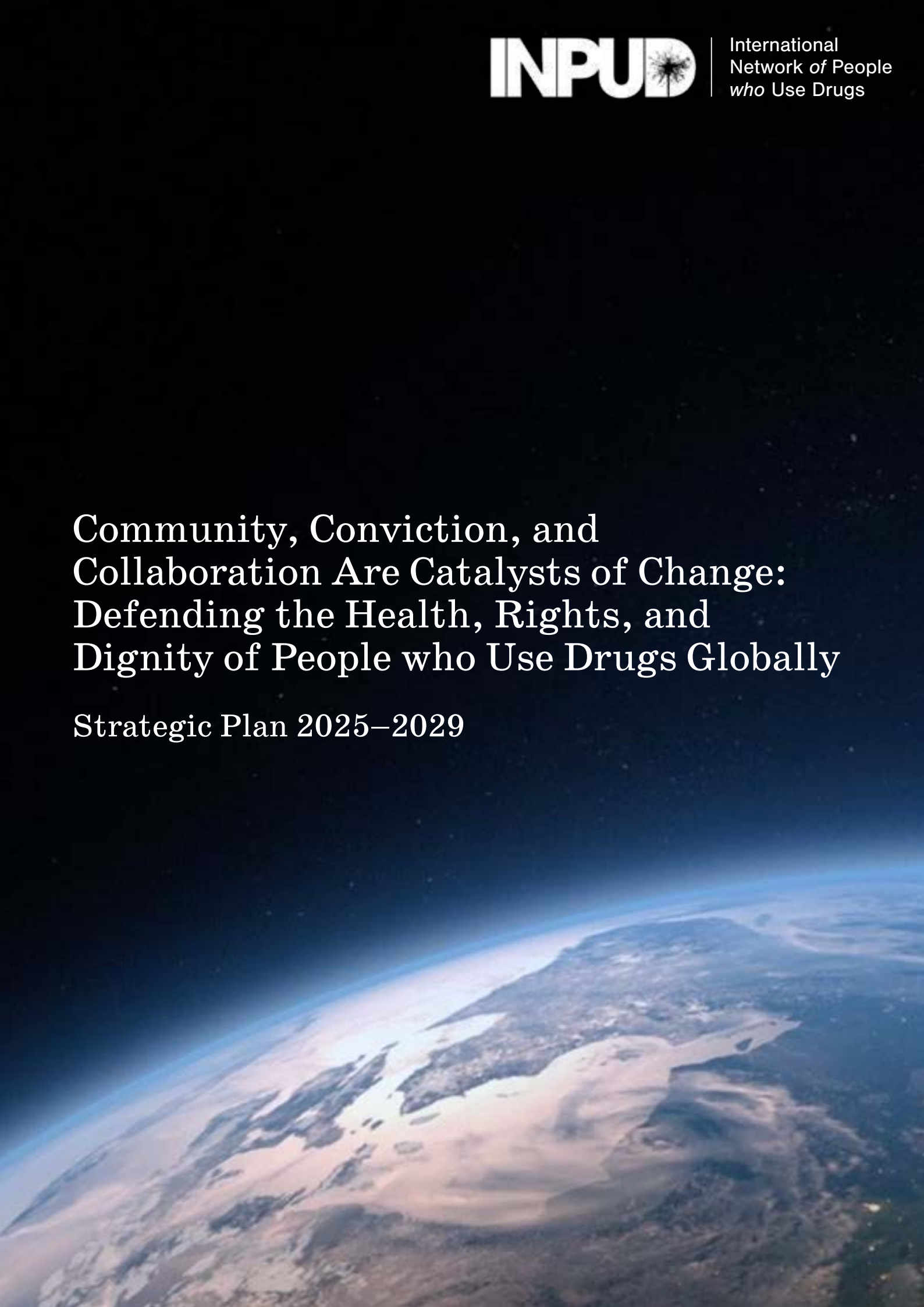
INPUD
International Network *of* People *who* Use Drugs

Community, Conviction, and Collaboration Are Catalysts of Change: Defending the Health, Rights, and Dignity of People who Use Drugs Globally

Strategic Plan 2025–2029



Contents

“ For me, INPUD means supporting regional networks by advocating for resource mobilisation, technical assistance, human rights, health, and the well-being of people who use drugs by promoting harm reduction and fostering peer support and solidarity.”

Person who uses drugs, interviewee

“ INPUD provides very professional and timely support and mentorship through their technical assistance. They develop comprehensive training and capacity-building initiatives that empower people who use drugs to take leadership roles in advocacy, policymaking, and community health initiatives, fostering a more inclusive approach to drug-related issues.”

Drug user-led service provider, survey respondent

“ INPUD is relentless in their work to ensure people who use drugs have guaranteed access to all the key human rights categories, most notably in the area of legal rights and health.”

Global health partner, interviewee

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INPUD Strategic Plan (2025–2029)

The World As We See It

It has been 20 years since INPUD came into being in 2005.[1] Over this time, we have achieved many successes, and we have gained important momentum towards our vision of a world where people who use drugs are able to live their lives in freedom, dignity, and good health. Together, we have continued to advance, step by step, the world that we want to see. INPUD's international profile as a reputable partner has been cemented, as has our strategic positioning and engagement in global decision-making and multi-stakeholder policy processes. Our regional networks are stronger, better coordinated, and able to lead on policy, advocacy, and programming at the regional level. As a trusted technical assistance provider, INPUD's community partners across the globe have made sure that people on the ground have been able to access support to meet their basic needs (for instance, in contexts of conflict and war) and are able to push for better, more comprehensive, and continuous low-threshold harm reduction strategies, programmes, and services. Today, there is a robust and ever-growing international evidence base documenting the effectiveness and "value for money" of drug user-led harm reduction interventions and peer-led service provision in curbing HIV and viral hepatitis, among others.

> **INPUD occupies a unique space and role at the intersection of national, regional, and global policy, practice, and programming.**
>
> **As the global network of people who use drugs, INPUD's voice amplifies the priorities, real life experiences, and the expertise of people who use drugs and successfully bridges drug policy with health, gender, and other international development sectors.**

However, while we celebrate these accomplishments, there is much cause for concern as we launch our new 5-year strategic plan. Today, the renewed sense of urgency is palpable. As a global peer-led movement of people who use drugs, we must band together to protect our collective achievements and continue to fight for our envisioned world. The next 5 years promise to be among the most challenging yet. Our 2025–2029 Strategic Plan comes at a critical juncture in the history of global health, human rights, and harm reduction. In the following pages, we present a birds-eye view of our "roadmap to 2029" with a focus on our long-term goals, key priorities, and the specific areas of action needed to achieve them.

The New Reality: Our Changing Global Health and Geo-Political Landscape

The world has dramatically changed since 2015, when the international community rallied around the inauguration of the 2030 Sustainable Development Goals to tackle the deep-rooted systemic challenges that benefit people, the planet, and collective prosperity. Over INPUD's last strategic period, there have been seismic geopolitical shifts matched with emerging poly-crises of pandemics, war and conflict, climate crisis and environmental catastrophes, escalating rates

1. https://inpud.net/inpud-strategic-plan-2021-2024/

> “ For me, INPUD means dignity, empowerment, and justice for drug user communities, giving voice to those often silenced and striving for a world where health and human rights are universally respected.”
>
> Person who uses drugs, survey respondent

of poverty, famine and inequality, and a swift upsurge in populist agendas including conservative anti-rights, anti-gender, anti-bodily autonomy, and anti-democratic global movements. These profound shifts, together with the drastic and devastating cuts to foreign assistance spending for global health, human rights, HIV, and harm reduction, continue to guide priority setting at global, regional, and country-level policy tables today.

HIV has fallen to the bottom of the global political agenda, and funding for harm reduction and key population-led responses is in crisis. This means that already limited resources will be restricted even more, negatively impacting the achievement of the Sustainable Development Goals and Global AIDS targets (especially those relating to societal enablers and community-led responses)[2] and leaving people who use drugs even further behind. Moreover, the HIV response architecture may be completely different beyond 2030.

Widespread backsliding in legal, policy, and human rights protections for key populations and key population-led services has intensified with the safety and security of our communities at stake in countries around the world. At the same time, the uptick in stigma, discrimination, harassment, policing, and criminalisation of people who use drugs is coming at a time of unprecedented restrictions on civil society space overall. The accelerated funding crisis for civil society and community-led responses is matched with intensified hostile legislation and regulatory frameworks that intend to thwart access to international funding, silence diversity of thought and worldviews, vilify advocacy efforts, and retract the right to protest, the right to freedom of assembly, and the right to freedom of speech.

Adding to this already complex equation, the first months of the U.S. Trump administration have caught the world unprepared for sweeping measures to unravel decades of multilateralism, global public health progress, and efforts to decolonise traditional aid models towards more equitable partnerships built on mutual respect, local leadership, and self-determination, the results of which promise severe consequences for community-led responses, access to lifesaving treatments and services for key populations (including opioid agonist treatment), and the safety, security, and fundamental rights and freedoms of our community. Examples of this are all too familiar: Trump’s immediate reinstatement of the US Global Gag Rule; targeted campaigns against the trans and gender-diverse community; the dismantling of diversity, equity, and inclusion; the erasure, censorship, and re-writing of US-led global public health research and data; the closure of USAID and the belligerent and far-reaching stop work orders and terminations to roughly 84% of US-funded foreign assistance,[3] including almost everything related to health, international development, climate, and humanitarian assistance. As the world’s largest bilateral funder of foreign assistance and development cooperation (approximately 0.24% of US gross national income (GNI)), the magnitude of these policy directives has ratcheted up global turmoil amidst colliding global catastrophes. This comes alongside the Trump Administration’s dismantling of the global trade system, its rejection of the Sustainable Development Goals, and its instrumentalisation of the overdose crisis for a fortified war on drugs. Defending the rights and health of people who use drugs to be able to live their lives in freedom and dignity has never been so important. In the coming years, INPUD

2. https://aidstargets2025.unaids.org/assets/images/prevailing-against-pandemics_en.pdf (see page 43).
3. https://www.devex.com/news/trump-budget-proposes-unprecedented-reckless-cuts-to-foreign-aid-109988

> “ This kind of shared sense of solidarity with others across the movement is definitely a role INPUD could play towards funding, towards, you know, the kind of broader political fights that we have to have about ending the drug war.”
> Key population interviewee

and its member networks must adapt, navigate, and position our communities within new and emerging political frameworks and processes to avoid being further left behind. Throughout history, our communities have always faced challenges, backlash, and punitive measures. Despite these barriers, we continue to exist and become stronger.

The Climate–Health Nexus

Similar to pandemics (HIV, viral hepatitis, TB, and COVID-19), marginalised and criminalised communities are the most affected by the climate crisis. However, while the relationship between drug use and the climate emergency is gaining increased focus, it remains an underexplored area that calls for greater engagement between sectors and the community of people who use drugs to determine and implement recommendations for better, more prepared policies and practices that protect the human rights, safety, and health of people who use drugs, particularly in mitigating the risk of service disruption, such as harm reduction services. Acute climate impacts (i.e., brought by extreme weather: hurricanes, flooding, droughts, forest devastation, etc.) necessitate rapid and emergency responses, but both acute and long-term impacts require foresight and planning.

The drug supply and the social determinants of health are all impacted by the climate crisis and have significant implications for the health and well-being of the drug user community and their access to essential resources and services. Disruptions and displacements spurred by the climate crisis have been found to directly influence a person’s mental health, economic well-being, and drug use and can be attributed to a number of factors, such as changes to the availability of drugs; the emergence of new, often more potent substances, including the toxic drug supply crisis; an increase in drug use as a coping mechanism; and significant fluctuations in the access and availability of harm reduction and treatment services. The expansion and scale-up of harm reduction services to include wide availability of drug-checking kits as well as community-led distribution of naloxone are crucial tools to counter the sweeping overdose crisis.

A Renewed Securitisation Agenda

While the Global State of Harm Reduction notes a modest increase in countries implementing harm reduction in the Global South (largely due to Global Fund programme essentials under Grant Cycle 7), there has also been significant regression, particularly in what have been traditionally known as “harm reduction leaders”, such as Canada and the Netherlands. Rollbacks of drug decriminalisation, policies, and services across Canada and in Oregon, United States, are increasingly replaced by heightened securitisation and law enforcement measures in response to the toxic drug crisis and the rise of synthetic opioids. We are also witnessing a marked increase in the pathologisation of drug use and the “addictions, recovery, and abstinence” agenda. In combination with the surging anti-rights movement, the “drug use prevention agenda” and the narrative of saving and protecting families and young generations are gaining traction in areas around the world. This is part of a conservative, populist, and anti-rights backlash, where our work and our communities are being targeted and scapegoated at a breadth and depth of pace that is unprecedented. We are not the problem; we are an essential part of the solution.

This is why our 2025–2029 strategy is centred around Community, Conviction, and Collaboration as the catalyst for the change that we want to see. We must

> “ …we must also try to forge pathways with groups who may not see the world through our eyes.”

be strategic. We must work in closer solidarity with key population-led movements and broader social justice actors. We must collaborate with partners across sectors and movements who innately understand our struggles and support our efforts to defend and advance our health, rights, personal sovereignty, and quality of life. We must draw connections showing how drug policy intersects with the broader determinants of health, human rights, climate justice, peacebuilding, international development (e.g., migration), and poverty reduction. At the same time, we must also try to forge pathways with groups who may not see the world through our eyes.

> Highlighting the linkages between local and international health responses with and for people who use drugs, INPUD has shown itself to be smart, articulate, savvy, and excellent stewards of funding.
>
> INPUD’s publications, advocacy campaigns, movement building, and global coordination are sharp, sophisticated, and grounded in scientific evidence and community-led research.

To this end, there are a number of significant developments that have taken place over the last few years that INPUD will be leveraging and will be pushing for their uptake and operationalisation:

1. In 2019, the UN System Common Position on Drugs centred on a commitment by UN agencies to support countries towards decriminalisation of drug possession for personal use.

2. In 2021, the historic societal enabler (10-10-10) and community-led responses (30-60-80) were passed in the 2021–2026 Global AIDS Strategy (GAS) and the 2021 Political Declaration on HIV/AIDS.

3. The 2023 report of the Office of the UN High Commissioner on Human Rights (OHCHR) on human rights challenges in addressing and countering all aspects of the world drug problem encouraged member states to take steps towards the legal regulation of drugs.

4. In 2024, “harm reduction” was included for the first time in a Commission on Narcotic Drugs (CND) resolution, signifying a break from the “Vienna consensus”.

Furthermore, the UN Special Rapporteur on the Right to Health, the UN Working Group on Arbitrary Detention, the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Committee on Economic, Social and Cultural Rights (CESCR) have started to recognise that the advancement of drug policy reform and harm reduction falls under their respective mandates.

> “ INPUD ensures representation and engagement of people who use drugs in all interventions impacting them, including research, advocacy, and policy development.”
> Person who uses drugs, survey respondent

Our Shared History

As the only international network of people who use drugs, INPUD gives a powerful voice to the experiences, priorities, and perspectives of our diverse global community. We celebrate and elevate the richness of our community’s expertise, living experience, leadership, and diversity of skills and knowledge by advocating for and contributing to inclusive, community-led solutions that promote, protect, and advance the health, dignity, rights, and bodily integrity of people who use drugs everywhere.

INPUD was first conceived in 2005 during the Belfast International Harm Reduction Conference (IHRC). One year later, our founding statement was launched as the Vancouver Declaration during the IHRC in Vancouver (2006). The Vancouver Declaration provides an unwavering overarching vision that continues to guide our collective action against the global war on drugs. Punitive drug policies criminalise people who use drugs and only claw back our rights and freedoms, exacerbate inequity, and result in disastrous health and socio-economic harms for individuals, families, communities, and our whole-of-society more broadly. In their stead, we continue to push for the expansion of humane, comprehensive, low-threshold harm reduction strategies and approaches, programmes, and services that are grounded in evidence, human rights, equity, self-determination, meaningful participation, and inclusive decision-making.

At INPUD, we aim to expose the profound and pervasive stigma and discrimination that continues to confront the drug user community. We challenge criminalisation and other harmful drug policies, advocating for evidence-based solutions that also highlight our community’s many strengths, demonstrated leadership, and extensive expertise in defending our health, well-being, dignity, and fundamental rights.

INPUD works alongside and in solidarity with other key population networks, such as those representing sex workers, LGBTQI+ people, trans and gender-diverse people, and people living with HIV, to address broader trends of discrimination and call out and respond to human rights violations.

Our Vision

A world where people who use drugs are free to live their lives with dignity.

Our Mission

INPUD is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs by highlighting and challenging stigma, discrimination, and the criminalisation of people who use drugs through processes of empowerment and advocacy at the international level, while advancing progress towards the change we want to see at community, national, and regional levels.

Our Goals

1. An end to drug prohibition, the legalisation of drugs, and the protection of the human rights of people who use drugs.

2. Effective prevention, treatment, care, and support for people who use drugs who are living with

or affected by HIV, viral hepatitis, TB, and other relevant health issues.

3. Universally available, low-threshold harm reduction to support safer drug use and reduce drug-related harm among people who use drugs.

4. Self-determining networks of people who use drugs that advocate for their own health, citizenship, and human rights.

Our Principles

Our work at INPUD is guided by seven founding principles:

1. **Pro drug user rights**: People who use drugs have the right to be treated with dignity and respect and to live their lives free from discrimination, stigma, and health and human rights violations.

2. **Pro self-determination and self-organising**: People who use drugs are best placed to represent their own interests, and the network will champion the prioritisation of people who use drugs in consultation and advocacy processes.

3. **Pro harm reduction and safer drug use**: Harm reduction services should be available and accessible to all people who use drugs, which includes information on safer drug use strategies.

4. **Respecting the right of individuals to take drugs**: We take a non-judgmental, value-neutral approach to drug use and believe people who use drugs have the right to be treated with dignity and respect.

5. **Anti-prohibitionist**: We are committed to achieving fundamental drug policy reform, including the full-scale decriminalisation of drug use, and supporting intermediate reforms to drug laws.

6. **Pro equality**: We embrace the principles of self-determination, equity, and social justice.

7. **Advancing anti-oppression good practice and accountability**: We are committed to challenging existing colonial power imbalances in all elements of our work through participatory approaches, collaboration, action, and accountability to expose and redress all systems of oppression.

> “ INPUD has profiled themselves and the regional networks really well. If you’re talking about people who use drugs, you’re going to look for INPUD. And it is not only INPUD, it is INPUD and it’s [their] networks.”
>
> Key population representative, interviewee

How We Work

INPUD is a small global Secretariat that works closely with and through eight (8) regional networks of people who use drugs and the International Network of Women who Use Drugs (INWUD). Together, we determine our common priorities and goals and achieve collective impact when it comes to advancing the highest attainable quality of life for people who use drugs. INPUD is a registered charitable, not-for-profit organisation in the United Kingdom that works on policy, research and advocacy, programming and technical support, finance and administration, and management.

Our member networks include:

- International Network of Women who Use Drugs (INWUD)
- Network of Asian People who Use Drugs (NAPUD)
- European Network of People who Use Drugs (EuroNPUD)
- Eurasian Network of People who Use Drugs (ENPUD)
- African Network of People who Use Drugs (AfricaNPUD)
- Latin American Network of People who Use Drugs (LANPUD)
- Pasifika Network of People who Use Drugs (PANPUD)
- North American Network of People who Use Drugs (NANPUD)
- Middle East and North Africa Network of People who Use Drugs (MENANPUD)

All member network organisations endorse and support the values and principles within the Vancouver Declaration and our Consensus Statement on Drug Use Under Prohibition — Health, Human Rights and the Law.

INPUD is governed by a talented Board of Directors that represents the eight regional member-based networks and INWUD. These Directors are elected by the regions, are responsible for the oversight and stewardship of INPUD, and are held accountable to the Boards or Steering Committees of their respective networks. INPUD’s programmatic areas include three core pillars: (i) policy, research, and advocacy; (ii) community mobilisation, network strengthening, and leadership development; and (iii) programming and technical support. More information on each of these areas can be found on our website (inpud.net).

Strategic Planning Process

INPUD used a mixed methodology to gather the input of its partners and regional networks during the formation of this strategic plan. The process included surveys, key informant interviews, and validation points to ensure that the strategic framework and theory of change were reflective of the contexts, priorities, and perspectives of the drug user community at the country, regional, and global levels.

Moving forward, we will work with regional networks of people who use drugs and partners to further dig into the operationalisation of our new strategy for bold collective action. INPUD thanks all of its members and partners who offered their time and invaluable input throughout the development of this Strategic Plan.

> “ There seems to be good coherence across INPUD’s network structure, which seems to make it easier to do things and to be stronger, more coordinated, more united. I applaud this and hope that they continue to do that.”
>
> Key population representative, interviewee

Our Theory of Change

A Theory of Change is an organisation’s “theory”, or story, of how it will make a change in the world. A theory explains the group’s beliefs about how the change will unfold. The fundamental component of a Theory of Change is the pathway of change diagram, which visually outlines how we intend to have an impact on the world and how our community will be strengthened because of our efforts. INPUD’s Theory of Change is visually depicted below with a more fulsome illustration in the narrative that follows.

Building upon: i) our significant achievements of our last strategic period, ii) the results of our strategic planning process, and iii) a clear understanding of the complex external challenges within which we live and work, INPUD’s 2025–2029 strategic period focuses on four mutually reinforcing Strategic Directions. Over the next 5 years, INPUD will dedicate its resources and efforts to:

- **Strategic Objective 1: All Together Now: Combatting Colliding Crises Through Policy, Advocacy, and Collective Action:** Lead a thriving, inclusive global drug user-led movement of community leaders, peer mentors, activists, and allies to challenge the status quo through policy, advocacy, and collective action impacting persistent, emerging, and intersecting crises affecting the health, well-being, and human rights of people who use drugs.
- **Strategic Objective 2: We Are Stronger Together:** Support regional networks of people who use drugs as strong, vibrant, and well-respected, accountable partners that influence policy and legal frameworks, regulations, programming, and practice at the global, regional, and country level.
- **Strategic Objective 3: Lead by Example and TecÚical Assistance:** Protect the health, rights, and well-being of our community through capacity building and technical support that expands access to equitable, rights-based health and social justice programming and services everywhere.
- **Strategic Objective 4: Loud and Proud:** Sustain and strengthen INPUD’s leadership as a resilient, agile, and highly respected partner that is fit-for-purpose to influence laws, policies, and regulations in the global health and development response to a complex and changing world.

INPUD’s Theory of Change seizes upon the achievements of the global network and seeks to build out its movement while pulling more closely together new and long-standing harm reduction partners, allies, and activists. Policy, advocacy, and collective action (Strategic Objective 1) are the backbone of INPUD’s impact. Under the 2025–2029 Strategic Plan, policy, advocacy, and collective action are elevated, expanded, and amplified through targeted campaigns, close coordination with even stronger regional networks (Strategic Objective 2), and the delivery of technical assistance and programming expertise to expand harm reduction and rights-based drug policy solutions at country level (Strategic Objective 3), all of which is led by an INPUD Secretariat that is resilient, fortified, and sustainable (Strategic Objective 4). These four strategic objectives are mutually reinforcing, and each of them is crucial to making sure that the health, rights, and dignity of people who use drugs receive the political and financial support to catalyse meaningful, positive, and sustainable change to the challenges we face. When supported together, each of the four objectives

will enable INPUD's global network to make progress towards its mission and vision that is greater than the sum of its parts.

The following section provides a more in-depth breakdown of INPUD's Theory of Change, including strategy-level key performance indicators to monitor the network's progress against its Strategic Plan.

Strategic Objective 1

We Are Stronger Together!

INPUD supports regional networks of people who use drugs as strong, vibrant, and well-respected, accountable partners that influence policy and legal frameworks, regulations, programming, and practice at the global, regional, and country level.

The Change We Want to Make (The Long-Term Outcomes We Want to See)	• Regional networks are participatory and well-governed and hold the expertise, strategic foresight, and operational systems to contribute to global policy debates and apply transferrable policy insights to the regional context. • Country-level networks of people who use drugs are supported and strengthened through their engagement with regional and global networks to expand rights-based, evidence-informed policies and programming that promote and protect the health and rights of our community(-ies). • Drug user-led networks, organisations, and responses enjoy increased financial, political, and partner support to lead on protecting and enhancing the health, social, and economic rights of people who use drugs in the contexts where they live.
Our Approach	• Foster cross-fertilisation of strategies, approaches, and innovations through cross-regional learning, collective sharing of resources and expertise, and South–South programming. • Deliver technical support to strengthen regional network organisational structures. • Support regional networks in their translation and cultural adaptation of INPUD resources to country/regional contexts. • Refine role clarity and mechanisms for optimal global–regional network coordination and communication. • Conduct joint resource mobilisation efforts to advance global–regional policy, advocacy, and South–South programming and, where applicable, lead joint resource mobilisation efforts by forming consortia of regional networks.
Measuring Success (KPIs)	• Global and regional network structures have matured, and movements have been strengthened. • Regional networks are well-resourced to execute policy, programming, and regional network development.

Strategic Objective 2

All Together Now: Combatting Colliding Crises Through Policy, Advocacy, and Collective Action

INPUD leads a thriving, inclusive global drug user-led movement of community leaders, peer mentors, activists, and allies to challenge the status quo through policy, advocacy, and collective action impacting persistent, emerging, and intersecting crises affecting the health, well-being, and human rights of people who use drugs.

The Change We Want to Make (The Long-Term Outcomes We Want to See)	• INPUD is recognised as an international watchdog monitoring and calling out harmful, oppressive narratives, violence, and human rights abuses experienced by people who use drugs. • Drug laws, policies, and practices are rights-based, anchored by evidence and responsive to the diverse needs of our community, including the expansion and scale-up of harm reduction as well as decriminalisation, drug regulation, and legalisation. • People who use drugs are fully and meaningfully engaged, holding an equal voice in all areas of global policy, research, and decision-making that affects their lives, rights, self-determination, and bodily autonomy. • Communities of people who use drugs are equipped with the skills, tools, and resources to effectively advocate and influence laws, policies, and regulations at the global, regional, and national/sub-national levels. • Community leadership is fostered, mentored, championed, and mobilised to effectively represent and advocate for drug policy reform, elevating the health, well-being, and rights of people who use drugs.
Our Approach	• Protect and push for expanded political space for people who use drugs, including full and meaningful participation in global governance processes and structures (e.g., governing boards, advisory, scientific and technical committees). This also includes efforts ranging from strengthening our engagement in UN human rights bodies to submitting shadow reports on drug-related human rights violations. • Expand engagement and partnerships with other sectors (e.g., climate, social, labour, and others), drawing on the intersectionality of human rights for people who use drugs. • Sharpen our advocacy and communications linking community-led and academic research, legal and policy frameworks, and programme innovations. • Formulate common positions on various issues/agendas pertaining to the drug-using communities and disseminate them through creative and effective use of online media. • Deliver technical assistance, in partnership with regional networks, targeting communities of people who use drugs to strengthen and advance effective advocacy strategies, approaches, and implementation. • Develop policy resources and advocacy campaigns based on INPUD priority issues, community-led research, and watchdog reports.

Our Approach *(continued)*	• Collaborate with key population-led networks at global, regional, and national levels to identify common advocacy agendas, strategies, and coordinated community mobilisation. • Support new community leadership through awards, mentorship, and opportunities for professional development.
Measuring Success (KPIs)	• Number of new and maintained policy, advisory, and global governance spaces where INPUD and regional networks are represented, engaged, and exert influence. • Number and type of mechanisms and opportunities for INPUD members and partners to collaborate, strategise, and engage in advocacy efforts. • Number, type, and approaches used to support new and emerging community leaders.

Strategic Objective 3

Leading by Example and TecÚical Assistance

INPUD continues to protect the health, rights, and well-being of our community through capacity building and technical support that expands access to equitable, rights-based health and social justice programming and services everywhere.

The Change We Want to Make (The Long-Term Outcomes We Want to See)	• People who use drugs enjoy the benefits of better health, social, and economic equity in the communities where they live. • Barrier-free access to comprehensive harm reduction programmes and services is available when and where drug user communities need them. • Stigma and discrimination experienced by people who use drugs is challenged and eliminated. • People who use drugs are actively contributing their skills and expertise to advance research and innovation through mutually beneficial, ethical, and equitable partnerships.
Our Approach	• Provide technical and financial assistance to work with drug user communities, governments, and global institutions to scale up rights- and evidence-based drug policy reform and programming, including comprehensive approaches to harm reduction, mental wellness, HIV and viral hepatitis prevention, treatment and care, and access to housing, justice, and social services. • Share our community knowledge, skills, and expertise in designing, implementing, monitoring, and evaluating health and social policies, programmes, and practices. • Take the lead in drug user-led research and equitable research partnerships to generate evidence on issues/gaps, as well as strengths of community-led responses.
Measuring Success (KPIs)	• Number and type of capacity-building tools, workshops, webinars, toolkits, and direct support provided to country and regional partners. • Number and type of technical assistance requested by partners and provided by INPUD at global, regional, and country levels.

Strategic Objective 4

Loud and Proud!

INPUD's leadership is sustained and strengthened as a resilient, agile, and highly respected partner that is fit-for-purpose to influence laws, policies, and regulations in the global health and development response to a complex and changing world.

The Change We Want to Make (The Long-Term Outcomes We Want to See)	• INPUD's operational model sustains the Secretariat's financial and organisational growth and stability and provides funding support to global and regional networks of people who use drugs. • INPUD provides thought leadership across health, development, and climate sectors on intersectional issues as they affect people who use drugs. • INPUD is widely acknowledged as a sought-after global partner with respected legitimacy and power as the voice of the drug user community in global spaces.
Our Approach	• Build new and leverage existing strategic partnerships within and across sectors and social movements where drug user rights, health, and well-being intersect. • Collaborate with key population-led networks and other strategic partners to maximise programme efficiencies and conduct joint fundraising. • Diversify INPUD's funding base to ensure core funding is secured, as well as sustained policy and advocacy impact. • Prioritise INPUD's engagement in global policy spaces and international events with strategic intentionality. • Bring in non-community experts (i.e., academics/PhD students) as contributors from diverse sectors and strengthen INPUD's work on emerging challenges (e.g., climate change, NCDs, and political/funding environment, among others).
Measuring Success (KPIs)	• INPUD's actions and collaborations result in participation in global spaces/sectors/movements. • The needs and priorities of people who use drugs are well profiled and represented. • INPUD's financial position has secured its stability and growth.

Measuring Our Success

As a learning organisation, monitoring, evaluation, and learning from our programme results and partner feedback is important to INPUD and is critical to ensuring maximum programme impact, that we remain responsive to the concerns and priorities of our community, and that we "walk the talk" of mutual accountability. INPUD is in constant, close communication with its members and partners across geographies and holds regular consultations and policy dialogues to encourage broad engagement, focused input, development of recommendations, and peer-to-peer learning from across the movement on key policy developments, emerging issues, research findings, and many more. Over this strategic period, close communication, coordination, and collective action will be essential to counter the strong headwinds that are erasing decades of progress and evidence-based global health and development.

Strategy-level key performance indicators have been included as part of the Theory of Change and will be used to annually monitor and reflect on progress against the Strategic Plan and where our shifting external/internal environment may demand tactical pivots as a global network. Surveys, key informant interviews, convening and consultation, webinars, and workshops will continue to drive our engagement while also making sure that we are watching, documenting, and reporting out on health and social justice issues that affect the health, rights, and dignity of people who use drugs everywhere.

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs.

INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs and its impact on the drug-using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national, and regional levels.

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