



UNGASS 2016 Global Civil Society Survey

Summary Report

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Table of Contents

Introduction	4
Method	4
Survey Development and Aims	4
Data Collection and Data Analysis	4
Results	6
Survey Completion	6
Respondent Characteristics	6
UNGASS-Related Knowledge	7
Civil Society Inclusion in UNGASS Preparation	7
<i>Limited NGO and regional representation</i>	8
<i>Logistical barriers to participation</i>	9
<i>Inadequate involvement of affected groups</i>	10
<i>Skepticism about affecting change</i>	11
Top Priorities for UNGASS Preparation and the UNGASS 2016 Event	11
<i>Drugs and health</i>	12
<i>Drugs and crime</i>	16
<i>Human rights, women, children, and communities</i>	19
<i>New challenges, threats and realities in addressing the world drug problem</i>	21
<i>Alternative development</i>	23
<i>Meaningfully include other UN agencies in the UNGASS</i>	23
Concrete outcomes expected from UNGASS 2016	24
How to define success and the long-term impact for UNGASS 2016	25
Discussion	26
Strengths of Study	27
Limitations of Study	28
Appendix	30
Survey Instrument	30
Table 1 Survey Completion Rate	39
Table 2 Respondent Characteristics	40
Table 3 UNGASS-related Knowledge	42
Table 4 UNGASS Preparations	43
Table 5 UNGASS Event	44
Figure 1 Countries Represented by Arabic Survey Data	45

Figure 2 Countries Represented by English Survey Data	46
Figure 3 Countries Represented by French Survey Data	47
Figure 4 Countries Represented by Italian Survey Data	48
Figure 5 Countries Represented by Persian Survey Data	49
Figure 6 Countries Represented by Portuguese Survey Data	50
Figure 7 Countries Represented by Russian Survey Data	51
Figure 8 Countries Represented by Spanish Survey Data	52
Figure 9 Countries Represented by Turkish Survey Data	53
Figure 10 Countries Represented by Vietnamese Survey Data	54

Introduction

Preparations for the 2016 United Nations General Assembly Special Session (UNGASS) on Drugs are underway. The Civil Society Task Force on drugs (CSTF) an international, regionally-representative committee of civil society leaders in the area of drugs. The CSTF was tasked with representing global civil society interests to the United Nations in preparation for the UNGASS and they developed a survey to assess global NGO expertise and priorities in the area of drugs. The results of this survey will be used to create a summary report and recommendation paper for the development of the zero document which includes the voices of NGOs from around the world.

Method

Survey Development and Aims

This report summarizes data from a mixed methods study of NGOs around the world currently working in the area of drugs- including direct service provision, policy advocacy, research and publication, community organizing, training, and other arenas. A web-based survey with both quantitative and open-ended questions was developed by members of the CSTF and in consultation with other experts. The aim of the survey was to identify and explore (1) the work of NGOs currently active in the drug field, (2) areas of expertise, (3) key priorities and concerns to be addressed at the UNGASS, and (4) expected outcomes and indicators of UNGASS long-term success.

Data Collection and Data Analysis

The hyperlink to the survey (see instrument in Appendix) was circulated via email and social media among the networks of the UNODC Civil Society Team, the Field Office



network, the CSTF, the Vienna NGO Committee on Drugs, and the New York NGO Committee on Drugs between April 21st and July 31st 2015. The survey was translated by CSTF members into the following languages: Arabic, Chinese, English, French, Italian, Persian, Portuguese, Russian, Spanish, Turkish, and Vietnamese. The final survey instrument contained 25 questions, divided into three sections: (1) organization contact information, (2) UNGASS 2016, and (3) organization background.

Sixteen of the 25 survey questions were quantitative in nature. There were predominantly two types of quantitative questions in the survey- dichotomous (yes/no) questions and multiple choice questions. The responses were tabulated and descriptive findings are detailed in this report (see Tables 2 through 5). Quantitative analysis was conducted in SPSS or in Microsoft Excel. No further statistical analysis was conducted with the quantitative data.

Nine of the 25 survey questions were qualitative in nature. Five of these qualitative questions were stand-alone questions in order to gauge respondent priorities and views regarding the upcoming UNGASS preparations and the event itself. Four qualitative questions were follow-up questions to quantitative questions so that respondents could explain their responses further. Qualitative analysis was conducted by reviewing results in Microsoft Excel and themes were highlighted and identified by hand. UNGASS-related qualitative responses were clustered in accordance with the five UNGASS thematic areas (drugs and health, drugs and crime, human rights, women, children, and communities, new challenges, and alternative development).

Results

Survey Completion

A survey was considered to be ‘complete’ if the respondent completed at least the first 10 questions of the 25-item survey. This survey had an average completion rate of 37.0% across the entire sample. Although the survey link was accessed 3,451 times, not all access resulted in actual survey completion. The study sample is composed of 1,274 respondents. Survey completion rates are summarized in Table 1 by language. The surveys with the highest completion *rates* were those in Vietnamese (46.6%) and English (43%), however, the surveys which were completed by the highest *number* of respondents were in English (n=774) and in Spanish (n=273). There were no complete surveys in the Chinese translation to include in this report. Figures 1-10 show the countries and regions in the world represented by languages. In addition to having the highest number of respondents, Figure 2 shows that English surveys were completed by respondents in the largest number of countries from around the world, while other surveys were more regionally-specific.

Respondent Characteristics

Table 1 summarizes quantitative responses relating to NGO respondent characteristics. The majority of responses came directly from NGO headquarters (85.5%) rather than branch locations. Over half (60.9%) of the responses came from secular civil not-for-profit organizations associations, although there were also a number of volunteer organizations, user or ex-user organizations, religious organizations, research institutions, foundations, and charities. Most respondents indicated their NGO had drug-related expertise in the area of ‘drug and health’ (73.8%), followed by ‘drugs and youth’ (61.0%), and ‘drugs and human rights’ (59.0%). The primary nature of NGO activities varied widely, with many

NGOs indicating they were involved in ‘education/training’ (48.3%), ‘advocacy/public policy’ (42.2%), and ‘primary prevention’ (38.6%). Most respondents indicated that their organization’s geographical reach was at the national level (33.2%) or at the local level (24.1%). Roughly one in five respondents had prior contact or involvement with UNODC.

UNGASS-Related Knowledge

Most respondents were aware of the upcoming UNGASS, although one third of respondents had not known about the UNGASS at all prior to completing the survey (see Table 2). The selected qualitative responses below indicate that some respondents were becoming aware that there was important dialogue occurring on the global scale which could have implications on their work. Common barriers included limited regional and national communication to local service providers.

“Not every organization knows about UNGASS and its activities” (Secular civil non-profit organization, Africa)

“Most civil society organizations in my country (and my region) have very little awareness about UNGASS 2016, and little engagement with drug policy, both at national and global level.” (Non-governmental organization, Asia- translated from Vietnamese)

“This is the first I’ve learned of this and I am pretty “plugged in” when it comes to community action in a variety of areas.” (Prevention Coalition, North America)

Civil Society Inclusion in UNGASS Preparation

Almost 70% of respondents stated that their organization is planning to participate in preparations or discussions for UNGASS 2016 in one or more ways. The most common anticipated form of participation is through attending preparatory meetings (44.8%), followed by producing reports, organizing events, and involvement in the Civil Society Task Force (CSTF). Three quarters of the NGO respondents (73.7%) would be willing to be

contacted to further participate in the UNGASS 2016 preparations. Half of respondents expected that UNGASS preparations would involve some form of ‘civil society inclusion.’ Respondents indicated that they would like to have a greater role in preparations and at the UNGASS event- to both communicate with other NGOs from around the world to share expertise with one another, but also to communicate their concerns to key decision-makers.

“Developing cooperation between countries and entities in order to transfer best practices and lesson learnt” (Non-profit organization, Europe)

“Representation balanced from the continents including Africa” (Policy Advocacy Organization, Africa)

“Unrestricted Participation of Civil Society” (Member-based organization, Africa)

“Strengthen collaboration of all players on the issue” (Advocacy organization, Africa)

“Confirming civil societies' own top priorities for drug policy reform; Determining the best ways to ensure civil society can meaningfully participate in the UNGASS forum; and Determining how civil society can best support its key messages from 'outside' the UNGASS forum” (Advocacy Organization, Australia and Oceania)

Less than two-thirds of respondents indicated they felt positively about civil society inclusion in the UNGASS preparations thus far by stating that it was ‘good,’ ‘very good,’ or ‘excellent.’ However, one third of the respondents rated the inclusion of civil society in preparations has been ‘fair’ or ‘poor.’ Several important themes emerged upon closer review of responses. The following section summarizes major themes and highlights several key respondent quotes.

Limited NGO and regional representation

“Very little Southeast Asian inclusion into the UNGASS civil society dialogues.” (Health Advocacy organization, Asia)

“Lack of information sharing, not using the capability of NGOs, just using the existing information in the center of the country which does not reflect all ideas in this regard.”
(Non-profit organization, Central Asia/Middle East- translated from Persian)

“As someone new to this process it would be helpful to me if I was mentored a bit, as it feels like I'm just left in the dust of the lingo and it seems more like a clique of people who live this high-level bureaucracy every day. I am a grass roots activist who works in the streets. A little mentoring would go a long way.” (Member-based organization, Europe)

Some respondents felt left out- that global committees are exclusive and comprised of select members. There are those who perceive themselves as outsiders who do not have access to the knowledge, resources, and influence that more prestigious and recognized NGOs have on a global scale. As a result, some feel that there is an overrepresentation of certain voices at the expense of true inclusiveness.

Logistical barriers to participation

Quite a few respondents indicated that more efforts should be made by organizers and leaders to ensure that the UNGASS preparations and event are more accessible to NGOs around the world. Several spoke directly to financial barriers which prevent them from being able to share their local experiences in international fora:

“Most grassroots organisations in Africa are limited in resources and face local political challenges to enable them participate actively. However most international organisations do not necessarily represent the reality on the ground in terms local issues and facilities on which basis most of the policies will be implemented.” (Treatment facility, Africa)

“We are a small youth led organization which is locally based. Hence we don't get chance to be part of national programmes.” (Member-based organization, Asia)

“Difficulty in access to information on how to participate, costs, lack of adequate communication and linguistic competences within the representatives of the organisation in the international field” (Non-profit organization, Europe, Translated from Italian)

“Access to the event--language, broadcasting, modes of participating from afar.”
(Volunteer, North America)

Respondents also attested to limited translations of UNGASS-related materials to share in their communities in order to raise awareness and garner more support:

“I looked through many web pages. The majority of them are in English. People who live in countries whose drug policy can be described as repressive do not know English well enough. Consequently, a drug user from Russia has a limited access to the available information.” (Non-profit organization, Russian Federation- translated from Russian)

“Translate all documents for non-English speakers” (Research organization, Europe)

“There is a lack of Turkish sources such as invitation and mailings of these events, which is a great problem.” (Non-profit organization, Central Asia/Middle East, translated from Turkish)

Inadequate involvement of affected groups

“That recovered users can have a voice in conferences and that they can have a considerable impact in treatment and prevention programs” (Secular civil not for profit organisation, Europe)

“We think there is not enough users' representation and none of our providers' representation, there's no narco people representation, and we have plenty in all of our jails over the world, we need to hear their voices and their proposals to end this war too. Without them and without us there won't be a war, so we need to be heard in this forum.” (Member-based organization, Central America)

“Involvement of youth is another shortcoming. The UNODC Youth Initiative fails to reflect the needs of young people most affected by drug policies, specifically young people who use drugs.” (Member-based organization, North America)

“The representative bodies of drug users in Brazil's civil society have little involvement in the preparation of the UNGASS 2016” (Member-based organization, South America, translated from Portuguese)

Respondents expressed their concern that not enough drug users, people in recovery, women, youth, farmers, LGBT individuals, and service providers have been given a voice during the preparations so as to express their lived experiences and concerns. There is also the feeling that certain regions of the world (and their unique challenges) are not understood or adequately represented.

Skepticism about affecting change

“While Civil Society has been given a voice it is unclear that policy makers and high level decision makers are listening.” (Health Advocacy Organization, Europe)

“Member states indicate that civil society is important, but meaningful opportunities for engagement are limited, and when they are provided, it is simply the minimum acceptable level.” (Member-based organization, North America)

“Inclusion does not simply mean being allowed to attend meetings. It must also mean that NGOs are listened to, particularly when they highlight critical thematic issues that are being marginalised in discussions. Currently, the level to which civil society is included in that sense is up to the discretion of state representatives - that is not inclusion in a real sense.” (Volunteer organization, Europe)

Some respondents expressed doubts their concerns will be heard, despite their efforts to be involved. Others reflected that they feel as though this lack of representation is characteristic of UN processes which symbolically involve civil society in tokenized ways but do not truly weigh their interests when making decisions.

Top Priorities for UNGASS Preparation and the UNGASS 2016 Event

Respondents responded to three open-ended questions which asked them to detail their top three priorities for the preparations leading up to the UNGASS, as well as their top three priorities for the UNGASS event itself. Hundreds of qualitative responses were read and coded for larger themes which emerged. They are organized below in regards to the five thematic areas for the 2016 UNGASS: drugs and health, drugs and crime, human rights, women, children, and communities, new challenges, and alternative development. As noted below, some areas received much more attention from respondents than others, with much more specificity in certain domains.

Drugs and health

a. The need for evidence-based or evidence-informed drug prevention

Respondents stressed the importance of world-wide evidence-based drug prevention initiatives, particularly for youth. Many stated that drug prevention should provide accurate information about drug use and risks because many youth around the world do not have access to this information to make educated decisions for themselves. Respondents believe that prevention should also include early intervention with youth and adults who are engaging in risky behaviors in order to avoid the escalation into abuse or dependence. Many feel as though this is an area that has not received adequate attention by all national governments equally and UNGASS can bring this to the forefront.

“Guidelines on drug and alcohol abuse prevention and curbing for governments and the civil society.” (Member-based organization, Africa)

“In Afghanistan, we certainly need technical and professional assistance of international agencies to expand drug treatment capacity and improve the coverage network for community based prevention programs. UNGAS 2016 will be a good opportunity to reach our goals (Alternative Development organization, Asia)

“Shift in Govt policy - greater focus on prevention” (Youth Advocacy Organization, Australia and Oceania)

“Public health - with a focus on prevention, early intervention and the social determinants of drug use” (Policy advocacy organization, Europe)

b. The widespread adoption and availability of harm reduction

“Promoting harm reduction as a global response to drug use.” (Professional Association, North America)

“Expansion of harm reduction measures, such as safer injection sites, needle and syringe exchange programs in prisons, accessible confidential drug testing, etc.” (Member-based organization, Europe)

The majority of NGO respondents made at least one mention of “harm reduction” generally or actually specifically detailed harm reduction interventions when asked which priorities should be included in UNGASS preparations. Respondents specified that harm reduction services should be widely available and freely accessible to all people who use drugs, regardless of nationality, race/ethnicity, age, gender, class, or any other demographic characteristic. There was mention of the need for greater naloxone availability for overdose prevention as well, particularly from respondents in regions currently facing the public health problem of opioid overdose. Respondents in areas with more amphetamine and amphetamine-type substance (ATS) use reported the need to engage these drug users into harm reduction. Those from countries with limited governmental acceptance of harm reduction into public health policies expressed their frustration.

c. Funding concerns for prevention, treatment, and other services for people who use drugs

Respondents indicating that financial constraints limit the availability and accessibility of services in their regions. Respondents shared that they were struggling with the amount of funds available for prevention services, drug treatment services, re-socialization services, harm reduction programming and supply distribution, and other demand reduction programming. Some proposed solutions to this funding issue- by reallocating funds from other venues. This sentiment is detailed in the quotes below:

“Harm reduction and OST should be financed by both local government and international sponsors. The government must treat these programs as any other health care programs.” (Non-profit organization, Russian Federation- translated from Russian)

“Redeployment of resources away from enforcement to awareness and treatment” (Youth services organization, Australia and Oceania)

“Generate financial resources to support the diversity of interventions and care”
(Healthcare coalition, Europe- translated from French)

d. Universally available evidence-based and culturally-appropriate drug treatment

“Respect the regional and country specific best practices for prevention, treatment and rehabilitation” (Health Advocacy Organization, Asia)

“The uneven access to treatment around the world with special focus on abstinence-based treatment” (Youth advocacy organization, Africa)

“Tradition, culture and identity should be considered when the formulation of policies and the methodologies of intervention introduced.” (Research Organization, Asia)

Respondents spoke about need for affordable and readily accessible treatment which is both evidence-based and culturally-appropriate. It was also mentioned that treatment should include medical and mental health care. The need for families to be involved in the treatment of youth was highlighted. Respondents expressed a desire for access to treatment that allowed for a variety of treatment outcomes, including both abstinence recovery oriented treatment and harm reduction services.

e. The need for a public health response to drug use

A large number of NGO respondents expressed the need for a public health response to the problems associated with drug use.

“Address drug-related health issues while removing criminal persecution of social/ mental health dysfunction” (Non-profit organization, Australia and Oceania)

Protection of public health as the key objective of the international drug control system
(Non-governmental organization, Europe)

Many expressed the opinion that the criminalization of people who use drugs has had negative consequences for individuals and society. Many respondents advocated for decriminalization or depenalization of non-violent users with the possibility of referral to treatment for rehabilitation and promoting access to harm reduction. Other respondents expressed support for legalization and regulation of drug markets as a means to improve the overall health of people who use drugs through quality control and safer markets.

“Criminalisation and marginalisation of drug users as a driver of the worldwide HIV and the worldwide HCV-epidemic” (Health Advocacy Organization, Europe)

Other respondents argued for more cooperation between the criminal justice system and other areas in the society.

“Further spread the use of alternatives to incarceration by focusing on the cooperation between the criminal justice system and the health system.” (Secular not for profit organization, North America)

“A Public Health To Drugs (including social determinants, alternatives to incarceration and the right to rehabilitation)” (Policy Advocacy Organization, Europe)

f. The need to address stigma, discrimination, and reintegration

“To facilitate the access to the health system given the drug user difficulties. It is because of they are discriminated and fail to treatment, often by prejudice of the employees.” (Volunteer organization, South America, translated from Portuguese)

“Tackling the stigma of drug dependency and addiction” (Member-based organization, Europe)

A number of respondents spoke to the larger societal issue of drug user stigma—whether they are viewed as immoral, as criminals, or as both. Respondents spoke to how this stigma leads to discrimination. It was indicated that this stigma has health consequences for those who may avoid services or who are treated poorly by health care providers, thereby increasing health disparities. Other respondents spoke about the necessity to increase support

for former users to reintegrate into society and find greater meaning and purpose. This is reflected in the following quote:

“Integration and employment of the people who have successfully completed rehab programmes” (Treatment agency, Europe)

g. Access to controlled medicines

“Ensuring countries give adequate attention to the issue of access to controlled medicines” (Health Advocacy Organization, Australia and Oceania)

“We would like the UNGASS to commit to a concerted UN-wide effort, including UNODC, INCB, WHO and UNDP, to close the gap in availability of and access to controlled substances for medical use while reinforcing efforts to prevent their diversion and misuse where relevant.” (Health Advocacy Organization, Asia)

“WHO replacing INCB as the organization tasked with ensuring medical access as it relates to the Single Convention Treaty” (Member-based Organization, North America)

Respondents expressed the need for greater access to controlled medicines for pain in underserved regions around the world. A few respondents expressed frustration and outrage that greater attention has not been given to this issue which impacts some of the world’s most disenfranchised citizens.

Drugs and crime

a. The elimination of the death penalty for drug offenses

“Death penalty for drugs in Southeast Asia” (Health advocacy organization, Asia)

“Abolition of the death penalty for drug offences” (Advocacy Organization, Europe)

Numerous NGO respondents expressed outrage over the continued use of the death penalty for drug-related offenses. Respondents felt that this was an extreme punishment disproportionate to the harms of drug possession or drug trafficking. Some respondents indicated that, although there are many areas of disagreement for the upcoming UNGASS, this issue should be one that garners international consensus. Respondents agreed that this

issue should be highlighted during preparations for UNGASS over the next several months and that it should receive adequate attention at the UNGASS event itself.

b. Concerns about unequal enforcement of policies and sentencing

Respondents also expressed a concern for the disparities in arrest and sentencing for drug charges, as well as the proportionality of punishment to drug offenses.

“Consistent, fair penalties” (Educational institution, Europe)

“Incarceration/sentencing reform” (Treatment facility, North America)

“Disproportional punishment for drug offenses” (Research institution, Central America)

c. The harms of drug trafficking

“Priority for law enforcement limiting drugs trafficking.” (Non-government organization, Central Asia/Middle East- translated from Persian)

“Drug issues as they relate to human trafficking and sex trafficking” (Consulting firm, North America)

“How prohibition policy funds organised crime and terrorism.” (Member-based organization, Europe)

“Drugs as a contributing factor to crime and insecurity in the globe” (Health organization, Africa)

“Marijuana and crime; drug cartels, drug gangs (both inside America and in the Narco-Nations of Latin America and Mexico)” (Advocacy organization, North America)

Respondents expressed concerns about drug trafficking networks and their associated harms, such as human trafficking, gang violence, and terrorism. Drug trafficking was highlighted as an issue for international security.

d. Need for an objective evaluation of the current system

A number of respondents advocated for large-scale evaluation on the impact of the global drug control system. The following quotes summarize some concerns:

“impact of drug policies on the institutions in resource-poor countries” (Public charitable organization, Africa- translated from French)

“Economic analyses of current drug prevention approaches that include the societal and indirect costs of mass incarceration, turning users of less addictive drugs, such as cannabis, into felons excluded from civil society” (Research organization, North America)

“Ensuring that both successes and failing of global drug control are reviewed and discussed - and that policy is evaluated in line with UN priorities of health, human rights, development and security.” (Policy Advocacy Organization, Europe)

e. Divided views on policy experimentation by member states

A number of respondents wanted adequate attention at UNGASS preparations and at the UNGASS event to discuss whether nations have the right to determine which drug-related policies to implement based on their own individual circumstances, cultures, needs, and priorities. Many noted that there can be quite a bit of flexibility within the current conventions to allow for experimentation:

“Sovereignty for member states to regulate drugs” (Member-based organization, South America)

“Autonomy for developing countries to seek their own solution” (Policy advocacy organization, Africa)

“The policies to respect the traditional values and socioeconomic conditions of the countries” (Treatment Organization, Asia)

“Allowances for experimentation by member states of new drug policies within the context of the treaties” (Policy Advocacy Organization, North America)

There were also concerns raised among respondents regarding cannabis legalization in certain areas of the world. Some called upon UNGASS to take leadership to stop this development and to also analyze the effects of the current experimentation.

“Urging leadership in opposition to legalization of marijuana and messaging saying no to drugs generally” (Volunteer organization, North America)

“Addressing the legalization movement as an industry-funded public health threat” (Secular not for profit organization, Europe)

Human rights, women, children, and communities

a. Human rights violations

“How prohibition policy ignores human rights of people suffering dependency.” (Member-based organization, Europe)

“Human rights violations due to current policies and law.” (Health care organization, Africa)

Quite a few respondents simply wrote “human rights” as one of their top priorities with no other detail provided. Many respondents made note of the need to acknowledge the human rights of people who use drugs and to understand that they deserve to be treated with respect. Others went into greater detail that drug users should be entitled to programs to improve their health and wellbeing, access to their basic necessities for livelihood, fair legal trials, proportionate sentences, and freedom from torture or mistreatment.

b. Drug-related issues affecting youth

Many respondents indicated that preparations for the UNGASS should highlight issues which affect youth both directly and indirectly. Some simply wrote “youth” or “children” in their priority areas for UNGASS. Concerns were expressed about the need for children to be protected from criminality and drug influences, whether in their families or in their communities. Many respondents wanted more focus and answers from UNGASS on how to protect children from all use of illicit drugs. A number of youth-serving organizations also spoke of the needs of those who already use drugs- particularly for treatment sensitive to their needs and a voice in the decisions which affect their lives. The following quotes highlight these youth-related concerns:

“How prohibition policy puts our youth in direct danger of dealing with criminals.”
(Member-based organization, Europe)

“Develop guidelines on how to best implement the Rights of the Child to be protected against illicit drugs” (Policy Advocacy Organization, Africa)

“Treatment courses for teenage substance abusers” (Non-profit organization, Europe, Translated from Italian)

“Focusing on children and youths' basic rights to freedom FROM drugs, both use and third-party damage” (Youth advocacy organization, Europe)

c. Drug-related issues affecting women

“The inclusion of gender as a cross-cutting issue” (Non-profit organization, Europe)

“Sexual reproductive health and rights amongst women who used drugs.” (Member-based organization, Asia)

A number of respondents highlighted the impact of drug policies on women who use drugs or women with partners who use drugs. Some simply wrote “women” in their priority areas or “drugs and gender” with no other detail. A few respondents indicated the need for gender-sensitive services for women who use drugs, especially those who may have children.

d. Drug-related issues affecting other marginalized populations

Many traditionally marginalized populations are also disproportionately impacted by drug policies. Respondents highlighted that the UNGASS preparations and the UNGASS events must acknowledge the impact of current policies upon lesbian, gay, bisexual, and transgender (LGBT) individuals, sex workers, older adults, and people with chronic pain and health conditions.

“Bring attention to the fact that older persons are not addressed regarding drugs and health” (Non-profit organization, North America)

“Sex worker safety” (Professional organization, North America)

“Greater promotion of the rights and citizenship of the population of transvestites, transsexuals, and transgender women, given that it is the population that most is murdered worldwide.” (Human rights organization, South America, translated from Portuguese)

“Pay attention to extended palliative care and availability of other medications” (Policy Advocacy Organization, North America)

New challenges, threats and realities in addressing the world drug problem

a. New psychoactive substances (NPS)

A small portion of respondents from parts of Asia and Eastern Europe expressed concerns about the use of new psychoactive substances in their regions and expressed the need for both prevention and treatment services, as well as policies to contain this problem

“Harm reduction in the field of new psychoactive substances” (Treatment organization, Europe)

“We need to think about new formulations that are coming along, and what we can do to minimize the spread of new psychoactive substances.” (Trust organization, Asia)

Some respondents expressed concern for synthetic cannabis as well. There were respondents which simply stated “new drugs” as being among their top priorities for UNGASS. Others expressed concerns about the source of precursor substances and trafficking of these precursors.

b. Diverse views on the Conventions

A range of views were expressed on the current Conventions, with respondents expressing views on the continuum of preservation of the Conventions, to those who wanted to explore reinterpreting or revising the Conventions. The following section highlights some quotes which exemplify the variety of viewpoints on this issue:

“Guidelines on better implementation of the three UN drug conventions.” (Policy advocacy organization, Africa)

“Preservation of drug conventions and commitment to push back against efforts to normalize and legalize drugs.” (Policy Advocacy Organization, North America)

“[We] also expect the UNGASS meeting to address the legalization of cannabis in some states in the US and in Uruguay which is a violation of the conventions. We see the legalization movement as a threat to the future of our youth and expect the international community to firmly take a stand against legalization in line with the three international drug conventions and the UN Action Plan on drugs 2009 – 2019.” (Research institution, Africa)

“Open discussion about the fact that the highest authorities of public international jurisprudence confirm that the three cornerstone UN drug control treaties are open to interpretation and modernisation. Such flexible interpretations and best practices should be evidence based on innovative local, national, and regional strategies. As such they will address urgent public health needs and thereby advance the “health and welfare of mankind,” the stated aim of the Single Convention on Narcotic Drugs.” (Health Advocacy Organization, Asia)

“An acknowledgement that the world is changing and that policies must change with the times and be in line with the evidence that exists currently that did not exist 40 or 50 years ago. The UNGASS preparatory period needs to take into consideration processes for connecting evidence to the debates amongst countries on drug policies.” (Policy Advocacy Organization, North America)

c. Diverse views on recent decriminalization and regulation trends

Some of the respondents indicated concerns about drug policy reform in parts of the world where decriminalization and regulation are taking place. Respondents with this opinion expressed that the Conventions should be upheld, as is, rather than attempts at reinterpretation. Many other respondents who simply wrote “decriminalization” or specified the decriminalization of cannabis or all drugs in their priority areas. Others also mentioned “regulation” or the regulation of cannabis or all drugs in their priority areas.

“Reduce the ‘popularity’ of the so-called ‘legalization’ of marijuana in local states, since it is a fallacy, marijuana will always be illegal as per the Conventions” (Training organization, North America)

“Preserve and make stronger the UN anti-drug conventions” (Advocacy organization, North America)

“decriminalizing substances to keep people out of jail/prison” (Treatment provider, North America)

Alternative development

Respondents spoke to the thematic issue of alternative development and some simply wrote “alternative development” as being a top priority for UNGASS preparation and the event. Those who expanded upon their views about crop eradication and alternative development expressed concerns for farmers and questioned the efficacy of alternative development approaches.

“Support for poor, rural farmers in Africa where international eradication policies destroy lives” (Policy Advocacy Organization, Africa)

“A new policy on illicit crops that does not depend on either eradication or Alternative Development” (Research Institution, Asia)

“There are two vital agendas on the topic of plants and psychoactive substances. I think that growers are underrepresented and that the agenda and discussions on sustainable development do not include the importance of coca in the life cycle of the Andean Region and, till now, the environmental destruction caused by forced eradication (aerial spraying) and on-site destruction of laboratories and chemicals. These considerations do not seem to be included in the preparatory activities.” (Advocacy organization, South America-translated from Spanish)

Meaningfully include other UN agencies in the UNGASS

Several respondents expressed the wish that the UNGASS preparations and event allow for participation from other UN bodies who can provide expertise and guidance throughout the process.

“Inclusion of other UN agencies outside of the UNODC” (Policy Advocacy Organization, North America)

“Inclusion on an equal basis of all UN agencies – primarily UNAIDS, WHO, UNDP, with CND — in the formulation of evidence based drug policies that result in measurable and improved public health and human rights outcomes at the local, national, and regional levels. This procedural priority requires member states to be open to shifting their drug policy focus, including earmarked funding and training, from law enforcement to evidence

based public health priorities, and joint/synergistic training within an overarching public health framework.” (Health Advocacy Organization, Asia)

Concrete outcomes expected from UNGASS 2016

Quite a few noteworthy themes emerged from responses to a question asking which concrete outcomes were expected from UNGASS 2016. Some of the themes include: harm reduction, the use of greater data in decision-making, re-evaluating indicators of policy success, the increased use of a health-based approach, and greater civil society involvement.

“Effectively using comments and experiences of active civil society and governments considerations can lead to making the best policies on drugs control and demand reduction based on the conditions of each region in order to decrease the number of drug users and provide appropriate services for those who are involved in the field of addiction as well as users, provide appropriate methods and approaches for consistent treatment based on new conditions of consumption patterns, set appropriate solutions for essential supports for keeping the related individuals at treatment.” (Non-profit organization, Central Asia/Middle East- translated from Persian)

“[Organization name removed] expects that Member States renew their commitment to work for a drug-free society. We consider the recreational use of drugs as a major threat to the health and development of young people. It is necessary to prevent young people from using drugs. UNGASS should develop specific guidelines on how to better implement article 33 of the Convention on children's rights which stipulates that Member States are obliged to protect children against illicit drugs. The UNGASS meeting is to discuss the lack of treatment in the world and facilitating access to treatment with emphasis on abstinence. [Organization name removed] also expects the UNGASS meeting addresses the issue of the legalization of cannabis in some US States and Uruguay, which is a violation of agreements. The legalization movement is a threat to the future of our youth and we expect the international community to take a strong position against legalization.” (Advocacy organization, Africa)

“Harm reduction language incorporated into relevant international documents; a serious review of drug criminalization and an evidence-based analysis of what strategies work and do not work to address substance use around the world; a comprehensive review of negative health outcomes related to substance use and strategies for addressing them (e.g., overdose, viral hepatitis, HIV, soft tissue infections).” (Health advocacy organization, North America)

“A commitment to putting in place a scientific process that informs future decisions on drug policies and prioritizes the creation of an interdisciplinary independent body to take this work on.” (Policy Advocacy Organization, North America)

“New indicators of policy efficacy beyond drug production, seizures and prevalence.”(Charitable Organization, Europe)

“Regional definitions for resolving dissimilar situations, due to culture, religion and different economic policies.” (Non-profit organization, South America- translated from Spanish)

“To think about the priorities that the UNGASS and members of civil society groups talk about. If a decision is made, countries must follow it; their actions should be monitored. State leaders, non-state actors and civil society activists should participate in the monitoring process.” (Non-profit organization, Russian Federation- translated from Russian)

How to define success and the long-term impact for UNGASS 2016

Respondents provided a wealth of indicators when asked how they would define success after the UNGASS and the long-term impact of the meeting. One noteworthy theme which emerged was that respondents can acknowledge that although consensus may not exist, that this can still lead future productive discussions about major points of disagreements. For other respondents, the inclusion of health and human rights as the cornerstone of international drug policy would mark success. The possibility of revised metrics for drug policy success was also identified as a possible long-term outcome.

“If violations of drug users' human rights decline in the long term; if public health improves, particularly among drug users; and if violence diminishes - both organized crime violence and state violence related to drugs.” (Research organization, North America- translated from Spanish)

“The effects are numerous for us, the progressive decrease in the production, sale and consumption of drugs in the world, the involvement of several organizations of civil society in the fight, several advocacy organizations will lead to state authorities for their involvement in the fight. Mobilizations sessions will be produced throughout the world by organizations of civil society involving all sections of the population in the world.” (Non-profit organization, Africa- translated from French)

“At a minimum: a demand that all countries end human rights abuses carried out in the name of drug control and drug law enforcement. At a middle: strong promotion of harm reduction approaches, including strong support of evidence based treatment such as medication assisted treatment for opioid users. Best case: allowing countries to

decriminalize/legalize drugs and an end to the current scheduling regime". (Professional Organization, North America)

"We define success as the ability to progress relying on truth and hard studies and feedback, to provide another way to treat illnesses and diseases." (Research organization, Middle East)

"Success will be seeing that new UN (and other) voices are brought to the table, that there is an acceptance of the need to prioritize health, development and human rights and a new discourse from Member States. This success will certainly be needed to continue beyond 2016 and work on the new plan of 2019." (Research Institution, South America)

"Success would be in the setting up of a 4th Convention where success would be measured on health and human rights indicators, where the real success would be indicators showing a progress in HIV/HCV impact and other health and social consequences on People who Use drugs. This would imply replacing a repressive approach by a more humane approach. This would also imply a balance in funding of drugs project, with less budget on implementation of repressive approach, and more budget on health projects and respect of human rights." (Health advocacy organization, Africa)

Discussion

This report summarizes the wide array of responses from NGO representatives around the world. The voices of civil society are strong and diverse- reflecting the reality of the many contexts in which they are situated. Civil society is an untapped source of knowledge, resources, passion, and experience to inform policy and practice. The richness of civil society experiences can serve to enhance the UNGASS preparations as well as the event insofar as they are actually given a seat at the table. This can only be done if adequate efforts are made to fund civil society members to actually join UNGASS preparations and events in person, in addition to making all information and documents available in more languages.

Issues relating to drug user health were most salient to survey respondents- particularly access to appropriate prevention strategies (especially for youth), harm reduction, and evidence-based culturally-appropriate treatment. In terms of larger policy issues, civil society expressed consensus and a strong concern about the ongoing use of the death penalty

for drug violations, and the need to increase the availability of essential medications to the world's most vulnerable citizens. It appeared that there was also a consensus regarding the need to develop alternatives to incarceration in the criminal justice system to address the public health problem of addiction as well as secure the principle of proportionality in sentencing in drug related crimes. A majority of the respondents supported some degree of policy experimentation within the Conventions, and concerns about the infringement upon the human rights of people who use drugs.

Respondents spoke extensively about the need for more science and research to be a part of UNGASS preparations and the event itself. Respondents expressed a concern that science and evidence need a larger role in policy-related decision-making at the local, national, and global level.

Strengths of Study

This study had numerous strengths. Notably, it was the first of its kind and was far-reaching. It allowed the CSTF to access voices which may not otherwise be represented at in-person meetings of NGO committees or at UN events. The use of the online modality made it quickly accessible to NGOs around the world while simultaneously making the data collection and analysis much simpler.

An additional strength of the study was that it was translated into a dozen languages to increase the reach of the survey. The design of the study also allowed for richer data collection. The use of open-ended questions encouraged depth and breadth of responses that may have been limited by quantitative questions only

Limitations of Study

The findings of this study should be considered in light of its limitations and relatively low response rate of 37%. First of all, the survey was only open for a limited timeframe of three months. It is possible that the survey may have had more responses if it were open for longer or if was promoted earlier than 2015. It is possible that the survey response rate was limited by the number of languages in which it was available.

Although the online modality may have made it more accessible to some respondents, it is sometimes characterized by lower response rates than face-to-face surveys. There were likely also NGOs with limited or no internet access who could not complete the survey. It should also be noted that a large majority of responses could not be included because numerous individuals simply clicked the link to the site without actually completing any questions- or individuals made multiple attempts at the survey so that duplicate attempts had to be excluded.

Additionally, recruitment for respondents was limited by those who were already part of CSTF online networks and who were UN-affiliated already. There are tens of thousands of NGOs which did not respond to this global survey simply because it would have been impossible to actually distribute it that widely. It is unknown how many NGOs were left out of recruitment.

Respondents with limited literacy in UN language and policy-specific terminology struggled- some had no idea what ‘development’ meant and others didn’t understand the difference between preparations for UNGASS and UNGASS itself. Additionally, respondents who had no knowledge of UNGASS had difficulty completing some in-depth

open-ended questions. It may be helpful to have a separate questionnaire for respondents with limited knowledge if we choose to administer another civil society survey in the future. It would also be beneficial to reconsider language choices to be simpler and clearer for respondents who speak different languages. We may have found that more multiple choice options and prompts could have especially helped to encourage respondent responses since they are easier to answer than open-ended text-based questions.

Another limitations of survey instrument was the order to questions that were asked. Some organizational characteristic questions asked at the end of the survey rather than at the beginning so we lost that data when many respondents stopped answering questions mid-way through the survey. These were situated after a string of in-depth open-ended questions regarding UNGASS which had very low response rates. Some of these types of questions could have been asked in a separate survey because web-based surveys should be as short and brief as possible.

Appendix

Survey Instrument

UNGASS 2016

GLOBAL CIVIL SOCIETY SURVEY

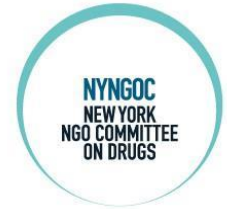
CIVIL SOCIETY TASKFORCE FOR UNGASS

The United Nations General Assembly will hold a **Special Session (UNGASS) on drugs on April 19th -21st, 2016** (UNGASS 2016). This is **the most significant opportunity** to hold a global and in-depth discussion on drugs **in almost 20 years**. The beneficial role civil society can play in the preparation for this meeting has been widely acknowledged by the United Nations.

With the support of the United Nations, the Vienna NGO Committee on Drugs (**VNGOC**) and the New York NGO Committee on Drugs (**NYNGOC**) joined forces to launch the **Civil Society Task Force (CSTF) for the UNGASS 2016**. The CSTF is designed to **secure civil society engagement and coordination** in order to **effectively include NGO voices in the UNGASS**. The VNGOC and the NYNGOC have overseen the **composition of the CSTF**, aiming for an **overall balance** in terms of both **geography and approaches to drug policies and interventions**.

This **UNGASS 2016 Global Civil Society Survey** is designed to provide an **initial assessment** on the **civil society work in the field of drugs**, as well as to measure the **awareness** and level of **knowledge** and **interest** in participating actively at the **UNGASS 2016 initiative** at the regional and global levels. The results will provide an overview of (i) **the work of NGOs active in the drug field**, (ii) **areas of expertise**, (iii) **key priorities and concerns** to be addressed as well as (iv) **best practices**.

Your experience is essential in the UNGASS preparatory process. Please complete the following survey, which **will take no longer than 30 minutes** of your time but provide invaluable information for us to bring to global policy makers at the United Nations for the UNGASS preparation and beyond.



Your responses will be **confidential** and any identifying information is **solely for the CSTF's record** keeping.

On behalf of the CSTF, VNGOC and NYNGOC, we thank you for your participation!

If you have any questions or concerns, please contact info@vngoc.org

SECTION 1 – ORGANIZATION’S CONTACT INFORMATION

The purpose of this section is to make sure that we are able to properly compute results and identify any duplication in survey response.

*Name of Organization:	
Year Founded:	
* Postal Address:	
*City:	
State/Province:	
*Country	
Website:	
*Contact Person:	
Position:	
*Email:	

1. Is this survey respondent the organizations’ headquarters or a branch?

Headquarters **Branch**

2. Is this organization part of an association, consortium or collective? If “Yes,” please indicate the name.

Yes **Association:**

No

3. What is the legal status of your organizations? (Please, select the option that best applies)?

	Secular civil not for profit association
	Affiliate / member of a religious organization
	Welfare institution
	Users or ex-users organization

<input type="checkbox"/>	Volunteer organization
<input type="checkbox"/>	Other - please specify:
<input type="text"/>	

SECTION 2 – UNGASS 2016

The purpose of this section is to identify your organization's general knowledge about UNGASS 2016 as well as expertise, specific interests and engagement level.

***4. Were you aware of the UNGASS 2016 before starting the present survey?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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5. If answered YES to the question above, how did you find out about the UNGASS 2016? Please check all that apply.

<input type="checkbox"/>	UN website
<input type="checkbox"/>	Vienna NGO Committee on Narcotic Drugs (VNGOC) briefing/ mailing list/meetings
<input type="checkbox"/>	New York Committee on Drugs (NYNGOC) briefing/ mailing list/meetings
<input type="checkbox"/>	Partners organization/network
<input type="checkbox"/>	Other - please specify:
<input type="text"/>	

***6. Are you familiar with the following? Please check all that apply.**

<input type="checkbox"/>	UNGASS 2016 website www.ungass2016.org
<input type="checkbox"/>	UNGASS 2016 preparatory meetings
<input type="checkbox"/>	VNGOC http://www.vngoc.org
<input type="checkbox"/>	NYNGOC http://nyngoc.org
<input type="checkbox"/>	Civil Society Task Force for UNGASS 2016 CSTF

***7. Is your organization planning to participate in the preparation/discussions for UNGASS 2016?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

8. If you answered "Yes" to the previous question, how is your organization planning to participate? Please check all that apply.

<input type="checkbox"/>	Attending preparatory meetings
<input type="checkbox"/>	Producing reports
<input type="checkbox"/>	Organizing events
<input type="checkbox"/>	Contributing funds /personnel

CSTF

Other - please specify:

--

- *9. Is your organization part of a network or has your organization its own network that could be called upon to participate in the UNGASS 2016 preparations?**

Yes

No

- *10. Does your organization have experience participating in international drug fora?**

Yes

No

- *11. How do you evaluate civil society inclusion in the UNGASS 2016 preparation so far?**

1= Poor

2= Fair

3= Good

4= Very Good

5= Excellent

--	--	--	--	--

- 12. If you answered 1 or 2 in the previous question, please explain the reason for your evaluation. (Please limit your answer to 200 words)**

--

- *13. Given your organization's expertise, which are your drug-related area(s) of interest? Please check all that apply.**

Drugs and Health

Drugs and Crime

Drugs and Human Rights

Drugs and Development

Drugs, Science and Technology

Drugs and Youth

Drugs and Gender

Other - please specify:

--

UNGASS preparation

- *14. What do you expect in terms of civil society participation in the UNGASS 2016 preparation?**

Civil Society Inclusion

Invitation to preparatory meeting

Consultation on Thematic Areas

Other - please specify:

--

***15. What are the top 3 priorities you believe should be addressed in the UNGASS 2016 preparation?**

1 -

--

2 -

--

3 -

--

UNGASS 2016 event (April 19-21 in New York)

***16. What do you expect in terms of civil society participation in the UNGASS 2016 event itself?**

Opportunity to be speaker at the UNGASS event

Possibility to host side events

Invitation to moderate some of the session/panel

Possibility to have a table display

Opportunity to have NGO dedicated space

Possibility to deliver written and oral statement

Other - please specify:

--

***17. What are the top 3 priorities you believe should be addressed in the UNGASS 2016 event itself?**

1 -

--

2 -

--

3 -

- *18. What concrete outcomes do you expect from UNGASS 2016? (Please limit your answer to 200 words)**

- *19. How would you define success and long-term impact for UNGAS 2016? (Please limit your answer to 200 words)**

SECTION 3 – ORGANIZATION BACKGROUND

The purpose of this section is to collect information that will allow us to better map the resources and capabilities of different organizations working in the field of drugs.

- *20. What is the nature of your organization's activities? Please check all that apply.**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Primary Prevention**
- Treatment and/or Rehabilitation**
- Public Health**
- Human Rights**
- Harm Reduction**
- Education/Training**
- Development**
- Social Justice**
- Advocacy/Public Policy**
- Academia/Research**
- Other - please specify:**

- *21. What are your organization's top 3 activities?**

1 -

2 -

3 -

***22. What is your organization primary geographical reach?**

<input type="checkbox"/>	Local level (your own town, province or state where applicable)
<input type="checkbox"/>	National level
<input type="checkbox"/>	Regional level (operating in more than 2 countries in your continent)
<input type="checkbox"/>	Global level

23. Does your organization have contact with

a) UNODC Headquarters in Vienna?

Yes

No

b) UNODC field and regional offices?

<input type="checkbox"/>	Yes	Office Location:	<input type="text"/>
<input type="checkbox"/>	No		

c) UN Headquarters in New York?

Yes No

d) UN Headquarters around the world?

<input type="checkbox"/>	Yes	Location:	<input type="text"/>
<input type="checkbox"/>	No		

e) Any UN Agency, Fund or Program?

	Yes	Agency, Fund or Program:	
	No		

- 24. Has your organization ever been involved in a project with any of this bodies? If “Yes,” please indicate if the project was with the headquarters or a regional office.**

	Yes	Office Location and geographical level:	
	No		

- 25. If you answered “Yes” to the above question, please provide the following information the project(s).**

Years of implementation/time period	Name of the project	Area/s of work	Location (Place and country)	UN Partner Office

Table 1 Survey Completion Rate

Language	Completions*	Attempts	Completion Rate
Arabic	5	29	17.2%
Chinese	0	6	**
English	774	1782	43%
French	68	286	23.8%
Italian	10	42	23.8%
Persian	38	215	17.7%
Portuguese	16	50	32%
Russian	36	190	18.9%
Spanish	273	706	38.7%
Turkish	13	57	22.8%
Vietnamese	41	88	46.6%
TOTAL	1,274	3,451	37.0%

*At least 40% of survey questions completed

**Due to no complete surveys in Chinese, this survey only summarizes the responses of respondents in 10 language translations of the survey

Table 2 Respondent Characteristics

	Arabic	English	French	Italian	Persian	Portuguese	Russian	Spanish	Turkish	Vietnamese	TOTAL
Respondent's NGO site											
Headquarters	5	661	55	10	31	15	29	238	13	32	1,089
Branch	-	84	10	-	2	1	5	21	-	10	133
Part of an association/collective	5	275	49	6	8	11	25	120	6	29	534
NGO legal status											
Secular civil non-for-profit	2	469	42	6	7	11	18	204	4	13	776
Religious organization	-	14	-	-	-	-	-	8	1	1	24
Welfare institution	-	16	3	-	-	-	4	10	1	0	34
Users/Ex-users organization	1	46	5	-	1	1	8	5	2	15	84
Volunteer organization	2	73	1	-	8	1	1	3	3	9	101
Other	-	143	15	4	15	2	5	37	1	4	226
NGO's area (s) of interest											
Drugs and Health	4	571	62	8	31	16	25	198	7	18	940
Drugs and Crime	2	351	23	2	10	6	10	72	4	10	490
Drugs and Human Rights	4	446	40	7	15	11	22	180	5	22	752
Drugs and Development	2	228	21	2	12	2	10	102	1	9	389
Drugs, Science, & Technology	1	126	14	1	8	3	4	63	1	6	227
Drugs and Youth	2	428	50	8	30	10	20	202	9	18	777
Drugs and Gender	2	278	28	3	19	11	15	141	1	16	514
Other	-	148	11	4	10	5	6	66	2	2	254
Nature of NGO's Activities											
Primary Prevention	2	254	44	7	20	8	13	127	6	11	492
Treatment or Rehabilitation	2	167	20	7	16	4	13	117	3	6	355
Public Health	1	264	30	4	11	11	10	62	3	7	403
Human Rights	2	269	21	7	9	12	12	118	3	8	461
Harm Reduction	2	269	33	2	20	13	12	91	3	16	461
Education/Training	2	349	40	7	24	11	17	143	6	16	615
Development	2	144	8	1	6	4	6	58	0	9	238
Social Justice	1	203	16	3	9	8	6	58	3	6	313
Advocacy/Public Policy	2	363	27	4	10	9	12	95	3	13	538
Academia/Research	2	158	17	4	13	8	6	91	4	1	304

Other	1	74	7	2	2	2	3	24	2	-	117
NGO's geographic reach											
Local level	4	164	17	-	19	4	14	67	3	15	307
National level	-	246	31	3	7	12	6	109	6	3	423
Regional level	-	41	2	3	-	-	6	30	-	-	82
Global level	-	67	5	3	1	-	-	10	1	-	87
NGO contact with:											
UNODC in Vienna	1	159	12	6	3	2	6	22	2	3	216
UNODC field/regional offices	2	148	11	7	18	7	8	59	2	3	265
UN in New York	-	79	3	3	2	3	1	25	-	-	116
UN headquarters elsewhere	1	82	6	1	5	2	4	28	-	-	129
Any UN agency, fund, program	2	156	7	1	7	2	10	77	1	-	263
Involvement in a UN project?	1	120	9	1	12	3	7	58	-	9	220

Table 3 UNGASS-related Knowledge

	Arabic	English	French	Italian	Persian	Portuguese	Russian	Spanish	Turkish	Vietnamese	TOTAL
Aware of UNGASS prior to survey?											
Yes	1	560	46	7	16	11	20	192	5	22	880
No	4	211	22	3	22	5	16	79	8	10	380
How did you hear about UNGASS?											
UN website	1	151	10	2	6	2	5	60	1	6	244
Vienna NGO Committee	1	192	7	2	8	4	2	45	1	8	270
New York NGO Committee	-	88	1	1	5	3	-	26	0	2	126
Partner organization/ network	1	363	27	3	14	9	14	153	7	18	609
Other	-	148	16	3	8	1	5	43	0	2	226
Familiarity with:											
UNGASS website	1	437	31	6	10	8	9	128	3	6	639
UNGASS preparatory mtgs	1	301	10	3	5	4	6	77	3	7	417
Vienna NGO Comm website	-	303	20	4	9	3	9	48	1	4	401
New York NGO Comm website	-	226	9	1	5	4	9	49	1	0	304
Civil Society Task Force	-	300	11	3	12	6	8	86	2	21	449
None of the above	4	245	28	4	17	6	14	105	6	8	437

Table 4 UNGASS Preparations

	Arabic	English	French	Italian	Persian	Portuguese	Russian	Spanish	Turkish	Vietnamese	TOTAL
Participation in UNGASS preparations?											
Yes	5	496	48	8	14	11	26	190	9	23	830
No	-	277	20	2	24	5	10	82	4	8	432
If participating in preparation, how?											
Attending preparatory mtgs	4	351	31	7	9	9	15	119	6	20	571
Producing reports	2	208	22	6	11	5	5	76	4	13	352
Organizing events	3	218	19	3	4	6	11	61	2	9	336
Contributing funds/personnel	-	78	4	0	0	2	2	7	0	4	97
Civil Society Task Force	2	103	15	6	4	4	11	45	8	1	199
Other	-	115	9	1	3	3	9	51	0	1	192
Can we call for your help in preparations for UNGASS?											
Yes	3	560	56	6	13	15	23	229	5	29	939
No	2	211	12	4	25	1	13	42	9	3	322
How would evaluate civil society involvement in UNGASS preparations so far?											
Excellent	-	52	5	-	6	-	1	8	-	0	72
Very good	1	95	2	-	4	1	3	25	1	11	143
Good	3	312	24	8	18	5	15	135	7	12	539
Fair	-	150	10	2	7	7	9	56	3	2	246
Poor	1	60	26	-	3	3	7	35	-	1	136
What do you expect for civil society participation in UNGASS preparations?											
Civil Society Inclusion	2	312	26	3	8	10	18	131	7	4	521
Invitation to preparatory meetings	2	146	23	4	10	5	10	59	4	16	279
Consultation on Thematic Area	1	153	17	3	14	1	2	48	-	6	245
Other	-	64	2	-	6	-	5	24	-	-	101

Table 5 UNGASS Event

	Arabic	English	French	Italian	Persian	Portuguese	Russian	Spanish	Turkish	Vietnamese	TOTAL
What do you expect for civil society participation in UNGASS event itself?											
Opportunity to be speaker	2	315	30	8	10	9	10	119	1	7	511
Possibility to host side event	2	251	18	4	6	7	8	74	2	8	380
Moderate a session/panel	3	242	22	2	11	3	6	66	2	5	362
Have a table display	2	218	14	3	3	4	6	52	2	5	309
Have NGO-dedicated space	4	320	27	3	22	11	7	162	9	9	574
Deliver written/oral statement	1	380	34	7	13	10	15	117	7	12	596
Other	-	77	9	-	2	2	6	25	-	2	123

Figure 1 Countries Represented by Arabic Survey Data



Figure 2 Countries Represented by English Survey Data

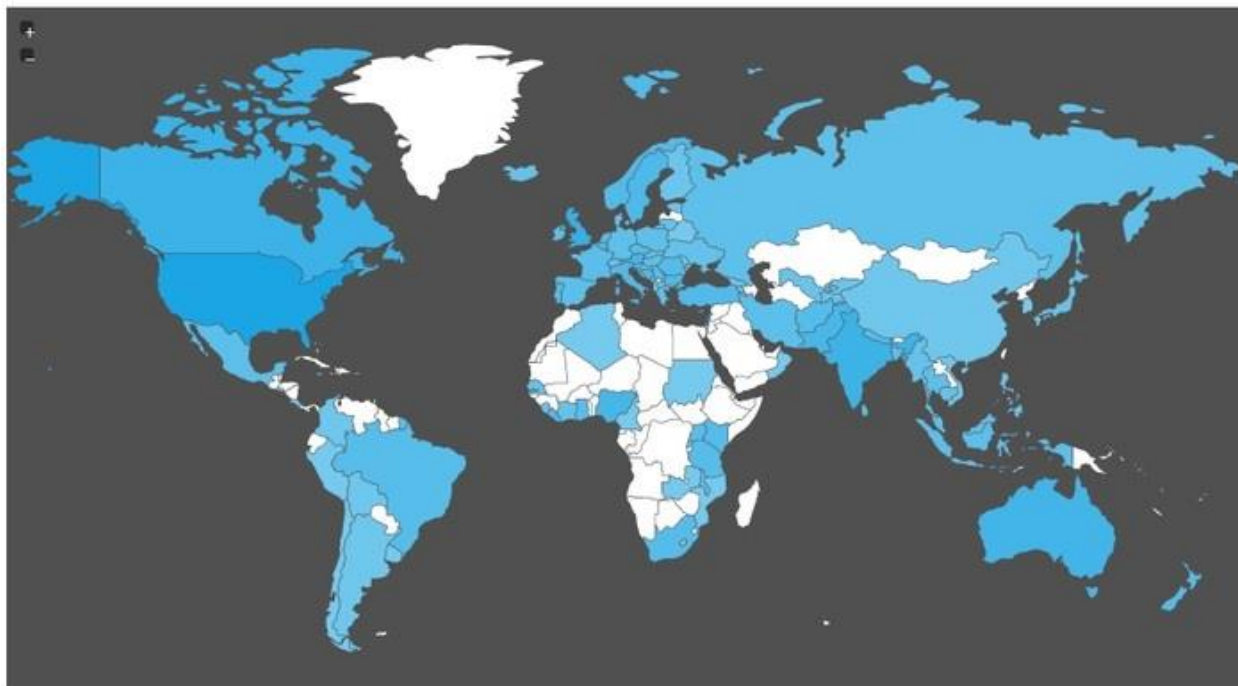


Figure 3 Countries Represented by French Survey Data



Figure 4 Countries Represented by Italian Survey Data



Figure 5 Countries Represented by Persian Survey Data



Figure 6 Countries Represented by Portuguese Survey Data



Figure 7 Countries Represented by Russian Survey Data



Figure 8 Countries Represented by Spanish Survey Data



Figure 9 Countries Represented by Turkish Survey Data



Figure 10 Countries Represented by Vietnamese Survey Data

