watch (n.d.). Drug Policy and Human Rights. Retrieved on 17-02-2014 from <http://www.hrw.org/node/82339>
- International Drug Policy Consortium (IDPC) (2012). Drug Policy Guide, Edition 2. IDPC.

International Harm Reduction Association (IHRA) (2010). What is Harm Reduction? A position statement from the International Harm Reduction Association.

International HIV/AIDS Alliance (2003). Advocacy in action: a toolkit to support NGOs and CBOs responding to HIV/AIDS .

Jürgens, R., Ball, A. and Verster, A. (2009). Interventions to reduce HIV transmission related to injecting drug use in prison. *Lancet Infect* 7, Pages 57-66

Jürgens, R., Cseste, J., Amon, J.J., Baral, S., Beyer, C., (2010). People who use drugs, HIV, and human rights. *The Lancet, Volume 376*, Pages 475 - 485

Kaplan, K., Curtis, M., Silva, P., Lee, R. and Ezer, T. (2009). Human Rights Documentation and Advocacy, A guide for organizations of people who use drugs. *Open Society Institute*.

Kingdon, J. W., & Thurber, J. A. (1984). *Agendas, alternatives, and public policies* (Vol. 45). Boston: Little, Brown.

Lancet, The (2013). The lethal burden of drug overdose. *The Lancet, Volume 382*, Page 833

Liu, H., Grusky, O., Zhu, Y. and Li, X. (2006). Do drug users in China who frequently receive detoxification treatment change their risky drug use practices and sexual behaviour? *Drug and Alcohol Dependence*; 84(1), Pages 114-21

Makkai T, McAllister I (1993). Public opinion and the legal status of marijuana in Australia. *Journal of Drug Issues* 23, Pages 409-428

Mathers, B.M., Degenhardt, L., Ali, H., Wiessing, L., Hickman, M., Mattick, R.P., Myers, B., Ambekar, A., Strathdee, S.A., (2010). HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *The Lancet, Volume 375*, Pages 1014–1028

Mathers, B.M., Degenhardt, L., Phillips, B., Wiessing, L., Hickman, M., Stathdee, S.A., Wodak, A., Panda, S., Tyndall, M., Toufik, A., Mattick, R.P. (2008). Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *The Lancet*, Published online September 24, 2008 DOI:10.1016/S0140-6736(08)6131

McCoy, C.B., McCoy, H.V., Lai, S., Yu, Z., Wang, X. and Meng, J. (2001). Reawakening the dragon: Changing patterns of opiate use in Asia, with particular emphasis on China's Yunnan province. *Substance Use & Misuse*, 36(1-2), Pages 49-69.

Nutt, D., King, L.A., Saulsbury, W. and Blakemore, C. (2007). Development of a rational scale to assess the harm of drugs of potential misuse. *The Lancet*, Volume 396, Pages 1047-1053

Shields, P. and Rangarjan, N. (2013). A Playbook for Research Methods: Integrating Conceptual Frameworks and Project Management. *Stillwater, OK: New Forums Press*

Strathdee, S.A. and Stockman, J.K. (2010). Epidemiology of HIV Among Injecting and Non-injecting Drug Users: Current Trends and Implications for Interventions. Springerlink.com, Published 11 April 2010 DOI 10.1007/s11904-010-0043-7

United Nations (UN) Treaty Collection (n.d.). International Covenant on Civil and Political Rights. Retrieved on 20-02-2014 from [https://treaties.un.org/pages/viewdetails.aspx?src=treaty&mtdsg\\_no=iv-4&chapter=4&lang=en](https://treaties.un.org/pages/viewdetails.aspx?src=treaty&mtdsg_no=iv-4&chapter=4&lang=en)

United Nations Committee on Economic, Social and Cultural Rights (UNCESCR) (2007). Concluding observations: Ukraine. Report number UN Doc No E/C.12/UKR/CO/5.

United Nations Economic and Social Council (UNESCO) (1985). Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights. Retrieved on 17-02-2014 from <http://www1.umn.edu/humanrts/instate/siracusaprinciples.html>

United Nations Office on Drugs and Crime (2008). World Drug Report.

United Nations Office on Drugs and Crime (s.d.). Information about drugs. Retrieved on 17-03-2014 from <http://www.unodc.org/unodc/en/illicit-drugs/definitions/>

Verschuren, P. and Doorewaard, H. (2010). *Designing a research project*. Eleven International Publishing.

Wodak A, Des Jarlais DC (1993). Strategies for the prevention of HIV infection among and from injecting drug users. *Bulletin on Narcotics* 45, Pages 47-60.

WHO (2004). Policy Brief: Reduction of HIV Transmission Through Outreach, Evidence for action on HIV/AIDS and injecting drug use, *World Health Organization, Geneva*, Pages 1-4

WHO (s.d.). Human Rights-Based Approach to Health. Retrieved on 15-03-2014 from <http://www.who.int/trade/glossary/story054/en/>

Wolfe, D., Carrieri, M.p., Shepard, D., (2010). Treatment and care for injecting drug users with HIV infection: a review of barriers and ways forward. *The Lancet, Volume 376*, Pages 355–366

Yin, R. K. (2009). *Case study research: Design and methods* (Vol. 5). sage.



## Appendix

### Appendix 1 – Definitions

Definitions of important concepts in this research are sometimes found difficult or lacking a common understanding. Therefore in this appendix most important concepts are explained and a definition used in this research is given. Concepts defined are : Human-rights based approach, advocacy and harm reduction.

#### *Human rights*

Human rights are those rights that belong to every individual without discrimination or discretion. They are universal and define what governments can do to us, cannot do to us, and should do to us. They are inalienable, one cannot lose these rights any more than one can cease to be a human being. They are indivisible, one cannot be denied rights because someone decides that one person is “less human” than another (Kaplan, et al., 2009).

#### *Human rights-based approach*

In research no human-rights based approach through harm reduction was found. The World Health Organisation (WHO) has, however, a more broad understanding of ‘a rights-based approach’ in relation to health which might be applicable in this research context since harm reduction is mainly about the health of drug users. According to the WHO ‘a rights-based approach means integrating human rights norms and principles in the design, implementation, monitoring, and evaluation of health-related policies and programmes’ (WHO, s.d.). Applying the definition of the WHO, implementing harm reduction strategies and services itself could be seen as a human rights-based approach to health as well as reducing human rights violations which negatively affect the health of PUD.

#### *Advocacy*

According to a definition presented in ‘Advocacy in action: a toolkit to support NGOs and CBOs responding to HIV/AIDS’ advocacy is ‘an on-going process to change values, attitudes, actions, policies and laws by influencing decision-makers and opinion leaders, organisations, systems and structures at different levels’ (International HIV/AIDS Alliance, 2003). Following this definition organisations can focus advocacy on different aspects and levels when working on the reduction of barriers to harm reduction strategies and services.

#### *Harm reduction*

According to the International Harm Reduction Association (IHRA) “Harm Reduction’ refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community (IHRA, 2010).

To provide an overview of what harm reduction strategies and services could be they are listed. The WHO, UNAIDS and UNODC have a more common accepted list of interventions. Organisations such as the International HIV/AIDS Alliance and International Drug Policy Consortium (IDPC) define other interventions as well as harm reduction interventions. The interventions according to the mentioned different organisations are listed below (IDPC, 2012).

According to the WHO, UNAIDS and UNODC:

- Needle and syringe programmes (NSPs)
- Opioid substitution therapy (OST) and other drug dependence treatment
- HIV testing and counselling
- Antiretroviral therapy
- Prevention and treatment of sexually transmitted infections
- Condom programmes and treatment of sexually transmitted infections
- Targeted information, education and communication for people who inject drugs and their sexual partners
- Vaccination, diagnosis and treatment of viral hepatitis
- Prevention, diagnosis and treatment of tuberculosis

In addition according to the International HIV/AIDS Alliance:

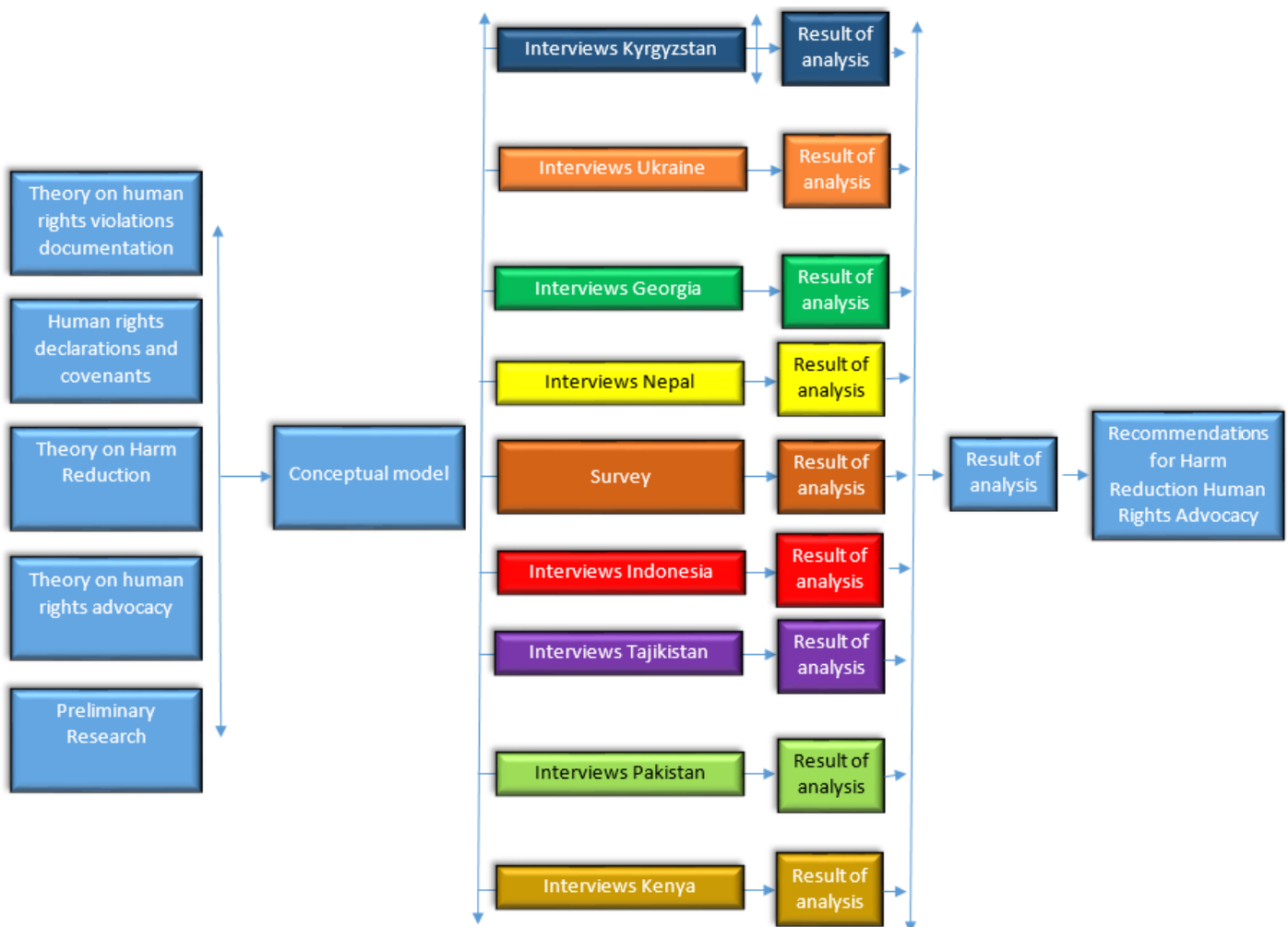
- Sexual and reproductive health services, including the prevention of mother-to-child transmission of HIV
- Behaviour change communication
- Basic health services, including overdose prevention and management, including the distribution of naloxone
- Services for people who are drug dependent or using drugs in prison or detention
- Advocacy
- Psychosocial support
- Access to justice / legal services
- Children and youth programmes
- Livelihood development / economic strengthening.

An add by the IDPC Drug Policy Guide:

- Drug consumption rooms / safer injecting facilities

## Appendix 2 – Research Framework

The research objective was achieved by following the research framework presented on this page. The research framework provides a highly visualised schematic representation of the steps that were taken. From left to right: First different theories are presented as well as a preliminary research. The theoretical framework is based on these theories and formed the basis of the interview guide used during the interviews. After this data collection the results were analysed. In order to provide more generalisable results the results per country were compared with each other. Figure 2 shows the research framework used in this study.



## Appendix 3 - Interview guide

The interviews will be semi-structured. There will therefore be a predetermined structure in the interview although this structure do not covers the whole interview. The interviewer has to invent questions during the interview based on the answers of the respondent. This gives the opportunity for no preconceived topics to pop up.

### Introduction:

- Introduction of the interviewer and the project: I am an International Public Health Master student on the VU University in Amsterdam. For my internship I conduct a research project at the Mainline Foundation and AIDS Foundation East-West. For Mainline and AFEW I conduct interviews with their partner organisations in eight different countries.
- Objective of project and interview in particular: By interviewing I want to gain insight in the advocacy work of harm reduction organisations for the human rights of People who Use Drugs. I want to gain insight in how they do advocacy, what parties they target or reach and if they link their advocacy message to human rights.
- In this interview I will therefore ask you questions based on some topics regarding Advocacy and Human rights. You are free to answer and add information which might be important for me to know.

### Interview procedures:

I will go through the procedures of the interview and what will happen with the material. If you have any questions based on the procedures, you are free to ask them.

1. I will like to record the interview. Is this ok?
2. The interview will last approximately one hour. I have prepared several questions for you.
3. *If the respondent prefers, the results of this interview will be reported anonymously.*
4. I will send a summary for you to check and add
5. Are you alright with these conditions?

### Introductory questions:

- Can you tell me something about the work you do at...?
- What is advocacy from your point of view?
- Does your organisation do advocacy activities?
- How did your organisation begun with advocacy?
  - How did your organisation came up to do this?
  - Or where they not aware they advocate...
  - Do you think your organisation can need more assistance on advocacy?

### Human rights

- Does your organisation advocate for human rights? And how/what?
- Do you make use of human rights articles?
- What human rights or drug users are violated in your county?
- Till what extent are they aware..

### Aim:

- What does your organisation want to accomplish or change through advocacy?
  - What level? (community, district, national, international)
- Does the organisation have an advocacy plan? What does it consist of?

### Network

- Does your organisation work together with others in advocacy activities? →who?
- Can you tell me something about how you work together?
- What kind of organisations? What level?

### Bringing the advocacy message:

- Via who/what does your organisation tries to change a specific situation?
- How does the organisation wants to reach this?
- Does your organisation have appointments with persons in the position to change things?
  - Can you describe those appointments? How do they go?
- Did your organisation have had influence on something that changed in favour of harm reduction or your work?
  - When, what, how did it happen?

### Use of information:

- What kind of materials or information does the organisation make use of to advocate? (think about: literature, bill of rights, international human rights treaties, documentation of violations)

### Barriers and improvement:

- Are their barriers in the advocacy activities of your organisation?
  - Which/where?
- How can the advocacy activities of your organisation be improved?

### Documentation

- Does your organisation document human rights violations of PUD?
  - How
  - What
  - when? (Structural)
- Do you follow certain criteria or guidelines when documenting?
- What is according to you important when documenting human rights violations?

- Is there checked for a clear causal relationship between the violation and the use of drugs?
- What references are used for documentation? (affected persons, persons who violate, official documents, photo/video)
- Are cases linked to human rights documents, declarations or guidelines?
- Does your organisation make use of software to document cases?
  - Which?
- Does your organisation develop a report based on the documentation of human rights violations?
  - Where is it used for?
- Is it possible to send some documents to me about human rights documentation of your organisation?

**Closing:**

- Summarize important points
- Ask for additional information: Do you have anything to add? Did I miss anything?
- Repeat further procedures: I will report the results (anonymous if you like). If you feel you have anything to add in the future that you couldn't think off now, you can always contact me (l.essink@mainline.nl). I will send you a summary of the interview so that it is possible for you to check if I have understand the main points you made in the interview.
- Any questions or remarks from your side?
- Thank \_\_\_\_\_ the \_\_\_\_\_ respondent!

## Appendix 4 – Survey

### Questionnaire on human rights advocacy for People who Use Drugs

*(your personal details will not be provided to third parties)*

Name:

Organisation:

Country:

E-mail address:

This questionnaire is constructed for a research commissioned by Mainline and AIDS Foundation East-West. The research is aimed to gain insight in to what extent human rights advocacy is done by organizations working on harm reduction for People who Use drugs.

The questionnaire will take approximately 5 minutes. Thank you very much for your participation!

1. Are Human Rights of People who Use Drugs regularly violated in your country?

- a. Yes
- b. No
- c. Not sure

2. Does your organization advocate in favour of PUDs?

- a. Yes
- b. No
- c. Not sure

*(When answered **b** or **c**, go to question 9)*

3. Does your organization advocate for the prevention or promotion of human rights of people who use drugs?

- a. Yes
- b. No
- c. Not sure

4. On which level does your organization advocate?
  - a. Local
  - b. Regional
  - c. County
  - d. International
  
5. Does your organization make use of human rights declarations or treaties in her advocacy work?
  - a. Yes
  - b. No
  - c. Not sure
  
6. Does your organization document cases in which human rights of PUDs are violated?
  - a. Yes
  - b. No
  - c. Not sure
  
7. Does your organization publish cases in which the human rights of PUDs are violated?
  - a. Yes
  - b. No
  - c. Not sure
  
8. When Yes in question 7: Is this used in advocacy activities?
  - a. Yes
  - b. No
  - c. Not sure
  
9. Do you think Harm Reduction services (like needle and syringe programs) are a human right?
  - a. Yes
  - b. No
  - c. Not sure



10. This questionnaire provides general information. May I approach you to ask some additional questions of perhaps an interview?

- a. Yes
- b. No

You are free to add a comment

## Appendix 5 – Informed consent

Since interviews will be mainly via Skype informed consent cannot be asked on paper. Therefore it will be asked vocally.

Consent to participate in the research project: Human rights of PUD regarding harm reduction

Researcher: Leon Essink

Purpose of the project: To offer (small) organisations working on harm reduction of People who Use Drugs recommendations concerning how to improve advocacy for the human rights of people who use drugs to improve the effectiveness of harm reduction strategies and services with a specific focus on documentation, by comparing current human-rights advocacy practices with literature, advocacy guidelines and the point of view of experts.

Ethics: If the respondent prefers, he or she will be made anonymous when reporting the results. In case the respondent asks to not report something he or she said, this will not be reported.

I agree to participate in this research project:

Signature:

Date:

## Appendix 6 – Main human rights violations in the name of drug control (IDPC, 2012)

Human right	International human rights convention	Violations in the name of drug control
Right to life	-Article 4 of the Universal Declaration of Human Rights, 1948 -Article 6 of the International Covenant on Civil and Political Rights, 1966	-Use of the death penalty for drug offences -Extra-judicial killings by law-enforcement agencies <sup>10</sup>
Right to be free from torture, cruel and inhuman punishment	-Article 5 of the Universal Declaration of Human Rights, 1948 Article 7 of the International Covenant on Civil and Political Rights, 1966 -Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1975 -Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984	-Arbitrary detention of people who use drugs -Abuses in compulsory centres for drug users <sup>11</sup>
Right to be free from slavery	-Article 4 of the Universal Declaration of Human Rights, 1948 -Article 8 of the International Covenant on Civil and Political Rights, 1966	-Use of forced labour in the name of drug treatment <sup>12</sup>
Right to health	-Constitution of the World Health Organization (WHO), 1944 -Article 25 of the Universal Declaration of Human Rights, 1948 -Article 12 of the International Covenant on Economic, Social and Cultural Rights, 1966	-Restricted access to essential medicines for pain relief <sup>13</sup> -Restricted access for drug or HIV prevention, treatment and care
Social and economic rights	-Article 22 (and next) of the Universal Declaration of Human Rights, 1948 -Articles 6 and 7 (and next) of the International Covenant on Economic, Social and Cultural Rights, 1966	-Implementation of forced crop-eradication campaigns, leaving many farmers with no means of subsistence <sup>14</sup>
Right to be free from discrimination	-Article 7 of the Universal Declaration of Human Rights, 1948 -Article 26 of the International Covenant on Civil and Political Rights, 1966 -International Convention on the Elimination of All Forms of Racial Discrimination, 1965 -Convention on the Elimination of All Forms of Discrimination Against Women, 1979	-Discriminatory application of drug control laws, notably towards minority ethnic people, <sup>15</sup> indigenous people, young people and women
Right to privacy	-Article 12 of the Universal Declaration on Human Rights	-Practice of stopping and inspecting people, including school children, suspected of carrying drugs, use of sniffer dogs in schools

Right to be protected from illicit drug use	-Article 33 of the UN Convention on the Rights of the Child	-Narrow interpretation of this article leads to excessive focus on prevention ('Just Say No' campaigns, etc) -Denial of harm reduction services targeted at young people <sup>16</sup>
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