



*The contribution of Non-Governmental Organizations to implementation of the Political Declaration and Action Plans adopted by the 20th United Nations General Assembly Special Session*

# Global Summary Report\*

### *Introduction*

In June 1998, the UN General Assembly met in a Special Session to address the world drug problem (hereafter UNGASS). This was the second time that the General Assembly had met in Special Session solely to focus on drug issues. The Session culminated in the adoption of a Political Declaration committing some 150 states to the achievement of significant and measurable results in reducing the supply of and demand for illicit drugs by the year 2008. Importantly, the General Assembly called upon non-governmental organizations (NGOs) to work in collaboration with governments and other actors to contribute to this task. The active engagement of NGOs and civil society was requested in recognition of the fact that both were key partners in raising awareness about narcotic drugs as well as facilitating prevention, treatment, rehabilitation and social reintegration.

What progress has been made since 1998? How have NGOs been involved in the development of national and international drugs policies and programs? What methods have made for better collaboration between governments and NGOs in achieving the aims of UNGASS? What priorities should be set for the future? The Vienna NGO Committee on Narcotic Drugs (VNGOC) has recently undertaken the project 'Beyond 2008' to help answer these questions and to make recommendations to the United Nations Office on Drugs and Crime (UNODC) the Commission on Narcotic Drugs (CND) and the International Narcotics Control Board (INCB)—on future directions for drug control and prevention.

### **About the VNGOC and 'Beyond 2008'**

The VNGOC was founded in 1983 to provide a link between the UNODC, the CND and NGOs from around the globe. Composed of members representing international, national and local NGOs, the committee contributes to the work of the UNODC, provides information on NGO activities, and involves a wide sector of civil society in raising awareness of global drug policies. VNGOC has a long experience of facilitating important events and relationships between NGOs and the UN system and has held NGO Forums since 1986.

'Beyond 2008' sought to undertake a comprehensive overview of NGO experience and opinion on their own achievements in drug control since 1998. It also aimed to facilitate the exchange of ideas on promising new approaches, to reach agreements on ways to work together and to make recommendations to CND, UNODC and INCB on future directions for drug control within the context of the three existing international Drug Control Conventions.<sup>1</sup> In particular the project set three specific objectives:

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<sup>1</sup> The three Conventions include the 1961 Single Convention on Narcotic Drugs (as amended by the Protocol of 25 March 1972), the Convention on Psychotropic Substances of 1971, and the Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Full versions of the Conventions are available from the UNODC's website at <http://www.unodc.org/unodc/en/treaties/index.html>

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*Objective 1: to highlight NGO achievements in the field of drug control, with an emphasis on contributions to the 1998 UNGASS Action Plan, in areas such as policy, community engagement, prevention, treatment, rehabilitation and social reintegration*

*Objective 2: to review best practices related to collaboration mechanisms among NGOs, governments and UN agencies in various fields, and to propose new and improved ways of working with the UNODC and CND*

*Objective 3: to adopt a series of high order principles, drawn from the Conventions and their commentaries, which would be tabled with UNODC and CND for their consideration and to serve as a guide for future deliberations on drug policy.*

To collect data from NGOs globally a questionnaire was prepared, based on the Biennial Reporting Questionnaire completed by governments to inform UNODC and CND of progress in implementing the decisions agreed at the 1998 UNGASS. The questionnaire was available on-line in the six official languages and was also available for downloading. It was widely advertised and was completed by a large number of organizations. Additionally, representatives from organizations in the field of health, treatment and prevention, criminal justice, alternative development, drug policy and user groups were invited to attend one of nine regional consultations in which they were given a further opportunity to elaborate on their experiences and views on the three Beyond 2008 objectives.

This global summary report first elaborates on the organization and methodology adopted during the consultation process, before continuing to outline the main themes identified from each of the objectives. The conclusion then recommends several high order principles drawn from the consultations that are intended to inform and improve future practice.

### **Organization and Methodology of ‘Beyond 2008’**

The governance of the ‘Beyond 2008’ process was organized through a Steering Committee chaired by Michel Perron, CEO of the Canadian Centre on Substance Abuse and a Programme Committee chaired by David Turner of the Centro Italiano di Solidarietà. Regular reports were provided to the Vienna NGO Committee on Narcotic Drugs.

Management and implementation was conducted through the Chairs of the two committees, working in partnership with the Civil Affairs Team of UNODC led by Mirella Frahi, and with a Designated NGO Committee Member (DNGOCR) and Regional Lead Organizations (RLOs) for each of the nine regions. The selection of the RLOs was based on wide consultation and objective criteria to assess their capacity to carry out the specific tasks and to offer a balance of approaches to drug control as reflected in the NGO community. The Terms of Reference for the committees, the roles of the Designated Representatives and the RLOs and reports on progress were posted on the Vienna Committee web site ([www.vngoc.org](http://www.vngoc.org)) and were published in the documents supplied to Regional Consultation participants.

A Memorandum of Understanding was signed between the Vienna NGO Committee and UNODC for the implementation of the project. Under this, the specific responsibilities of the parties were agreed and the project budget was approved. The Canadian Centre on Substance Abuse (CCSA) provided the financial management for ‘Beyond 2008’ providing

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quarterly financial and implementation reports and audited accounts at the end of each reporting year.

In order to achieve a sophisticated input into the review of achievement and future planning on drug control, the Programme Committee developed a data collection mechanism consisting of two elements: an NGO Questionnaire to collect quantitative data and Regional Consultations to collect more qualitative data and to develop ideas for improved collaborative mechanisms and the principles which should guide drug policy.

The NGO questionnaire was designed using the structure of the Biennial Reporting Questionnaire of the Commission of Narcotic Drugs. However, it achieved more than just a duplication of a governmental data collection survey by incorporating new, and NGO specific elements. The questionnaire was available for completion on line in all six UN languages and could also be downloaded in hard copy. It was monitored to avoid duplicate entries and then analysed on the basis of completed and partially completed returns. In terms of its scope and geographical coverage *the Beyond 2008 initiative represents the largest global survey ever carried out on the work of NGOs in the drugs field.*

The regional consultations consisted of a representative sample of NGOs working in a particular region. They were not intended as a means for gathering opinions or for promoting specific policies or strategies in the field of drug control but stressed the importance of evidence to provide a basis for the NGO contribution through 'Beyond 2008' to the CND and UNODC. The documents for the regional consultation posed a set of questions related to each of the 'Beyond 2008' objectives and designed to elicit information and experience supported by examples. Between September 2007 and February 2008 regional consultations were held in 13 cities in 9 regions of the world: Australasia (Canberra and Wellington); Eastern and Southeastern Europe and Central Asia (Kiev and Belgrade); Latin America and the Caribbean (Lima); North Africa and the Middle East (Cairo); North America (St Petersburg, Florida and Vancouver); South Asia (Dhaka); Southeast and East Asia and the Pacific (Macau SAR); Sub-Saharan Africa (Johannesburg, Dakar and Nairobi); West Europe (Budapest).

The Programme Committee agreed guidelines for the selection of participants to the regional consultations. These included (inter alia)

- A diverse ideological and professional background
- The size and constituency of the organization
- The capacity to represent the experience of a significant number of organizations
- Representation of the broad range of interventions available in the region
- Cultural, ethnic and social diversity
- Competence in the language of the consultation

It was recognised that a representative sample of NGOs did not mean a precise numerical or geographical balance. Rather that it should represent the balance of NGO engagement in the region and should include HIV/AIDS organizations, organizations concerned with alternative development, organizations of peasants and user groups to name a few.

The RLOs, in consultation with the DNGOCR for their region, were asked to develop arrangements for the identification of potential participants and the selection of a representative sample of NGOs for their region. They all used the same criteria but each region developed its own methodology for selection. In all regions data bases, contact lists

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and networks were used to identify possible participants. From these different sources in some instances all the identified NGOs were invited to participate (Australia and New Zealand), in others the RLOs and DNGOCR developed a list of invitees (Latin America and the Caribbean, Southeast and East Asia and the Caribbean, North Africa and the Middle East, North America, Sub-Saharan Africa) and in two regions applications were invited from which a selection could be made (East and Southeast Europe and Central Asia and South Asia). A list of the NGOs that participated in the consultation process and their countries is attached as an appendix to this report.

For the 'Beyond 2008' International NGO Forum in Vienna criteria and procedures for nomination and selection were agreed by the Programme Committee and published on the Vienna NGO Committee web site. The RLOs and DNGOCR for each Region were invited to nominate 21 participants in consultation with UNODC for consideration and approval by the Programme Committee. Additionally the Committee agreed on the list of international NGOs to be invited and members of the Vienna and New York NGO Committees were invited to register as participants. Some 300 NGOs were expected to participate in the Forum.

Financial support for 'Beyond 2008' came from the United Nations Office on Drugs and Crime, the European Commission, the governments of Canada, the United Kingdom, Italy, Sweden and Hungary as well as from a number of NGOs, including the Canadian Centre on Substance Abuse, the Italian Centre of Solidarity, the Open Society Institute, the Salvation Army International, the Senlis Council and the World Federation of Therapeutic Communities. Additionally, sponsorship and in kind support for the regional consultations and the Vienna Forum came from governments of Hungary and South Africa and from business, foundations and local government in Austria, Macau SAR, Bangladesh, Senegal, the USA, Canada, Egypt, Australia and New Zealand.

### ***Key Trends and Themes***

#### ***Objective 1***

The first objective of 'Beyond 2008' was to recognize NGO achievements in the field of drug control with a particular emphasis on the declarations and action plans approved by the 1998 UNGASS. These included adoption of a Political Declaration, a Declaration on the Guiding Principles for Drug Demand Reduction and Measures to Enhance International Cooperation to Counter the World Drug Problem with five action plans. The 53rd session of the General Assembly, which followed the UNGASS, requested the CND to examine the proposal for an action plan on drug demand reduction, which was being elaborated by an intergovernmental working group established immediately after the conclusion of the UNGASS. NGO representatives participated in this working group as well as governments and intergovernmental and regional organizations.

#### **Growth in NGO Activity**

444 non-governmental organizations took part in the questionnaire survey representing Australasia (41), Southeast Asia and the Pacific (36), South Asia (30), Central Asia and Eastern Europe (Non EU Countries) (19), Middle East and North Africa (21), Sub-Saharan Africa (72), Central and Western Europe (EU Countries, Norway, and Switzerland) (43), North America

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(100), and Latin America and the Caribbean (82).<sup>2</sup> Although the Beyond 2008 survey cannot claim to represent the full extent of NGO activity in the field of drug control around the world, the NGO questionnaire responses and the regional consultation reports reveal an unprecedented expansion in NGO personnel, along with increased activity in the areas of policy development, health and social welfare intervention, advocacy, research and development, and service user involvement, especially in the last ten years (see Box 1).

Over a third of those completing the questionnaire had actually been founded since 1998 and the number of full-time staff reported by respondents to the questionnaire had almost doubled from 7,800 to 14,200. A considerable growth was also reported in the numbers of part-time and voluntary staff. Membership had also risen considerably. Respondents to the questionnaire reported that national membership levels included 7.55 million members with an additional 1.5 million associates and 4.85 million international members. The Conference Room Paper for the Commission on Narcotic Drugs meeting in 2008 noted that this was just a 'small proportion of the NGOs active in the field' (CND, 2008).

This growth in NGO activity had also been reflected in the regional consultations. Respondents identified a 'mushrooming' in several African countries, while in South Asia the last decade has witnessed an impressive growth in treatment centres from literally zero to nationwide systems. Similar trends were identified in Southern and Eastern Europe, in Central Asia and across Southeast Asia, East Asia and the Pacific. Services offered by NGOs had become increasingly specialized and there had been advances in providing more integrated services, which covered more areas of the continuum of care. Nevertheless, despite welcome increases in the number of agencies and personnel on the ground, a consistently expressed concern was that disparities remained between the availability of services and the perceived need for prevention, treatment and rehabilitation, and also that services were 'patchy' and hard to sustain in many parts of the world. Lack of adequate and sustained funding was most often identified as the main cause of this unevenness and inconsistency of service provision.

### Policy Involvement

More than a third of NGOs had been involved with the development of governmental drug strategies. In response to the questionnaire, 37% reported having been consulted or involved at some stage in the preparation of a national drug strategy, and 45% reported involvement or consultation in the development of local strategies. Some concerns were raised that often NGO and government programs lacked effective evaluation or monitoring. Although in the survey 66% of respondents reported involvement in the monitoring system of a national drugs plan and 64% reported being involved in its evaluation, while 60% of NGOs also contributed information to a national or sub-national system for assessing levels of drug misuse. However, a lack of co-ordination between organizations was often reported as a problem, as was the lack of available funding (CND 2008, 8-9). These aspects of NGO involvement with government, UN agencies and international organizations are given fuller discussion in the review of best practice mechanisms for collaboration under Objective 2 (see below).

Public authorities have recognized the importance of NGOs by providing increased levels of funding over the past ten years, though the regional consultations pointed to concerns that

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<sup>2</sup> For details of individual organizations please refer to the appendix. Figures relate to data collected by the Canadian Centre on Substance Abuse as of May 2008.

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funding remained inadequate and in some cases was not appropriately directed (i.e. where it was targeted at those affected by HIV/AIDS rather than at drug users and their families per se). Where NGOs have been involved in developing policy in partnership with public bodies, the consultations reported that outputs were generally better and more effective. The regional consultations suggested that nationally coordinated policies were difficult to achieve not simply because different levels of government often exhibited quite contrasting policy objectives in relation to narcotic drugs, but because NGO communities are required to respond to a variety of different policy priorities depending on the nature of their funding bodies and sponsors.

### **Community Engagement and Alternative Development**

The survey found that the most common types of project NGOs were involved in concerned community development (60%) and the provision of basic or more advanced education (49%). NGOs were also active in capacity building for local organizations (36%), development of and support for primary health care programs (34%) and development of training for new employment opportunities (34%). Emphasizing the grass-roots nature of NGO work, the most common partners for alternative development projects were local community organizations (54.5%), local NGOs (40%), and local government (33%). National government and national NGOs tended to play more of a supporting role than a direct one, although such involvement was extensive. More surprisingly, organizations of indigenous peoples were reported as partners by only 29% of those organizations implementing alternative development projects (CND 2008, 6). The regional consultations also highlighted impressive work in community engagement, for example, one foundation, in collaboration with UNODC, had worked to create an international network of farmers who had abandoned illicit crop cultivation to facilitate distribution of their agricultural products. Other examples were concerned with the provision of education, alternative employment and support for the development of community associations (CND 2008, 7).

The regional consultations identified a move from top down programs towards community-based programs that are designed and implemented directly by the community. A particularly important trend has been the involvement of vulnerable populations in the creation and implementation of new initiatives and services, particularly in relation to young people. Such initiatives included support and prevention work with school children from primary/elementary level to high school, and interventions aimed at children not attending school—especially street children. Other intervention work has involved both direct support and advocacy on behalf of prison populations and offenders, sex workers, those affected by HIV/AIDS, and minority and indigenous communities.

### **Prevention**

The survey found that 137 of the 320 organizations (43%) providing primary prevention services were able to provide numbers of those with whom they were involved. They reported that in 1998 their prevention programs reached some 691,500 people. In 2006 their prevention programs reached some 1.1 million people, an increase in the period of just under 59%. As the CND conference room report noted, '[a]lthough this represents only a small sample of the NGOs active in primary prevention, it clearly demonstrates the level of their activity and the importance of their engagement in drug demand reduction'. Primary prevention work tended to be undertaken in school and educational settings where there

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was an increase in the number of non-governmental organizations active in this field. Between 1998 and 2006, NGOs that were able to supply data reported a 29% increase in school based prevention initiatives and an increase in the number of people reached of 62.5%, a 23% increase in work-based prevention and an increase in the number of people reached of 48%, a 42% increase in leisure and recreational settings and an increase in the number of people reached of 57%, and a 22% increase in prison or correctional prevention initiatives with 64% more people being reached.

The regional consultations also reflected an increase in drug prevention activities by NGOs, but cautioned that 'insufficient attention and support' had been given by national drug demand strategies 'aimed at reducing the likelihood of someone engaging in drug misuse or progressing into more regular drug misuse' (CND 2008, 9). The range of programs in which NGOs were directly involved nevertheless revealed a wide range of prevention initiatives in all regions of the world, including

- school-based drug education and its inclusion to the national curriculum
- community youth development projects such as sports and arts programs
- family group programs
- teacher education
- training of medical doctors and health and social service personnel
- prison programs
- peer to peer education
- life skill development
- research and technological advances

### **Treatment, Rehabilitation and Social Reintegration**

Of 365 organizations replying, 196 reported that they provided treatment and/or rehabilitation services. The main areas of provision were residential rehabilitation (43.5% of respondents), outpatient detoxification (40.8%), day care (39.3%) and services for parents with children (35.2%). This latter figure was surprising and examination of the data by region shows no significant bias as a result of high levels of provision in the richer regions. Unfortunately data was not available on the number of people receiving treatment and/or rehabilitation services, but all regions confirmed that there had been some improvement in the availability of these services between 1998 and 2006 while emphasizing that provision still remained insufficient to meet the demand. The greatest improvements were seen in the provision of detoxification—both residential and non-residential, in the provision of substitution treatment—both residential and non-residential, and in the provision of residential rehabilitation (CND 2008, 9).

Of 374 respondents, 297 (79.4%) reported that they provided services to reduce the negative health or social consequences of continued drug use. The most frequently reported service was the provision of advice and information on harm reduction (71.4%), followed by outreach services (67.7%) and advice and information on safer sex (59.3%). In Latin America and the Caribbean NGO primary prevention approaches had broadened allowing for a more comprehensive exploration of the relationship between the individual and areas such as health, education, work, self-esteem, family relations and so forth. This has been accompanied by a move from top down to community based and implemented programs that are actively engaging vulnerable populations.

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Similar findings emerged from the regional consultations where emphasis was placed on the need for investment in long-term treatment programs, on the importance of early intervention and a holistic approach that involves the wider family, peer networks and institutional settings. The majority of NGOs saw the health and therapeutic approach to treatment, rehabilitation and reintegration as the most effective means of reducing both the drug using population and the harmful effects of drugs on the wider community. However, most national governments have continued to concentrate resources and statutory responsibility for narcotic drugs on the criminal justice system, where in several regions there has been a shift from punitive to treatment based responses to illicit drug use, such as the introduction of specialist drugs workers within the criminal justice system and the use of drug courts. Social reintegration was generally found to have been the most elusive goal of Objective 1 with one regional report noting that ‘this area is still seriously underdeveloped, or, in particular cases, neglected’, although social reintegration continued to be identified by NGOs as the ultimate aim for treatment and rehabilitation programs.

### ***Box 1. Reported NGO activities under Objective 1.***

- **Substantial increase in the number of NGOs addressing drug related problems, and the doubling of the number of staff and volunteers engaged with NGOs in this field**
- **Improved networking between NGOs facilitating their engagement with relevant governmental and regulatory bodies in the development and implementation of policy, strategy and practice**
- **Increasing quality and range of interventions provided by NGOs, covering primary prevention, early intervention, outreach and low threshold services, treatment, rehabilitation and social reintegration along with the continuing development of innovative approaches**
- **Increased attention and advocacy for interventions which are culturally, socially and gender sensitive**
- **Commitment to monitoring and evaluation of their activities and the implementation of evidence based interventions**
- **Increased contributions to the research and evaluation literature and use of information technology to share data, research and experience/expertise**
- **The involvement of service users and communities, for instance civic and religious leaders, indigenous peoples and peasants’ organizations marginalized and socially excluded or isolated peoples, in the design and implementation of policy and practice**
- **Support for indigenous and peasant communities to develop alternative livelihoods and to sustain cultural practices and social environments.**

### ***Summary for Objective One:***

- **NGO activity has expanded considerably since 1998 with a significant growth in new NGOs and NGO employment**
- **A range of measures have been introduced to meet the UN Conventions which have mainly focused on drug supply and law enforcement. There have been other achievements such as the development of knowledge in the field of addictions, the construction of alliances amongst NGOs and a gradual expansion of the range of services offered.**
- **A number of problems remain, however, often as unintended consequences of attempts to meet the Conventions. These have included an over-focus on supply at the expense of demand and the negative consequences of criminalization.**

### ***Objective 2***

Objective two asked NGOs to review best practice mechanisms for collaboration with governments and UN agencies, and to suggest new and innovative ways of working with the UNODC and CND.

#### **Collaboration with Government**

As this report has noted with regard to policy involvement in relation to Objective 1, the results of the NGO questionnaire survey found that 63% of organizations had not been involved in the development of their national drug strategy (CND 2008, 5). Respondents from North Africa and the Middle East, for example, claimed that 'in most countries there is a minimal participation of NGOs in the building of drug strategies' (p.4). In Australasia participants felt that 'the voice and opinion of their sector is not always respected by government', and this is reflected in the ways that government does (or does not) engage with them. Respondents in Latin America and the Caribbean claimed that while some countries 'do have formal mechanisms to consult NGOs...these were not mandatory in nature' (p.13). Such mechanisms were limited to the provision of information on policies and the implementation of programs. Sometimes they thought governments were only interested in discussions and consultation with civil society if NGOs were capable of bringing in resources to a project. Respondents from Western Europe suggested that 'in official working groups only some NGOs are represented and the groups tend to be unbalanced' (p.4).

One common collaborative mechanism was the use of National Committees. In Eastern Europe and Central Asia these were seen to be a good way for NGOs to participate in policy development and law making. In these regions NGOs were described as collaborating in coalitions with the state via consultative councils, initiated with the help of national government and city administrations, and in at least one case civil society representatives enjoyed voting rights on the coordinating committee on drug affairs. However, some respondents claimed that while National Committees may formally exist, they are often inactive. For example in Sub-Saharan Africa respondents reported that most countries in Western and Central Africa have a national committee, but they do not meet regularly. Thus in some states, national committees were not functional and there has not been any dialogue between NGOs and government.

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Nevertheless a number of examples of successful collaboration were noted. In Central Asia, NGOs were recognized for their positive collaboration with government agencies, especially those involved in law enforcement. While positive experiences of multi-agency, community and service user collaboration were identified in the Vancouver North American consultation. Other examples of collaborative mechanisms cited included

- state and local associations
- legislative lobbying
- regional summits
- government representatives appearing at NGO organised conferences
- participation in blogs
- e-mail groups and list-serve publications

### **Collaboration with UNODC and other UN Organizations**

An extract from the West European consultation report provides a good illustration of how NGOs felt in general about their relationship to the UNODC

It was a general view that NGOs are hardly engaged in cooperation/consultation with UNODC. The problem is that UNODC, CND meetings are very much concentrating on governmental inputs and consequently NGOs are not powerful players in this 'game' (p.5).

This view was repeated across all of the consultation reports and often frustration was expressed about the lack of opportunities for further involvement. The Australasian report suggested that in many countries NGOs have a 'limited understanding of UN procedures and policies' and that NGOs had 'a lack of awareness of how they could effectively engage with UNODC or other UN agencies' (p.19).

Some reports did however provide examples of limited involvement with relevant UN agencies. For example, in the Southeast Asia, East Asia and the Pacific regions this took the form of technical assistance, capacity building exercises, training and small grants, although few sustainable projects had been generated (p.8). It was reported that in West Africa and elsewhere, a number of organizations were involved in activities centering around UN World Drugs day on 26 June. A limited number of NGOs had some contact with sub offices in their countries but this was very rarely mentioned. Some participants in Eastern Europe and Central Asia suggested that if consultation was to take place then it would be with regard to organizations in capital cities that were already connected to UNODC. NGOs from regions outside the capital expressed difficulties in contacting the UN agencies and many felt isolated from national and international developments. Members of the Latin American and Caribbean consultation suggested that the UNODC does not have formal mechanisms for direct communication with the NGOs. Some informal mechanisms may exist, but these were mostly through national governments.

Most cases of engagement mentioned by respondents referred to the UNAIDS program. Respondents from Latin American and the Caribbean suggested that 'UNAIDS meetings do contemplate multiple mechanisms to encourage NGO participation' (p.14). This positive assessment of NGO/UN collaboration in the field of HIV/AIDS is echoed by VNGOC's Consultation Working Papers and Questions briefing on the 'Beyond 2008' process that provided an example 'of what seems to have been a very meaningful attempt at

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engagement' in the 'work leading up to and including the UNGASS review meeting on HIV/AIDS, which was held in New York in 2006, including the production of a useful guide which was produced in advance by the International Council of AIDS Service Organizations (ICASO) and Health and Development Networks (HDN) (ICASO/HDN 2006). However, very few organizations reported any direct involvement in the preparatory work for UN meetings linked specifically to drug control issues. The Australasian report reflected that a few NGOs had had some involvement with UNESCO, ILO, WHO, UNAIDS and ECOSOC. NGOs, however, were only marginally involved and any contact cited was often indirect. The North African and Middle-East consultation suggested that NGOs are sometimes involved in projects undertaken between Governments and UN Agencies. Occasionally, participants claimed, NGOs work with agencies such as UNICEF and the ILO; however most have no access to UN Agencies. A report from the Johannesburg consultation noted that 'NGOs are only asked for their participation when it comes to filling out the questionnaire for the world report on drugs' (p.6).

### **Towards Best Practice Collaboration**

Most reports emphasized the potential added-value of giving NGOs a greater collaborative role in developing and implementing drugs policies. According to participants of the Latin America and Caribbean forum for example, this would 'create a better connection between global and community-based work; and better access to vulnerable populations at risk who have greater need for interventions' (p.6). Indeed, a considerable number of ideas were presented by representatives to enable NGOs to obtain effective engagement in drug policy, strategy and practice based around the themes of funding, organizational changes and mechanisms for knowledge sharing. One recurring theme was a lack of funding opportunities for NGOs to participate more fully with UN bodies. According to the North American consultation in Vancouver, for example, inadequate funding for substantial involvement with UN bodies was a key concern.

A number of the suggested changes related to organizational changes. One central concern across the consultations was the need for NGO representation within UN and national bodies involved in developing and implementing drugs policies. In the Latin American and Caribbean group, for example, delegates suggested that there should be an NGO representative for demand reduction matters from each region who would be selected by the United Nations and who would act as the spokesperson for the NGOs before the UN. This representative would 'have to be funded by...[the]...UN who would need to create a mechanism for the NGOs to apply. The term of representation would have to be fixed; sufficient enough to allow them to perform a continuous job, yet also allowing for change' (p.15). The Australasian (p.20) and Sub-Saharan Africa consultations (p.5) also called for the establishment of a similar role for NGOs and emphasized the need for regular regional forums and meetings to share best practice. A number of the regional reports also suggested that gaining consultative status with the UN would facilitate engagement. In addition, some reports proposed that NGOs should receive feedback on their submissions made to governmental and UN bodies. Participants from Vancouver recommended that 'established channels of communication and possible avenues of advocacy' could also be publicized further (p.12).

Another common theme was establishing better information sharing mechanisms. For some this involved establishing regional newsletters to inform NGOs about UN activities in their region including those where NGOs take part (Sub-Saharan Africa, p.15). The North Africa

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and Middle East meeting meanwhile suggested developing a comprehensive database about NGOs working in drug addiction and prevention which could include

- the classification of NGOs based on their speciality; the encouragements of NGOs networks
- the building of the capacities of NGOs through development of management and technical skills (e.g. project management, lobby advocacy, etc.)
- the provision of technical and financial support for some NGOs, facilitating communication with headquarters (p.5).

The idea of a database was also called for by other groups such as the Sub-Saharan Africa group (p.5). In addition, the Australasian consultation suggested using online forms, and surveys to improve information for NGOs, particularly in non-metropolitan areas. Occasionally some participants suggested that NGOs should themselves be more pro-active at integrating into national, regional and international networks. According to participants at the Sub-Saharan Africa meeting 'NGOs should be better organised, enhance capacity and make themselves more visible' (p.5). At the Vancouver meeting, 'NGOs admitted a need to do more homework, becoming more conversant with policy, law and economics in relation to substance use issues' (p.12).

### ***Summary for Objective Two:***

- **There was a strong feeling across regional groups that, with the exception of HIV/AIDS initiatives, NGOs were insufficiently involved in strategies developed by national or UN agencies and that there was further room for consultation.**
- **Participants at Beyond 2008 Regional consultations made a number of recommendations to improve collaborative working mechanisms around the themes of funding opportunities, organizational change and knowledge sharing mechanisms.**

### ***Objective 3***

The third objective of the Beyond 2008 Forum was to 'establish a series of high order principles, drawn from the Conventions and their commentaries, that would be tabled with UNODC and CND, for their consideration and serve as a guide for future deliberations on drug policy'. In the pursuit of this objective the questionnaire survey and the regional consultation reports evidenced the ways in which NGOs from around the world have been working to achieve Convention goals, where NGOs felt that some aspects of the Conventions had produced unintended consequences and an imbalance between supply and demand reductions strategies; but also to emphasize the common ground and collective endeavor that NGOs shared in making their work more effective and their voice better heard within the relevant bodies of the United Nations and multilateral agencies, as well as their respective national and sub-national governments.

#### **Meeting the UN Conventions**

NGOs frequently pinpointed new controls or legislation that had been introduced in their states in order to fulfill the obligations of the UN Drug Control Conventions, although the

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role that these played in governmental drugs policy was often unclear. Among the measures that were introduced to target the supply of drugs were the establishment of crime units, border control provisions, restrictions on the prescribing of drugs, and legislation on the unlawful use of drugs. For example in South Africa a Crime Reduction Unit was set up within the police department (p.6). In Australasia NGOs cited border control measures aimed at preventing the trafficking of illicit substances and 'rigorous systems concerning [the] prescription and supply of controlled drugs for therapeutic use' (p.25). In the North America consultation held in St. Petersburg, Florida, the consultation reported the establishment of drug-free communities and schools, random student drug testing and anti-drug media campaigns. In South Asia respondents pointed out how legal institutions had been expanded, through, for example, the setting up of drug courts. The establishment of specialized units had contributed to higher seizures of illicit drug shipments. The reduction of licit and illicit poppy cultivation had therefore become significant in some areas (p.14).

However, a number of representatives felt that legislation in some states was not in tune with the Conventions. For example, some participants in the North American consultation at St Petersburg suggested that although federal laws supported UN Conventions, this was not always the case with state and provincial laws. While representatives from some of the other regional consultations felt that existing national drug controls and legislation were not so much a response to the UN Conventions as a consequence of perceived national needs.

A number of NGOs had been proactive in developing information and knowledge about best practice in the field of addictions. According to the Vancouver consultation, for example: 'NGOs have produced a substantial body of research, improved measurement tools which had helped to develop an 'evidence-based perspective... and expose ineffective prevention and treatment programs' (p.4). In Latin American and the Caribbean it was noted that a number of regions had undertaken epidemiological studies which had facilitated the development of policy. However, some participants suggested that these and other findings had not been disseminated and incorporated into policy as much as they might have been.

NGOs had worked to achieve the construction of alliances between NGOs at a national and regional level. In both consultations held in North America those involved claimed that an important achievement was the creation of 'a more unified voice [and an] increase in advocacy work'—in St Petersburg this was the most selected category with 28% of participants mentioning it (p.3). In Australasia, an 'increase in collaboration across sectors' (p.10) was noted and similar achievements were reported in Latin America and the Caribbean. Other often cited achievements included an expansion of the range of services offered.

Broadly speaking the services offered by NGOs were reported to have expanded considerably. For example, in South Asia a considerable increase was noted in the provision of treatment and rehabilitation services, which had been virtually non-existent prior to 1998. Harm reduction had been increasingly recognized as a drug policy tool, although this view was not universally shared or welcomed. Various attempts at public awareness campaigns were also reported. However the need for further efforts in this area was also noted (p.6). In the Latin America and the Caribbean consultation participants stated that

only a decade ago, NGOs had a more one-dimensional vision regarding primary prevention, prioritizing the provision of skills to reject drugs. Currently the approach is much more comprehensive, including the individual as a whole and its interrelationship with topics such as health, education, work, self-esteem, vocations, and family relations, among others (p.9).

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The progress made by NGOs was neatly summarized by the South Asia report when it said that

NGOs have become indispensable actors in the drugs field. They have become more organised and established structures to represent their interests and objectives towards governmental organizations on all levels (p.7).

In some of the reports NGOs also reported playing a role in alternative development strategies. For example, in South Asia civil society organizations were reported to have played a role in delivering or assisting crop substitution program as well as poverty alleviation interventions (p.8). Also in Latin America and the Middle East a role was played by NGOs in offering grants and technical support (p.5). However the majority of reports suggested that this was not the area in which NGOs had been the most active.

### **Unintended consequences of adherence to the UN Conventions**

Among NGOs there was uncertainty and disagreement about the extent to which existing provisions had supported the achievement of the objectives of the Conventions. Representatives from Latin America and the Caribbean expressed difficulty in determining the impact of existing laws and controls due to 'the lack of [a] systematic research process to determine the actual effect of the enforcement' (p.17). Other participants were keen to point out that illicit substances were, in the words of the Vancouver consultation 'more readily accessible than ever in spite of strong efforts in enforcement' (p.13). Moreover, there have been a significant number of negative unintended consequences as a result of adherence to the Conventions.

One often-cited theme was the rise in crime and associated problems involved in the enforcement of policies aimed at restricting drug supply. For example, respondents in South Asia reported that the demand for drugs had increased resulting in higher prices for drugs and a growing profit incentive for illegal drug trading organizations. Elsewhere, concern was expressed that drug dependent prisoners were exposed to a heightened risk of contracting infections such as HIV and faced formidable barriers to education and securing employment. Prison overcrowding was reported in many regional consultations such as those that took place in Dakar, Kiev and Macau SAR (p.10). Black markets had emerged for some prescription drugs in many states, which along with trafficking led to a rise in violence and corruption and associated problems such as prostitution. Many participants also attributed an increase in certain types of crime to substance misusers attempting to fund the purchase of illicit drugs.

Regional consultation participants expressed concern about the persistence of drug-related health and disease problems around the world. According to some participants in Vancouver, criminalization had led to the marginalization of drug users, while those involved in the St Petersburg, Florida consultation favored a greater use of drug courts through which the treatment needs of drug dependent offenders could be more adequately addressed (p.10). Other regional consultations felt that anti-drug misuse initiatives were making pharmaceuticals required for therapeutic purposes harder to administer, a problem exacerbated by the high levels of bureaucracy involved in prescribing particular types of drugs.

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A concern was expressed across the consultations about the implications of drug control measures for human rights and the extent to which current practices were adversely affecting human rights in some countries. However, the interpretation of human rights by NGOs differed considerably across the reports. Some respondents in the St Petersburg North American consultation felt that individuals should have a human right to live in a drug-free environment, whereas others stressed the importance of the human rights of the drug user to adequate treatment and provision. Other cited examples of the negative consequences of current strategies to meet the provisions of the Conventions included environmental damage and damage to the livelihood of farmers resulting from crop eradications. Some reports claimed that this policy had served only to cause social and economic displacement and poverty within the affected communities.

### **Imbalance between demand and supply strategies**

Perhaps the most common and overarching theme in the regional NGO consultations was that measures introduced to combat the supply of drugs had been introduced at the expense of measures aimed at focusing on reducing the demand for drugs and at the provision of treatment services for substance misusers. According to the East European and Central Asia report for example, 'participants consented unanimously that there was an obvious misbalance between availability of drug supply reduction measures and instruments for drug demand reduction' (p.7). This sentiment was echoed across the reports. According to participants from the North Africa and Middle East consultation: 'Most available funds for drug control are allocated to supply reduction and not to demand reduction' (p.6). Respondents in the South Asia consultation maintained that: 'the emphasis on supply reduction had diverse negative consequences on demand reduction measures. Most of the co-ordinating governmental bodies are law enforcement lead and heavily biased into supply reduction' (p.12).

Participants in the Budapest consultation also agreed with these sentiments. However they observed that the situation was somewhat different in 'new Europe' (those states more recently admitted to membership of the European Union) where primary prevention and treatment receives the most funding from state governments since supply reduction is internationally funded (p.7.). The North American consultation held in St Petersburg reported that '[s]upply and demand reduction efforts need to be complementary, not competitive' (p.10).

A number of participants commented on the shortage of treatment facilities. For example, in Australia and New Zealand it was reported that there was 'a lack of funding for and geographical coverage of treatment services (inpatient, outpatient, and/or outreach' (p.31). The same report also suggested that some participants saw some of the UN Conventions as an impediment to treatment provision. Members of the South Asia consultation claimed that few demand programs and few demand reduction strategies existed (p.17). In West Africa, members of the consultation felt that 'repression' was being used as opposed to alternative methods such as alternative development, education programs or treatment (p.8). Some participants also pointed out that while demand reduction efforts were often (rightly) subject to intensive scrutiny, there was not the same rigorous process of evaluation for supply reduction initiatives.

Some countries were able to report a growth in treatment services, notably in Eastern Africa, where in Tanzania it was reported that: 'the primary focus is on harm reduction. The regional

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perspective is that drug demand reduction is more significant. There has been a significant investment in treatment facilities by Ministries of Health' (p.10). Also, in Uganda where there had been a focus on law enforcement, the emphasis was now shifting towards demand reduction.

### Towards Higher Order Principles

Taking the consultations as a whole, some significant differences emerged within the NGO community over the guiding principles that should support and inform implementation of the United Nations' Drug Convention goals. For example, some participants at the St Petersburg North American consultation were very critical of approaches that emphasized maintenance regimes. According to these views, '[a]ccommodation to and acceptance of drug use should be rejected...Drug prevention should be recognized as the best drug treatment'. According to this view, '[d]rug testing should be a primary component of prevention models'. In contrast, the majority of participants at other consultations believed that treatment should be a more central aspect of the overall strategy on drugs. In the Western Africa consultation, participants called for 'a balanced approach in the fight against drugs in the sub-Saharan region, focusing on prevention, treatment, harm reduction and rehabilitation, rather than the suppression of trafficking and illicit production of substances' (p.13). Respondents in the Eastern Europe and Central Asia meetings meanwhile were broadly in favor of mechanisms 'that would oblige governments to subsidize and complete drug prevention'. Participants in the Australasian consultation were clear that they wanted the adoption of a harm minimalization approach (p.34), whereas the strong feeling of the St Petersburg North America consultation was that the focus should be on abstinence.

However as the Conference Room Report to the 51<sup>st</sup> Session of the Commission on Narcotic Drugs noted, '[w]hile the drug field is often hostage to polarized and entrenched perspectives, NGOs participating in this process have earnestly discovered that there are far more areas of commonality than dissention' (CND 2008, 13). First, as discussed above, the majority of participants expressed a desire to forge a balance between demand and supply strategies since, to date, the overwhelming emphasis has been on supply. Thus law enforcement remained important and in South Asia, for example, respondents urged that legislation should be more evenly and systematically enforced (p.16). However the majority of respondents took the view that these provisions should not be at the expense of drug treatment that tackles demand. Respondents in Latin America and the Caribbean, for example, recommended that a more 'comprehensive approach to legal and illegal drugs' should be created (p.19).

Second, there was broad agreement among regional consultation participants that evidence-based practice should be adopted with knowledge and research being shared across NGOs, governments and international organizations. Members of the West European group suggested that 'policies must be based upon a more reliable and comprehensive evaluation system' (p.7). Based upon this foundation of knowledge the Eastern Europe and Central Asia group believed that the UN should recommend a number of standard and best practices to ensure 'most efficient and rational drug policy strategies' (p.10). In Southeast Asia, East Asia and the Pacific it was suggested that practices should be 'guided by evidence rather than by political or financial imperatives and incorporate a non-judgmental, pragmatic, evidence-based approach' (p.15). Linked to this were recommendations to ensure the training of professionals in all related sectors. The St Petersburg, Florida consultation recommended that substance abuse training should be mandatory for all health professional (p.10). It was

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noted in Eastern Europe and Central Asia, for example, that there was a significant lack of qualified staff in the field of drug demand reduction, and that this should be a national and international priority.

Third, there was a unanimously held view that NGOs should be integrated and consulted more fully at all levels of the policy process, but particularly at the international level with UN agencies. Members of the Australasian group for example called for 'the integration of NGOs into UN decision making processes, improved structures for funneling and providing information,...[and]... ongoing workforce development (p.36). The North African and Middle East group called for all actors in the addiction field to work together and that NGOs should be present in any control committee (p.6). Eastern Europe and Central Asia emphasized the importance of 'coordination mechanisms/agencies, which could encourage governmental, non-governmental and international structures to correlate their efforts and be responsible for the evaluation of [the] drug situation' (p.10). In Latin America and the Caribbean respondents 'unanimously recommended to promote a more significant involvement of NGOs in the Commission on Narcotic Drugs meetings, acting as consultants and having invited NGOs as full participants' (p.20). In Western Africa, participants called for 'a framework for a dialogue between NGOs, government and UNODC' (p.13). Related to this was the idea of a shared responsibility on narcotic drugs between NGOs, national governments and international agencies. For example, some participants expressed concerns that NGOs were being used by governments to substitute their own role in the provision of demand reduction services. In Vancouver participants expressed a desire to achieve full stakeholder participation while honouring national sovereignty and accountability (p.22).

Fourth, there was a shared concern that policies on narcotic drugs should be consistent with the UN's broader concerns with human rights. For example the Australasia report noted that 'respecting human rights is a principle that should underpin all drug measures'. Participants in both countries felt that observing the UN Convention on Human Rights should have primacy over the drug control Conventions. Members of the international community should therefore speak out against drug control regimes which do not preserve human rights. The hiring of an ethicist or human rights specialist at the UNODC was urged as one way of ensuring that such rights were upheld and enshrined (p.24). Meanwhile some participants in the Western Europe group felt that actions should centre on the social needs of all those who are affected by the misuse of drugs and not only on the drug user per se. Thus there should be a balance between 'the rights of drug users and the human rights of families, parents and children to be protected against the dangers of drugs' (p.7). The right to health (and therefore to treatment) should be as important as the right to justice.

Fifth, there was a shared concern about culturally sensitive mechanisms to engage communities. It was noted how these had been developed in Australia and New Zealand and were important to break down cultural barriers. For example in New Zealand, specific practices had been developed to reach the Maori and Pacific peoples (p.11). The Vancouver North American group suggested the use of 'culturally sensitive councils' (p.18). In Latin America and the Caribbean participants called for measures 'to take into account the cultural and ritual purposes of certain substances use' (p.18). Procedures to facilitate minority group access were also emphasized in the Vancouver consultation (p.3).

### ***Summary for Objective Three:***

- High Order Principles for future development and implementation of drug policies should include:
  - A greater balance between supply and demand led approaches to narcotic drugs
  - Evidence and research based policies including training in best practice across professions
  - Collaboration and consultation of NGOs at all levels of the policy making process
  - Respect for human rights
  - Culturally sensitive practices

### ***Conclusions and Key Principles***

The 'Beyond 2008' project was set up to undertake a comprehensive overview of NGO achievements in drug control since the 1998 UNGASS, but also to exchange ideas on promising new approaches, to reach agreements on ways of working together and to make recommendations to multilateral agencies and UN member states on future directions for drug control. Consultations have revealed that NGO activity has expanded considerably since 1998 with many new organizations being set up since then and the number of full-time staff doubling, according to the survey undertaken. A range of measures have been introduced to meet the UN Conventions which have mainly focused on drug supply and law enforcement. There have been other achievements such as the development of knowledge in the field of addictions, the construction of alliances amongst NGOs and a gradual expansion of the range of services offered.

In conclusion, NGOs working in the drug reduction field have come a long way since the United Nations General Assembly last met to discuss the world drug problem in 1998, but there is still much work to do. Problems identified as unintended consequences of attempts to meet the Conventions need to be addressed, such as an over-focus on supply at the expense of demand, and the need to tackle the negative social and health consequences of criminalization. There was also a strong feeling across regional groups that NGOs were insufficiently involved in strategies developed by national or UN agencies and that there was further room for consultation and collaboration.

In an attempt to meet these challenges, participants have made a number of recommendations to improve collaborative working mechanisms including greater NGO representation in national and UN networks, more regional meetings to share best practice and greater use of information sharing mechanisms such as online databases, forums and list-serve discussions. Moreover, NGOs have put forward a number of High Order Principles for future development and implementation of drug policies that include

- A greater balance between supply and demand led approaches to narcotic drugs
- Evidence and research based policies including training in best practice across professions
- Consultation of NGOs at all levels of the policy making process
- Policies and practice consistent with the UN Convention on Human Rights

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- Culturally sensitive policies and practices

The Vienna Beyond 2008 Forum in July 2008 will be the final stage in this unprecedented consultation and reviewing process, and VNGOC hopes that this global summary report will provide a valuable reference for the international NGO community to make the appropriate recommendations for the consideration of the Commission on Narcotic Drugs in preparation for the 2009 High Level Segment.

# BEYOND 2008 VIENNA

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All page citations in this report, unless otherwise indicated, are from the relevant regional consultation report.

## Appendix

### List of NGOs involved in the ‘Beyond 2008’ consultation process.

#### Organisations Consulted by “Beyond 2008”

##### **Afghanistan**

**CHA (Coordination of Humanitarian Assistance)**  
Humanitarian Assistance for Afghan Women and Children.

##### **Albania**

Axion Plus  
Stop Aids

##### **Algeria**

Association Frantz Fanon de santé mentale et d’aide au sevrage  
National Foundation for Medical Research Club Scientifique  
Santé Sidi El Houari SDH

##### **Argentina**

FONGA  
Intercambios Asociacion Civil

##### **Armenia**

Armenian National AIDS Foundation  
AIDS Prevention, Education and Care

##### **Australia**

Abaleen Detoxification Group Inc.  
Aboriginal Drug & Alcohol Council (SA) Inc.  
Addiction Help Agency  
Alcohol and Other Drug Services - South, Anglicare Tas Inc.  
Alcohol and Other Drugs Council of Australia (ADCA)  
Alcohol, Education and Rehabilitation Foundation Ltd (AERF)  
Alcohol, Tobacco & Other Drugs Service, Upper Hume Community Health Service  
Australian Community Support Organisation Inc.  
Australian Drug Treatment and Rehabilitation Programme Incorporated (ADTARP Inc.)  
Australian Injecting and Illicit Drug Users League (AIVL)  
Australian National Council on Drugs  
Brakly Region Alcohol and Drug Abuse Advisory Group Inc  
Brisbane Youth Service  
Centacare Northern Territory  
Council for Aboriginal Alcohol Program Services Inc  
Drug and Alcohol Services and North West Coast Operations, City Mission  
Drug and Alcohol Services Association  
Drug Arm Australasia  
Drug Free Australia  
Family Drug Support  
First Step Program  
Gold Coast Drug Council Inc.  
Hanover Welfare Services  
Hepatitis C Council of New South Wales  
Homelessness and Drug Dependency Program, Flagstaff Support Service, The Salvation Army  
Kinship Care and Research, The Mirabel Foundation Inc  
Link Youth Health Service Inc  
McAuley Outreach Service  
National Drug Research Institute  
Network of Alcohol and Drugs Agencies (NADA)  
Nossal Institute for Global Health  
Odyssey House, Victoria

Queensland Injectors Health Network (QuiHN), Ltd.  
Queensland Network of Alcohol and other Drug Agencies (QNADA)  
South Australian Network of Drug and Alcohol Services (SANDAS)  
St Francis Welfare—Come In Youth Resource Centre  
Ted Noffs Foundation  
Teen Challenge International Victoria  
Teen Challenge Western Australia  
Vietnamese Community in Australia/ SA Chapter  
We Help Ourselves (WHOS)  
West Australia State Drug User Organisation (WASUA)  
YMCA Perth (HQ)  
Youth Substance Abuse Service Pty Ltd

##### **Austria**

Verein PASS

##### **Bahrain**

National Committee for Prevention of Aids and Drug Addiction

##### **Bangladesh**

APON (Ashokti Punorbashon Nibash)  
Ark Centre for Rehabilitation of Drug Addicts  
Bangladesh Association for Social Advancement (BASA)  
Bangladesh Rehabilitation and Assistance Centre for Addicts – (BARACA-a Caritas Project)  
Bangladesh Women’s Health Coalition (BWHC)  
Bangladesh Youth First Concern (BYFC)  
Dhaka Ahsania Mission, Dhaka, Bangladesh  
Eskaton Modern Health (EMHC)  
Society for Community Health Rehabilitation Education and Awareness – CREA

##### **Barbados**

CASA (Centre for Counselling Addiction Support Alternatives)

##### **Belarus**

Mothers Against Drugs  
NGO Kalegium  
Social Aid

##### **Belgium**

Centre d’action laïque (CAL)

##### **Bolivia**

CELIN  
Coca and Sovereignty

##### **Bosnia and Herzegovina**

Association Margina  
To Peer  
UG PROI  
Victoria

##### **Brazil**

ABORDA  
BRAHA (Brasileños humanitarios en acción)  
REDUC - Brazilian Harm Reduction Network

##### **British Virgin Isles**

CADA Community Agency on Drugs & Addiction

## Brunei Darussalam

BASMIDA

## Burkina Faso

APSED

## Cambodia

Khmer HIV/AIDS NGO Alliance (KHANA)

Khmer Youth Camp for Culture

Korsang

Punleu Komar Kampuchea Organization (PKKO)

## Cameroon

Anacd

## Canada

Addictive Drug Information Council

AIDS Vancouver

Alcohol-Drug Education Service

Association of BC Treatment Directors

Association of British Columbia First Nations Treatment Programs

Association of Substance Abuse Programs in British Columbia

BC Centre for Excellence in HIV/AIDS

BC Centre of Excellence for Women's Health

BC Civil Liberties Association

Breaking the Chains

Canadian AIDS Society

Canadian Association of Nurses in AIDS Care

Canadian Association of School Health

Canadian Cannabis Coalition

Canadian Centre on Substance Abuse

Canadian Executive Council on Addictions

Canadian Foundation for Drug Policy

Canadian Harm Reduction Network

Canadian HIV/AIDS Information Centre

Canadian HIV/AIDS Legal Network

Canadian Society of Addiction Medicine

Canadians for Safe Access

Cannabis Trade Association

Centre for Addiction and Mental Health

Centre for Addictions Research of BC

City of Toronto

City of Vancouver Drug Policy Office

Common Sense for Drug Policy

Creative Resistance

D.A.R.E. BC Society

Drug Policy Alliance

Drug Prevention Network of Canada

Drug Reform Coordination Network

DrugSense

Educators for Sensible Drug Policy

Efficacy

Former Vancouver Mayor

freedomtour.ca

Green Cross Society of BC

Green Harvest

Harm Reduction Coalition

Health Officer Council of BC

Heffter Research Institute

Hey Way Nogu Healing Addiction

Human Rights and the Drug War

Iboga Therapy Society

Jenkins Group

John Howard Society of Canada

Justice Institute of BC

Law Enforcement Against Prohibition

Medical Student

Medusers

Méta d'Âme

MindBodyLove

Multidisciplinary Association for Psychedelic Studies

Narcotics Anonymous

National Alliance of Methadone Advocates

National Association of Alcoholism and Drug Abuse

Counselors

National Organization for the Reform of Marijuana Laws

November Coalition

Patients Against Ignorance Discrimination on Cannabis

Patients Out Of Time

Public Health Agency of Canada

Real Women of Canada

Simon Fraser University

Students for Sensible Drug Policy

Substance Abuse Librarians and Information Specialists

Triage Emergency Services & care

Turning Point Program

Vancouver Area Network of Drug Users

Western Aboriginal Harm Reduction Society

YouthCo AIDS Society

## Cape Verde

Ligue nazaréene de solidarité – Lns

## Chile

Corporacion Caleta Sur

## China, Peoples Republic of

Asia Regional HIV/AIDS Project

CADAPT - Chinese Anti Drug Abuse Prevention and Treatment Centre

PSI China

Yunnan DAYTOP Therapeutic Community

## Colombia

SURGIR

Asoc. Latinoamericana de Adiccionologia Alad

Asociación Latinoamericana de Comunidades

Terapéuticas

## Costa Rica

IAFA (Instituto sobre Alcoholismo y Farmacodependencia)

## Cote d'Ivoire

Ong Bethel Ci

## Croatia

Let / Flight

Zajednica – Susret

## Cyprus

Antidrug Association of Larnaka

Faros

## Djibouti

Association Phare

## Ecuador

Fundacion Semillas de Amor

## Egypt

Caritas Egypt

Gameiat El Tab El Nafsi

General Egyptian-Society for Prevention of Alcoholism &

Combat of Narcotics

Rotary North Giza

The Freedom Drugs and HIV/AIDS Programme

WAAY

## El Salvador

FUNDASALVA

## Fiji

Fiji Council of Social Services (FCOSS)

## Georgia

Public Union Bemoni

Union Alternative Georgia

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## **Ghana**

Prevention of Aids and Drug Abuse Foundation (Padaf)

## **Greece**

Andreas Papandreou Foundation

## **Guatemala**

Fundacion Remar

## **Guinea Bissau**

Organisacao Internacional dos Templarios da Guinée Bissau

## **Hong Kong SAR, China**

CARITAS

Hong Kong Council of Social Service

Hong Kong New Life

SARDA Hong Kong

## **Hungary**

Federation of the Hungarian Drug Therapeutic Institutes

Hungarian Association of NGOs for Drug Prevention and

Harm Reduction (MADÁSZSZ)

Hungarian Association on Addictions

Hungarian Civil Liberties Union

National Institute for Drug Prevention

## **India**

Alcohol & Drug Information Centre (ADIC) – India

Indian Institute of Rural Reconstruction and Social Change

Manipur Intravenous League

Maria Ashiana Therapeutic Centre

SHARAN – Society for Service to Urban Poverty

Shelter Don Bosco, Mumbai, India

Society for Promotion of Youth & Masses (SPYM)

T.T.Ranganathan Clinical Research Foundation – TTK

Hospital

## **Indonesia**

Yayasan Cinta AB

BERSAMA Indonesia

Jangkar

Yayasan Harapan Permata Hati Kita,

Yayasan Hati-Hati

## **Iran**

Persepolis

Aein\_e\_mehr

Rebirth Organization

## **Iraq**

Life for Relief and Development (LIFE)

## **Italy**

CeIS di Roma

Forum Droghe

Mo.D.A.V.I. Onlus

San Patrignano Community

## **Jamaica**

Patricia House

RISE Life Management Services

## **Japan**

Drug Abuse Prevention Centre

## **Jordan**

Family and Children Protection Society

Arab Society for Public Awareness from Drugs and

Narcotics

## **Kazakhstan**

Kredo

Legal Initiative

## **Kenya**

Maisha House Drug treatment and prevention

## **Kuwait**

Ghiras

## **Kyrgyzstan**

Partnership Network

Socium

White Crane

## **Lebanon**

Skoun Lebanese Center on Addiction

Soins infirmiers et développement communautaire (SIDC)

## **Lesotho**

Thaba Bosiu Centre

## **Liberia**

Student Aid Liberia Inc

## **Macau SAR, China**

Association of Rehabilitation of Drug Abusers of Macau

IAS

OFAP

Rotary Club

## **Macedonia**

Macedonian Harm Reduction Network

Passage

## **Madagascar**

Madagascara Youth Network (MADAYN)

## **Malawi**

Youth Net and Counselling (YONECO)

## **Malaysia**

PEMADAM - National Association Against Drugs

## **Maldives**

Community Aid

## **Mali**

Association malienne d'aide aux malades mentaux

(Amam)

## **Mauritius**

Dr. Idrice Goomany Treatment Centre

## **Mexico**

CIJ Centro de Integración Juvenil

ICAA in Latin America

Programa Compañeros A.C.

## **Moldova**

Molodezh za pravo na zhizn

Viata Noua

## **Montenegro**

CAZAS

Preporod

YCC Juventas

## **Morocco**

Association marocaine d'aide aux enfants en situation

précaire (AMESIP)

## **Myanmar**

Community Development Association (CDA)

MANA - Myanmar Anti Drug Association

SARA Substance Abuse Research Association

## **Nepal**

Naulo Ghumti Nepal

Nepal Sports Federation Against drug and HIV/AIDS

(NESFADA)

Nepal Youth Rehabilitation Center

Recovering Nepal

Richmond Fellowship Nepal

Ric-Rose Cooperation Nepal

St. Xavier's Social Service Center (Freedom Center)

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Youth Power Nepal (YPN)

## Netherlands

Trimbos Institute

## New Zealand

Addictions and Supportive Accommodation, The Salvation Army

Alcohol Drug Foundation NZ

Care NZ

CAYAD

Christchurch Drug Policy Network

DIVO Needle Exchange

Drugs and Health Development Project

Drugs Project - WIDE Trust

Hapai Te Hauora Tapui Ltd

Institute of Environmental Science and Research Ltd

Massey University

Matua Raki

Midcentral Health Public Health Unit

National AOD Consumer Network

NATP Network c/- Auckland CADS

NCAT Coordinator

Needle Exchange

New Zealand Drug Foundation

Ngai Te Rangi Iwi Runanga

NICHE Trust

Norml NZ

NZAAHD

Pacific Treatment Providers Forum

PhD candidate, Psychological Medicine

School of Pharmacy, University of Auckland

Te Ahurei a Rangatahi

Te Kaokao O Takapau

Timaru Exchange

University of Otago

Victoria University

Waipuna Trust

## Nicaragua

DIANOVA

## Nigeria

Adolescent Health and Information Projects (Ahip)

Christ Against Drug Abuse Ministry (CADAM)

Interclassic Children Youth Forum

PADDI

## Norway

Actis – Norwegian Policy Network on Alcohol and Drugs

## Pakistan

Asha Foundation

Dost Welfare Foundation

ICAN (Islamabad Christians against Narcotics)

Pakistan Youth Organisation

## Palestine

Al-Sadiq Al-Taieb Association (ASTA)

Palestinian Youth Association for Leadership and Rights Organization (PYALARA)

## Panama

Cruz Blanca Panameña

## Papua New Guinea

Port Moresby City Mission

## Paraguay

CEADDRO

## Peru

CADES Consultores y Asesores para el Desarrollo

CEDRO (Centro de Información y Educación para la Prevención del Abuso de Drogas)

Centro Takiwasi

COCEPU (Comité Central de Palmicultores de Ucayali)

Cooperativa Agroindustrial Naranjillo

## Philippines

ADDICTUS

Centennial Force

Kabataang Gabay sa Positibong Pamumuhay KGPP

PHILCADSA Philippines - Philippines Council Against Drug and Substance Abuse

Remedios AIDS Foundation

## Poland

Polish Drug Policy Foundation TRANSFORMACJA

## Portugal

Dianova

Fundação Portuguesa "A Comunidade Contra a Sida"

IDT/FESAT

## Russian Federation

Cities Against Drugs

Institute of Human Rights

New Life

No to Alcohol and Narcotics (NAN)

Russian Harm Reduction Network

UNION

## Rwanda

"The Rainbow Trust"

## Saudi Arabia

Nour El shorouk

## Senegal

ONG AP/CSID/Jacques CHIRAC De Thiaroye

Aplcdts

APLCDS

Fonselud

Ong Jamra

## Serbia

Anti-Drugs Association

Prevent

The Tower

Veza

## Seychelles

Campaign for Awareness, Resilience and Education

Against Substance Abuse (CARE)

## Sierra Leone

National Council for Prevention Of Alcohol And Drugs

## Singapore

SANA Singapore - Singapore Anti Drug Association

## South Africa

SANCA National

Drug Free Africa

Orient Wellness Centre Substance Abuse Prevention & Treatment

SANCA Bloemfontein

SANCA Durban

SANCA Northern Cape

Shekinah Care Center

Sultan Bahu Centre

## Spain

Proyecto Hombre

## Sri Lanka

Alcohol and Drug Information Centre, Colombo, Sri Lanka

Apekedella

Archdiocesan Apostolate for Drug/Alcohol Demand Reduction Service

Mithuru Mithuro Movement

Sri Lanka-United Nations Friendship Organisation (SUNFO)

# BEYOND 2008 VIENNA

## **St Lucia**

CDARI (Caribbean Drug Abuse Research Institute)

## **St Vincent and the Grenadine**

Marion House

## **Sweden**

KRIS – Kriminellas Revansch I Samhället

National Association for a Drug-free Society (RNS)

NBV - The Educational Association of the Sobriety movement

Swedish Drug User Association

## **Switzerland**

Groupe romand d'études sur les addictions (GREA)

## **Syria**

Youth Committee of the Syrian Red Crescent

## **Tajikistan**

Center for Mental Health and HIV/AIDS

## **Tanzania**

Rafiki Family

Support people with mental health problem in Zanzibar - SWAZA

## **Thailand**

APNSW

ASPAC NGO - Asia Pacific N.G.O.s Against Drug and Substance Abuse

Duang Prateep Foundation

NGO ANCC NCSW

Pladao Group

Pure Hearts Club

Thai AIDS Treatment Action Group

Thai Drug Users' Network

Thai Harm Reduction Network

The 7 Sisters

## **Togo**

ANVAD

## **Trinidad and Tobago**

Rebirth House

## **Tunisia**

Association tunisienne de prévention de la toxicomanie

## **Turkey**

Youth Association for Habitat

## **Uganda**

Transcultural Psychosocial Organization (TPO)

Ugandan Youth Development Link

## **Ukraine**

All-Ukrainian Network of PLWH

Public Movement „Faith, Hope, Love“

Svet Nadezhdi

## **United Arab Emirates**

Association for Youth Juvenile Association

National Rehabilitation Centre

## **United Kingdom**

Beckley Foundation Drug Policy Programme

Drugscope

John Mordaunt Trust

Kaleidoscope Project

Mentor UK

National Drug Prevention Alliance

Transform

## **United States of America**

Alcohol Drug Education Service

American Civil Liberties Union

California Narcotic Officers Association

Californians for Drug Free Youth

Californians for Drug-Free Schools

Community Anti-Drug Coalitions of America (CADCA)

Courage to Speak Foundation

Crossroad Management

D.A.R.E

DCBA Law

Drug Free America Foundation, Inc

Drug Free Schools Coalition

Elks National Foundation

Everett Clinic

F.O.R.U.M

Family Research Council

Fayette Companies

GatorWell Health Promotion, University of Florida

Human Resources Development Institute

Illinois Alcoholism and Drug Dependence Association

Informed Families

Institute for Behavioral Health, Inc

Jane Addams College of Social Work - University of Illinois at Chicago

John Howard Society of the Lower Mainland

John Pastuovic Communications

Joseph A. Jachmiczyk Forensic Center

Judicial Solutions

Kansas Family Partnership

Lions Quest

Maricopa County Attorney

Multijurisdictional Counter-Drug Task Force

National Asian Pacific American Families Against

Substance Abuse (NAPAFABA)

National Association of State Alcohol/Drug Abuse

Directors (NASADAD)

National Masonic Foundation for Children

National Narcotics Officers Association

Odd Squad Productions

Operation PAR, Inc

Population Health Promotion Associates

Potter's Wheel Christian Fellowship

Safety Wellness Advocacy Community Coalition

Salvation Army

Save Our Society from Drugs

Strongheart Teaching Lodge Inc

Treatment Alternatives for Safe Communities

University of Florida, Department of Psychiatry, Division

of Addiction Medicine

Virginians Against Drug Violence

Washington Physicians for Social Responsibility

## **Uruguay**

CASTALIA

Asociación Civil Encare

## **Uzbekistan**

NGO "Istiqbolli Avlod"

AYOL

## **Venezuela**

Fundacion Venezuela Libre De Drogas

## **Yemen**

Human Rights Information & Training Center - Taiz

Medical Development Foundation

## **International & Regional**

African Action on AIDS

Alcoholics Anonymous World Service

APN+ (Pita Foundation)

Asian Harm Reduction Network

Associazione Papa Giovanni XXIII

Daytop International

Dianova International

Drug Prevention Network of the Americas

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Drug Watch International  
Eastern Africa Regional Youth Network (EARYN)  
ENCOD  
ERIT  
Eurasian Harm Reduction Network  
Europe Against Drugs  
European Cities Against Drugs  
European Federation of Therapeutic Communities  
European Union of Women  
Euro-TC  
Foundation for a Drug-Free Europe  
ICAA  
International Drug Policy Consortium  
IHRA  
INPUD  
INPUD Asia Pacific  
Institute for Policy Studies  
Institute on Global Drug Policy  
Int. Agency for Crime Prevention, Criminal Law and  
Jurisdiction  
International Association of Applied Psychology  
International Commission for the Prevention of  
Alcoholism and Drug Dependency  
International Commission of Catholic Prison Pastoral Care  
International Council of AIDS Service Organizations  
(ICASO)  
International Council of Women  
International Federation of Catholic Universities  
International Federation of Non-Governmental  
Organisations for the Prevention of Drug and Substance  
Abuse  
International Federation of Red Cross and Red Crescent  
Societies  
International Federation of Social Workers  
International Federation of University Women  
International Planned Parenthood Federation (IPPF)  
International Police Association  
International Scientific and Medical Forum on Drug Abuse  
International Society of Addiction Medicine  
IOGT  
Islamic Relief Worldwide  
ITACA  
Journal of Global Drug Policy and Practice  
Latin American Federation of Therapeutic Communities  
Life Foundation against Drug Abuse  
Lions Clubs International  
Mentor Arabia  
Mentor International  
Narcotics Anonymous World Service  
North American Council of Aids Service Organizations  
Open Society Institute  
Pax Romana, ICMICA-IMCS  
Project: SUNDIAL  
RIOD  
Rotary International  
Salvation Army International  
Senlis Council  
Soroptimist International  
Supporting United Nations Drug Initiatives and Legislation  
Transnational Institute  
Women's Federation for World Peace International  
World Assembly of Muslim Youth  
World Federation of Therapeutic Communities  
Zonta International

## Organisations Completing the NGO Questionnaire

3HO SuperHealth	Association First Nations British Columbia Treatment Programs
ABISAM : Association burkinabe des infirmiers spécialistes en santé mentale	Association for Assisting Drug Addicts - UG PROI
ABORDA - Associação Brasileira de Redutoras e Redutores de Danos	Association 'Frantz Fanon' de santé mentale et de lutte contre la drogue
Aboriginal Drug and Alcohol Council (SA) Inc (ADAC)	Association marocaine d'aide aux enfants en situation précaire (AMESIP) (فرق نسيم ريغ في عضو)
Accion Contra el alcoholismo a.c. (Centro Accion AC)	Association 'Mentor Lithuania'
Addiction Prevention and Treatment Services, Capital District Health Authority	Association of Students Against Drug Abuse and Trafficking (SADAT)
Addictions Foundation of Manitoba	Association préventive de lutte contre la drogue, la toxicomanie et le sida (APLCDTS)
Addictive Drug Information Council	Association Sagle Taaba : convergence contre la misère (C.C.M)
Addictus-Philippines Inc.	Association Serment Merveil
Adicciones y Mujeres A.C (CERMA)	Association Serment Merveil
Adolescent Health and Information Projects (AHIP)	Association togolaise de lutte contre l'alcoolisme et les autres toxicomanies (A.T.L.A.T.)
Aksion Plus	Associazione 'Comunita' Papa Giovanni XXIII
ALAFIA	Associação Brasileira de Redutoras e Redutores de Danos - ABORDA
Alberta Adolescent Recovery Center	Athencottasan Muthamizh Kazhagam-AMK
Alcohol and other Drugs Council of Australia	Attac 3 " Attaque contre la drogue, la prostitution et le sida"
Alcohol Education and Rehabilitation Foundation Ltd	Australian Community Support Organisation Inc
Alcohol-Drug Education Service	Australian Drug Treatment & Rehabilitation Programme Inc (ADTARP)
Al-Fatah Development Organization	Bangladesh Association for Social Advancement (BASA)
Al-Nijat Welfare Society	Bangladesh Rehabilitation and Assistance Center for Addicts (BARACA)
Al-sadiq Al-Taieb Association	BASMIDA
Altenative Georgia	Believers Club Network
American Civil Liberties Union	BERSAMA Indonesia
ANACD	Bethel Côte-d'Ivoire/Impact positif
Andreas Papandreou Foundation	BRAHA - Brasileiros Humanitarios en Acción
Anex	Brakly Region Alcohol Durg Abuse Advisory Group Inc
Anglicare Tasmania Inc	Break the Chains: Communities of Color & the War on Drugs
Ape Kedella (Our Nest)	Breakline Peer Support vzw
Arab Society for Public Awareness from Drugs and Narcotics	British Columbia Centre of Excellence for Women's Health
Archdiocesan Apostolat for Drug/Alcohol Demand Reduction Service	BVI Community Agency on Drugs & Addiction
Armenian National AIDS Foundation	C. Iniziare, A.C.
ARTM-Association of Rehabilitation of Drug Abusers of Macau	CADAPT - Chinese Anti Drug Abuse Prevention and Treatment Centre (中国 ▪ 物 ▪ 用防治 ▪ 会)
Arya Kanya Vidyalya Samiti	Californians for Drug-Free Schools
ASHA Foundation	Campaign for Awareness, Resilience and Education against Substance Abuse (CARE)
Asia Regional HIV/AIDS Project	Canadian AIDS Society
(亚洲区域艾滋病合作项目)	Canadian Association for School Health
Asia-Pacific Non-Government Organization on Drug and Substance Abuse Prevention - ASPAC NGO	Canadian Association of Nurses in AIDS Care
Asociación Centro de Rehabilitación para el Adicto	Canadian Cannabis Coalition
Asociación Civil Programa Delta	Canadian Centre on Substance Abuse
Asociación Europea Americana de Profesionales que Abordan el Fenómeno de las Drogas, lo Social y la Salud (A.E.A.)	Canadian Executive Council on Addictions (CECA)
Asociación Programa Cambio	Canadian Harm Reduction Network
ASPAT	Canadian Public Health Association
Association de protection et de sauvegarde de l'enfance en danger (APSED)	Canadians for Safe Access
Associação Dianova Portugal	Candor Trust
Association "Kyrgyzstan without AIDS and Narcotics" (Ассоциация НПО 'Кыргызстан без СПИДа и наркотиков')	Care Foundation
Association africaine pour la prévention et la lutte contre le tabagisme, le dopage et la drogue au Cameroun	Caribbean Harm Reduction Coalition
Association Club scientifique de la Faculté des sciences médicales	Caritas - Hong Kong
Association congolaise pour la promotion de la santé mentale (ACPSM)	Casa Nazareth
Association Echo jeunes de la prévention de la drogue	CASTALIA
Association Enfants, jeunes et avenir (ASSEJA) (Association for Children, Youth and the Future)	Centacare NT
Association Espace sans drogue	Centennial Force Foundation, Inc-Luzon
	Center "Uranti" центр Уранти
	Central Asia Development Group (CADG)

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- Centre d'action laïque  
Centre for Addiction and Mental Health  
Centre for Counselling Addiction Support Alternatives  
Centro Cáritas de Formación para la Atención de las  
Farmacodependencias y Situaciones Críticas Asociadas  
Centro de Atención Especializado en Drogodependencias  
A.C.  
Centro de Atención Para la Rehabilitación de Adicciones  
Centro de Convivência é de Lei  
Centro de Información y Educación para la Prevención del  
Abuso de Drogas  
Centro Italiano di Solidarietà  
Centro Juvenil Esperanza  
Centro Latinoamericano de Investigación Científica (CELIN  
Bolivia)  
Centros de Integración Juvenil  
CHIPRED « Corporación Chile Previene las Drogas »  
Christ against Drug Abuse Ministry (CADAM)  
Citizens' Association The Tower  
City Mission PNG  
City of Rest  
Clean Scene Network for Youth  
Clinica Tzol  
Club Anti Drogue et Anti SIDA à l'École (CADASE)  
COAPA  
Come In Youth Resource Centre (St Francis Welfare)  
Comité international d'éthique et de solidarité, section  
Togo  
Commitee Cap-Ananur/G.E.D.  
Community Aid  
Community Alcohol and Drug Services  
Community Anti-Drug Coalitions of America  
Community Development Net Work Forum - CDNf  
Companin NGO  
Comunidad Terapeutica Santa Clara de Asis  
Corporación Ancora  
Corporación Caminos  
Corporación Nuevos Rumbos  
Corporación Programa Poblacional de Servicios La Caleta  
Council for Aboriginal Alcohol Program Services Inc  
Courage to Speak Foundation, Inc.  
Creative Resistance  
Credo \ Общественное объединение 'Кредо'  
Cruz Blanca Boliviana  
Cruz Vermelha Brasileira Filial Rio Grande do sul  
D.A.R.E. America  
Dads Against Drugs  
DCBA Law, PLLC  
De Hoop Foundation  
Dhaka Ahsania Mission  
DIVO Trust  
Dr Idrice Goomay Centre  
Drug Abuse Resistance Education British Columbia (DARE  
BC) Society  
Drug and Alcohol Services Association (DASA)  
Drug Arm Australasia  
Drug Detoxification and Health Society (DDHS) Bannu  
Drug Fight Malawi  
Drug Free Africa  
Drug Free America Foundation, Inc.  
Drug Free Australia  
Drug Policy Action Group  
Drug Prevention Network of Canada  
Drug Prevention Network of the Americas  
Drug Watch International, Inc.  
DrugSense  
East Kootenay Addiction Services Society  
Eastern Africa Regional Youth Network (EARYN)  
Eastern Africa Regional Youth Network (Kenya chapter)  
Educators for Sensible Drug Policy  
Efficacy, Inc
- Elim Clinic  
Elk  
Emberbarat Alapitvany (Philanthropic Foundation)  
ENCARE  
Especialidades Médicas Evia  
European Coalition for Just and Effective Drug Policies  
Everett Clinic  
Family and Children Protection Society (فرسالا قتيامح قتي عمج  
طلو فطل او)  
Family Drug Support  
Family Research Council  
Fayette Companies  
Federação Brasileira de Comunidades Terapêuticas  
Fédération des ONG sénégalaises de lutte contre les  
drogues (FONSELUD)  
Finnish Red Cross  
First Step Program  
Fondation des oeuvres pour la solidarité et le bien-être  
social (FOSBES ONG)  
Fondation pour le respect réel de l'Homme 'Frereh'  
FONGA  
Forum Droghe  
Fresh Start Recovery Centre  
Fulfilling Our Responsibility Unto Mankind  
Fundação Portuguesa 'A Comunidade Contra a Sida'  
Fundación (PARENTESIS)  
Fundacion Alalay  
Fundacion Anpuy  
Fundación Antidrogas de El Salvador - FUNDASALVA  
Fundación Arco Iris  
Fundación Aylèn  
Fundación Convivir  
Fundación de Recuperación Plural  
Fundación Remar de Guatemala  
Fundacion Vida y Familia  
Ghiras - Kuwait National Anti Narcotic Drug Committee  
(سارغ) تار د خمل انم قتي قولل ين طولا يو عوتلا عورش مل)  
Gold Coast Drug Council Inc  
Great Pakistan Lovers Welfare Society (REGD)  
Groupe romand d'études sur les addictions  
Grupo de Mujeres de la Arg - Foro de Vih Mujeres y  
Familia  
Grupo de Prevenção as Dst AIDS Droga SJulia Sefer  
Hanover Welfare Services  
Harbans Kaur Memorial Charitable Trust  
Health Promotion Watch  
Heffter Research Institute  
Help the Hospices for the Worldwide Palliative Care  
Alliance  
Hemp Lobby  
Heywaynoqu for Healing Addictions Society  
Highland Education Development Organisation (HEDO)  
Vietnam  
HOPS - Healthy Options Project Skopje  
Human Rights and the Drug War  
Human Rights Information & Training Center - Taiz (زكرم)  
(ناس نال قووق حل لي هائل او تامول عمل)  
Humanitarian Assistance for Afghan Women and Children  
(HAAWC)  
ICAN (Islamabad Christians Against Narcotics)  
Idara Khidmat-e-Awam  
IFNGO - International Federation of Non Government  
Organizations for the Prevention of Drug and Substance  
Abuse  
IFSW International Federation of Social Workers  
Illinois Alcoholism & Drug Dependence Association  
Indian Institute of Rural Reconstruction and Social Change  
Informed Families/The Florida Family Partnership  
INPUD vzw  
Institute for Behavior and Health  
Institute for Policy Studies

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- Institute on Global Drug Policy  
Institution for Adult Alcohol, Drugs and Other Narcotics  
Addicts Zajednica Susret  
Instituto de Drogadependencia – Universidad del Salvador  
Instituto Especializado en Adicciones, A.C.  
Integration Association  
Intercambios Asociacion Civil  
International Council of AIDS Service Organizations (ICASO)  
International Network of People who Use Drugs (INPUD-Asia)  
International Voluntary Organisation for Women, Education and Development  
IOGT - NTO Int. Institute  
J. B. Jenkins & Associates Inc  
JACS-Brasil  
John Howard Society of Canada  
John Howard Society of the Lower Mainland  
John Howard Society of Toronto  
John Mordaunt Trust  
John Pastuovic Communications, Inc.  
Justice Institute of B.C.  
Juvenile Association Dubai (شادحال ا في عوتو ةي اع ر ةي عم ج)  
Kansas Family Partnership  
Khmer HIV/AIDS NGO Alliance (KHANA)  
Khmer Youth Association  
Khmer Youth Camp for Culture  
Korsang  
Kripa Foundation  
L'Association d'appui et d'information sur les drogues et sur le sida (ADAIDS)  
LA Perla Mexicana 'Casa de Rehabilitacion para Alcoholicos y Drogadictos' A. C.  
Law Enforcement Against Prohibition  
Liaison antiprohibitionniste  
Liberian Empowerment Against Drug and Alcohol Demand (LEADAD)  
Life for Relief & Development  
Life Foundation Network on Drug Abuse  
Life Quality Improvement Organisation FLIGHT/ LET  
Ligue des consommateurs du Burkina (LCB)  
Link Youth Health Service  
Lions Clubs International Foundation  
Little House of Nazaret  
Living World Alive Africa  
Lumina  
Macedonian Harm Reduction Network  
Malaysian AIDS Council  
Manipur Intravenous League  
Maria Ashiana Therapeutic Centre  
Marijuana Policy Project  
Marion House  
McAuley Outreach Service, Mercy Community Services  
Medan Aceh Partnerships  
Medical Development Foundation (مديمن بتلا ةمس سوم ةي بطل ا)  
Mentor UK  
Méta d'Âme  
Mirabel Foundation Inc  
Multidisciplinary Association for Psychedelic Studies (MAPS)  
Multijurisdictional Counterdrug Task force Training  
Narcotics Anonymous World Services  
National Asian Pacific American Families Against Substance Abuse (NAPAfASA)  
National Association for a Drug-free Society of Sweden  
National Association of State Alcohol & Drug Abuse Directors, Inc. (NASADAD)  
National Forensic Science Consultation, LLC  
National Masonic Foundation for Children  
National Narcotics Officers' Associations' Coalition  
National Organization for the Reform of Marijuana Laws  
National Rehabilitation Center  
National Rural Alcohol and Drug Abuse Network  
Needle Exchange Timaru trust  
Nelson Injecting Community Health Enterprise Trust  
Nepal Sports Federation against Drug and HIV/AIDS (NESFADA)  
Nepr.Organ.Shag v Budushee  
Network of Alcohol and Drug Agencies  
New Care Center  
New Zealand Drug Foundation  
Ngaiterangi Iwi Inc Society  
NGO ANCC NCSWT  
Nour AlShorouk Center  
November Coalition  
NSW User's & AIDS Association  
Núcleo de Estudos de Álcool e Outras Drogas(NEAD)  
Observatoire national de la drogue (ONADRO)  
Odd Squad Productions Society  
OFAP - Organizacao das Familias da Asia e do Pacifico  
ONG AIAD Association internationale des acteurs du développement  
ONG Alliance des volontaires contre les abus de drogues (ANVAD)  
ONG Association pour la promotion du Centre de sensibilisation et d'information sur les drogues Jacques Chirac de Thiaroye (ONG AP/CSID/JC)  
Ontario Pharmacists' Association  
Organisation internationale des bons templiers de Guinée-Bissau (IOGT-GB)  
Pakistan Youth Organization  
Palestinian Youth Association for Leadership and Rights Activation- PYALARA  
Parents Against Drug Abuse  
Parents Against Lethal Addictive Drugs  
Patients Out of Time  
People Against Drug Dependence and Ignorance  
Pequeña Casa de Nazaretr  
Persatuan Mencegah Dadah Malaysia (PEMADAM)  
Persepolis NGO  
Phoenix Haga  
Population Health Promotion Associates  
Population Services International  
Potter's Wheel Christian Fellowship  
PRADO Foundation, Prostitution, AIDS and Drugs Prevention Organization  
Prevention of AIDS and Drug Abuse Foundation  
PREVER  
Prolegal  
Proyecto U.N.O ' Una Nueva Oportunidad'  
Public Association of Jurists "Legal Initiative" (Общественное объединение юристов 'Правовая инициатива')  
Public Movement „Faith, Hope, Love" (Од 'Вера. Надежда. Любовь')  
Pure Heart Club  
Rafiki Family  
REAL Women of Canada  
Rebirth House  
Red de Jovenes Unidos de Guachupita: RJUG  
REDUC  
Re-Generation Foundation  
Restore Hope International Inc  
Richmond Fellowship Nepal  
RIOD (Red Iberoamericana de Ong'S que Trabajan en Drogodependencias de Espña, Latinoamerica Y Caribe)  
RISE Life Management Services  
Riverside Community Counselling Services  
Romanian Harm Reduction Network  
Russian Harm Reduction Network (RHRN) (Всероссийская сеть снижения вреда)

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S.Se.R en el Sur  
SAFERA  
Safety Wellness Advocacy Community Coalition  
Salvation Army  
Salvation Army - Flagstaff Support Services  
Salvation Army Brisbane Recovery Services 'Moonyah'  
San Patrignano  
SANCA Kimberley  
SANCA Lowveld Alcohol and Drug Help Centre  
SARDA (Society FOR THE Aid AND Rehabilitation OF Drug Abusers)  
Scarborough and Environs Action Group  
Scottish Drugs Forum  
Seniors Well Aware Program  
Senlis Council  
Serenity Place, the Empowerment Centre for Women  
Shalom International  
Shekinah Care Centre  
Shelter Don Bosco  
Singapore Anti-Narcotics Association  
Skoun, Lebanese Addiction Center  
Sober Tanzania  
Society for Community-health Rehabilitation Education and Awareness - CREA  
Society for Promotion of Youth & Masses (SPYM)  
Society of Living Intravenous Drugusers  
Socium - Partnership Network (Общественное Объединение 'Социум')  
SOS-LUCAT (Lutte contre l'abus de l'alcoolisme et autres toxicomanies)  
Soundmind Foundation  
South Warwickshire Transgender Group  
Sri Lanka-United Nations Friendship Organisation (SUNFO)  
St Lucia national Committee for the Prevention of Alcoholism & Drug Abuse  
Stanley St Treatment & Resources, Inc (SSTAR)  
STOP AIDS Association  
stopthedrugwar.org/user/sicntired/blog  
Streetworks  
Strong Heart Teaching Lodge Inc.  
Student Aid Liberia Inc  
Students Campaign Against Drugs  
Students for Sensible Drug Policy  
Substance Abuse Research Association  
SWAZA  
Teen Challenge International Victoria  
Teen Challenge International Western Australia  
Thaba-Bosiu Centre Blue Cross  
Thai Harm reduction Network/THRN  
Toronto Public Health  
Transcultural Psychosocial Organisation  
Transparência Capixaba  
Trempline ASBL  
Turning Point  
Turning Point Alcohol and Drug Centre  
Uganda Youth Development Link (UYDEL)  
UNDUN Unified Networkers of Drug Users Nationally  
Unité Domrémy Ste-Thérèse  
University of Florida  
University of Florida College of Med, Div of Addiction Medicine  
Upper Hume Community Health Service  
Vancouver Area Network of Drug Users  
Venezuela Libre de Drogas  
Verein P.A:S.S.  
Vietnamese Community in Australia / SA Chapter Incorporated  
Virginians Against Drug Violence  
Vite-n-Hope  
Viva Rio  
Washington Physicians for Social Responsibility  
We Help Ourselves  
Welfare Association for the Development OF Afghanistan  
Western Aboriginal Harm Reduction Society  
Western Australian Substance Users Association Inc.  
World Association of Girl Guides and Girl Scouts  
Yayasan Cinta Anak Bangsa  
Yayasan Harapan Permata Hati Kita  
Yayasan ILYD  
Yayasan Semata  
YMCA Perth Lynks Counselling Service  
Young Blood Bank Foundation Reg (DASKA)  
Youth Against Drug Abuse and Alcohol Demand INC  
Youth Association for Habitat  
Youth Council for Anti Narcotics (YOCFAN)  
Youth Crime Watch Sierra Leone  
Youth Crime Watch Uganda  
Youth Net and Counselling (YONECO)  
Youth Power Nepal (YPN)  
Youth Substance Abuse Service  
YPSA (Young Power in Social Action)  
Yunnan Daytop Therapeutic Community  
(云南戴托普 ▪ 物依 ▪ 治 ▪ 康复中心)

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\* Report prepared on behalf of the Vienna NGO Committee on Narcotic Drugs by Toby James and Simon Parker, University of York, U.K. The authors would like to acknowledge the help and advice of the VNGOC in the preparation of this report, and in particular the contributions of Eric Carlin, Michel Perron and David Turner.