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Alliance for Public Health

METHODOLOGY ON SHADOW REPORTING FOR EU ACCESSION FROM A DRUG POLICY PERSPECTIVE



2026

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For more information, visit the website: https://harmreductioneurasia.org/

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1. Introduction

This document outlines a comprehensive methodology for preparing shadow reports on EU accession from a drug policy perspective. This entails a methodology on how to:

- Collect and verify data on candidate countries' drug laws and practices,
- Interpret how these policies impact people who use drugs, and
- Assess alignment with EU obligations (the 'EU acquis') on drug policy.

While a few comparable initiatives exist for benchmarking drug policies, none have previously addressed alignment with EU standards.

This brief outlines our systematic approach to designing the methodology and associated protocols. The document identifies technical requirements for the methodology, reviews relevant civil society initiatives that can inform our process, and proposes a work plan.

2. Methodological requirements

The methodology that will be developed must meet several technical requirements that will guide this process. These requirements are either derived from principles of social science research, or from the internal terms of reference and constraints of this project.

- Data collected must be **valid**. This means that the data collected through this methodology must meaningfully represent the preparedness of a candidate country to align with the 'EU acquis' on drug policy. The mapping of the 'EU acquis' from a human rights and harm reduction perspective (see Annex 1), has already laid down the conceptual basis that explains the link between the indicators developed in this task, and the 'acquis'.

- Data collection must seek to **maximise reliability**. Ideally, data collected through this methodology would be repeatable when different persons use the same process, on different occasions, and under different conditions. This is particularly important as the project ultimately seeks to assess policy change over time. For indicators based on the assessment of drug laws and policies on paper, this entails establishing clear protocols to interpret and code them against standards set in the 'EU acquis'. For indicators on policy implementation, which are based on a survey of experts and people with lived experience, this entails establishing a robust survey methodology.

- As part of the effort to maximise reliability, the methodology should return results that are **consistent and comparable across different candidate countries**. This will be particularly challenging with regards to the collection of data on policy implementation, as efforts from projects like the Global Drug Policy Index show that communities' expectations and standards vary from country to country.

The following requirements are derived from the terms of reference of this project.

- Data collated through this methodology must **meaningfully reflect the experience of affected communities, particularly people who use drugs**, under the drug laws and policies of the candidate countries.
  .
- **Data collection must be cost-efficient**, as resources are likely to be very limited in both the first iteration of the shadow report, and in future editions.

- Protocols and questionnaires must be **easily accessible and understandable** for national consultants, affected communities, and future users of the reports. Technical EU jargon should be avoided as much as possible.

- It should be assumed that the professionals that will collect and process will be drug policy experts **without robust statistical / data analysis skills**.

3. Identifying similar projects

The Global Drug Policy Index and the Global State of Harm Reduction are the two most similar projects that can offer guidance in developing this task. Just like the shadow reporting methodology, they are both civil society initiatives that seek to describe the current state of drug policy in certain jurisdictions, and compare it across countries. Both projects rely on desk-based research and community surveys as the fundamental data collection tools. Aligning our methodology with that employed in these initiatives will increase the cost-efficiency and reliability of this project.

The Global Drug Policy Index is particularly relevant to this shadow reporting project, as it shares many key characteristics:

- It is thematically broader than the Global State of Harm Reduction,
- It covers both harm reduction and human rights dimensions of drug policy, with particular focus on criminal justice responses, and
- It seeks to document drug laws and policies on paper, as well their implementation on the ground.

Because the Global Drug Policy Index was recently developed from scratch, the lead entities behind the project have documented transparently the methodology used to develop the Index and to collate data. The methodology is published here, with an academic paper assessing its validity and reliability published here. The methodology for the Global State of Harm Reduction is explained - less extensively - at the opening of each report. The 2025 edition can be found here.

A last tool that can also serve as guidance for this project is the HIV Policy Lab developed in recent years by Georgetown University. Whilst the tool looks well beyond drug policy, it includes indicators on harm reduction, criminalisation of drug use, and civil society space. It has been developed through a very transparent approach, and it has published both methodology and codebook.

4. Initial set of commitments

We have identified a set of 40 key commitments, recommendations and standards within the 'EU acquis' on drug policy, from a harm reduction and human rights perspective. The commitments were identified through a thorough analysis of EU laws, policies, and non-binding positions. Each commitment is supported by one, sometimes several texts within the 'EU acquis'.

These key commitments (KCs) have been structured within the different chapters of the EU negotiating framework, as follows.

Chapter	Category	Key commitment
Chapter 23. Judiciary and Fundamental rights	01. Prison conditions	KC1. Continuity and equivalence of care between prison and community are ensured
		KC2. Harm reduction is available and accessible in prison settings
	02. Alternatives to coercive sanctions	KC3. Alternatives to coercive sanctions are accessible at all stages of the criminal justice process
		KC4. Alternatives to coercive sanctions integrate demand reduction, harm reduction, and support services
	03. Arbitrary detention, excessive use of force, and torture	KC55. Drug treatment is voluntary and free from arbitrary detention, torture, and ill-treatment
		KC6. Police respects human rights when enforcing drug laws
	04. Process and victims' rights	KC7. People detained for drug activities have access to a lawyer and to legal aid
		KC8. Drug policy and harm reduction organisations and activists
	05. Civil society space	enjoy freedom of association and assembly, in law and in practice KC9. Drug policy and harm reduction organisations and activists
		enjoy freedom of expression. There are no barriers to disseminating harm reduction information
		KC10. Drug policy and harm reduction organisations have access to national and foreign funding, with no restrictions
	06. Gender equality and non-discrimination	KC11. The design and implementation of drug policies integrates a gender perspective
		KC12. The design and implementation of drug policies takes into consideration the needs of vulnerable and marginalised populations KC13. The privacy and personal data protection of people who use
	07. Privacy	

	& personal data protection	drugs are respected
Chapter 24. Justice, Freedom, and Security	08. Institutional framework: Drug Strategy	KC14. The drug strategy is balanced and includes both demand and harm reduction
		KC15. The drug strategy is grounded on human rights
		KC16. The drug strategy is developed involving people who experience drug-related stigma
		KC17. Health bodies are key decision makers in designing and implementing drug policy
		KC18. The drug strategy is evaluated taking into consideration input from civil society
	09. Institutional framework: National drug observatory and early warning system	KC19. Early warning system alerts are shared with civil society and communities, including people who use drugs
		KC20. National institutions monitor the human rights and social dimension of the drug phenomenon
		KC21. National institutions monitor drug use trends, epidemic outbreaks, and drug-related deaths
Chapter 28. Consumer protection and health	10. Harm reduction	KC22. Harm reduction interventions are mainstreamed KC23. Testing and treatment for HIV and HCV are mainstreamed KC24. Measures to prevent overdoses are mainstreamed KC25. Harm reduction interventions for synthetic drugs and NPS are available and accessible
		KC26. Harm reduction interventions receive funding and support
		KC27. The unintended consequences of punitive laws are taken into consideration when designing and implementing drug laws and policies
	11. Treatment and care	KC28. Treatment, health, and social services work in close coordination
		KC29. Staff working in drug services are adequately trained KC30. Treatment and support tailored to the needs of marginalised communities
		KC31. People released from prison receive adequate healthcare and social services, including employment and housing
	12. Civil society participation	KC32. Civil society participation and affected communities, including people who use drugs, are involved in the design, implementation, and monitoring of drug policies KC33. The participation of civil society in drug policy making is adequately funded

		KC34. Peer outreach and peer work are recognised and promoted
	13. Cross-cutting	KC35. Non-stigmatising attitudes and language are promoted
		KC36. People who use drugs and experience mental health problems receive adequate and effective support
		KC37. Services are designed taking into consideration the characteristics and needs of marginalised and at risk situations
		KC38. Drug policies seek to address the social situation of people who use drugs, including housing, employment, education, and financial situation
		KC39. Drug policies seek to protect patient rights and support patient empowerment
Chapter 31. Foreign, Defence, and Security Policy	14. Alignment with EU positions	KC40. Positions in international fora are aligned with those of the EU

5. Selecting commitments that can be operationalised into indicators

Following the methodology established by the Global Drug Policy Index, the next step in this process was to review each of these commitments and decide if they can be included in the final methodology. The ultimate aim was to ensure that all commitments could be operationalised into indicators that represent meaningfully the content of the commitment, and that can be effectively collected considering restricted capacity. This may result in the exclusion of indicators that are very important for the health and human rights of people who use drugs in candidate countries.

To do so, we have analysed each commitment against the following criteria:

- Whether there are **already existing indicators** that relate closely to this commitment in similar assessment tools, particularly the Global State of Harm Reduction, the Global Drug Policy Index, or the HIV Policy Lab online platform.

- Whether the commitments **correspond to a clear and concrete policy issue** that can be identified by persons who collect the data or respond to surveys in a consistent manner. Therefore, commitments that are too broad and complex can be excluded.

- Whether there are other commitments within the list that, when operationalised, already cover the same policy issue. Thus, commitments that **are duplicative or similar enough to generate confusion** are excluded.

The results are as follows:

Chapter	Category	Number	Key commitment	Decision	Policy indicators	Implementation indicators
Chapter 23. Judiciary and Fundamental rights	01. Prison conditions	KC1	Continuity and equivalence of care between prison and community are ensured	Commitment included	N/a	Chap23_PrisonConditions_Impl_1 Chap23_PrisonConditions_Impl_2
Chapter 23. Judiciary and Fundamental rights	01. Prison conditions	KC2	Harm reduction is available and accessible in prison settings	Commitment included	Chap23_PrisonConditions_Pol_1 Chap23_PrisonConditions_Pol_2	Chap23_PrisonConditions_Impl_3 Chap23_PrisonConditions_Impl_4 Chap23_PrisonConditions_Impl_5
Chapter 23. Judiciary and Fundamental rights	02. Alternatives to coercive sanctions	KC3	Alternatives to coercive sanctions are accessible at all stages of the criminal justice process	Commitment included	Chap23_alternatives_Pol_1 Chap23_alternatives_Pol_2 Chap23_alternatives_Pol_3	
Chapter 23. Judiciary and Fundamental rights	02. Alternatives to coercive sanctions	KC4	Alternatives to coercive sanctions integrate demand reduction, harm reduction, and support services	Commitment included	Chap23_alternatives_Pol_4 Chap23_alternatives_Pol_5	Chap23_alternatives_Impl_1

Chapter	Category	Number	Key commitment	Decision	Policy indicators	Implementation indicators
Chapter 23. Judiciary and Fundamental rights	03. Arbitrary detention, excessive use of force, and torture	KC5	Drug treatment is voluntary and free from arbitrary detention, torture, and ill-treatment	Commitment included		Chap23_HRabuses_Impl_1 Chap23_HRabuses_Impl_2
Chapter 23. Judiciary and Fundamental rights	03. Arbitrary detention, excessive use of force, and torture	KC6	Police respects human rights when enforcing drug laws	Commitment included		Chap23_HRabuses_Impl_3 Chap23_HRabuses_Impl_4
Chapter 23. Judiciary and Fundamental rights	04. Process and victims' rights	KC7	People detained for drug activities have access to a lawyer and to legal aid	Commitment included	Chap23_legalAid_Pol_1	Chap23_legalAid_Impl_1
Chapter 23. Judiciary and Fundamental rights	05. Civil society space	KC8	Drug policy and harm reduction organisations and activists enjoy freedom of association and assembly	Commitment included		Chap23_CivilSpace_Impl_1
Chapter 23. Judiciary and	05. Civil society space	KC9	Drug policy and harm reduction organisations and activists enjoy freedom of expression and there are	Commitment included	Chap23_CivilSpace_Pol_1	

Chapter	Category	Number	Key commitment	Decision	Policy indicators	Implementation indicators
Fundamental rights			no barriers to disseminating harm reduction information			
Chapter 23. Judiciary and Fundamental rights	05. Civil society 06. Gender equality and non-discrimination	KC10	Drug policy and harm reduction organisations have access to national and foreign funding, with no restrictions	Commitment included	Chap23_CivilSpace_Pol_2	
Chapter 23. Judiciary and Fundamental rights	06. Gender equality and non-discrimination	KC11	The design and implementation of drug policies integrates a gender perspective	Commitment included		Chap23_NonDiscrimination_Impl_1 Chap23_NonDiscrimination_Impl_2
Chapter 23. Judiciary and Fundamental rights	07. Privacy & personal data protection 08. Institutional framework	KC12	The design and implementation of drug policies takes into consideration the needs of vulnerable and marginalised populations	Commitment included		Chap23_NonDiscrimination_Impl_3 Chap23_NonDiscrimination_Impl_4
Chapter 23. Judiciary and Fundamental rights		KC13	The privacy and personal data protection of people who use drugs are respected	Commitment included	Chap23_privacy_Pol_1 Chap23_privacy_Pol_2	Chap23_privacy_Impl_1
Chapter 24. Justice, Freedom, and Security		KC14	The drug strategy is balanced and includes both demand and harm reduction	Commitment included	Chap24_DrugStrategy_Pol_1	

Chapter	Category	Number	Key commitment	Decision	Policy indicators	Implementation indicators
	: Drug Strategy					
Chapter 24. Justice, Freedom, and Security	08. Institutional framework : Drug Strategy	KC15	The drug strategy is grounded on human rights	Commitment included	Chap24_DrugStrategy_Pol_2	
Chapter 24. Justice, Freedom, and Security	08. Institutional framework : Drug Strategy	KC16	The drug strategy is developed involving people who experience drug-related stigma	Commitment merged with KC 18		
Chapter 24. Justice, Freedom, and Security	08. Institutional framework : Drug Strategy	KC17	Health bodies are key decision makers in designing and implementing drug policy	Commitment included	Chap24_DrugStrategy_Pol_3	
Chapter 24. Justice, Freedom, and Security	08. Institutional framework	KC18	The drug strategy is evaluated taking into consideration input from civil society	Commitment included		Chap24_DrugStrategy_Impl_1 Chap24_DrugStrategy_Impl_2

Chapter	Category	Number	Key commitment	Decision	Policy indicators	Implementation indicators
	: Drug Strategy					
Chapter 24. Justice, Freedom, and Security	09. Institutional framework : National drug observatory and early warning system	KC19	The outcome of the early warning system is shared with civil society and communities, including people who use drugs	Commitment included		Chap24_DrugObservatory_Impl_1
Chapter 24. Justice, Freedom, and Security	09. Institutional framework : National drug observatory and early warning system	KC20	National institutions monitor the human rights and social dimension of the drug phenomenon	Commitment included	Chap24_DrugObservatory_Pol_1	

Chapter	Category	Number	Key commitment	Decision	Policy indicators	Implementation indicators
Chapter 24. Justice, Freedom, and Security	09. Institutional framework : National drug observatory and early warning system	KC21	National institutions monitor drug use trends, epidemic outrbreaks, and drug-related deaths	Commitment included		Chap24_DrugObservatory_Impl_2
Chapter 28. Consumer health	10. Harm reduction	KC22	Harm reduction interventions are mainstreamed	Commitment included	Chap28_HarmReduction_Pol_1 Chap28_HarmReduction_Pol_2	Chap28_HarmReduction_Impl_1 Chap28_HarmReduction_Impl_2
Chapter 28. Consumer health	10. Harm reduction	KC23	Testing and treatment for HIV and HCV are mainstreamed	Commitment included		Chap28_HarmReduction_Impl_3 Chap28_HarmReduction_Impl_4
Chapter 28. Consumer health	10. Harm reduction	KC24	Measures to prevent overdoses are mainstreamed	Commitment included	Chap28_HarmReduction_Pol_3 Chap28_HarmReduction_Pol_4	Chap28_HarmReduction_Impl_5
Chapter 28. Consumer	10. Harm reduction	KC25	Harm reduction interventions for synthetic drugs and NPS are available and accessible	Commitment included		

Chapter	Category	Number	Key commitment	Decision	Policy indicators	Implementation indicators
protection and health						
Chapter 28. Consumer protection and health	10. Harm reduction	KC26	Harm reduction interventions receive funding and support	Commitment included		Chap28_HarmReduction_Impl_6 Chap28_HarmReduction_Impl_7
Chapter 28. Consumer protection and health	10. Harm reduction	KC27	The unintended consequences of punitive laws on access to harm reduction are taken into consideration when designing and implementing drug laws and policies.	Commitment included	Chap28_HarmReduction_Pol_5 Chap28_HarmReduction_Pol_6 Chap28_HarmReduction_Pol_7	Chap28_HarmReduction_Impl_8 Chap28_HarmReduction_Impl_9
Chapter 28. Consumer protection and health	11. Treatment and care	KC28	Treatment, health, and social services work in close coordination	Commitment excluded		
Chapter 28. Consumer protection and health	11. Treatment and care	KC29	Staff working in drug services are adquately trained	Commitment included		Chap28_Treatment_Impl_1
Chapter 28. Consumer protection and health	11. Treatment and care	KC30	Treatment and support tailored to the needs of marginalised communities	Commitment included		Chap28_Treatment_Impl_2 Chap28_Treatment_Impl_3

Chapter	Category	Number	Key commitment	Decision	Policy indicators	Implementation indicators
						Chap28_Treatment_Impl_4
Chapter 28. Consumer protection and health	11. Treatment and care	KC31	People released from prison receive adequate healthcare and social services, including employment and housing	Commitment included		Chap28_Treatment_Impl_5
Chapter 28. Consumer protection and health	12. Civil society participation	KC32	Civil society participation and affected communiteis, including people who use drugs, are involved in the design, implementation, and monitoring of drug policies	Commitment included		Chap28_CivilSociety_Impl_1 Chap28_CivilSociety_Impl_2
Chapter 28. Consumer protection and health	12. Civil society participation	KC33	The participation of civil society in drug policy making is adequately funded	Commitment merged with KC32		
Chapter 28. Consumer protection and health	12. Civil society participation	KC34	Peer outreach and peer work are recognised and promoted	Commitment included		Chap28_CivilSociety_Impl_3
Chapter 28. Consumer protection and health	13. Cross-cutting	KC35	Non-stigmatising attitudes and language are promoted	Commitment included		Chap28_Crosscutting_Impl_1

Chapter	Category	Number	Key commitment	Decision	Policy indicators	Implementation indicators
Chapter 28. Consumer protection and health	13. Cross-cutting	KC36	People who use drugs and experience mental health problems receive adequate and effective support	Commitment included		Chap28_Crosscutting_Impl_2
Chapter 28. Consumer protection and health	13. Cross-cutting	KC37	Services are designed taking into consideration the characteristics and needs of marginalised and at risk situations	Commitment excluded		
Chapter 28. Consumer protection and health	13. Cross-cutting	KC38	Drug policies seek to address the social situation of people who use drugs, including housing, employment, education, and financial situation	Commitment excluded		
Chapter 31. Foreign, Defence, and Security Policy	13. Cross-cutting positions	KC39	Drug policies seek to protect patient rights and support patient empowerment	Commitment included		Chap28_Crosscutting_Impl_3
	14. Alignment with EU	KC40	Positions in international fora are aligned with those of the EU	Commitment included	Chap31_UNAlignment_Pol_1 Chap31_UNAlignment_Pol_2	

6. The initial set of indicators

Data for the accession shadow reports will be collected through a mixed-methods approach. The method used to collect data will depend on the category of indicator used to assess the preparedness of the candidate country with regards to the drug policy commitments laid down in the EU acquis.

1. For **policy indicators**, which seek to assess a candidate country's legal, policy, and institutional frameworks, data will be collected via content analysis of the country's laws and policies. Content analysis can be carried out through desk research, or by speaking with experts on a country's legal and institutional system.

2. For **implementation indicators**, which seek to assess how laws and policies impact people who use drugs and other populations affected by drug policies, data will be collected through a survey of experts and persons with lived experience, or through a focus group.

The initial set of policy indicators can be found in this document.

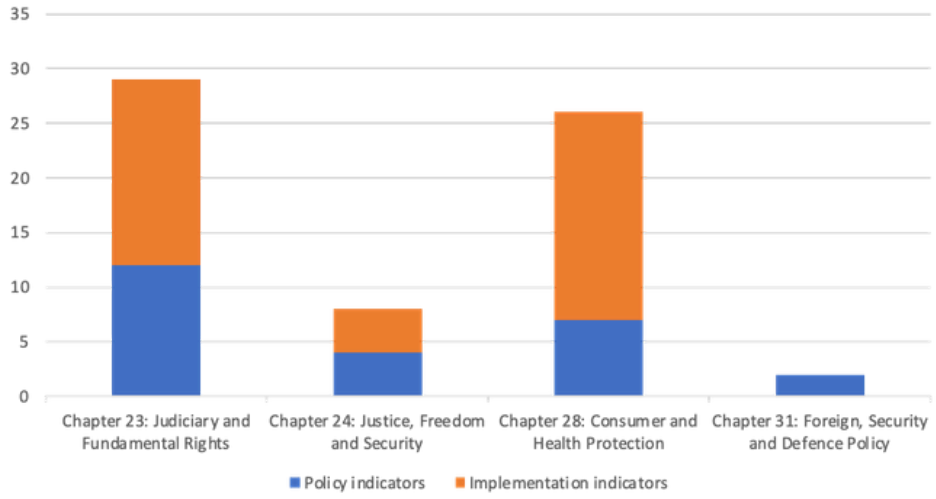
The initial set of implementation indicators can be found in this document.

The distribution of indicators is as follows:

Chapter	Policy Indicators	Implementation indicators
Chapter 23: Judiciary and Fundamental Rights	12 Policy indicators Chap23_PrisonConditions_Pol_1 Chap23_PrisonConditions_Pol_2 Chap23_alternatives_Pol_1 Chap23_alternatives_Pol_2 Chap23_alternatives_Pol_3 Chap23_alternatives_Pol_4 Chap23_alternatives_Pol_5 Chap23_legalAid_Pol_1 Chap23_CivilSpace_Pol_1 Chap23_CivilSpace_Pol_2 Chap23_privacy_Pol_1 Chap23_privacy_Pol_2	17 indicators Chap23_PrisonConditions_Impl_1 Chap23_PrisonConditions_Impl_2 Chap23_PrisonConditions_Impl_3 Chap23_PrisonConditions_Impl_4 Chap23_PrisonConditions_Impl_5 Chap23_alternatives_Impl_1 Chap23_HRabuses_Impl_1 Chap23_HRabuses_Impl_2 Chap23_HRabuses_Impl_3 Chap23_HRabuses_Impl_4 Chap23_legalAid_Impl_1 Chap23_CivilSpace_Impl_1 Chap23_NonDiscrimination_Impl_1 Chap23_NonDiscrimination_Impl_2 Chap23_NonDiscrimination_Impl_

Chapter	Policy Indicators	Implementation indicators
		3 Chap23_NonDiscrimination_Impl_ 4 Chap23_privacy_Impl_1
Chapter 24: Justice, Freedom and Security	4 policy indicators Chap24_DrugStrategy_Pol_1 Chap24_DrugStrategy_Pol_2 Chap24_DrugStrategy_Pol_3 Chap24_DrugObservatory_P ol_1	4 implementation indicators Chap24_DrugStrategy_Impl_1 Chap24_DrugStrategy_Impl_2" Chap24_DrugObservatory_Impl_1 Chap24_DrugObservatory_Impl_2
Chapter 28: Consumer and Health Protection	7 policy indicators Chap28_HarmReduction_Pol _1 Chap28_HarmReduction_Pol _2 Chap28_HarmReduction_Pol _3 Chap28_HarmReduction_Pol _4 Chap28_HarmReduction_Pol _5 Chap28_HarmReduction_Pol _6 Chap28_HarmReduction_Pol _7	20 implementation indicators: Chap28_HarmReduction_Impl_1 Chap28_HarmReduction_Impl_2 Chap28_HarmReduction_Impl_3 Chap28_HarmReduction_Impl_4 Chap28_HarmReduction_Impl_5 Chap28_HarmReduction_Impl_6 Chap28_HarmReduction_Impl_7 Chap28_HarmReduction_Impl_8 Chap28_HarmReduction_Impl_9 Chap28_HarmReduction_Impl_10 Chap28_Treatment_Impl_1 Chap28_Treatment_Impl_2 Chap28_Treatment_Impl_3 Chap28_Treatment_Impl_4 Chap28_Treatment_Impl_5 Chap28_CivilSociety_Impl_1 Chap28_CivilSociety_Impl_2 Chap28_CivilSociety_Impl_3

Chapter	Policy Indicators	Implementation indicators
		Chap28_Crosscutting_Impl_1 Chap28_Crosscutting_Impl_2
Chapter 31: Foreign, Security and Defence Policy	2 policy indicators: Chap31_UNAlignment_Pol_1 Chap31_UNAlignment_Pol_2	



7. Process for data collection

This chapter summarises some initial recommendations for national consultants as they initiate the process to collect data and prepare the report.

A very important consideration in this process is that we expect this to be the first iteration in a series of annual reports. We expect that future iterations will rely on the information obtained and the data collected during the first report. That is why it is very important that we document everything done in this project, and leave notes and recommendations for those that will take on the work in the future.

The recommended steps for the data collection process are as follows.

1. **Familiarising yourself with the background notes on accession and methodology**. The background notes have been provided at the start of the process.

2. **In a separate document, identify the status of the accession negotiations for each chapter**. It is important to identify what is the status of these accession negotiations for each chapter. It is important to identify what is the status of these accession negotiations for Chapter 24 (Justice, Freedom and Security), Chapter 23 (Judiciary and Fundamental Rights), Chapter 28 (Consumer and Health Protection), and Chapter 31 (Foreign, Security, and Defence Policy). You can complete the following table for each chapter:

Chapter xxx

Document	Status	Reference to drug policy?
European Commission screening report		*Copy and paste any reference to drug policy*
EU negotiating position		*Copy and paste any reference to drug policy*
National negotiating position or road map		*Copy and paste any reference to drug policy*
European Commission annual report		*Copy and paste any reference to drug policy*

3. **Documenting the key actors and opportunities in accession negotiations**. It is also recommended that the national consultant identifies the actors within different EU institutions and national ministries that are in charge of negotiating accession for these chapters, and that they document names, job titles, contact details. At the same time, it

is important to identify the potential advocacy opportunities that may come up in the process:

a. Consultations run by the EU delegation or the European Commission
b. Consultations run by national governments
c. Bilateral dialogues on drugs between EU and candidate countries

4. **Data collection for policy indicators**. Create a copy of the document on policy indicators and start compiling the relevant data through desk-based research, or by speaking with experts. Provide as many links as possible to official documentation. This will be useful in future iterations of the report, as it is unlikely that laws and policies will change that frequently.

5. **Data collection for implementation indicators.** The collection of implementation indicators requires consulting a significant number of stakeholders with knowledge of how drug policies are taking place in practice in the country: civil society organisations, people who use drugs, and drug policy experts (people with official roles in governments should not be invited to do this). Data can be collected in the way that seems most efficient considering the timeline and circumstances of your work. This may include:

a. An online survey disseminated across the target persons.
b. An online survey disseminated across the target persons, accompanied with a session to go through the questions and everyone answers them separately..
c. A focus group where each question is discussed and an answer is agreed by all participants.

I recommend using online survey because answers are recorded automatically.

The largest the number of people consulted for the implementation indicators, the better. I would say that having between 10 to 20 persons consulted is ideal.

Needless to say, the questions will need to be translated from English.

6. **Additional questions**. On top of the questions corresponding to implementation indicators, respondents should also be asked to complete the following questions.

a. Age
b. Gender
c. Category: civils society, person who uses drugs, expert, other
d. Ethnicity
e. What are the top three issues that should be addressed in order to align national policies with public health and human rights.

Question e will be used to decide what issues will be prioritised in the report.

7. **Analysing data** Once the data for the policy and implementation indicators has been collected it will be time to draft the shadow report. Adria Cots will provide a template for the data analysis that you can complete (at the start of November)

8. Data collection questionnaire

Data for the accession shadow reports should be collected through a mixed-methods approach. The method used to collect data will depend on the category of indicator used to assess the preparedness of the candidate country with regards to the drug policy commitments laid down in the 'EU acquis'.

1. For **policy indicators**, which seek to assess a candidate country's legal, policy, and institutional frameworks, data should be collected via content analysis of the country's laws and policies. Content analysis can be carried out through desk research, or by speaking with experts on a country's legal and institutional system.

2. For **implementation indicators**, which seek to assess how laws and policies impact people who use drugs and other populations affected by drug policies, data will be collected through a survey of experts and persons with lived experience.

Summary of indicators:

Chapter	**Policy Indicators** 12Policyindicators	**Implementation indicators** 17 indicators
Chapter 23: Judiciary and Fundamental Rights	Chap23_PrisonConditions_Pol_1 Chap23_PrisonConditions_Pol_2 Chap23_alternatives_Pol_1 Chap23_alternatives_Pol_2 Chap23_alternatives_Pol_3 Chap23_alternatives_Pol_4 Chap23_alternatives_Pol_5 Chap 23 legalAid_Pol_1 Chap 23 CivilSpace_Pol_1 Chap 23 CivilSpace Pol_2 Chap23_privacy_Pol_1 Chap23_privacy_Pol_2	Chap23_PrisonConditions_Impl_1 Chap23_PrisonConditions_Impl_2 Chap23_PrisonConditions_Impl_3 Chap23_PrisonConditions_Impl_4 Chap23_PrisonConditions_Impl_5 Chap23_alternatives_Impl_1 Chap23_HRabuses_Impl_1 Chap23_HRabuses_Impl_2 Chap23_HRabuses_Impl_3 Chap23_HRabuses_Impl_4 Chap 23_legalAid_Impl_1 Chap23_CivilSpace_Impl_1 Chap23_NonDiscrimination_Impl_1 Chap23_NonDiscrimination_Impl_2 Chap23_NonDiscrimination_Impl_3 Chap23_NonDiscrimination_Impl_4 Chap23_privacy_Impl_1

Chapter	Policy indicators	Implementation indicators
Chapter 24: Justice, Freedom and Security	4policyindicators Chap24_DrugStrategy_Pol_1 Chap24_DrugStrategy_Pol_2 Chap24_DrugStrategy_Pol_3	4 implementation indicators Chap24_DrugStrategy_Impl_1 Chap24_DrugStrategy_Impl_2 Chap24_DrugObservatory_Impl_1 Chap24_DrugObservatory_Impl_2 Chap24_DrugObservatory_Pol_1
Chapter 28: Consumer and Health Protection	7policyindicators Chap28_HarmReduction_Pol_1 Chap28_HarmReduction_Pol_2 Chap28_HarmReduction_Pol_3 Chap28_HarmReduction_Pol_4 Chap28_HarmReduction_Pol_5 Chap28_HarmReduction_Pol_6 Chap28_HarmReduction_Pol_7	20 implementation indicators: Chap28_HarmReduction_Impl_1 Chap28_HarmReduction_Impl_2 Chap28_HarmReduction_Impl_3 Chap28_HarmReduction_Impl_4 Chap28_HarmReduction_Impl_5 Chap28_HarmReduction_Impl_6 Chap28_HarmReduction_Impl_7 Chap28_HarmReduction_Impl_8 Chap28_HarmReduction_Impl_9 Chap28_HarmReduction_Impl_10 Chap28_Treatment_Impl_1 Chap28_Treatment_Impl_2 Chap28_Treatment_Impl_3 Chap28_Treatment_Impl_4 Chap28_Treatment_Impl_5 Chap28_CivilSociety_Impl_1 Chap28_CivilSociety_Impl_2 Chap28_CivilSociety_Impl_3 Chap28_Crosscutting_Impl_1 Chap28_Crosscutting_Impl_2
Chapter 31: Foreign, Security and Defence Policy	2 policy indicators: Chap31_UNAlignment_Pol_1 Chap31_UNAlignment_Pol_2	

CHAPTER 23. JUDICIARY AND FUNDAMENTAL RIGHTS

Prison conditions

Indicator name: Prison conditions Pol 1

Indicator type	Policy	Implementation
Indicator reference	Chap23_PrisonConditions_Pol_1	Chap23_PrisonConditions_Impl_3
Question	Is there a needle and syringe programme in at least one prison? *Possible responses: Yes; No. List the policy document(s) and cite provision(s).*	Which of the following best describes the availability of needle and syringe programmes to people in prison? (Select one option). *Possible responses: Unavailable; Very Limited Availability; Limited Availability; Wide Availability; Very wide Availability; I don't know.*
Response		
Additional comments & background info		
	Chap23_PrisonConditions_Pol_2	Chap23_PrisonConditions_Impl_4
	Is there an opioid agonist therapy programme in at least one prison? *Possible responses: Yes; No. List the policy document(s) and cite provision(s).* Note to consultant: Please consider the proportion of people who are enrolled in OAT that are able to	Which of the following best describes the availability of opioid agonist therapy to people in prison? (Select one option). *Possible responses: Unavailable; Very Limited Availability; Limited Availability; Wide Availability; Very wide Availability; I don't know.*

	continue treatment when they enter prison without limitation in time.	
Response		
Additional comments & background info		
		Chap23_PrisonConditions_Impl_1
		Which of the following best describes the continuity of access to opioid agonist therapy for people who enter prisons? (Select one option). *Possible responses: Unavailable; Very Limited Availability; Limited Availability; Wide Availability; Very wide Availability; I don't know.*
Response		
Additional comments & background info		
		Chap23_PrisonConditions_Impl_2
		Which of the following best describes the possibility of starting opioid agonist therapy once in prison, for people who had not been enrolled in opioid agonist therapy before? (Select one option). *Possible responses: Unavailable; Very Limited Availability; Limited Availability; Wide Availability; Very wide Availability; I don't know.*
Response		
Additional comments		

& background info		
		Chap23_PrisonConditions_Impl_5
		Which of the following best describes the availability of Antiretroviral Therapy (ART) for people in prison? (Select one option). *Possible responses: Unavailable; Very Limited Availability; Limited Availability; Wide Availability; Very wide Availability; I don't know.*
Response		
Additional comments & background info		

Alternatives to coercivesanctions

Indicator name: Accessto alternatives to coercive sanctions Pol 1

Indicator type	Policy	Implementation
Indicator reference	Chap23_alternatives_Pol_1	Chap23_alternatives_Impl_5
Question	Is there any provision in national law or policy for alternatives to coercive sanctions for people who use drugs who are charged with a criminal offence other than possession of drugs for personal use?	To what extent alternatives to coercive sanctions (such as diversion, bail, suspended prosecution or sentences, community work, or parole) with a treatment or care element, are available for people who use drugs charged

	Note to consultant: This question seeks to assess whether there are possible alternatives to coercive sanctions for people who use drugs and are charged with or convicted for a criminal offence (regardless of whether the offence is related to drugs). It does not apply to drug use or possession of drugs for personal use, which are assessed in a different indicator. Potential alternatives to coercive sanctions may include: ● Caution/warning/no action ● Diversionary measure ● Suspension of investigation/prosecution, or court proceedings ● Suspension of sentence ● Bail ● Drug Courts ● Probation ● Community work ● Restriction of liberty, including home detention ● Intermittent custody/release ● Parole/early release *Possible responses: Yes; No. List the policy document(s) and cite provision(s).*	with a criminal offence other than drug use and possession for personal use? (Select one option). Note to consultant: When responding to this question, please consider if the alternative entails the payment of an exorbitant fine, and how this impacts the possibility to access the alternative. *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response		
Additional comments & background info		
	Chap23_alternatives_Pol_2	

	Where they do exist, do alternatives to coercive sanctions for people who use drugs who are charged with a criminal offence include treatment or harm reduction elements? Note to consultant: this does not apply to drug use or possession of drugs for personal use, which are assessed in a different indicator. Potential alternatives to coercive sanctions may include: ● Caution/warning/no action, including with a treatment or harm reduction element. ● Diversionary measure with a treatment or harm reduction element. ● Suspension of investigation/prosecution, or court proceedings, including with a treatment or harm reduction element. ● Suspension of sentence, including with a treatment or harm reduction element. ● Drug Courts. ● Probation, including with a treatment or harm reduction element. ● Community work, including with a treatment or harm reduction element. ● Restriction of liberty, including home detention, including with a treatment or harm reduction element. ● Intermittent custody/release, including with a treatment or harm reduction element. ● Parole/early release, including with a treatment or harm reduction element.	

	Possible responses: Yes; No. List the policy document(s) and cite provision(s).	
Response		
Additional comments & background info		
	Chap23_alternatives_Pol_3	
	Where they do exist, do alternatives to coercive sanctions for people who use drugs who are charged with a criminal offence entail the payment of exorbitant fines? *Possible responses: Yes; No. List the policy document(s) and cite provision(s).*	
Response		
Additional comments & background info		
	Chap23_alternatives_Pol_4	
	Where they do exist and include a treatment or care element, is access to such treatment or care voluntary? *Possible responses: Yes; No. List the policy document(s) and cite provision(s).*	
Response		
Additional		

comments & background info		
	Chap23_alternatives_Pol_5	
	Where they do exist and include a treatment or care element, is relapse / non-attendance / treatment "failure" associated with subsequent imprisonment or punishment? *Possible responses: Yes; No. List the policy document(s) and cite provision(s).*	
Response		
Additional comments & background info		

Arbitrary detention, excessive use of force, and torture

Indicator type	Implementation
Indicator reference	Chap23_HRabuses_Impl_1
Question	To what extent is there a practice of imposing involuntary treatment on people who use drugs? (Select one option). Note to consultant: Involuntary treatment is normally imposed by courts, administrative bodies, or law enforcement. However, in some cases people may be forced into drug rehabilitation centers by family members or acquaintances.

	Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.
Response	
Additional comments & background info	
	Chap23_HRabuses_Impl_2
	To what extent are people interned in drug rehabilitation centres subject to torture or ill-treatment? (Select one option). Note to consultant: Torture or ill-treatment may include physical o mental violence, sexual violence, intimidation or threats, involuntary detention, denial of opioid agonist therapy, and denial of food or water, amongst others). *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response	
Additional comments & background info	
	Chap23_HRabuses_Impl_3
	How often are people who use drugs subject to violence, torture, or ill-treatment by the police? (Select one option). Note to consultant: Torture or ill-treatment may include physical o mental violence, sexual violence, intimidation or threats, and involuntary detention, amongst others *Possible responses: Never; Rarely; Frequently; Very frequently; Always or almost always; I don't know*
Response	
Additional comments & background info	

	Chap23_HRabuses_Impl_4
	How often are people who use drugs subject to violence, torture, or ill-treatment by the police? (Select one option). Note to consultant: Arbitrary detention may include arrests based on planting evidence, arrests aimed to extract bribes or confessions, arrests with violence or intimidation, arrests done on a discriminatory basis, and in general violations of due process rights *Possible responses: Never; Rarely; Frequently; Very frequently; Always or almost always; I don't know*
Response	
Additional comments & background info	

Process and victims' rights

Indicator name: Accesstolegal aid Pol 1

Indicator type	Policy	Implementation
Indicator reference	Chap23_legalAid_Pol_1	Chap23_legalAid_Impl_1
Question	According to national law or policy, do persons accused of drug offences who lack sufficient resources to pay for the assistance of a lawyer have the right to legal aid? This includes when being questioned by the police, presented to a judge, or deprived of liberty.	How often do persons accused of drug offences who lack sufficient resources to pay for a lawyer, have access to legal aid (i.e. legal representation provided for free)? (Select one option). *Possible responses: Never; Rarely; Frequently; Very frequently; Always or almost always; I don't know*

	Possible responses: Yes; No. List the policy document(s) and cite provision(s).	
Response		
Additional comments & background info		

Civil society space

Indicator type	Policy	Implementation
Indicator reference	Chap23_CivilSpace_Pol_1	Chap23_CivilSpace_Impl_1
Question	Are there 'drug propaganda' bans that restrict public education on harm reduction, and restrict information to information on drug use and harm reduction? *Possible responses: Yes; No. List the policy document(s) and cite provision(s).*	To what extent have national authorities restricted the ability of drug policy and harm reduction organisations to register, seek funding and operate freely under national law? (Select one option). Note to consultant: Restrictive measures may include bans, threats of punishment or imprisonment, smear campaigns, arbitrary inspections, opaque registration processes, or restrictive funding approvals, amongst others. *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response		
Additional comments &		

background info		
	Chap23_CivilSpace_Pol_2	
	Are there 'foreign agent'-style laws that force civil society organizations receiving foreign funding to register under stigmatizing labels, subjecting them to burdensome reporting, state surveillance, or reputational attacks? *Possible responses: Yes; No. List the policy document(s) and cite provision(s).*	
Response		
Additional comments & background info		

Gender equality and non-discrimination

Indicator type	Implementation
Indicator reference	Chap23_Nondiscrimination_Impl_1
Question	To what extent does enforcement of drug laws and policies disproportionately impact women? (Select one option). Note to consultant: Please consider the extent to which women are more likely to be stopped on suspicion of a drug offence, to face imprisonment, harassment, loss of opportunities, or significant privation.

	Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.
Response	
Additional comments & background info	
	Chap23_Nondiscrimination_Impl_2
	How often are women who use drugs able to access shelters for survivors of gender-based violence? (Select one option). *Possible responses: Never; Rarely; Frequently; Very frequently; Always or almost always; I don't know.*
Response	
Additional comments & background info	
	Chap23_Nondiscrimination_Impl_3
	To what extent does enforcement of drug laws and policies disproportionately impact ethnic or racial minorities? (Select one option). Note to consultant: Please consider the extent to which people belonging to an ethnic or racial minority are more likely to be stopped on suspicion of a drug offence, to face imprisonment, harassment, loss of opportunities, or significant privation). *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response	
Additional comments & background info	
	Chap23_Nondiscrimination_Impl_4
	To what extent does enforcement of drug policy disproportionately impact low-income people? (Select one option).

	Note to consultant: Please consider the extent to which low-income people are more likely to be stopped on suspicion of a drug offence, to face imprisonment, harassment, loss of opportunities, or significant privation. *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response	
Additional comments & background info	

Privacy and personal data protection

Indicator type	Policy	Implementation
Indicator reference	Chap23_Privacy_Pol_1	Chap23_Privacy_Impl_1
Question	Does national law or policy provide for the mandatory registration of people who use drugs in a drug user registry? If so, what is the minimum length of mandatory registration? *Possible responses: Yes, No. List the policy document(s) and cite provision(s) establishing when a person is included in the drug user registry, and the minimum length of mandatory registration.*	How often is personal data on drug user registration shared without the consent of the person in the registry? Data may be shared without consent with other public authorities, health professionals, or prospective employers, amongst others. (Select one option). *Possible responses: Never; Rarely; Frequently; Very frequently; Always or almost always; I don't know.*
Response		
Additional		

comments & background info		
	Chap23_Privacy_Pol_2	
	According to national law or policy, does the inclusion of people who use drugs in a drug user registry entail the limitation of certain civil rights? (Select as many options as applicable). *Possible answers: No; Yes - their right to work in certain sectors is limited Yes - their right to drive vehicles is limited; Yes - their parental rights are limited; Others.*	
Response		
Additional comments & background info		

CHAPTER 24. JUSTICE, FREEDOM AND SECURITY

Institutional framework: Drug Strategy

Indicator name: Drug Strategy Pol 1

Indicator type	Policy	Implementation
Indicator reference	Chap24_DrugStrategy_Pol_1	Chap24_DrugStrategy_Impl_1
Question	Do national drug policy documents explicitly support harm reduction? (Select as many options as applicable). Note to consultants: Cross-reference with the Global State of Harm Reduction's coding on 'Explicit supportive reference to harm reduction in national policy documents'. *Possible responses:No; Yes - explicitsupportive reference to harm reduction; Yes - dedicated pillar or chapter on the promotion of harm reduction. List the national drug policy document(s), and cite relevant provision(s).*	To what extent has civil society been involved in the development of the latest national drug strategy? Note to consultant: Please consider if civil society organisations were invited to provide input to the strategy, if there was a meaningful discussion between civil society and policy makers, ifcivil society was able to co-develop the strategy, and if civil society was funded for participating in this process. *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response		
Additional comments & background info		
	Chap24_DrugStrategy_Pol_2	Chap24_DrugStrategy_Impl_2

	Do national drug policy documents explicitly commit to respect and uphold human rights? *Possible responses: Yes; No. List the policy document(s) and cite provision(s).*	To what extent have people who use drugs been involved in the development of the latest national drug strategy? Note to consultant: Please consider if people who use drugs were invited to provide input to the strategy, if there was a meaningful discussion between people who use drugs and policy makers, if people who use drugs were able to co-develop the strategy, and if they were funded to participate in this process. *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response		
Additional comments & background info		
	Chap24_DrugStrategy_Pol_3	
	Are bodies within the Ministry of Health involved in the development of the national drug strategy? Note to consultant: For a "Yes" answer, the body within the Ministry of Health does not need to be the lead actor in the development of the national drug strategy, but there should be at least some form of cross-government coordination mechanism. *Possible responses: Yes; No. List the relevant health bodies.*	

Response		
Additional comments & background info		

Institutional framework: National Drug Observatory and Early Warning System

Indicator name: DrugObservatory Pol 1

Indicator type	Policy Chap24_DrugObservatory_Pol_1	Implementation
Indicator reference	Does the national drug observatory have a mandate to monitor the human rights and social aspects of the drugs phenomenon?	Chap24_DrugObservatory_Impl_1
Question	Note to consultant: The EU Drugs Agency has an explicit mandate to monitor 'the drugs phenomenon, encompassing the health, human rights, social, safety and security aspects thereof'. In this indicator we are trying to assess whether the national drug observatory also has that mandate within its terms of reference or its work plans or strategy document. *Possible responses: Yes; No. List the relevant health bodies.*	To what extent is the early warning system operated in cooperation with civil society? (Select one option). Note to consultant: Cooperation between early warning systems and civil society often consists of sharing of information on new substances appearing in the market. Please consider if such cooperation takes place on a regular basis, and if civil society is funded to do that work. *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response		

Additional comments & background info		
		Chap24_DrugObservatory_Impl_2
		To what extent is reporting by the national drug observatory on drug use trends, drug-related deaths and epidemic outbreaks, updated, regular, and reliable? (Select one option). *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response		
Additional comments & background info		

CHAPTER 28. CONSUMER AND HEALTH PROTECTION

Harm reduction

Indicator type	Policy	Implementation
Indicator reference	Chap28_HarmReduction_Pol_1	Chap28_HarmReduction_Impl_1
Question	Is there at least one needle and syringe programme operational? Note to consultant: Information should be cross-referenced with Global State of Harm Reduction. *Possible responses: Yes; No. List the policy document(s) and cite provision(s).*	Which of the following best describes the availability of needle and syringe programmes for people who inject drugs? (Select one option). *Possible responses: Unavailable; Very Limited Availability; Limited Availability; Wide Availability; Very wide Availability; I don't know.*
Response		
Additional comments & background info		
	Chap28_HarmReduction_Pol_2	Chap28_HarmReduction_Impl_2
	Is there at least one opioid agonist treatment programme operational? Note to consultant: Information should be cross-referenced with Global State of Harm Reduction.	Which of the following best describes the availability of opioid agonist therapy programmes for people who use opioid drugs? (Select one option).

	Possible responses: Yes; No. List the policy document(s) and cite provision(s).	*Possible responses: Unavailable; Very Limited Availability; Limited Availability; Wide Availability; Very wide Availability; I don't know.*
Response		
Additional comments & background info		
	Chap28_HarmReduction_Pol_3	Chap28_HarmReduction_Impl_3
	Is take-home naloxone available? Note to consultant: Information should be cross-referenced with Global State of Harm Reduction. *Possible responses: Yes; No. List the policy document(s) and cite provision(s).*	Which of the following best describes the availability of HIV testing and ART for people who use drugs? (Select one option). *Possible responses: Unavailable; Very Limited Availability; Limited Availability; Wide Availability; Very wide Availability; I don't know.*
Response		
Additional comments & background info		
	Chap28_HarmReduction_Pol_4	Chap28_HarmReduction_Impl_4
	Is there at least one naloxone peer distribution programme operational? Note to consultant: Information should be cross-referenced with Global State of Harm Reduction.	Which of the following best describes the availability of Hepatitis C testing and treatment for people who use drugs? (Select one option).

	Possible responses: Yes; No. List the policy document(s) and cite provision(s).	*Possible responses: Unavailable; Very Limited Availability; Limited Availability; Wide Availability; Very wide Availability; I don't know.*
Response		
Additional comments & background info		
	Chap28_HarmReduction_Pol_5	Chap28_HarmReduction_Impl_5
	Is there a provision in national law or policy for the decriminalisation of drug use and the possession of drugs for personal use? Note to consultant: 'Decriminalisation' refers to the removal of sanctions under the criminal law, with optional use of administrative sanctions (e.g. provision of civil fines or court-ordered therapeutic responses)'. Our focus here is on 'de jure' decriminalisation, that is where decriminalisation is formal and legal (i.e., not where it is simply a matter of law-enforcement or 'looking the other way'). Check responses against data collected in the following resource: Drug Decriminalisation Across the World. *Possible responses: Yes; No. If drug use or possession for personal use is decriminalised, list the quantity thresholds used to differentiate personal use from supply.*	Which of the following best describes the availability of naloxone for people who use opioid drugs? (Select one option). *Possible responses: Unavailable; Very Limited Availability; Limited Availability; Wide Availability; Very wide Availability; I don't know.*

Response		
Additional comments & background info		
	Chap28_HarmReduction_Pol_6	Chap28_HarmReduction_Impl_6
	Does national law or policy provide for administrative sanctions for the use or possession for personal use of drugs ? Note to consultant: Check responses against data collected in the following resource: Drug Decriminalisation Across the World. *Possible responses: Yes; No. Provide details of any legislation or national policy documents cited, and list the maximum administrative sanction.*	Are any of the following harm reduction services available for people who use drugs? (Select as many as applicable). Note to consultant: Please note in comments what is the coverage of these services, if they are in place. *Possible responses: Drug consumption rooms; drug checking services; safer inhaling/smoking kits; harm reduction mobile units; harm reduction services in recreational settings such as nightclubs or festivals.*
Response		
Additional comments & background info		
	Chap28_HarmReduction_Pol_7 If possession for personal use is still criminalised, does national law or policy provide for alternatives to arrest or prosecution that aim to divert people who use drugs from the criminal justice system?	Chap28_HarmReduction_Impl_7 Which of the following best describes the sustainability of harm reduction funding in the country over the next 3-5 years? (Select one option).

	Note to consultant: Check responses against data collected in the following resource: Drug Decriminalisation Across the World. *Possible responses:Yes,No.Listthepolicydocument(s) and cite provision(s).*	*Possible responses: Funding is secure; Funding is mostly secure; Funding is somewhat unstable; Funding is likely to be reduced; Severe reductions to funding are anticipated; I don't know.*
Response		
Additional comments & background info		
		Chap28_HarmReduction_Impl_8
		To what extent are harm reduction services funded by national authorities? (Select one option). *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response		
Additional comments & background info		
		Chap28_HarmReduction_Impl_9
		How would you rate the severity of the sanctions faced by a typical person who is sanctioned for drug use or possession for personal use? (Select one option).

		Note to consultant: Sanctions can be criminal or administrative and may include pecuniary fines, arrests, and long-term deprivation of liberty. *Possible responses: Non-existing; Mild; Moderate; Severe; Very severe; I don't know.*
Response		
Additional comments & background info		
		Chap28_HarmReduction_Impl_10
		How would you rate the impact of the existing sanctions for drug use and possession for personal use, on access to harm reduction for the regular person who uses drugs? (Select one option). Note to consultant: We are seeking to evaluate if people who use drugs can access harm reduction services without fear of sanctions by the police. *Possible responses: Non-existing; Mild; Moderate; Severe; Very severe; I don't know.*
Response		
Additional comments & background info		

Treatment and care

Indicator type	Implementation
Indicator reference	Chap28_Treatment_Impl_1
Question	To what extent are staff employed in treatment & care services for people who use drugs qualified and receive continued training? (Select one option). *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response	
Additional comments & background info	
	Chap28_Treatment_Impl_2
	To what extent are there disparities in access to treatment & care services for people who use drugs due to a person's race or ethnicity? (Select one option). Note to consultant: Please consider both formal and informal/cultural barriers. *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response	
Additional comments & background info	
	Chap28_Treatment_Impl_3
	To what extent are there disparities in treatment & care services for women who use drugs, including during pregnancy? (Select one option).

	Note to consultant: Please consider both formal and informal/cultural barriers. *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response	
Additional comments & background info	
	Chap28_Treatment_Impl_4
	To what extent are there disparities in access to treatment & care services for people who use drugs due to a person's sexual and/or gender orientation? (Select one option). Note to consultant: Please consider both formal and informal/cultural barriers. *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response	
Additional comments & background info	
	Chap28_Treatment_Impl_5
	To what extent are people released from prison provided with appropriate support? (Select as many options as applicable). *Possible responses: National ID document; Naloxone; Health insurance; Housing or shelter; Employment opportunities; I don't know.*
Response	
Additional comments & background info	

Civil society participation

Indicator type	Implementation
Indicator reference	Chap28_CivilSociety_Impl_1
Question	To what extent is civil society involved in the design, implementation, and monitoring of drug policies? (Select one option). Note to consultant: Please consider if civil society organisations are regularly invited to provide input, if there are regular exchanges between civil society and policy makers, if civil society is able to co-develop drug policies, and if civil society is funded for doing this work. *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response	
Additional comments & background info	
	Chap28_CivilSociety_Impl_2
	To what extent are people who use drugs involved in the design, implementation, and monitoring of drug policies? (Select one option). Note to consultant: Please consider if people who use drugs are regularly invited to provide input, if there are regular exchanges between people who use drugs and policy makers, if people who use drugs are able to co-develop drug policies, and if people who use drugs are funded for doing this work.

	Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.
	Chap28_CivilSociety_Impl_3
	To what extent are peer outreach and peer work recognised,promoted, and funded by national authorities? (Select one option). *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response	
Additional comments & background info	

Cross-cutting

Indicator type	Implementation
Indicator reference	Chap28_CrossCutting_Impl_1
Question	To what extent are non-stigmatising language and attitudes promoted by national authorities? (Select one option). *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response	
Additional comments & background info	
	Chap28_CrossCutting_Impl_2
	To what extent do people who use drugs who experience mental health issues receive effective treatment for both issues, regardless of the point of entry in the health system? (Select one option).

	Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.
Response	
Additional comments & background info	
	Chap28_CrossCutting_Impl_3
	To what extent transparent complaints procedures in place for patients of treatment and harm reduction services exist, are operational, and allow patients to receive remedy in case of harm? (Select one option). *Possible responses: Not at all; to a small extent; to a moderate extent; to a large extent; to a very large extent; I don't know.*
Response	
Additional comments & background info	

CHAPTER 31.FOREIGN, DEFENCE AND SECURITY POLICY

UN alignment

Indicator type	Policy
Indicator reference	Chap28_UNAlignment_Pol_1
Question	During the past year, has the candidate country joined EU statements at the UN Commission on Narcotic Drugs? (Select one option). Note to consultant: This task will require desk research to find EU statements at the CND. They can be found in the following resources: - EEAS online newsroom, searching for content related to "Commission on Narcotic Drugs". - UNODC website, search dedicated webpage for the relevant session of the CND, and click page on 'Statements'. The webpage for the 2025 session of the CND is here. - CND blog, maintained by civil society. *Possible responses: 90%-100% of statements; 60%-90% of statements; 30%-60% of statements; 0% - 30% of statements.*
Response	
Additional comments & background info	
	Chap28_UNAlignment_Pol_2
	During the past year, has the candidate country voted along with the EU common position on drug-related resolutions at the UN Commission on Narcotic Drugs, the UN General Assembly, and the UN Human Rights Council? (Select one option).

	Note to consultant: Every year there are drug-related resolutions at the UN Commission on Narcotic Drugs. Resolutions at the UN General Assembly and the UN Human Rights Council are less frequent. Not all candidate countries are members of the CND and the HRC. You can track resolutions and votes in the following resources: - Resolutions at the UN Commission on Narcotic Drugs can be tracked here. Voting results can be tracked at the CND blog. - Resolutions and voting at the UN General Assembly can be tracked here. - Resolutions and voting at the UN Human Rights Council can be tracked here. *Possible responses: 90%-100% of resolutions; 60%-90% of resolutions; 30%-60% of resolutions; 0% - 30% of resolutions.*
Response	
Additional comments & background info	

Annex 1. Simplified mapping of EU drug policy legal and policy frameworks

Year	Name	Type of document	Overall relevance for shadow report
2023	Regulation (EU) 2023/1322 on the European Union Drugs Agency (EUDA)	EU instrument, binding	1 - High 1 -
2022	Council conclusions on a human rights approach in drug policies	EU instrument, non-binding	High 1 - High
2021	EU Drugs Action Plan 2021-25	EU instrument, non-binding	1 - High
2020	EU Drugs Strategy 2021-25	EU instrument, non-binding	1 - High
2018	Council conclusions on promoting alternatives to coercive sanctions for drug user offenders	EU instrument, non-binding	
2015	Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union	EU instrument, non-binding	1 - High
Ongoing	Council decisions on international scheduling of substances	EU instrument, binding	2 - Medium
2025	Communication on the EU Drugs Strategy	EU instrument, non-binding	2 - Medium
2025	Council conclusions on a pact addressing new synthetic drug and new psychoactive substances threats in the European Union	EU instrument, non-binding	2 - Medium
2025	Recommendation CM/Rec(2025)2 of the Committee of Ministers to member States regarding the promotion of the mental health of prisoners and probationers and the management of their mental disorders	Council of Europe, non-binding	2 - Medium
2023	Council conclusions on people having drug use disorders that co-occur with other mental health disorders	EU instrument, non-binding	2 - Medium
2020	Revised European Prison Rules	Council of Europe, non-binding	2 - Medium
2020	Drug policy and Human rights in Europe: A baseline study	Council of Europe, non-binding	2 - Medium

2018	Recommendation CM/Rec(2018)11 of the Committee of Ministers to member States on the need to strengthen the protection and promotion of civil society space in Europe	Council of Europe, non-binding	2 - Medium
2016	Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (Text with EEA relevance)	EU instrument, binding	2 - Medium
2016	Directive (EU) 2016/1919 of the European Parliament and of the Council of 26 October 2016 on legal aid for suspects and accused persons in criminal proceedings and for requested persons in European arrest warrant proceedings	EU instrument, binding	2 - Medium
2013	Directive 2013/48/EU of the European Parliament and of the Council of 22 October 2013 on the right of access to a lawyer in criminal proceedings and in European arrest warrant proceedings, and on the right to have a third party informed upon deprivation of liberty and to communicate with third persons and with consular authorities while deprived of liberty	EU instrument, binding	2 - Medium
2012	Directive 2012/13/EU of the European Parliament and of the Council of 22 May 2012 on the right to information in criminal proceedings	EU instrument, binding	2 - Medium
2011	Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare	EU instrument, binding	2 - Medium
2000	Charter of Fundamental Rights of the EU	EU instrument, binding	2 - Medium
2023	EU roadmap to fight against drug trafficking and organised crime	EU instrument, non-binding	3 - Low
2023	Communication on a comprehensive approach to mental health	EU instrument, non-binding	3 - Low
2022	Council conclusions on a roadmap to combat drug trafficking	EU instrument, non-binding	3 - Low
2018	Council conclusions on alternative development	EU instrument, non-binding	3 - Low
2017	Directive (EU) 2017/2103 of the European Parliament and of the Council of 15 November 2017 amending Council Framework Decision 2004/757/JHA in	EU instrument, binding	3 - Low

	order to include new psychoactive substances in the definition of 'drug' and repealing Council Decision 2005/387/JHA Directive (EU) 2016/343 of the		
2016	European Parliament and of the Council of 9 March 2016 on the strengthening of certain aspects of the presumption of innocence and of the right to be present at the trial in criminal proceedings	EU instrument, binding	3 - Low
2016	Directive (EU) 2016/800 of the European Parliament and of the Council of 11 May 2016 on procedural safeguards for children who are suspects or accused persons in criminal proceedings Directive 2010/64/EU of the European	EU instrument, binding	3 - Low
2010	Parliament and of the Council of 20 October 2010 on the right to interpretation and translation in criminal proceedings Consolidated text: Council Regulation (EC) No 111/2005 of 22	EU instrument, binding	3 - Low
2005	December 2004 laying down rules for the monitoring of trade between the Union and third countries in drug precursors Consolidated text: Council Framework Decision 2004/757/JHA of 25 october	EU instrument, binding	3 - Low
2004	2004 laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking Consolidated text: Regulation (EC) No 273/2004 of the European Parliament and of the Council of 11 February 2004 on drug precursors	EU instrument, binding	3 - Low
2004		EU instrument, binding	3 - Low