

# **Part 1**

## **The Role of NGOs in Drug Addiction and Infectious Disease Control**



## **2. The Role of NGOs in Drug Prevention, Drug Treatment, and Drug Policy**

### **Introduction**

Drug policy is a controversial topic that affects every country in the world. Societies need to find ways to deal with drug use, strengthen prevention efforts, and offer treatment to people with substance use disorders. Traditionally, civil society—consisting of a multitude of civic organisations and voluntary associations—has played an important role in drug prevention, drug treatment, and drug policy. In many parts of the world, non-governmental organisations (NGOs), as the most prominent actors within civil society, have developed drug prevention and treatment services and engaged in public debate on how to formulate and implement drug policies.

This chapter studies the development of NGOs in drug prevention, drug treatment, and drug policy. The aim is to give an overview of the ways in which NGOs have been working in this difficult policy field, what functions they fulfil in the development of drug policies and services for people who use drugs, and what they have achieved in addressing drug use and its societal consequences.

The chapter is structured as follows. First, a short introduction to the main concepts of civil society and NGOs is provided. Special attention is paid to the development of welfare partnerships and other forms of cooperation between the state and civil society in the social sphere. We then turn to the field of drug policy and discuss the ways in which NGOs participate in the response to the complex issues of drug use. In particular, we will consider the functions of advocacy, service delivery, and community building. To illustrate their activities, we will take examples from NGOs working in drug policy in different country contexts. Building on this, we will discuss the question of how these examples can be applied to the con-

text of Central Asia. The chapter concludes with a summary of the strengths and weaknesses of NGO engagement in the field of drug prevention, drug treatment, and drug policy.

## Background: What Is Civil Society?

The concept of civil society is as popular as it is difficult to define. In the various academic disciplines, civil society is interpreted very differently. In political practice, too, there are very different and often opposing interpretations and expectations of civil society. This makes it difficult to understand what constitutes civil society and civil society organisations. The aim of this chapter is to analyse the development and functions of civil society organisations in the field of drug policy on the basis of empirical studies.

There are many different approaches to defining the concept of civil society. A good overview of the different traditions in the international discussion about civil society is provided by Michael Edwards (2019), who divides the various theoretical considerations into three perspectives: (1) civil society as associational life, (2) civil society as the good society, and (3) civil society as the public sphere. The first perspective refers to the organisational elements of civil society. The second perspective that Edwards identifies is that of civil society as a “good society”. This refers to the fact that the concept of civil society has a normative dimension. It refers to civic ideals that can be seen as the basis for a functioning democracy.

The third perspective on civil society emphasises the role of democratic procedures that shape the process of social communication and policy formation. According to Edwards, the concept of the public sphere is closely linked to that of civil society. The public sphere can be understood as an autonomous space in which citizens discuss public affairs and develop democratic ideas and innovations. The public sphere encompasses all forms of communication and debate within a society, including the media, political education, and NGOs that bring social interests into the political decision-making process.

To define the civil society sphere, it is important to distinguish it from the market and from the family or private sphere. As a forum for social debate, the term “civil society” not only refers to organisations but also includes civic norms and values, the culture of socially

exchanging opinions, and the different forms of collective action that exist in society. At the core of the definition is the idea that civil society creates a place for collective action in relation to common interests, purposes, and values.

Comparative research on civil society in Europe focuses on organisations as important actors in civil society. Frequently, it is not civil society in general but rather NGOs that are at the centre of comparative research. The NGO sector can be understood as a social space beyond the market, state, and the private sphere (Salamon/Sokolowski 2016).

The Johns Hopkins Comparative Non-profit Sector Project was ground-breaking in civil society research. This international project was started in 1991 and developed a structural definition of the non-profit and non-governmental sector based on five basic criteria. All NGOs are characterised by the fact that they are non-governmental, as well as charitable and private, which means that they are independent of state structures and do not distribute profits among their members (Salamon et al. 2003, pp. 7–8). In addition, NGOs have an independent organisational structure and are self-governing and voluntary in their membership (Salamon et al. 2003, pp. 7–8). This structural definition of the non-profit and non-governmental sector as a group of organisations that meet these clearly defined characteristics allows scholars to conduct comparative research into NGOs and assess their economic, societal, and social significance. By defining the term on the basis of this set of criteria, the Johns Hopkins Comparative Non-profit Sector Project has contributed significantly to the further development of comparative civil society research.

It is important to understand that civil society is broader than NGOs. Civil society research also includes the study of informal organisations and voluntary activities outside of formal NGOs. This distinction is essential, as citizens in many developing countries often organise at the community level and do not set up formal NGOs, which normally carries a higher administrative burden. In some countries, the regulations for founding and managing an NGO are non-transparent and cumbersome, so some groups prefer to work on an informal basis. This chapter therefore takes a broad perspective on civil society actors, including not only NGOs but also community associations and self-help initiatives.

## The Development of NGOs in the Field of Drug Policy

This section discusses the development of civil society in the field of drug policy. In many countries, social sector organisations constitute a particularly relevant part of civil society activities. In such cases, citizens have established NGOs to help each other and to address common problems. In Germany, for example, about 70 % of NGOs are active in the social sector (Zimmer et al. 2009). Many of these organisations have a long tradition. Some of Germany's most well-known welfare associations, such as Caritas, Diakonie, and Arbeiterwohlfahrt, date back to the late 19<sup>th</sup> century. These organisations were set up to assist the state in dealing with social policy issues, including poverty, education, and healthcare.

Welfare associations have raised private funds to address public issues. Due to their active engagement with social issues, they have been able to gain an important position in the emerging welfare state. The privileged position of NGOs in Germany, France, and other countries in Central Europe is also known as welfare partnership (Archambault et al. 2014). A welfare partnership can be defined as a prolonged cooperation between state institutions and NGOs in the social sphere. In a welfare partnership, NGOs serve as intermediaries between citizens and the government (Zimmer/Priller 2023). In many European countries, NGOs have played an important role in addressing social needs and developing social policies.

The drug policy field is home to many NGOs that stand up for the rights of those affected by drug use. In many countries of Europe, NGOs and initiative groups have been set up to deal with the social problems of drug use. Many of these NGOs offer drug use prevention services and design information campaigns. They are also active in the field of harm reduction. Many NGOs were founded by people who use drugs (PWUD) with the aim to provide mutual support and influence drug policies. The voice of these organisations has been particularly important in advocating for a humane approach to drug policies (Askew et al. 2022).

The development of NGOs in the drug policy field can be illustrated using the example of a local NGO in the city of Frankfurt in Germany: the “Integrative Drogenhilfe” (IDH). This organisation emerged from a student initiative that was set up as a response to

the drug crisis in the late 1980s. During these years, heroin became widely available on the European drug markets, and the number of injecting drug users (IDUs) rose exponentially. The drug crisis especially affected big cities in Europe, such as Frankfurt, Berlin, Amsterdam, and Zurich. In Frankfurt, the drug situation worsened dramatically. The city saw the emergence of an open drug scene, with many PWUD living on the streets and in public parks. Particularly worrying was the sharp increase in lethal overdoses. The number of deadly overdoses increased from 31 in 1885 to more than 1,000 in 1991 (Stöver 2013). Many of these deaths occurred in public places.

The city administration was under pressure to address the situation. The NGO IDH was one of the local initiatives that were set up in the city to improve social services for IDUs and address the most pressing needs. The NGO focused on the development of low-threshold services for IDUs. In 1988, the city administration initiated weekly meetings, the so-called Monday talks. The idea behind these talks was to involve all stakeholders in the development of drug policies. In 1990s, representatives from numerous European cities came together in Frankfurt for a joint conference on drug policies. At this conference, the Frankfurt Resolution was adopted (Frankfurt Resolution 1990). This model of a humane and pragmatic approach to drug policy became known as the Frankfurt Way (Stöver 2013).

The NGO IDH played an important role in this policy shift. The organisation started by offering direct services to PWUD in the open drug scene. In 1989, the NGO set up a drop-in centre, where PWUD could access a broad range of medical and psychosocial services. In 1992, the founding of Eastside as the largest drug aid centre followed. In 1994, four drug consumption rooms were opened in Frankfurt. With the help of these services, it was possible to strengthen the support capacities for PWUD and reduce the number of overdoses.

Today, the NGO IDH is the largest drug aid organisation in the city of Frankfurt.<sup>1</sup> It provides social and medical services for people with drug use disorders and unites different institutions and

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<sup>1</sup> Integrative Drogenhilfe Frankfurt. [www.idh-frankfurt.de](http://www.idh-frankfurt.de), 7.5.2024.

projects under one roof. In addition to harm reduction services, IDH also has other programmes that focus on housing and social rehabilitation for PWUD and other key populations. In the city of Frankfurt, IDH is known as a pioneer in the development of alternative concepts and low-threshold services. The NGO also conducts policy studies. An important focus of its research is the development of drug use and the needs of vulnerable populations groups. For more than twenty years, IDH has been researching and promoting integrative methods and approaches in drug therapy and self-help.

The example of IDH highlights many issues that are characteristic of the engagement of NGOs in the drug policy field. In many countries, such as in Central Europe, newly emerging drug problems have led to the rethinking of drug policy (Kenis et al. 2018). We can see that each change intended to improve services requires civic initiative. Without public pressure, decision makers are seldom inclined to address social issues, especially if they concern marginalised population groups. In Frankfurt, citizens have raised awareness among decision makers and advocated for policy improvements. The second important contribution of NGOs is the development of new professional services in the field of drug support. The example of IDH shows that NGOs are capable of introducing innovative approaches to drug support services. Finally, we can learn from the Frankfurt case study that the cooperation of many stakeholders is necessary for addressing the issues of drug use and drug addiction. When many organisations—from both the public and NGO sectors—come together, it is possible to strengthen the joint response. In the next paragraph, we will focus in on the specific functions that NGOs can play as policy actors.

## **Functions of NGOs in Drug Prevention, Drug Treatment, and Drug Policy**

NGOs fulfil important functions in drug prevention, drug treatment, and drug policy. We deliberately described this area in such a broad manner to indicate that organisations can engage in different activities and play various roles in the drug policy field. There are a number of theoretical approaches that shed light on what NGOs do and what functions they fulfil in a broader policy context. Kramer

(1981) identified four main functions of NGOs in the social sphere. In addition to their role as service providers, NGOs serve as vanguards (by experimenting with and demonstrating social innovations), value guardians (by fostering citizen participation), and advocates (by criticising government policies, holding institutions accountable, and pressuring the state to extend, improve, or establish necessary services) (Kramer 1981, p. 9). For the analysis of the function of NGOs in the drug policy field, we will focus on advocacy, service delivery, and community building. This section explains in detail how drug aid NGOs work in these areas.

## Advocacy

Advocacy is an important activity for NGOs. It can be understood as “any attempt to influence the decisions of an institutional elite on behalf of a collective interest” (Jenkins 1987, p. 297). In the social sphere, NGOs have traditionally played an important role in advocating for the rights of socially disadvantaged and marginalised groups. They have focused their efforts on providing a voice for those who are unable to speak with their own. NGOs have also advocated on important social issues, such as human rights and poverty reduction, and thereby guaranteed that welfare policies become inclusive and responsive, a view that is shared in many recent studies (Almog-Bar/Schmid 2014; Kimberlin 2010).

An extensive body of literature on various aspects of NGO advocacy has emerged, including studies on policy coalitions (Sabatier 1988), transnational advocacy networks (Keck/Sikkink 1998), and the role of NGOs as policy entrepreneurs (for an overview, see Almog-Bar/Schmid 2014). These studies all point to the political role of NGOs in representing rights, voicing interests, asserting public control, improving public policies, and lobbying governmental actors for social and political change.

Researchers identified different advocacy strategies that NGOs use to achieve their goals. Mosley (2011) distinguishes between insider and outsider advocacy. Insider strategies are carried out with policymakers directly and include activities such as lobbying, providing testimony, engaging with decision makers, and sitting on policy committees. By contrast, outsider strategies are mainly directed

towards exposing public policy shortcomings and creating pressure for policy change by organising social action, protests, and media campaigns. Organisations choose those advocacy strategies that best suit their organisational, political, and institutional contexts. The success of NGO advocacy depends both on the opportunities and on their organisational capacities, including knowledge, skills and expertise, access to decision makers, and reputation.

In the drug policy field, NGO advocacy is primarily directed towards improving the life situation of those affected by drug use. This includes people with drug use disorders, their family and social environments, people in rehabilitation, former drug users, and those who are at risk for developing substance use disorders. Drug aid NGOs develop advocacy strategies to draw attention to the problems of these target groups and to develop and institutionally anchor concrete offers of help. As welfare organisations, NGOs in the drug policy field “have historically played an important role in advocating on behalf of the vulnerable populations that they serve” (Mosley 2012, p. 841). The advocacy activities of these organisations are therefore closely linked to their social mission and their core activity as service providers.

Drug policy NGOs play an active role in advocating for better drug policies in Europe. They act as experts and make recommendations to government agencies. In recent years, these NGOs have been recognised for their knowledge, experience, and skills. In 2013, there were 218 NGOs that engage in drug policy advocacy in Europe (European Monitoring Centre for Drugs and Drug Addiction / EMCDDA 2013). The profile and relevance of these organisations has increased as the number of formal mechanisms through which policymakers can be accessed in European countries has grown (EMCDDA 2013). In 2013, the majority of drug policy organisations (69 %) operated on a national basis, less than one fifth (17 %) had a local or regional remit, and over one tenth (14 %) had a European or international remit (EMCDDA 2013).

Within the drug policy field, one can distinguish between peer advocacy (linked to rights-based agendas), professional advocacy (seeking to improve the conditions for professional service providers), and policy advocacy (focusing on policy and legislative changes) (EMCDDA 2013). The tools for advocacy include awareness-raising activities, lobbying, information campaigns, demon-

strations, and legal advocacy (EMCDDA 2013). In 2013, the primary objectives of the organisations were practice development, with 26 % of NGOs advocating use reduction and 39 % advocating harm reduction approaches (EMCDDA 2013).

When comparing the drug policy organisations in Europe, it is noticeable that they can be divided into two large groups with competing agendas. Within the NGO community, there is a “prevention group”, which mostly focuses on drug prevention and treatment, and by and large supports the current prohibition policies, and a “harm reduction group”, which regards the goal of a drug-free world as unrealistic, argues that prohibition policies have negative effects, and advocates for a drug policy reform (Aakrann 2016). An NGO’s basic orientation is closely linked to their advocacy work. Organisations in the first group are primarily committed to improving prevention efforts and protecting young people in particular, while harm reduction NGOs advocate a change in drug policy, such as the legalisation of cannabis, as well as better access to life-saving services for people with drug use disorders.

Many harm reduction NGOs have adopted a human-rights approach (Barrett et al. 2020). This means that the organisations frame health as a human right and are committed to ensuring that all people have access to essential healthcare services. A human rights-based approach to drug policy also entails the review of existing drug laws and policies (Barrett et al. 2020). Harm reduction NGOs argue that prohibitionist policies have caused human rights violations, particularly regarding PWUD and other vulnerable groups (Custódio 2015). Organisations strive to make recommendations on how a humane drug policy could be designed. In these efforts, the cooperation between NGOs, government agencies, and international organisations is essential.

## Service Delivery

Next to advocacy, NGOs play a vital role in providing services for people with substance use disorders. The range of services in the drug policy field is very broad, as the needs of clients vary widely. What all the NGOs in service delivery have in common is that they provide direct assistance to those affected by drug use disorders.

Most service providers work at the local level and are organised in overarching umbrella organisations that are responsible for information exchange and professional development.

Social services in the drug policy field include the work of local counselling organisations and centres that provide counselling and advice on addiction problems such as alcohol, nicotine, or illicit substances or addictive behaviours, for example gambling. Addiction counselling centres are first-line healthcare institutions that offer low-threshold services for the general population. The NGOs can refer clients to outpatient or inpatient drug treatment. The counsellors are specialists in social work, addiction medicine, psychology, or social pedagogy, and support people with drug use disorders and their relatives. In Europe, most countries have a network of local counselling centres that are mostly organised as NGOs. In addition to counselling, drug service NGOs engage in prevention activities, for example at schools or local youth clubs. A study from Sweden has shown that many NGOs have developed alcohol and drug prevention programmes for children or adolescents (Eriksson et al. 2011). In some cases, state agencies have recognised the characteristics of faith-based NGOs by emphasising their social service delivery and by framing religious leaders as health educators (Kaufman 2021).

A different branch of NGOs is engaged in service delivery for people who are affected by illicit drug use. Organisations such as before mentioned IDH in the city of Frankfurt offer social and medical services that are generally known under the term “harm reduction.” Harm reduction can be defined as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use” (National Harm Reduction Coalition n.d.). Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs “where they’re at”, and addressing conditions of use along with the use itself.

As we have seen in the example of Frankfurt, harm reduction services consist of drug consumption rooms for safer use, needle exchange programmes, and opioid agonist maintenance treatment, also known as substitution treatment. Harm reduction services aim at reducing both the harm directly associated with drug use and the harm resulting from drug-related infections, such as HIV, TB, and hepatitis C. As a consequence, harm reduction NGOs also offer prevention programmes and general health information for people

with drug use disorders. A recent study from Ghana has shown that NGOs play significant roles by complementing governments' efforts in the provision of care for vulnerable groups in resource-poor environments (Asante et al. 2021). A study from Zimbabwe explored the partnership between government agencies and international NGOs in delivering HIV/AIDS healthcare services (Magochi et al. 2023). Especially in the field of HIV prevention, NGOs have become critical service providers (Kelly et al. 2006). These experiences can also be helpful examples for NGOs in Central Asia.

In practice, service delivery and advocacy often go hand in hand. Often, drug service NGOs provide direct services in collaboration with government agencies such as hospitals and other healthcare institutions. Based on their capacity as service providers, the NGOs can improve the quality of services and access to key populations. Their function as service providers thus allows them to develop advocacy messages for policy improvements. In Denmark, civil society activism resulted in the introduction of drug consumption facilities in 2012 (Houborg/Frank 2014). In Sweden, NGOs have developed consultation mechanisms (meetings, project dialogues, competence strengthening, etc.) to develop a trustful partnership between practitioners, national agencies, and researchers (Eriksson et al. 2011). This link with policymaking is particularly strong in countries where there is good cooperation between the state and civil society, often known as a welfare partnership.

## Community Building

The third function of NGOs in the drug policy field is community building. This function refers to the self-organisation and empowerment of those population groups that are directly affected by drug use and its social consequences. Many NGOs in the drug policy field were established by (former) drug users and/or family members and other contacts. These organisations are known as self-help initiatives as their main goal consists of providing mutual assistance and support.

In contrast to welfare NGOs, which mainly focus on services for the general public, community groups are formed by people to deal with problems that directly affect them. Self-help initiatives strive to

overcome stigma and social exclusion. In their practical work, they deal with issues such as access to antiretroviral therapy, treatment adherence, or drug rehabilitation programmes. Some of the self-help NGOs also provide legal advice and support to their members. This relates to issues such as housing, kindergarten or school admittance for HIV-positive children, or interruptions in the supply of antiretroviral drugs.

Many community organisations evolved as a response to HIV/AIDS. In Germany the epidemic was a catalyst for the self-organisation of drug users and other affected population groups. In the 1980s, when HIV-infection was still barely understood and not treatable, the first NGOs emerged to combat the dramatic consequences of HIV/AIDS, especially the high mortality rate among homosexual men, who were the most important target group in this early period. Because of this necessity, the epidemic had an empowering effect on the gay community. First prevention programmes and information campaigns were set up by NGOs, such as the German AIDS-Help that was established in 1983.<sup>2</sup>

Since 1989, the German AIDS-Help has supported the self-organisation process of drug users by financing meetings of drug users in methadone treatment, which was first allowed in 1987 as a result of increasing HIV infections among injecting drug users. Participation in methadone treatment was the basis for self-help activities within this group. In 1990, German AIDS-Help hired a coordinator for the first support groups of drug users in Germany, called JES (as an acronym for junkies, ex-users, and substitutes). Step by step, a nationwide network of support groups was established under the umbrella AIDS-service organisations in Germany. These groups are linked by a common identity and their focus on advocating for the human rights of people who use drugs.

It was the AIDS crisis that led to a revision of Germany's drug policy that, up to the mid-1980s, was solely focused on abstinence. But due to the rise of HIV infections among PWUD, a shift to a more pragmatic and harm reduction-oriented drug policy occurred. Opioid substitution treatment that for a long time had been a controversial topic was introduced in the mid-1980s. Due to these harm

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<sup>2</sup> Deutsche Aidshilfe. [www.aidshilfe.de](http://www.aidshilfe.de), 16.5.2024.

reduction programmes, it was possible to significantly reduce HIV infections among people who use drugs (Michels/Stöver 2012).

## Case Studies of Drug Service NGOs in Europe

NGOs have gained diverse experience in the drug policy field by engaging in advocacy, service delivery, and community building. Typically, these organisations have emerged at the local level. Like the NGO IDH in the city of Frankfurt, they were created in response to specific problems and aim to improve local support services for people with drug use disorders and other vulnerable groups. Later, at a second stage of development, a general exchange and networking process began: many of the local initiatives, counselling centres, and projects joined together to form umbrella organisations at national or European level.

In Germany, the umbrella organisation Akzept is an example of a nation-wide advocacy NGO that works in the drug policy field.<sup>3</sup> The NGO was founded in Bremen in 1990. It is an interdisciplinary association of practitioners and researchers, professionals, social workers, doctors, lawyers, and people and associations committed to drug policy. In 2024, Akzept had about 55 institutional and more than 140 individual members. The NGO is not funded institutionally by the German government but receives funding for health policy projects from the Federal Ministry of Health. Akzept advocates a pragmatic drug policy and the protection of the human rights of all drug users.

Another well-known umbrella organisation is the Vienna NGO Committee on Drugs and Crime (VNGOC) that was established in 1983 to influence international drug policy.<sup>4</sup> It has played the main role in the strengthening of interaction between NGOs and the UN system by providing a link to the Vienna-based UN agencies involved in setting drug policy: the UN Commission on Narcotic Drugs (CND), the International Narcotics Control Board (INC), and the United Nations Office on Drugs and Crime (UNODC).

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<sup>3</sup> Akzept e. V. [www.akzept.eu](http://www.akzept.eu), 8.5.2024.

<sup>4</sup> VNGOC. [vngoc.org](http://vngoc.org), 8.5.2024.

A well-known network in drug prevention is the World Federation Against Drugs (WFAD), constituted by 148 NGOs that are engaged in the drug field and promote restrictive drug policies.<sup>5</sup> The WFAD was founded in 2009, and its central office is located in Sweden. The members of WFAD share a Christian world view and see illicit drugs as a development problem in poor countries that is “threatening the existence of stable families, communities, and government institutions throughout the world” (WFAD n.d.). Drug use prevention is seen as the main solution to the problems of illicit drug use (Aakrann 2016).

A counterpoint to WFAD is the umbrella organisation International Drug Policy Consortium (IDPC) that follows a harm reduction agenda.<sup>6</sup> IDPC was established in 2006 and is constituted by 148 reform-oriented organisations from all over the world. Contrary to the prevention-oriented organisations, this harm reduction group regards the idea of a drug-free world as unrealistic and claims that prohibition in itself has massive negative effects (Aakrann 2016). Unlike the WFAD, most of the IDPC members are newly established and mainly seated in the United States and Western Europe. The global network advocates for drug policies that advance social justice and human rights.

## Discussion and Conclusions

This chapter examined the roles of NGOs in the drug policy field in Europe and addressed the following questions: what functions do NGOs fulfil for the development of drug policies and services for people who use drugs, and what they have achieved in addressing the issue of drug use and its societal consequences? The study found that citizens have set up a variety of different initiatives to respond to issues of drug use and its social consequences. They have established organisations and initiatives to improve services and promote policy changes.

When comparing the experiences of European NGOs in the drug policy field, one can observe many commonalities. Most of the

5 WFAD. wfad.se, 8.5.2024.

6 IDPC. idpc.net, 8.5.2024.

NGOs are practice-oriented and based in local communities. They have been set up by citizens to deal with local problems and provide direct services to different target groups. In the sphere of advocacy, NGOs have formulated recommendations for policymakers, while in service delivery, they have developed assistance programmes for people with drug use disorders.

NGOs fulfil multiple functions in the drug policy field, most importantly advocacy, service delivery, and community building. These functions are interrelated, which means that NGOs can deliver advocacy messages through their practical work. They can also show examples from service delivery to make their advocacy messages more convincing to policy makers. Collaboration with state agencies and networking are important elements in the development of drug policy NGOs, as we can see from the example of local NGO IDH in the city of Frankfurt. Because of multiagency cooperation—facilitated by the pragmatic approach of decision makers in the municipality—the organisation has been able to build a broad network and offer a wide range of services for people with drug use disorders in the municipality.

From the analysis we can gain insights into the possibilities for the development of NGOs in the drug policy field in Central Asia and China. First of all, we can conclude that the community link is essential for the work of NGOs—and for civil society in general. Many NGO activists are themselves affected by drug use and joined together in initiatives as a form of self-help and self-organisation. The activists therefore have both special experience of and special access to the policy field. A similar development can be observed in Central Asia and China, where self-help and community building also plays an important role in the drug policy field. In particular, initiatives by (former) drug users as well as their friends and relatives have been influential in developing services and addressing the important issue of stigma and discrimination.

Furthermore, the experiences of European NGOs show that the organisations underwent a professionalisation process. In the first phase of their development, most initiatives developed direct services on a voluntary basis, making use of improvisation and civic engagements. In the course of their development, the NGOs professionalised their services. Umbrella organisations, such as Akzept in Germany, are important for networking and information exchange.

These professionalised umbrella organisations are in the position to formulate policy proposals and thereby assist in the improvement of responses to drug use and associated issues. These experiences can be used in the development of civil society support programmes in Central Asia and China.

The analysis of European NGOs also highlights problems among different players. It shows that the NGO community is divided along ideological lines regarding the best way to address the issue of drug use. Whereas prevention organisations largely support prohibition policies and emphasise the relevance of drug use prevention, harm reduction organisations follow a more pragmatic approach to drug policies and seek to reform the current prohibition system by introducing services that reduce the harm associated with drug use. For Central Asia and China, it is important to make use of the potential of NGOs, while at the same time preserving the pluralism of different approaches.

In Europe, NGOs make an important contribution to the drug policy field, by both providing direct services and improving policy approaches. They are important players as they bring experience and knowledge to the table. Moreover, NGOs can apply their experiences as community organisations to bring services closer to clients and make them more accessible and responsive. These important experiences can help to optimise the potential of civil society in the drug policy field and thus also represent a wealth of experience for Central Asia and China.

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