NHRA Advocacy Toolkit

Taking Action from a Human Rights Perspective

National Harm Reduction Association (NHRA),Lalitpur, Nepal

January 2014

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Contents

Introduction

The human, economic, and social costs of have increased exponentially with the advent of HIV and AIDS and other blood borne pathogens such as Hepatitis C. In several regions of the world, especially Asia, the unsterile sharing of needles, works, and drugs related to injecting drug use is the principal driver of HIV transmission and puts drug users, and their sexual partners at risk. Treatment programs that are evidence-based result in drug users stopping drug use, changing risk behaviors, and reducing the risk of contracting or transmitting HIV. Most experts agree that the HIV epidemic cannot be contained without sustainable, widespread access to Harm Reduction services and removal of barriers to Harm Reduction service utilization.

Many countries have started Harm Reduction programs, instigated and funded by international donors. These countries have developed standards of care, trained providers, and procured commodities to provide limited numbers of injecting drug users (IDUs) with reasonably high-quality Harm Reduction services.

Nevertheless, the success of these programs has not dispelled political and popular opposition to treating drug use. Not only are the programs too small to reach the majority of drug users who might wish to use access Harm Reduction services, moreover without a legal basis, even these limited programs will cease to be sustainable once donor funding ends.

This Toolkit is the culmination of an initiative by NHRA to identify policy barriers that impede the implementation of drug dependence treatment services. Reviews from news sources, NGOs and government resources including collaboration with other drug user Networks affiliated with NHRA and organizations representing and working with and on behalf of IDUs in Nepal and their collective wisdom have been included to ensure that the Toolkit would complement and build on the many existing efforts in the region. The Advisory Technical Working Group reviewed and provided feedback on the design and content.

The NHRA Policy Advocacy Toolkit is designed to assist drug user networks, advocates and policymakers to build and strengthen an enabling policy environment for successful Harm Reduction program implementation and scale-up.

Purpose and Target Audiences

This Toolkit is intended to assist drug user organisations and networks, advocates, policymakers and decision makers, national committees and advisory boards, program developers, service providers, clients, NGOs, and other stakeholders to build a public policy foundation that supports and is conducive to the implementation and scale-up of informed interventions and services, specifically with respect to Harm reduction and evidence based interventions such as oral substitution and medically assisted drug treatment as well as needle and syringe programmes with referral linkages to ARV and Hep C treatment as well as other psychosocial or medical services including issues of punitive drug policy .

Objective of the toolkit

The tools in the Toolkit are meant to

- Collect and analyze the human rights perspectives as the rationale for observing current laws and policies which can enable or restrict the rights of drug users. (*such as the opinions and perceptions regarding drug users*);
- Address issues related to advocacy on behalf of the rights of drugs users from a human rights perspective; and
- Provide tools and guidance to drug user advocates in navigating the social policy change process.

Why use this toolkit?

The fact that we all have human rights does not mean they are not sometimes denied. Human rights abuses continue to occur all over the world. In order to make sure that human rights are made a reality in the lives of people who use drugs, those with rights need to know what they are and how to claim them. Those who are responsible for protecting and respecting people's rights need to know what their responsibilities are and uphold them.

Effective advocacy with regards to dignity, health and human rights of drug users depends not only on introducing positive policies that enable but also on the elimination of negative policies and practices that act as barriers to positive social change. (for *example: such as the fear of being unfairly arrested or losing one's job if seen at a drug treatment facility or identified as a person who uses drugs).*

This toolkit will:

- Help you gain an understanding of the Human Rights Act 1998 and how it applies to advocacy casework in the context of rights of people who use drugs.
- Help you understand the rights of people who use drugs and tools to progress their issues which you can be used in your advocacy work or shared with key persons to provide them with further impetus to further their cause.
- Help you understand where you can find out what public and governing bodies (such as Service delivering organization, hospitals, police, government bodies, local authorities and others) have to do in relation to the Human Rights Act 1998 and the rights of people who use drugs.

Organization of the Toolkit

The Toolkit consists of four sections, with rationales as to why they are important and how they should be applied. For simplicity, It deliberately avoids complex technical language so that the tools can be used by a wide range of national stakeholders with different levels of knowledge and policy expertise. The tool sets include:

(1) Understanding Human Rights

A background history and an analysis to compare international human rights laws, declarations and best practices against current policies as well as to assess the extent to which they enable or restrict implementation of Harm Reduction including tools and guidance to Inventory Legislation, Policies, Regulations, Guidelines/ Protocols for advocacy purposes

(2) Advocacy Guidance Toolkit

Guidance and Strategic Action Planning Tools for drug user activists and advocates, to identify and prioritize policy issues, engage stakeholders, and conduct advocacy campaigns including Strategic Advocacy Action Planning tools

(3) Survey Instruments: Sample Advocacy Needs Assessment

To collect opinions and experiences of key informants such as Target populations, Stakeholders, NGOs, Allies, Service Providers, and clients regarding coverage and quality of services; civil society participation in Harm Reduction and Drug Policy dialogue; and stigma, harassment, and other human rights violations faced by people who use drugs in accessing services

(4) Annexes-

Annex a. Universal Declaration of Human Rights
Annex b. Human Rights Act 1998
Annex c. Answers to Human Rights Quiz

Limitations

Toolkit users should keep the following limitations in mind:

- There are no national repositories of policy documents. Time will be needed to identify and collect policy documents and some information may be totally lacking or inaccessible (for *example: local estimates of treatment needs. Many countries rely on international or secondary data sources*).
- The Inventory is best collected by individuals already familiar with policy documents.
- It is unlikely that a single person will have the policy and content area expertise to apply the entire Toolkit; thus it is recommended assembling a team of knowledgeable individuals who can *collectively* encompass the content areas.
- Written policy documents set the stage for program implementation but cannot guarantee program success by themselves. The assessments are only the first step of a longer planning and implementation process; Drug user advocates may need additional resources to disseminate findings, train other advocates and develop advocacy plans, support needed policy reform, train service providers, fund expanded treatment programs, and monitor progress.

Alternative applications of the Toolkit

Other possible uses of this Toolkit include:

- As a reference to comparing the current policy environment in a particular country against Human rights laws and international best practices and identify the extent to which current laws and policies enable or restrict implementation of medically assisted drug treatment and Harm reduction services. This could also serve as a baseline for program design;
- To identify policy barriers and the strategies and opportunities that could be effective in mitigating these barriers. This could form the basis of planning to design a policy advocacy action strategy;
- To provide summary best-practices guidance for programmers and decision makers in determining the content of drug user related programs and planning interventions; and
- To monitor the impact of policy advocacy and implementation and change in the country‘s Drug policy/program environment. This could be measured by comparing findings against the baseline at a later date.
- Application of the Toolkit may be as a training module in order to train data collectors to identify and collect policy documents and information and perhaps to provide assistance in the analytical and action planning stage.

In summary

This Toolkit can be applied independently to a specific issue or across the policy spectrum. Reviewing Policy documents complemented with subjective perceptions and experiences allows drug user networks, activists and advocates including policymakers to pinpoint more precisely where problems occur in the policy-to-practice continuum and assists them to take steps to improve the policy environment for successful harm reduction program implementation and scale-up.

Understanding Human Rights:

Background

Political and economic upheavals in Nepal have led to budget shortfalls and partial collapse of the public health infrastructure, leaving the country ill-prepared to deal with either the old public health scourges, such as MDR tuberculosis or the current problem of access to HIV and AIDS monitoring and treatment options or even the newly and rapidly emerging threat of hepatitis C.

Helping to fuel the HIV epidemic have been the equally rapidly growing epicenters of injecting drug use, with their associated primary risk behaviors, such as needle sharing and secondary risk behaviors, such as unprotected sex, compounded by stigma, discrimination and at best controversial drug laws.

General International consensus is that drug dependence and injecting drug use are best addressed as health issues and not as criminal activities and that an effective response should include respect for patient/client rights and dignity; inclusion, involvement and coordination among target groups, communities, and the criminal justice systems; and evidence-based drug dependence treatment that includes medication-assisted treatment with methadone or buprenorphine. Drug use is considered a multifaceted problem that is often compared to a relapsing and remitting chronic disease. In many arenas drug dependence is not recognized as a health issue and a substantial proportion of drug users are stigmatized and have no access to treatment and care.[1]

Oral substitution treatment has been a proven HIV intervention for some time. Failure to provide drug dependence treatment options drives transmission and hinders access to HIV treatment. Drug users living with HIV who receive comprehensive harm reduction services are more likely to be informed and thus comply with antiretroviral (ARV) treatment regimens and reduce high-risk drug-related and sexual behavior.

The National Mechanism has only begun to mobilize against HIV and AIDS in general but the response to injecting drug use has tended to lag behind. Two decades into the epidemic it has yet to develop a strong public policy foundation to support the drug user community in the context of Human rights.

History

Ideas about human rights have evolved over many centuries. But they achieved strong international support following the Holocaust and World War II. To protect future generations from a repeat of these horrors, the United Nations adopted the Universal Declaration of Human Rights (UDHR) [2]in 1948 and invited states to sign and ratify it. For the first time, the Universal Declaration set out the fundamental rights and freedoms shared by all human beings.

In 1947, the UN established the Human Rights Commission to draft the UDHR. Representatives from a range of countries were involved in the drafting process. On 10 December 1948 the Declaration was adopted by the UN.

The preamble to the UDHR sets out the aims of the Declaration, namely to contribute to 'freedom, justice and peace in the world', to be achieved by universal recognition and respect for human rights. These rights are then defined in 30 articles which include civil, political, economic, social and cultural rights.

The main innovation of the UDHR is that it recognizes a universal entitlement to rights applying to 'all members of the human family'. Before this the rights and freedoms of individuals were regarded as the domestic affair of the state within whose jurisdiction they fell.

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[1] UNODC Treatment Initiative: http://www.unodc.org/docs/treatment/Brochures/10-50007_E_ebook.pdf .

[2] See Annex a - for the Universal Declaration of Human Rights (UDHR).

The traumatic events of the Second World War prompted the strong belief that this situation was no longer tenable, that universal protection was needed for all people, and that the international community should monitor more strongly what happens inside states.

What are Human Rights?

'Human rights' are the basic rights and freedoms that belong to every person in the world. They are the fundamental things that human beings need in order to flourish and participate fully in society.

There are many different human rights reflecting our basic needs across different areas of our lives. Civil and political rights include the right to liberty and freedom of expression, while economic, social and cultural rights include the protection of property and the right to education. Every human right is needed to 'be human'.

Human rights belong to everyone, regardless of their circumstances. They cannot be given away or taken away from you by anybody – although some rights can be limited or restricted in certain circumstances. For example, your right to liberty can be restricted if you are convicted of a crime.

They regulate the relationship between the state (*including public authorities and public bodies, institutions and law enforcement*) and the individuals. They are responsible for ensuring rights are provided, exercised and protected to individuals, and individuals are 'rights-bearers'. Also an individual cannot interfere or violate another person's rights.

Human rights are underpinned by a set of common values, including Fairness, Respect, Equality, Dignity and Autonomy. The international community has agreed several key characteristics of human rights:

- Human rights are **universal** - they belong to everybody in the world.
- Human rights are **inalienable** - they cannot be taken away from people.
- Human rights are **indivisible** and **interdependent** – all the different human rights are important for human beings to flourish and participate in society.

What is the Human Rights Act 1998?

The Human Rights Act 1998 is a law, which came into full force in October 2000. It gives further effect to the fundamental rights and freedoms in the European Convention on Human Rights.

Every country has laws that have been passed affecting every aspect of our lives. Sometimes it can be difficult to know what ones basic rights really are. The Human Rights Act means that we can safeguard outrights here and we can all be clearer about the basic values and standards of humanity that we share as human beings. This toolkit introduces the Human Rights Act and says how it works. National Governments generally respect the Human Rights Act. However if ones rights are ever infringed, or violated it may be a good idea to know that there is something you can do about it.

The Aim of Human Rights Act 1998

The Human Rights Act 1998 was introduced with two main aims:

- The Human Rights Act 1998 makes human rights more accessible by bringing Human Rights issues under the jurisdiction of domestic courts and the attention of the media. This makes it possible for people to raise or claim their human rights within complaints and legal systems as well as through media to gain popular support on crucial issues.
- To bring about a new culture of respect for human rights. Human rights are not just about the law and taking cases to court. They are relevant to many of the decisions people make and the situations people experience on a daily basis. The Human Rights Act 1998 is intended to place human rights at the heart of the way public services are delivered.

The Human Rights Act 1998 has a real application for advocating for the rights of people who use drugs and in advocating for social policy change propagating an enabling environment for service delivery success. It can be used to protect people who are being abused in care homes and rehabilitation centers and to ensure that drug users are provided with optimum treatment options including to protection from police violence.

What are 'Articles'?

When people refer to the 'Articles' they are talking about the rights that have been inserted from the European Convention on Human Rights and put into our Human Rights Act 1998. The articles will tell you what the different rights mean but also in what circumstances and how they may be limited or restricted. Some of the articles are more commonly used in advocacy case work than others.

The following are some examples of articles.

- Article 8 Right to private and family life and correspondence is the most Prominent in advocacy casework
- Article 5 Right to liberty, particularly likely to be relevant if you work on award or in are identical care setting, and
- Article 3 Prohibition of torture, inhuman or degrading treatment is also referred to in advocacy at times, although the threshold for violation of article 3 is high.

The rights contained in the Human Rights Act 1998:[3]

- Article 1 is introductory
- Right to life (Article 2)
- Prohibition of torture (Article 3)
- Prohibition of slavery and forced labour (Article 4)
- Right to liberty and security (Article 5)
- Right to a fair trial (Article 6)
- No punishment without law (Article 7)
- Right to respect for private and family life (Article 8)
- Freedom of thought, conscience and religion (Article 9)
- Freedom of expression (Article 10)
- Freedom of assembly and association (Article 11)
- Right to marry (Article 12)
- Prohibition of discrimination (Article 13)
- Protection of property (Article 1 of Protocol 1)
- Right to education (Article 2 of Protocol 2)
- Right to free elections (Article 3 of Protocol 1)
- Abolition of the death penalty (Article 1 of Protocol 6).

How are human rights protected?

Human rights declarations, conventions and laws are the starting point for making human rights real in people's lives. There are three different levels of human rights laws, namely – international, regional and domestic. These are enforced and monitored in different ways and can be a basis for favorable policy change linked to positive social change.

International law

[3] See Annex b - for an explanation of the convention rights of The Human Rights act 1998.

The UDHR is only a declaration, and as such, is not legally binding. It However has inspired a range of international human rights instruments (often called conventions, covenants or treaties), such as the International Covenant on Civil and Political Rights, the United Nations Convention on the Rights of the Child (UNCRC), and the United Nations Convention against Torture. These are monitored by the United Nations. Countries that have signed and ratified these instruments have to submit regular reports (usually every 4–5 years) to show how they are implementing the rights in the treaty. The reports are examined by a committee of experts, which publishes its concerns and recommendations.

The international human rights treaties may not be a part of a countries domestic law. This means that you may not be able to bring a case against the Government using one of these treaties in the national domestic courts. However, there are mechanisms which allow individuals to make complaints to a committee of experts at the UN if they believe their rights have been violated.

Regional law

At the same time that human rights were being developed within the UN system, regional groups of states started adopting home-grown treaties dealing with human rights. These include the European Convention on Human Rights giving rise to the **Human Rights Act 1998**, the African Charter on Human and Peoples' Rights, and the American Convention on Human Rights.

The European Convention on Human Rights (**Human Rights Act 1998**) is arguably the most developed of these regional mechanisms. The Convention was agreed after the Second World War by the Council of Europe, which was set up to safeguard and defend human rights, democracy and the rule of law across its member states. The Council of Europe represents 'Greater Europe' and currently has 47 member states. The Convention established a Court of Human Rights based in Strasbourg, France.

Anyone can complain to the Court of Human Rights if they think their rights set out in the Convention have been breached. Now that the Human Rights Act 1998 has come into force (see below), human rights cases under the Convention can be heard in the UK courts, without having to go all the way to Strasbourg. The European Court will only hear cases once all domestic remedies have been exhausted i.e. they have gone through all possible UK courts. It is still possible for the European Court to consider a case even if the UK Supreme Court has passed judgment.

Domestic law

Many countries also have their own domestic human rights legislation. In the Nepal, we have our own Human Rights Act known as the **National Human Rights Commission Act, 2068** issued on the 21 Jan. 2012, which enables Nepali Courts to consider the European Convention on Human Rights and the Human Rights Act 1998 allows people to use certain rights drawn from the European Convention on Human Rights in our domestic courts.

How the Human Rights Act 1998 works

The Human Rights Act 1998 works in four main ways:

1. All public authorities must not act in a way that is incompatible with the rights contained in the European Convention on Human Rights (**Human Rights Act 1998**).
2. Anyone who believes their rights have been breached by a public authority can bring a claim against that authority. This can be in the ordinary Courts, and through a range of other procedures including tribunals, hearings and complaints procedures. Anyone can bring a claim under the Human Rights Act 1998 – the Act is not limited to nationality.
3. Wherever possible, existing laws have to be interpreted and applied in a way that fits with the human rights contained in the Human Rights Act 1998. If it is impossible to interpret an existing piece of primary legislation in this way, the courts will issue what is known as a 'declaration of incompatibility'. This sends a clear message to legislators that they should change the law to make it compatible with human rights. This sets up a 'democratic dialogue' between the branches of government.

4. For all new Acts, the Minister of the office responsible for the Bill must make a statement confirming that it is compatible with the Human Rights Act 1998 (or explain why it is not). This means that human rights must be considered whilst developing legislation.

What is a public authority?

A 'Public authority' is not fully defined in the Human Rights Act, but should be interpreted broadly. It includes all central Government institutions departments and local authorities, as well as state educational and health institutions, Trusts, prisons, the police, courts and tribunals.

How are rights balanced?

Not all the rights in the Human Rights Act 1998 are of the same type. Some rights are 'absolute', which means they can never be restricted by the state, while others are non-absolute - they can be restricted in certain circumstances.

There are three main types of rights:

Absolute rights cannot be interfered with or limited in any way. Examples of absolute rights are prohibition of torture or Prohibition of slavery and forced labour.

Limited rights can be limited in specific circumstances, as set out in the Human Rights Act 1998. An example of a limited right is the right to liberty, which can be limited in certain cases, for example, where someone has been convicted of a crime by a court or is being detained because of mental health problems.

Qualified rights can be interfered with in order to protect the rights of other individuals or the public interest. The majority of rights in the Human Rights Act are qualified rights. Any interference with a qualified right must be:

- in pursuit of a legitimate aim, for example, to protect the rights of others or for the wider good
- lawful
- necessary
- Proportionate (appropriate and not excessive in the circumstances).

Examples of qualified rights are Right to respect for private and family life, Freedom of thought, conscience and religion and Freedom of assembly and association.

Who is responsible for protecting drug user's human rights?

The responsibility for upholding human rights lies with the state regardless of history of drug use. Human rights provide minimum standards below which states cannot go. States have the responsibility to ensure that everyone's rights are protected and fulfilled.

However, human rights are also about the relationships between all of us and when we all respect each other's rights, it helps everyone to get along and live together. If someone does not allow another person to exercise their human rights, they do not forfeit their own rights. For example, if a child is excluded from school because they have seriously hurt another child, they still have a right to an education.

- **Respect human rights**: States must refrain from interfering with our human rights or curtailing the enjoyment of human rights.
- **Protect human rights**: States must protect individuals and groups against human rights abuses.
- **Fulfill human rights**: States must take positive action to facilitate the enjoyment of basic human rights.

Why are human rights relevant to people who use drugs?

Many people think human rights are remote, theoretical concepts. But they are important for our everyday lives. Human rights provide a framework to encourage young people to take part in our

democratic society, and to discuss and debate decisions made by public bodies about their lives. The Human Rights Act 1998 can also act as a good practice checklist and decision making tool for public servants in their work.

Human rights help to ensure that all drug users have access to clean needles and syringes, that they can express their own views and have their own beliefs, that they don't experience abuse in police custody, that they aren't forced to work, that they can freely practice a religion of their choosing, and much more.

Activity Exercise

Test your current knowledge of human rights with this quick true/false quiz as an exercise to familiarize yourself with the Human Rights Act.

Quiz	True / false
1 Human Rights were first legally defined by international agreement after the Horrors of the Second World War.	☐
2 Under the Human Rights Act everyone has a legal duty to uphold human rights.	☐
3 Public bodies must have human rights principles in mind when they are making policies and decisions about people's rights, and be able to demonstrate they have taken this into consideration.	☐
4 Since refugees have no rights, they must rely on our Generosity and the Human Rights Act does not apply to them.	☐
5 Using The Human Rights Act 1998 stops you from having your convention Rights recognized under the Court of Human Rights in Strasbourg.	☐
6 The language and underpinning values of human rights are useful outside of the courtroom.	☐

Human Rights and Drug Policy

In many countries around the world, drug control efforts result in serious human rights abuses - torture and ill-treatment by police, extrajudicial killings, arbitrary detention, and denial of essential medicines and basic health services. UN drug control agencies have paid little attention to whether international drug control efforts are consistent with human rights protections, or to the effect of drug control policies on fundamental human rights.

Documentation of human rights abuses linked to drug enforcement laws, policies and practices have been going on for more than a decade. It has been found that some governments have justified a wide range of serious human rights abuses in the name of fighting a "war on drugs."

The following are some serious Human Rights and Drug Policy issues that may be used to build impetus for advocacy for policy and social change through evidence based interventions, services and activities.

1. **Deadly Drug Penalties-**Governments have routinely killed people to implement drug enforcement policies. The death penalty for drug offenses is a violation of international human rights law. But more than 30 UN member states retain the death penalty for drug law offenses, including some that require the death penalty as a mandatory sentence.
2. **Incarcerated in the Name of Treatment-** In many countries, people who are identified as drug users are consigned for extended periods of time to locked "treatment facilities," where they are detained without trial; held in prison conditions that put them at risk of HIV, Hepatitis C, and TB, and forced to do unpaid labor; and subjected to experimental techniques, solitary confinement, mandatory HIV testing, and in some cases, physical and psychological abuse in the name of "drug treatment."
3. **Violence and Abuse by Police-** People who use drugs are routinely subjected to violence during arrest and detention, in some cases to extract confessions. Law enforcement in many countries has relied on tactics amounting to inhuman treatment or in some cases to torture, including forcing suspects to suffer withdrawal to extract confessions and extorting money from them.

4. **Deprived of Treatment-**Drug control efforts undermine lifesaving health services, including HIV prevention and treatment and drug dependence treatment**.**

   Laws proscribing syringe possession and associated policing practices targeting drug users increase the risk of HIV and other adverse health consequences. In some countries, many people who inject drugs do not carry sterile syringes or other injecting equipment, even though it is legal to do so, because possession of such equipment can mark an individual as a drug user and expose him or her to punishment on other grounds.

   Police presence at or near government sanctioned harm reduction programs (such as legal needle exchange sites) drives drug users away from these services out of fear of arrest or other punishment. Methadone or buprenorphine - the most effective treatment for opioid dependence - is barred by law or policy in many jurisdictions. Many prisons combine the failure to treat drug dependence with harsh disciplinary measures for drug use and possession.
5. **Incarceration in prisons-** People incarcerated for drug offenses account for a substantial percentage of prisoners in many countries throughout the world. Those incarcerated are often the most marginalized - small time dealers, low level drug offenders, and overwhelmingly, people who use drugs, as opposed to dealers, traffickers or drug members.
6. **Access to Controlled Medicines and access to treatment-** Unnecessarily strict narcotic drug control laws, policies, and practices in many countries also severely restrict access to controlled medicines for therapeutic purposes, thus undermining the right to health and to be free from cruel, inhuman and degrading treatment or punishment for millions of people who need narcotic drugs to treat pain or drug dependence.

   The international community's strong focus on cracking down on illicit drug use has led many countries to neglect their obligation to ensure that people can benefit from the crucial medicinal qualities of narcotic drugs. Many hospitals do not provide patients with morphine, despite the fact that patients are incurable and likely to require pain treatment and palliative care until death. Health centers offering services to people living with HIV similarly do not have morphine or doctors trained to prescribe it.

Discussion:

Legislation should declare it to be public policy to respect the rights of persons treated for drug dependence and establish mechanisms for the protection of their civil, political, economic, social, and cultural rights. In particular, legislation should provide for the protection by the law and through legal judicial institutions (courts, tribunals) of the rights, welfare, property, and dignity of drug-dependent persons (WHO, 1987).

The Basic Right to treatment[4]

Every drug user has the right to:

a) a full course of high-quality treatment and follow-up support to be provided in accordance with good clinical practice;
b) treatment without discrimination;
c) meaningful participation in determining his/her, own treatment goals, which may include but are not limited to abstinence or changes in drug use that minimize the harms of dependence;
d) meaningful participation in all treatment decisions, including when and how treatment is initiated and withdrawal from treatment;
e) exercise his or her rights as a patient, including:

[4] Adopted from Model law provision on basic rights of patients for the provision of treatment and follow up support (Network, 2010).

i. reporting, without retribution, any instances of suspected abuse, neglect, or exploitation of patients in the program;
ii. a grievance and appeal process, in accordance with Human rights laws, national laws and regulations;
iii. Provide feedback and input into the policies and services of drug dependence treatment programs; and
iv. Voluntary withdrawal from treatment at any time.

f) confidentiality of medical records and clinical test results; and
g) be fully informed, including but not limited to the right to receive information on:
i. his or her state of health;
ii. his or her rights and obligations as a patient, as specified in this Part and in applicable law;
iii. the procedure for making a complaint about the services received through the program; and
iv. Conditions and the availability of receiving free services, medical insurance and other possible subsidies or aid.

The policy environment

The complexity of the policy environment and the sheer number of policy issues may dissuade donors and advocates from taking any action at all. Attempting to solve all policy issues at one time will not work. Advocates need to prioritize problems and opportunities to take incremental steps and build confidence and consensus before moving on to more fundamental policy change. The most effective advocacy efforts share the following characteristics:

a) High-level governmental backing;
b) Strong political support;
c) Adequate funding;
d) High-level and respected membership from government, nongovernment, and target population;
e) Public support; and
f) Prominent public visibility and high priority in all areas of government.

Policy Issues

The following examples identify policy issues that might be addressed to improve the legal environment for drug users:

- **Regulatory issues—** Such as the Inclusion of methadone on the national list of essential drugs; registration of buprenorphine as a regulated drug. *Some countries do not include methadone as an essential drug; it has to be approved for importation every year and in some places buprenorphine is allowed only for research and not for treatment and in others needle and syringe programmes are frowned upon.*
- **Alignment of existing laws—**Decriminalization of drug use would remove a barrier to seeking treatment and bring the Criminal Code into line with the drug laws. *Laws on drug relief services recognize drug use as a medical issue in need of medical aid, but the Criminal Code considers drug use as a crime.*
- **Civil society participation—**Nongovernmental organizations (NGOs) can participate in policy discussions. *This might be an opening to further civil society participation for policy change*.
- **Clarification of human rights and legal protections—** law enforcement agencies are believed to request and receive client information directly from drug treatment facilities without a court order. This discourages drug-dependent people from seeking treatment. *It is not clear if this is permitted by law or is an informal practice; more information would be needed to develop an appropriate policy response.*

Targeting reform according to policy document types

Advocates will want to propose different types of policy reform depending on the specific issues that need to be modified or strengthened. This section provides an orientation on:

a) What kinds of policy documents are more likely to contain information on a specific topic?
And
(b) Which type of policy reform may be most appropriate for each content area?

In addition, once policies have been created or changed, attention must be paid to policy dissemination, training, monitoring and evaluation, and funding for programs or services. These components must work together to create and sustain an enabling policy environment through coordinated legislative, political, and program involvement and support. Going beyond formal policies, law enforcement, treatment professionals, as well as the public at large, must recognize the value of the policy.

Description of policy document categories

There are many kinds of written policy documents that guide and/or affect the overall public policy environment. They differ in terms of the body or agency that issues them. The Toolkit encompasses five categories of policy documents: legislation; policies; regulations; guidelines and protocols; and operational plans.

- **Legislation**: Laws and other documents enacted or originated by the **Legislative branch** of government, such as Parliament, National Assembly. Also includes customs (importation) codes.
- **Policies**: High-level documents issued by the **Executive branch** of government, such as the President, Prime Minister and other Cabinet ministers. Includes edicts, Presidential or Ministerial decrees, national strategies, programs.
- **Regulations**: Documents issued by **line ministries and departments** that specify how laws, decrees, and other high-level policies should be put into practice. Includes orders, resolutions, and rulings.
- **Guidelines, protocols**: Published documents prepared by **professional associations** (e.g., medical, pharmacy, nursing, and dispensers) that specify the content and delivery of services.
- **Operational plans**: Published documents prepared by **departments and programs** (e.g., National Treatment Program) usually on an annual or biennial basis, that specify the type and number of program activities to be conducted, such as training events, supervision schedules, commodities, and/or purchases.

Written policy documents set the stage for program implementation, but, by themselves cannot guarantee program success. In other words, documents are necessary but not sufficient for advocacy efforts targeting, policy, implementation and ultimately effective programs. Also, written materials alone cannot make your case. Successful lobbying will depend on how well you are able to identify your proposals and meet and discuss them with those in power.

Advocacy Guidance Toolkit:

Definition of Advocacy

Advocacy is taking action to help people say what they want, secure their rights, Represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support, stakeholders governments, and decision makers to take their side to bring about positive social change. Advocacy promotes social inclusion, equality and social justice and fights marginalization, inequality and social injustice. Advocacy consists of actions designed to draw a community's attention to an issue and to direct policy-makers to a solution. In addition, advocacy can be a social change process affecting attitudes, social relationships and power relations, which strengthens civil society and opens up democratic spaces

Put simply, advocacy means fighting for our rights. Advocacy includes figuring out how bureaucracies and systems work, and fighting decisions that deny us things we are legally entitled to -- protection from discrimination, access to social assistance and health care, fair treatment by the justice system, etc. Advocacy involves different strategies aimed at influencing decision-making at the local, provincial and national levels and also includes use of media, lobbying organizations, institutions, and various levels of government to change their rules and regulations that deny people the full economic, political, and legal rights set out in the United Nations' Universal Declaration of Human Rights.

What is advocacy?

Advocacy describes a method or approach used to:

- Change policies and practices
- Reform institutions
- Alter power relations
- Change attitudes and behaviors
- give project work a broader impact

Why use advocacy?

- To achieve widespread, sustainable change
- To create a bigger more sustainable impact than is possible with grassroots programmes alone
- To defend communities and programmes from adverse policy

Advocacy can also help to strengthen and expand democratic space by:

- Encouraging consultation and the participation of drug users in all levels of policy-making
- Building and strengthening cooperation between high level organisations and target groups
- Establishing through interactions with decision-makers the legitimacy and credibility of drug user groups

Advocacy in the context of Drug Users rights

If you are actively in involved in issues related to people who use drugs, you may come across people who tell you they are not getting a fair deal from services, are experiencing discrimination, or who do not know the system or the choices they have, on a regular basis. People who use drugs who seek your advocacy support may or may not know a lot about their rights, others may know very little. You may be working with people who are unable to articulate or are communicate due to various reasons.

Advocates are not legal experts but need to know where to go for or expert advice, what rights and choices the drug users have around their issues and how they can be empowered to progress their issue. Chances are as an advocate, activist or service provider you are already actively referring to existing pieces of legislation.

Legislation can help people who use drugs know more about their rights in relation to a specific area or issue. If you are an advocate who works with people who use drugs you are probably very aware that cases are complex. An HIV Positive drug user with Hep C confection may come to you with multiple issues that are in fact affecting their health, so you may need to have some knowledge of health legislation as well.

If you have been working as an advocate for a while you may have come across situations where you felt a person's rights were not being respected, but had not quite known for sure how it was actually related to the Articles in the Human Rights Act 1998, you now have a clear understanding of how it can relate to rights of people who use drugs.

If you have worked with people who use drugs that have been for example:

- Discriminated against on the basis of their sexuality, age, ethnicity, addiction, diseases or as such being denied the opportunity to engage in social Activities that other clients/residents/patients partake in as part of their care.
- sectioned without having timely access to representation or legal support;
- left in their own waste, unconscious;
- provided with no options around treatment that show any respect for their family or private life;
- subjected to a 'blanket ban' by a public authority;

Then the likelihood is that you may have seen potential breaches of the Human Rights Act 1998. Human rights are based on a set of core values which directly relate to advocacy such as:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

Advocacy Campaigning

There are various methods of conducting advocacy activities depending upon the issue, objective and expected outcomes after the implementation of the activities. The following are some commonly followed strategies advocacy activities

- Leaflets and other materials for public distribution, Posters or advertisements, news letters
- Public meetings
- Media work – newspapers, radio or TV or events to attract media attention
- Using celebrities to support your cause
- Letter writing campaigns, Petitions
- Mass events, lobbying with decision makers, demonstrations, fasts, rallies etc.
- Running an active website

Setting the Scene for Advocacy

→ Analyze the problem. Break down the issue into component parts and select the most strategic issue by exploring how the issue affects the people you are working with – what changes do they want or need?

→ Clearly define what it is you want to see change. What solutions are being proposed by you and others?

→ Understand policy making processes. How do issues get onto the policy making agenda. At what stages can effective interventions be made?

→ Analyze the decision-making space. Which institutions can make decisions regarding the issue? Who decides and when? Identify primary and secondary 'targets' for advocacy and policy influencing – those who can make the decision and those who can influence these decision makers

→ Think about the opportunities that exist to influence the issue? Who are your potential allies for this work? Prioritize amongst allies and begin networking

→ Who are your potential opponents? What arguments will they make, how can these arguments be dealt with?

→ Analyze your institutional capacity to undertake the advocacy, alongside the capacity of allies.

→ Who will do what? When will human and financial resources be needed? Brainstorm solutions to address any weaknesses.

→ Develop a strategy for influencing the primary and secondary targets, using components from the advocacy toolbox – lobby meetings, seminars and conferences, policy briefings and research

→ Documentation, exposure visits, media coverage, campaigning, etc.

→ Estimate the costs involved and make a budget

→ Plan and implement all specific activities and individual responsibilities

→ Periodically stop to reflect on any changes in the local context, successes or failures of specific initiatives and overall advocacy strategy and make adjustments as necessary

→ And think about…..When will your advocacy strategy be over? What happens if you have a success in changing policy? Will you engage in developing and implementing the policy with government or stay away in case you are coopted? What will be the impact on Southern partners think if you stop work on the issue?

Ten steps to building an effective advocacy strategy

1. Define the issue
2. Collect Data
3. Identify Your Resources
4. Identify your target audience and your allies
5. Set goals objectives and targets
6. Construct your argument and develop your message
7. Draft an advocacy strategy implementation plan
8. Implement the plan
9. Track monitor and evaluate
10. Raise Funds

Guidance and Advocacy Tools to the ten steps for an effective advocacy strategy

1. Defining the Issue:

What is the issue or problem that requires change? Determine why with a list of Strategic Criteria/Rationale that this issue needs addressing. Determine how you can remedy the problem, whether it's through legislation, regulation or funding.

Guidance tool: Checklist for choosing a strategic issue

There is no right or wrong way to prioritize advocacy efforts. Of real importance is keeping in mind the ultimate goal of increasing access to quality services or changing policy and coming to agreement on an incremental strategy to achieve that goal.

To compare issues and choose the best focus for your advocacy, first think through your strategic criteria/rationale for advocacy and list them. Put the name of your issue and choose a strategic criteria/rationale on the right. The issues with the largest number of strategic criteria or rationale for advocacy will have the greatest potential for positive results. Below are some examples of strategic criteria and issues.

Advocacy tool: Strategic issue Checklist

Name of Issue (examples)	Strategic Criteria/Rationale (examples)
No Take home Doses, narcotics legislation, needs ratification	1. Successfully addressing the issue will result in a real improvement in people's lives 2. The issue is are significant/important to your mission and stakeholders 3. It is are consistent with your organizational priorities
Violence and Torture during police custody in the Name of treatment	1. It is a 'root' issue that will block progress in other areas if not addressed –dealing with it successfully will unlock other possibilities for change. 2. Violation of basic Human rights
Lack of timely procurement of methadone/ buprenorphine at OST clinics	1. Successfully dealing with issue will magnify the impact of your work 2. The issue fits your expertise, experience or analysis 3. You know what it is you want to change, why it should change, and how it should change. 4. There are opportunities/possibilities to make the changes needed
Unavailability of Hep C treatment for HIV positive co-infected drug users	1. Your partners and constituents (beneficiaries) believe the issue is important to them 2. Your organisation has a unique contribution to make on the issue and/or can bring added value to it 3. Work on the issue allows you to integrate programme and advocacy work for greater impact
Youth and Female drug user counseling for sexual reproductive health is taboo and non-existent	1. The risks involved in addressing the issue are manageable 2. Change can be achieved using methods you are comfortable with
Lack of meaningful Participation and inclusiveness of Target groups in decision making processes	1. Your supporters and donors will support your work on the issue

2. Collecting Data:

As such, data collection is an ongoing activity for the duration of the advocacy work when selecting the issue, advocating messages, addressing policy and legislation or influencing stakeholders and the government. Conduct ***Advocacy needs assessments***[5] or use already collected data from of the Target population, stakeholders, NGOs or a policy inventory (*see below*), know your opposition, know your facts, know the legislative process.

Guidance Tool: **Inventory of Country Legislation, Policies, Regulations, Guidelines/ Protocols with Reference to International Best Practices:**

Creating and inventory of the above mentioned documents related to the issue is meant to be the first step in a comprehensive review that can help guide advocacy efforts to achieve their ultimate objective. The purpose of the Inventory is to compile a reference library of policy documents addressing specific aspects of internationally accepted —best practices for later analysis, creating factsheets, and addressing key legal discrepancies.

Content areas for advocacy include the following examples:

- Policies and operational plans, National health systems, Authorization.
- Budgeting, finance and resource allocation
- Scheduling, registration, importation, and local manufacturing of controlled and essential medicines
- Procurement and supply chain management, distribution
- Inclusiveness and participation in the decision making process
- HIV prevention, care, and treatment, medically assisted treatment procedures.
- Clinical service delivery guidelines and standards of care for service providers
- Gender inequalities and Women/Female Drug user specific Issues
- Human rights, Prison, jail, and policing procedures and practices related to drug use

Advocacy tool: **Quick Reference Matrix**

Policy Area											
Key Documents:	**Title, Date, Official No.**	**Authorization**	**Budget**	**Registration**	**Distribution**	**Participation**	**Treatment**	**Standards**	**Coverage**	**Women**	**Rights**

[5] See Annex c for sample advocacy needs assessments

3. Identifying Your Resources:

Determine your resources and how they can be pooled in the advocacy effort, allocate and assign roles for the resources for maximum effectiveness.

🗝 ***Guidance Tool:*** Create a budget and cost your activities to allocate financial resources, assign tasks such as communication, public relations, and coordinating activities and assign materials to aid in the advocacy work such as office equipment etc.

Such as:

→ Financial
→ Human
→ Material
→ Intellectual
→ Networking and linkages

4. Identifying your target audience and your allies:

Identify the key stakeholders (constituents, government, other interest groups, etc.)

→ Primary targets = those with the authority to bring about policy change,
→ Secondary targets = those able to influence primary targets, Identify specific special interest groups such as beneficiaries.

Build support: create alliances with NGOs networks, donors, coalitions, civil groups, professional associations, women's groups, activists and individuals who support the issue.

🗝 ***Guidance Tool:*** **Examples of Allies:**

- National Association of PLWHA in Nepal (NAP+N)
- National Harm reduction association (NHRA)
- UNION C
- Recovering Nepal
- Women's Federation of PLWHA in Nepal
- OST Representatives
- Aavash Samuha (Youth Chapter)
- UN Bodies, WHO, FHI, USAID, GFATM, APN+, ANPUD etc
- Rehabilitation Centers
- Line ministries such as Health and Home ministries
- National Health Mechanisms such as NCASC.

5. Setting goals objectives and targets:

Identify your goals, namely what advocates hope to achieve in the longer term. Identify your Objectives based on evidence/research; include a policy actor, policy solution. Set achievable, measurable, tangible targets and a timeframe.

🗝 ***Guidance Tool:*** **Setting Objectives for Advocacy**

- **Primary Objectives for Advocacy**
  → Changes in laws and policies resulting in positive social change
  → Implementation of laws and policies
  → Reform of institutions

→ Changes in attitudes and behaviors
→ Increasing democratic space – legitimacy of civil groups, freedom of information and
→ Liberty and space to speak out
→ Civil society gains – increased cooperation, solidarity,
→ Partnership gains – reduced dependence

- **Secondary Objectives for Advocacy**
  → Getting the issue on the agenda for public debate
  → Increasing support and active membership
  → Fundraising
  → Developing the profile and reputation of your organisation

 ***Advocacy tool:*** **Thinking About What You Want To Achieve**

Aim	***The overall purpose of the advocacy initiative:*** *To improve poor people's health by increasing access to medicines*	***Time frame: By 2016***
Objectives	***Specific things to be achieved in the short and medium term on the way to achieving the aim:*** *To increase the budget for primary health care centers; drugs policy introduced*	***Time frame: By end of 2014***
Activities	***What will be done:*** *research into the issue; lobbying decision makers; running a public campaign; organising a seminar, etc.*	***Time frame: By end of 2015***
Outputs	***What will be produced and happen as a result of activities:*** *2 briefing papers – published and distributed;* *7 meetings with decision makers; 1 mass cycle ride and 2 public meetings; seminar attended by 70 people*	***Time frame: By end of 2016***
Outcomes	***What you believe will happen as a result of your advocacy. It is useful to divide these into:*** *SHORT TERM: The issue has become part of national debate and politicians are asking for an increase in next year's budget.* *MEDIUM TERM: Increase in the budget is agreed; generic health policy in place* *LONG TERM: More medicines available in rural health clinics; child mortality decreased; loss of income through illness decreased*	***Time frame: Current year (2014)*** ***Time frame: Following year(2015)*** ***Time frame: Final year(2015)***

6. Constructing your argument and developing your message:

Tailor the message to the audience, Determine the best approach to reach out to the broader community. Select channels of communication through targeted activities and tailor the medium of communication to the audience.

Guidance Tool: Use the media to raise awareness of your issue and cover your message to the broader society, for example:

Meetings, Sensitization programmes,

Press kits, press releases, press conferences,
Factsheets,
Public hearings and
Mass events such as Rallies, Demonstrations etc.

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7. Drafting an advocacy strategy implementation plan:

The plan should identify activities and tasks, responsible persons committees, the desired time frame and required resources and messengers that could influence those in power.

Guidance Tool: **Messengers can be:**

Media, newspapers, Television, Radio, Politicians
Experts, doctors, lawyers, professionals
Peers, activists, advocates
Donors, Stakeholders
Target population, primary and secondary beneficiaries

Plan your strategy with specific attainable and measurable tasks with a schedule of your activities.

Advocacy tool: **Example of a an advocacy strategy implementation plan**

A Roadmap for Advocacy

Time frame	Start	End	Activity	Responsible person	Budget Allocated
YEAR ONE:	Jan	Feb	Assessment of the issue carried out		
	Mar	Apr	Advocacy strategy developed (stakeholder analysis, policy analysis, etc.)		
	May	Jun	Advocacy aims and objectives established		
	Jul	Aug	Plan of action developed		
	Sept	Nov	Further research and analysis		
	Nov	Dec	Alliances built		
YEAR TWO:	Jan	Mar	Dialogue with decision-makers and other key stakeholders begins		
	Feb	April	relationships built with key stakeholders		
	Mar	May	Publications, media work, seminars to raise, awareness		
	Apr	Jun	Issue is part of public agenda for debate		
	May	July	More communications work and		
	Jun	Aug	Campaigning to highlight the issue		
	Sept	Oct	More research to provide evidence policy makers require		
	Nov	Dec	lobbying of key influencers, lobbying of decision-makers		
YEAR THREE:	Jan	Mar	Lobbying continues		
	Feb	April	Major stakeholder seminar convened		
	Mar	May	Decision makers begin to change their opinions		
	Apr	Jun	More research carried out regarding the issue and potential solutions		
	May	Dec	Draft policies produced		

YEAR FOUR:	Jan	Apr	New policies agreed		
	Feb	May	New policies resourced and implemented		
	Mar	July	Positive change services rendered and in drug users lives		

8. Implementing the plan:

The effective implementation of the Action Plan largely depends on raising awareness among the key stakeholders. All these actors need to be aware of the goals in order to act responsibly towards this end.

🗝 ***Guidance Tool:*** The key to raising awareness is to identifying first the different groups of audiences and select the most appropriate information to address each one of them. The information should be tailored to the specific characteristics of each group. For example, a donor would be interested to know the cost per activity of a harm reduction project; a policy maker would be interested in the operating procedures governing it, while a drug user would be more interested in what services they could access.

Increased awareness can be achieved through multiple ways:

- Distributing information materials (posters, leaflets etc.), providing basic information about everyday actions that affect energy use and impact the environment, or even energy sources used at the institution along with the associated pollution that results from this use
- Organising events, workshops, conferences, summits etc., for the dissemination of the Action Plan outcomes
- Establishing an Information Office, website etc., sensitization, and distribution of relevant material and information addressing a general audience

9. Tracking, monitoring, evaluating and reporting:

Decide how to monitor implementation against objectives, how to monitor progress and evaluate results? Has the issue been resolved? Have your targets been achieved? Develop a process for ongoing feedback from the target population.

🗝 ***Guidance Tool:*** **Monitoring and Reporting**

Monitoring is the specific duty of the Team who will take care of it throughout the Action Plan's implementation. A tracking system is the means by which activities are monitored. The system should be comprehensive and available for all to use for measuring progress towards established targets. Maintaining a tracking system enables the assessment of necessary steps, corrective actions, and identification of successes. Periodic review of the activities outlined in the Action Plan is critical to meet goals.

🗝 ***Guidance Tool:*** **The following steps are vital in a monitoring process:**

- ***Perform regular updates***

Advocacy is only effective if the information it contains is up-to-date and comprehensive. Data needs to be collected and incorporated into the effort at intervals that correspond to the work plan. Many organizations perform weekly and monthly updates of their tracking systems.

- ***Conduct periodic reviews***

Periodic reviews of the progress in meeting interim goals and milestones should be conducted with the advocacy team. The frequency of these reviews can vary depending upon the audience. Such reviews should focus on progress made, problems encountered, and potential rewards.

- ***Identify necessary corrective actions***

A tracking system is a good way to determine whether a program is performing well. It will help identify when a specific activity is not meeting its expected targets and is in need of review.

10. Raising Funds:

Advocacy work should entail developing a realistic fundraising strategy at the outset of advocacy work.

🗝 ***Guidance Tool:*** **Prioritize Storytelling as an engagement tool**

While some people have are moved to donate money or take action by powerful videos, others have been inspired by words or been touched by incredible photography or powerful articulate writing. It doesn't matter which medium is used because each of these mediums have one thing in common – they can all be used to tell very personal and compelling stories that resonate with people on a personal level which ultimately motivate them to do something and get involved.

Nowadays many organizations are not telling compelling stories about their missions. And very few are asking their volunteers to share their personal stories that are connected to their mission and promoting them. Mostly they are comfortable with the messaging that they have been working with for years or that which they think resonates with their audiences. It is worthwhile to think about investing time and resources in experimenting and telling a different type of story – one that is much more personal, and that can provoke thought and arouse emotion.

At the end of the day it's meaningless if an organisation can't tell their story in such a way that someone wants to support your cause. In order to inspire people to ignite change in the world, fostering deeper relationships with supporters by spending time talking to them, sharing stories, and providing a platform for people to share their stories around organization's missions is crucial.

Summary of Ten steps to building an effective advocacy strategy

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In summary advocacy campaigns are most successful when:

i. The campaign is firmly motivational, not just educational
ii. The objectives resonate with the public, is widely felt and arouses emotion
iii. Is winnable: objectives are realistic and achievable in a timeframe that is feasible

iv. There is a clear transparency and openness in the sense that supporters have the opportunity to be ask questions and be actively engaged in a range of activities
v. Your whole organisation is involved and actively engaged in the campaign – everyone is an ambassador
vi. The approach taken is creative, innovative but easily understood
vii. The campaign is supported by wider alliances of civil groups and NGOs
viii. The media are attracted by the campaigns messages and activities and provide extra publicity
ix. The issue allows you to speak from your experience and expertise and is consistent with your values and vision
x. The issue is one where changes will result in real improvements in people's lives, especially people who use drugs, their spouses and families as well as greater society as a whole.

Survey Instruments:

Guidance Tool: These Sample advocacy needs assessment tool utilize some of the most common areas such as Authorization, Budget, Participation, Storage, Distribution and dispensing of Controlled Medications, Clinical Treatment and Continuum of Care**,** Women Who Inject Drugs**,** and Civil, economic, social and cultural Rights of people who use drugs. This survey serves only as a sample, is not limited to and can be expanded upon according to the individual needs and goals of drug user advocates and organisations. Further it they can be used also to gauge the knowledge of respondents such as Target populations, Stakeholders, NGOs, Allies, Service Providers, etc. and can be used to explore areas for Awareness Raising, and Sensitization campaigns.

Advocacy tool: **Sample Advocacy Needs Assessments**

Instructions to Respondent: Please fill out this page and indicate the best way to contact you (email, telephone, fax, etc.) should we need further information from you. The inventory includes 10 content areas which are being assessed for crucial advocacy issues for the betterment of Drug policy, Resource allocation, Management and Service provision. Please try to score all items for all content areas as best as you can if you are already familiar with their provisions, by ticking the preceding box. When you have completed scoring the inventory, please return all the pages to the assessment team leader thank for your participation. Name of Respondent:_____ Position: _____Organisation:_____ Country: _____ Date completed: _____ Contact information for Respondent: Email address: _____ Telephone/fax: _____
1. Authorization
1.1a Government facilities are authorized to provide treatment for drug dependence
[_] Government facilities are authorized to provide drug treatment [_] Government facilities are expressly banned or prohibited from providing drug treatment [_] No mention of drug treatment in government facilities in policy documents
1.1b Government facilities are authorized to provide methadone for drug dependence
[_] Government facilities are authorized to provide methadone treatment for opioid dependence [_] Government facilities are expressly banned or prohibited from providing methadone treatment for opioid dependence [_] No mention of methadone treatment for opioid dependence for drug treatment in government facilities in policy documents
1.1c Government facilities are authorized to provide buprenorphine for drug dependence

[_] Government facilities are authorized to provide buprenorphine treatment for opioid dependence [_] Government facilities are expressly banned or prohibited from providing buprenorphine treatment for opioid dependence [_] No mention of buprenorphine treatment for opioid dependence for drug treatment in government facilities in policy documents
1.2a Non-government facilities are authorized to provide treatment for drug dependence
[_] Non-Government facilities are authorized to provide drug treatment [_] Non-Government facilities are expressly banned or prohibited from providing drug treatment [_] No mention of drug treatment in non-government facilities in policy documents
1.2b Non-government facilities are authorized to provide methadone for drug dependence
[_] Non-Government facilities are authorized to provide methadone treatment for opioid dependence [_] Non-Government facilities are expressly banned or prohibited from providing methadone treatment for opioid dependence [_] No mention of methadone treatment for opioid dependence for drug treatment in non-government facilities in documents
1.2c Non-government facilities are authorized to provide buprenorphine for drug dependence
[_] Non-Government facilities are authorized to provide buprenorphine treatment for opioid dependence [_] Non-Government facilities are expressly banned or prohibited from providing buprenorphine treatment for opioid dependence [_] No mention of buprenorphine treatment for opioid dependence for drug treatment in non-government facilities in documents
1.3 Licensing, provider qualifications or other requirements for non-government services providing methadone and/or buprenorphine are provided
[_] Licensing, provider qualifications are specified [_] Non-government services are not permitted to provide methadone or buprenorphine [_] No mention of licensing, provider qualifications in policy documents
1.4 Prices that non-government services providing methadone and/or buprenorphine are allowed to charge are specified
[_] Prices are specified prices: [_] Non-government services are not permitted to provide methadone or buprenorphine [_] No mention of prices in policy documents

2. Budget
2.1 There are budgets and/or explicit directives to allocate budget/financing for government provision of methadone and/or buprenorphine.
[_] There are directives to allocate budgeting/ financing for government provision of methadone and/or buprenorphine treatment for opioid dependence [_] No mention of budget allocation in policy documents
2.2 There are national estimates of the number of people who are opioid drug dependent.
[_] Yes Number of drug dependent people: __ __ __ __ __ __ [_] No Source, year:
2.3 There are national targets or estimates of the number or percentage of opioid dependent drug users

who will or should receive methadone and/or buprenorphine treatment.
[_] Yes Estimated use of methadone or buprenorphine: [_] No Source, year:
2.4 There are national targets or estimates of the number or the amount of methadone and/or buprenorphine that will be needed for drug treatment settings.
[_] Yes Estimated medications needed: [_] No Source, year:

3. Registration, scheduling and procurement
3.1 Methadone is included in the country's approved drug list.
[_] Methadone is expressly registered or scheduled [_] Methadone is expressly banned or prohibited [ ] No mention of methadone in the country's approved drug list
3.2 *Methadone* is expressly registered and/or scheduled for use in opioid dependence treatment programs.
[_] Methadone is expressly registered or scheduled for opioid dependence treatment [_] Methadone is expressly banned or prohibited for opioid dependence treatment [_] No mention of methadone for opioid dependence treatment in policy documents
3.3 *Buprenorphine* is included in the country's approved drug list.
[_] Buprenorphine is expressly registered or scheduled for opioid dependence treatment [_] Buprenorphine is expressly banned or prohibited for opioid dependence treatment [_] No mention of buprenorphine in the country's approved drug list
3.4 *Buprenorphine* is expressly registered and/or scheduled for use in opioid dependence treatment programs.
[_] Buprenorphine is expressly registered or scheduled for opioid dependence treatment [_] Buprenorphine is expressly banned or prohibited for opioid dependence treatment [_] No mention of buprenorphine for opioid dependence treatment in policy documents
3.5 Methadone and/or buprenorphine are included in the country's own essential drug list.
Methadone: [_] Yes [_] No Buprenorphine: [_] Yes [_] No Source, year:
3.6 Local country manufacture of methadone and/or buprenorphine is authorized or permitted.
[_] Local manufacture of methadone is allowed [_] Local manufacture of methadone is banned [_] No mention of local manufacture Authorized manufacturers:
[_] Local manufacture of buprenorphine is allowed [_] Local manufacture of buprenorphine is banned [_] No mention of local manufacture Authorized manufacturers:
3.7 Importation of methadone and/or buprenorphine is authorized or permitted.
[_] Import of methadone is allowed [_] Import of methadone is banned [_] No mention of import

Authorized importers:
[_] Import of buprenorphine is allowed [_] Import of buprenorphine is banned [_] No mention of import Authorized importers:

4. Participation
4.1 There are written, express provisions that encourage active participation as consultants of injecting drug users in the development of policies and/or regulations.
[_] Yes Mechanism: [_] No
4.2 There are written, express provisions that encourage active participation of other civil society organizations such as families of drug users, other patient groups such as persons living with HIV and/or their advocates, as consultants in the development of policies and/or regulations.
[_] Yes Mechanism: [_] No
4.3 There are written, express provisions that encourage active participation of injecting drug users as consultants in program design, implementation and/or monitoring.
[_] Yes Mechanism: [_] No
4.4 There are written, express provisions that encourage active participation of other civil society organizations such as families of drug users, other patient groups such as persons living with HIV and/or their advocates, as consultants in program design, implementation and/or monitoring.
[_] Yes Mechanism: [_] No

5. Storage, distribution and dispensing of controlled medications
5.1 There are written, express provisions for storage of controlled medications in general and/or methadone and/or buprenorphine in particular.
[_] Yes Mechanism: [_] No
5.2 There are written, express provisions that allow methadone and/or buprenorphine use inside medical facilities other than dedicated substance dependence treatment programs.
[_] Methadone and/or buprenorphine are allowed in (specify): [_] Methadone and/or buprenorphine are prohibited in (specify): [_] No provisions exist regarding methadone and/or buprenorphine use inside medical facilities other than dedicated substance dependence treatment programs
5.3 There are written, express provisions that allow authorized treatment facilities to dispense or prescribe methadone and/or buprenorphine for later use outside the treatment facility.
[_] Treatment facilities are allowed to dispense harm reduction for use outside the facility [_] Methadone and/or buprenorphine are prohibited from dispensing outside the facility [_] No provisions exist regarding dispensing outside the facility
5.4 There are written, express provisions that specify the numbers and/or locations of authorized treatment facilities to dispense or prescribe methadone and/or buprenorphine.

[_] Yes [_] No mention of identification of suppliers Authorized number or locations:

6. Clinical treatment and Continuum of care
6.1 There are express provisions that designate some authority as the formal coordinator to develop individual medical drug treatment plans.
[_] Yes [_] No
6.2 There is express mention of the range and/or quality of care in services providing methadone and/or buprenorphine.in the treatment for opioid dependence.
[_] Yes [_] No
6.3 There are express provisions for referral and counter-referral between treatment facilities and other agencies and services.
[_] Yes [_] No
6.4 There are express provisions for referral and/or case management between closed facilities (e.g. in-patient treatment facilities, prisons, etc.) and the community.
[_] Yes [_] No
6.5 There are express provisions for integration of services and standardized procedures for patients with both need for treatment of opioid dependence and another health or medical condition such as HIV, pregnancy, etc.
[_] Yes [_] No
6.6 There are written, express provisions that allow patients receiving methadone treatment prior to imprisonment to continue treatment while in prison or other closed facility, or to start treatment while in prison.
[_] Yes [_] No
6.7 There are express provisions that mandate or promote cooperation between drug treatment programs and criminal justice system, for example to permit referral to treatment instead of prosecution for non-violent drug offences.
[_] Yes [_] No
6.8 There are written, express provisions to ensure that drug treatment programs establish an individualized treatment plan for each patient.
[_] Yes [_] No
6.9 There are express provisions that describe the range and/or dosing levels of methadone and/or buprenorphine that are permitted to be prescribed for opioid dependence.
[_] Yes [_] No
6.10 There are written, express provisions to ensure that injecting drug users have access to HIV and AIDS prevention, care and treatment medical services.

[_] Yes [_] No
6.11 There are written, express provisions to ensure that injecting drug users have access to Tuberculosis prevention, care and treatment medical services.
[_] Yes [_] No
6.12 There are written, express provisions to ensure that injecting drug users have access to Hepatitis prevention, care and treatment services.
[_] Yes [_] No
6.13 There are written, express provisions to ensure that injecting drug users have access to psychological services.
[_] Yes [_] No
6.14 There are written, express provisions to ensure that injecting drug users have access to social services including case management.
[_] Yes [_] No

7. Standards of care
7.1 There are express provisions that establish and provide for professional competence of medical personnel and other health personnel who provide methadone and/or buprenorphine in the treatment for opioid dependence.
[_] Yes [_] No
7.2 There are express provisions to provide medical doctors and other health personnel with basic and/or continuing training in the use of methadone and/or buprenorphine for the treatment of opioid dependence.
[_] Yes [_] No
7.3 There are express provisions that require the same standards of ethical treatment in to the treatment of drug dependence as other health care conditions.
[_] Yes [_] No
7.4 There are express provisions that protect confidentiality of client medical records and/or medical information in general.
[_] Medical records are explicitly protected [_] No provisions exist regarding confidentiality of medical records
7.5 There are express provisions that protect confidentiality of medical information in drug dependence treatment.
[_] Medical information in drug dependence treatment is explicitly protected [_] Medical information in drug dependence treatment is explicitly excluded from protection [_] No provisions exist regarding dispensing confidentiality of medical information in drug dependence treatment
7.6 There are express provisions that prohibit health care providers from providing treatment information to law enforcement bodies without specific court authorization.

[_] Health care providers are explicitly prohibited from passing treatment information to law enforcement without court authorization [_] Health care providers are explicitly allowed to pass treatment information to law enforcement without court authorization [_] No provisions exist regarding passing treatment information to law enforcement
[_] Gender restrictions on Harm Reduction are specified [_] Gender restrictions: [_] No mention of gender restrictions

8. Coverage and client access to treatment
8.1 There are no restrictions to offer or restrict methadone and/or buprenorphine treatment, to clients because of their age.
[_] Medically Assisted Treatment is explicitly available to all who need it regardless of age [_] Age restrictions on Medically Assisted Treatment are specified Excluded ages: [_] No mention of age restrictions
8.2 There are no restrictions to offer or restrict methadone and/or buprenorphine treatment to clients because of their gender.
[_] Medically assisted treatment is explicitly available to all who need it regardless of gender [_] Gender restrictions on Medically Assisted Treatment are specified Gender restrictions: [_] No mention of gender restrictions
8.3 There are no restrictions to offer or restrict methadone and/or buprenorphine treatment clients because of length of illicit drug use.
[_] Harm Reduction is explicitly available to all who need it regardless of length of drug use [_] Restrictions because of length of use are specified Restrictions: [_] No mention of restrictions for length of use
8.4 There are no restrictions to offer or restrict methadone and/or buprenorphine treatment to clients because of their history of attempts at abstinence or unsuccessful treatment attempts.
[_] Harm Reduction is explicitly available to all who need it regardless of past history [_] Restrictions because of past history are specified Restrictions: [_] No mention of restrictions because of past history
8.5 There are no restrictions to offer or restrict methadone and/or buprenorphine treatment to clients because of any kind of opioid dependence complications.
[_] Harm Reduction is explicitly available to all who need it regardless of dependence complications [_] Restrictions because of dependence complications are specified Restrictions: [_] No mention of restrictions because of dependence complications
8.6 There are no restrictions to offer or restrict methadone and/or buprenorphine treatment to clients because of psychiatric conditions.

[_] Harm Reduction is explicitly available to all who need it regardless of psychiatric conditions [_] Restrictions because of psychiatric conditions are specified Restrictions: [_] No mention of restrictions because of psychiatric conditions
8.7 There is no requirement of review by a medical commission or prescription by a psychiatrist for dispensing or prescribing methadone and/or buprenorphine in the treatment for opioid dependence, for an individual client.
[_] Harm Reduction is explicitly available to all who need it without medical or psychiatric review [_] Review by medical commission or psychiatrist is explicitly required Specifications: [_] No mention of review

9. Women who inject drugs
9.1 There is explicit mention of women's specific needs for dosing levels of medications and/or other drug treatment services.
[_] There are special dosing guidelines for women [_] No mention of special dosing guidelines for women
9.2 There are express provisions to ensure that women injection drug users can obtain family planning and other reproductive health services (FP/RH) .
[_] Access to FP/RH is guaranteed but use is not required [_] FP use is required of women in treatment [_] No mention of access to FP/RH
9.3 There are express provisions to protect or promote the rights of women in treatment for drug dependence to retain or regain custody of their children for cases without child .
[_] Custody rights of women in treatment are explicitly protected [_] Custody rights are explicitly denied to women in treatment [_] No mention of custody rights
9.4 There are written, express provisions to ensure that pregnant or lactating women have access to methadone and/or buprenorphine treatment.
[_] Pregnant/lactating women are guaranteed access to methadone and/or buprenorphine [_] Pregnant/lactating women are restricted in access to methadone and/or buprenorphine [_] No mention of pregnancy/lactation
9.5 There are express provisions to ensure that pregnant women who use drugs have the same access to prenatal care as any other pregnant women.
[_] Access to prenatal care is protected [_] No mention of access to prenatal care

10. Civil, economic, social and cultural rights of people who use drugs
10.1 Mandatory testing for illicit drug use.
[_] Mandatory testing for illicit drug use is permitted [_] Mandatory testing for illicit drug use is prohibited [_] No mention of mandatory testing for illicit drug use
10.2 Mandatory treatment for illicit drug use.

[_] Mandatory treatment for illicit drug use is permitted [_] Mandatory treatment for illicit drug use is prohibited [_] No mention of mandatory treatment for illicit drug use
10.3 Imposition of medical services or procedures (such as mandatory HIV testing, contraceptive sterilization) on people who use opioids because of their drug use.
[_] Mandatory medical procedures for drug users are explicitly specified [_] Mandatory medical procedures for drug users are explicitly prohibited [_] No mention of mandatory medical procedures because of drug use
10.4 Restrictions on the free movement of people who use opioids (such as mandatory quarantine, detention) because of their drug use.
[_] Movement of drug users is explicitly restricted [_] Free movement of drug users is explicitly protected [_] No mention of free movement of drug users
10.5 Restrictions on employment opportunities for people who use opioids because of their drug use.
[_] Restrictions on employment for drug users are explicitly permitted [_] Restrictions on employment for drug users are explicitly prohibited [_] No mention of employment restrictions because of drug use
10.6 Discrimination based on medical or physical disability is prohibited.
[_] Discrimination based on medical or physical disability is explicitly prohibited [_] Discrimination based on medical or physical disability is explicitly allowed [_] No mention of protection from discrimination based on medical or physical disability
10.7 Discrimination based on mental health condition is prohibited.
[_] Discrimination based on mental health condition is explicitly prohibited [_] Discrimination based on mental health condition is explicitly allowed [_] No mention of protection from discrimination based on mental health
10.8 Is drug dependence classified as a disability and/or a mental health condition?
[_] Yes [_] No
10.9 Restrictions on other civil, social or cultural benefits (such as voting, freedom of association, access to housing, education, custody of children) for people who use opioids because of their drug use.
[_] Restrictions on other rights and/or benefits are explicitly permitted
[_] Restrictions on other rights and/or benefits are explicitly prohibited
[_] No mention of restrictions on other rights and/or benefits because of drug use

Annexes

Annex a. Universal Declaration of Human Rights

PREAMBLE

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, Therefore THE GENERAL ASSEMBLY proclaims THIS UNIVERSAL DECLARATION OF HUMAN RIGHTS as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

Article 1.

- All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2.

- Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3.

- Everyone has the right to life, liberty and security of person.

Article 4.

- No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5.

- No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 6.

- Everyone has the right to recognition everywhere as a person before the law.

Article 7.

- All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8.

- Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

Article 9.

- No one shall be subjected to arbitrary arrest, detention or exile.

Article 10.

- Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11.

- (1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.
- (2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12.

- No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Article 13.

- (1) Everyone has the right to freedom of movement and residence within the borders of each state.
- (2) Everyone has the right to leave any country, including his own, and to return to his country.

Article 14.

- (1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.
- (2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Article 15.

- (1) Everyone has the right to a nationality.
- (2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 16.

- (1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.
- (2) Marriage shall be entered into only with the free and full consent of the intending spouses.
- (3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Article 17.

- (1) Everyone has the right to own property alone as well as in association with others.
- (2) No one shall be arbitrarily deprived of his property.

Article 18.

- Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

Article 19.

- Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 20.

- (1) Everyone has the right to freedom of peaceful assembly and association.
- (2) No one may be compelled to belong to an association.

Article 21.

- (1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.
- (2) Everyone has the right of equal access to public service in his country.
- (3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

Article 22.

- Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23.

- (1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
- (2) Everyone, without any discrimination, has the right to equal pay for equal work.
- (3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
- (4) Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24.

- Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25.

- (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26.

- (1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.
- (2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.
- (3) Parents have a prior right to choose the kind of education that shall be given to their children.

Article 27.

- (1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.
- (2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

Article 28.

- Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

Article 29.

- (1) Everyone has duties to the community in which alone the free and full development of his personality is possible.
- (2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the

rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

- (3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

Article 30.

- Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Annex b. Human Rights Act 1998

There are sixteen basic rights in the Human Rights Act, all taken from the European Convention on Human Rights. They don't only affect matters of life and death like freedom from torture and killing; they also affect your rights in everyday life: what you can say and do, your beliefs, your right to a fair trial and many other similar basic entitlements.

YOUR CONVENTION RIGHTS

(**ARTICLE 1** is introductory)

ARTICLE 2

RIGHT TO LIFE

You have the absolute right to have your life protected by law. There are only certain very limited circumstances where it is acceptable for the State to take away someone's life, e.g. if a police officer acts justifiably in self-defense.

ARTICLE 3

PROHIBITIONOF TORTURE

You have the absolute right not to be tortured or subjected to treatment or punishment which is inhuman or degrading.

ARTICLE 4

PROHIBITIONOF SLAVERY AND FORCED LABOUR

You have the absolute right not to be treated as a slave or forced to perform certain kinds of labour.

ARTICLE 5

RIGHT TO LIBERTY AND SECURITY

You have the right not to be deprived of your liberty -'arrested or detained'- except in limited cases specified in the Article (e.g. where you are suspected or convicted of committing a crime) and where this is justified by a clear legal procedure.

ARTICLE 6

RIGHT TO A FAIR TRIAL

You have the right to a fair and public hearing within a reasonable period of time. This applies to both criminal charges against you, or in sorting out cases concerning your Civil rights and obligations. Hearings must be by an independent and impartial tribunal established by law. It is possible to exclude the public from the hearing (though not the judgment) if that is necessary to protect things like national security or public order.

If it is a criminal charge you are presumed innocent until proved guilty according to law and have certain guaranteed rights to defend yourself.

ARTICLE 7

NO PUNISHMENTWITHOUT LAW

You normally have the right not to be found guilty of an offence arising out of actions which at the time you committed them were not criminal. You are also protected against later increases in the possible sentence for an offence.

QUALIFIED RIGHTS

The rights in Articles 8 to 11 may be qualified where that is necessary to achieve an important objective. The precise objectives in each Article which allow limitations vary, but they include things like protecting public health or safety, preventing crime, and protecting the rights of others.

ARTICLE 8

RIGHT TO RESPECT FOR PRIVATE AND FAMILY LIFE

You have the right to respect for your private and family life, your home and your correspondence. This right can only be restricted in specified circumstances.

ARTICLE 9

FREEDOMOF THOUGHT, CONSCIENCE AND RELIGION

You are free to hold a broad range of views, beliefs and thoughts, as well as religious faith. Limitations are permitted only in specified circumstances.

ARTICLE 10

FREEDOMOF EXPRESSION

You have the right to hold opinions and express your views on your own or in a group. This applies even if they are unpopular or disturbing. This right can only be restricted in specified circumstances.

ARTICLE 11

FREEDOMOF ASSEMBLY AND ASSOCIATION

You have the right to assemble with other people in a peaceful way. You also have the right to associate with other people, which can include the right to form a trade union. These rights may be restricted only in specified circumstances.

ARTICLE 12

RIGHT TO MARRY

Men and women have the right to marry and start a family. The national law will still govern how and at what age this can take place.

(**Article 13** is not included in the Human Rights Act)

ARTICLE 14

PROHIBITION OF DISCRIMINATION

In the application of the Convention rights, you have the right not to be treated differently because of your race, religion, sex, political views or any other status, unless this can be justified objectively. Everyone must have equal access to Convention rights, whatever their status.

ARTICLE 1 OF PROTOCOL 1

PROTECTIONOF PROPERTY

You have the right to the peaceful enjoyment of your possessions. Public authorities cannot usually interfere with things you own or the way you use them except in specified limited circumstances.

ARTICLE 2 OF PROTOCOL 1

RIGHT TO EDUCATION

You have the right not to be denied access to the educational system.

ARTICLE 3 OF PROTOCOL 1

RIGHT TO FREE ELECTIONS

Elections for members of the legislative body (e.g. Parliament) must be free and fair and take place by secret ballot. Some qualifications may be imposed on those that are eligible to vote (e.g. a minimum age).

1 (a ‘protocol’ is a later addition to the Convention)

PROTOCOL 6 / ARTICLE 1 OF PROTOCOL 13

ABOLITIONOF THE DEATH PENALTY

Protocol 6 abolished the death penalty with limited exceptions in times of war but only in accordance with clearly specified laws. Protocol 13 replaces Protocol 6 and abolishes the death penalty in all circumstances.

Annex c. Answers to Human Rights Quiz

Answers	True / false
1 Human Rights were first legally defined by international agreement after the Horrors of the Second World War.	☑
2 Under the Human Rights Act everyone has a legal duty to uphold human rights.	☒
3 Public bodies must have human rights principles in mind when they are making policies and decisions about people's rights, and be able to demonstrate they have taken this into consideration.	☑
4 Since refugees have no rights, they must rely on our Generosity and the Human Rights Act does not apply to them.	☒
5 Using The Human Rights Act 1998 stops you from having your convention Rights recognized under the Court of Human Rights in Strasbourg.	☒
6 The language and underpinning values of human rights are useful outside of the courtroom.	☑

About the author:
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Anjay Kumar KC has over 12 years of experience working with most at risk, vulnerable and key affected populations in the field of HIV/AIDs.

He is devoted to helping networks and organisations working in the field, build the solid foundations they need to bring about social change with regard to health and human rights including crucial aspects of service provision.

He has worked for organisations such as UNAIDS, UNDP, ANPUD, FHI-360 and GFATM-CCM under the Govt. of Nepal Ministry of Health and Population and Center for Molecular Dynamics Nepal (CMDN).

With experience in training, project management, capacity building, networking, strategic planning, grant making, technical writing, and M&E he helps service-based organizations and networks be their best, assisting them to focus on creativity to inspire themselves and others to have a positive social impact. He helps organisations who want to make a difference and are ready to face their challenges to embrace their calling.

He has travelled extensively, but now calls Kathmandu Nepal, his home, where he lives with his wife and child and two dogs.