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Item 3 of the provisional agenda*
Drug demand reduction
Thematic debate on the follow-up to the twentieth special session of the General Assembly: general overview and progress achieved by Governments in meeting the goals and targets for the years 2003 and 2008 set out in the Political Declaration adopted by the Assembly at its twentieth special session

"BEYOND 2008" - 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**

Contents

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* E/CN.7/2005/1

** This document has not been edited.

I. INTRODUCTION

1. The Political Declaration and Action Plans adopted by the 20th United Nations General Assembly Special Session committed Member States to a set of ambitious targets in response to drug-related problems and a review of achievement 10 years after their adoption. Apart from the Member States' commitments and pledges adopted on June 10, 1998, the General Assembly, directly or indirectly, called upon non-governmental organisations (NGOs) to work closely with governments and others in assessing the drug problem, identifying viable solutions and implementing appropriate policies and programmes. Resolution 49/2 of the 49th session of the Commission on Narcotic Drugs called for an increased participation by NGO representatives for the tenth anniversary of the twentieth special session of the General Assembly. The active engagement of NGOs and civil society was requested based on the recognition that they were key partners in raising awareness, prevention, treatment, rehabilitation and social re-integration. The present report is intended to provide an interim update on an initiative, entitled "Beyond 2008" designed to contribute the NGO perspective to the review and period of reflection. The NGO Forum during the 51st Session of the Commission[1] will provide more detailed feedback from regional consultations which have been undertaken. . A final and complete report will be available later in 2008 following a global NGO forum to be held in Vienna in July.

2. Beyond 2008 is a project of the Vienna NGO Committee on Narcotic Drugs (VNGOC) which was originally established in 1983 to provide a link between NGO's, the United Nations Office on Drugs and Crime (UNODC) and the Commission on Narcotic Drugs (CND). The objective of the Committee is to support the work of the UNODC, provide information on NGO activities and involve a wide sector of civil society in raising awareness of global drug policies. The Committee has a long history of contributing to international efforts aimed at responding effectively to drug-related problems. It has held three NGO World Forums on Drug Misuse[2] and actively participated in the 1987 International Conference on Drug Abuse and Illicit Trafficking (ICDAIT), the World Ministerial Conference on Drug Demand Reduction and the Cocaine Threat (1990), the United Nations General Assembly Debate on the World Drug Problem (1993) and the United Nations General Assembly 20th Special Session (1998). Additionally, it has contributed to the work of the Commission on Narcotic Drugs, held an annual forum during the meeting of the CND and has worked closely with UNODC.

3. In response to the call from the General Assembly for the active engagement of NGOs in the follow-up to the UNGASS, the VNGOC, in consultation with its sister NGO Committee in New York, proposed a process for collecting data and experience from NGOs globally to complement the data and information received from governments, UNODC field offices and other international organisations. This initiative entitled "Beyond 2008" was welcomed by UNODC, providing as it did a means of fulfilling the request for greater NGO involvement made in Resolution 49/2. Subsequently a Memorandum of Understanding between the VNGOC and UNODC was signed, establishing a partnership to implement the project with financial support from the European Commission, Canada, Hungary, Italy, Sweden and the United Kingdom. Support was also received from a number of NGOs and from foundations and business.

II. OBJECTIVES AND PROCEDURES

A. Objectives

4. Aware that there are many different approaches to drug misuse and drug-related problems and that different strategies had been adopted around the world, Beyond 2008 is focussed on mining areas of agreement,and on identifying means of strengthening capacity to respond effectively. To this end it set three objectives:

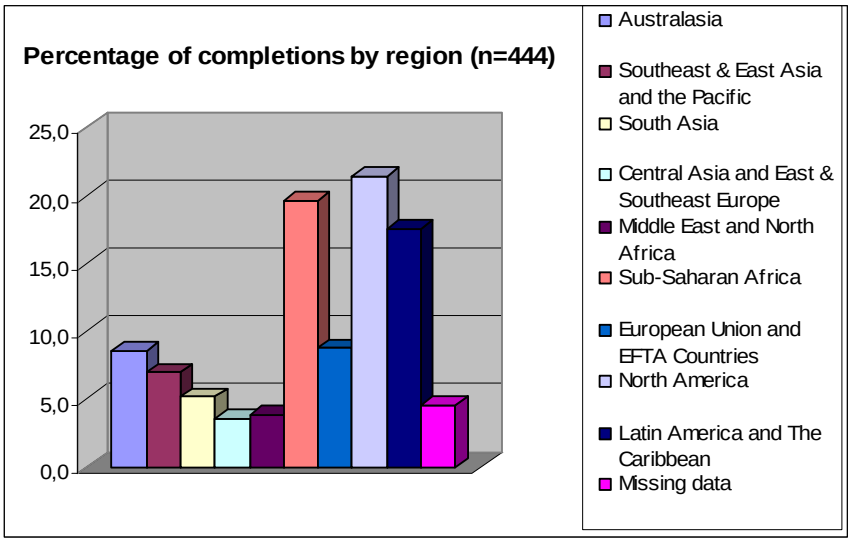
[1] "Not so silent partners" – NGO contribution to the 1998 UNGASS targets. Wednesday, 12 March, Conference Room 1, 2nd Floor, C Building starting at 9.30 am

[2] Stockholm, Sweden (1986), Vienna, Austria (1987), Bangkok, Thaliand (1994)

a. to highlight tangible NGO achievements in the field of drug control, with particular emphasis on contributions to the 1998 UNGASS Action Plan such as achievement in policy, community engagement, prevention, treatment, rehabilitation and social-reintegration.
b. to review best practices related to collaboration mechanisms among NGOs, governments and UN agencies in various fields of endeavour and propose new and/or improved ways of working with the UNODC and CND
c. to adopt a series of high order principles, drawn from the Conventions and their commentaries that would be tabled with the UNODC and CND for their consideration and serve as a guide for future deliberations on drug policy matters

B. Procedures

5. For the first objective, the Biennial Reporting Questionnaire was adapted for NGO use. The NGO Questionnaire collected data on the organisation and changes in the period between 1998 and 2006. It also sought information on NGO involvement in the development, monitoring and evaluation of national plans/strategies; in alternative development; in responding to amphetamine like stimulants; in the development, monitoring, evaluation and implementation of drug demand strategies and services, and; in national and international co-operation. The questionnaire was translated into the six official languages and made available for completion on line. Hard copies were also available and translation into some local languages was also undertaken[3]. To date some 444 fully completed questionnaires have been received and some 600 questionnaires have been partially completed.



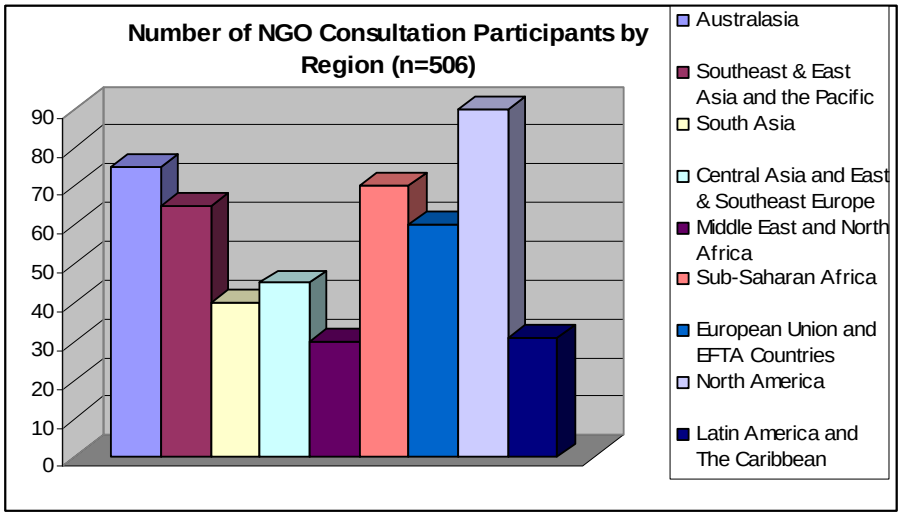
6. For the second objective, a major review of the procedures adopted by different UN organisations was undertaken, as well as of the arrangements adopted by some regional organisations. A survey of international NGOs in consultative status with ECOSOC was also undertaken to obtain information about their experience of what worked well and what worked less well in their relationship with the UN and UNODC and CND in particular. From the review and survey a briefing paper was prepared as the basis for consultation with NGOs around the world.

7. For the third objective, an academic review of the three international drug control conventions and related international instruments and of the key international bodies responsible under these conventions was commissioned. The resulting document was peer reviewed. The final document was used as a basic document for subsequent consultations with NGOs around the world.

8. To consult a representative sample of NGOs globally the world was divided into nine regions[4] and lead organizations were selected to organize and host regional consultations. The lead organizations were selected from nominations received from a number of international organizations and from UNODC and sought to include organizations with different approaches to drug control. A list of the Regional Lead

[3] for instance, into Thai and Indonesian
[4] Australasia, East and Southeast Europe and Central Asia, Latin America and the Caribbean, North Africa and the Middle East, North America, South Asia, Southeast and East Asia and the Pacific, Sub-Saharan Africa, Western Europe

Organisations and the dates and locations of the regional consultations is attached as Annex A. The Regional Lead Organisations, support by a representative of the VNGOC, used a set of agreed criteria to identify a representative sample of NGOs from their region to participate in the consultation. In total over 500 NGOs took part in the regional consultations.



9. Each regional consultation had the same background documents and agenda to assist in comparable data being generated. For each of the objectives a set of questions was provided with the goal of producing qualitative data which could complement the quantitative data collected through the on-line questionnaire. A copy of the Consultation working papers and questions posed can be found on the VNGOC web site (www.vngoc.org).

10. With the completion of 13 consultations in 9 regions of the world, this interim summary is being prepared for the information of the CND. This report is not meant to provide an exhaustive account of all findings but rather to outline in macro terms, the early themese emerging from the discussion. The cumulative reports will be synthesized into three resolutions (one per objective) and form the basis for discussion by the 300 NGO's attending Vienna in July 2008. The final adopted resolutions will then be forwarded to the CND for its review and consideration as it prepares for the High Level Segment of the 52nd Session of the Commission.

C. Data analysis and qualifications

11. The NGO Questionnaire, based on the Biennial Reporting Questionnaire, has many of the same analytical problems. The questionnaire is neither sufficiently quantitative nor sufficiently qualitative in its design to provide sophisticated analysis of the situation. Rather, it is indicative of trends and of areas where further examination might be warranted. To resolve some of these problems a number of specific quantative questions were introduced into the NGO questionnaire. However, these questions were added after a significant number of organisations had completed the questionnaire and the replies still significantly under-represent the level of activity of NGOs.

12. A second and specific analytical problem for the NGO Questionnaire is that it is not possible to say how representative it is of the NGO community as a whole. An open invitation to complete the questionnaire was issued and all organisations participating in the regional consultations were required to complete the questionnaire. In so far as it was possible to achieve a balanced representation at the regional consultations this arrangement provided some slight control. However, there is no data on the total number of NGOs directly involved in projects or programmes to tackle drug-related problems around the world. In consequence it is not possible to claim with any high degree of confidence that the data collected is fully representative.

13. Unlike the BRQ it was not possible to undertake a repeat survey to monitor changes. Resources were not available to permit this. In consequence NGOs were asked to compare the situation in 2006 with the situation in 1998. The end date of 2006 was chosen at a time when no decision had been taken on when and how achievements since the 1998 UNGASS would be reviewed. It allowed the Questionnaire to be placed on-line in 2007 and be available for completion up to mid-February, 2008.

14. A further analytical complexity is that not all relevant questions were answered. In some instances this was an expected consequence as supplementary questions would not be answered dependent on the answer to the main question. In other instances a reply was expected but was not received and it is not possible to say if this was because the answer was not known or was not seen as relevant to the respondent.

15. The Regional Consultations were designed to provide a balanced representation of NGO activities and approaches in each region. To this extent they were intended to compliment and supplement the data collected through the Questionnaire. Because they also brought together NGO network organisations they were able to collect substantial information and experience from a larger sample of NGOs than was directly present at the consultations. Information from the regional consultation reports has been used to supplement and expand on the data collected through the NGO Questionnaire[5]

16. Although there are important qualifications about the data, it is also the case that this is the first occasion where serious effort has been made to collect and analyse NGO contribution to the global effort.

III ANALYSIS OF DATA AND REPORTS FROM NON-GOVERNMENTAL ORGANISATIONS AND NETWORKS

OBJECTIVE 1

A Involvement with National Drug Control Strategies

17. 37% of NGOs reported having been consulted or involved at some point in the preparation of a national drug strategy. There were significantly fewer NGOs involved in the monitoring or evaluation arrangements, where these existed. 60% reported that there was a monitoring system in place and 49% that there was an evaluation system. However, 24% of respondents did not know if there was a monitoring system in place for the national strategy and 33% did not know if there was an evaluation system in place. For those NGOs reporting involvement in the monitoring or evaluation systems for the national drug strategy, 33% reported that NGOs provided epidemiological data and completed monitoring questionnaires, whilst 40% reported that NGOs were represented on the monitoring group and 32% reported that NGOs were invited to comment and respond to the monitoring report. The data for NGO involvement in national drug strategy evaluation procedures was similar with a slightly lower percentage reporting NGO involvement.

18. In addition to national drug strategies many countries had local drug strategies developed at a city, state, county or regional level. As with national drug strategies there was NGO involvement in the preparation or finalisation of the strategies and also in the monitoring and evaluation procedures adopted for these sub-national strategies. Whilst 45% of respondents reported NGO consultation or involvement in the development of local strategies, there was a relatively low level of monitoring and evaluation of these strategies, with only 17% of NGOs reporting that there was systematic monitoring of the strategy and 15% reporting an evaluation system for the strategy. Where there were monitoring and evaluation systems in place for local drug strategies NGO involvement was very similar to that for national strategies.

19. To obtain feedback from NGOs on the impact of the national strategy adopted in their country, they were asked to rate the extent to which the strategies had contributed to a reduction in drug use and drug-related problems over the last 10 years. 40% reported that the strategy had contributed "to some extent" in achieving that objective, with 16% reporting it had contributed substantially and 22% reporting "not a lot" or "not at all". 14% of respondents noted that drug misuse had actually increased in their country in the period under review and 8% noted that there was no national or local strategies in place which could contribute to these goals of reducing drug use and drug-related problems.

[5] At the time of preparing this paper the reports from the regional consultations in Macau S.A.R. (China), Dhaka (Bangladesh), Vancouver (Canada) and Wellington (New Zealand) were not yet available.

20. We also sought information from NGOs on what they saw as the strengths and weaknesses of the drug strategies in place in their country. There was considerable praise for the identification of specific target groups (50%), the assessment of the drug prolems to be tackled (47%), for the clear statement of policy and objectives (39.5%) and for the consultation process in preparation of the strategy (37%). Less satisfaction was expressed about clear allocation of responsibilities for action (17%) and for adaptability to changing needs (16%) and, as has already been noted, there was disappointment at the lack of systematic monitoring and evaluation procedures. Weaknesses identified were a failure to allocate the level of resources required to implement the strategy (60%), a lack of coordination between key players (57.5%), a failure to involve key target groups in implementation having identified them as key target groups (41%) and the lack of monitoring/evaluation procedures and adaptability in the strategy. There was also some concern that there was still an over-focus on drug supply reduction (30%) but with few measurable targets established for drug supply reduction.

B. Involvement with Alternative Development

21. 59% of respondents reported that they were based in or undertaking projects in a country where illicit drug crops were grown. The crops involved included opium poppy, coca leaf and cannabis. 40% of respondents were aware of a national plan or programme aimed at reducing and eventually eliminating illicit drug crops but almost a quarter (23.2%) did not know if such a plan or programme was in place. 45% of respondents operating in countries where a national plan was in place reported that NGOs had been consulted in the development of the plan. It was noted at several regional consultations that NGOs concerned with development and local peasant or community organisations were more likely to be consulted than NGOs with a primary focus on drugs.

22. Although there was, in many cases, consultation with NGOs in the preparation of national plans, it was reported that NGOs were much less likely to be involved in the monitoring or evaluation of these plans. The reason for this is not clear and again this may be a result of the questionnaire being completed by drug-related rather than development NGOs.

23. 45 respondents stated that they carried out alternative development projects whilst a further 78 took into consideration the impact (intended or unintended) their project(s) might have on economic activity related to illicit drug cultivation. Together they reported that in 2006 their alternative development projects reached over 72,000 households. Funding for alternative development projects came from a variety of sources, with 36% from outside the country (intergovernmental agencies and other governments), 31% from governmental sources within the country (national or local) and 33% from grants and donations from private industry, foundations and public donations. The most common types of project were concerned with community development (60%) and the provision of basic or more advanced education (49%). NGOs were also active in capacity building for local organisations (36%), development of and support for primary health care programmes (34%) and development of training for new employment opportunities (34%). Emphasising the grass-root nature of NGO work, the most common partners for alternative development projects were local community organisations (54.5%), local NGOs (40%), local government (33%). National government and national NGOs were also commonly involved although more frequently this involvement was in a support role rather than as a direct implementor. Perhaps surprisingly organisations of indigenous peoples were reported as partners by only 29% of those organisations implementing alternative development projects.

24. Where organisations reported that they took into consideration the impact their project(s) might have on economic activity related to illicit drug cultivation, the most common impact measurements used were “descrease/increase in criminal activity” (62%), “increase/decrease in the number of people involved in education/training programmes” (60%) and “increase/decrease in the number of community/social support organisations” (52%).

25. As with national drug strategies, we asked respondents to identify strengths and weakenesses in national plans/programmes to reduce and eventually eliminate illicit drug crop cultivation. There was less satisfaction with national plans in the area of alternative development. 39% identified assessment of the problems to be addressed and 35.5% the involvement of all key authorities / organisations as strengths. However, no other item of the 13 listed as strengths received more than 25% support from respondents. The weaknesses identified included a focus on short-term goals (49%), lack of consultation in preparation of the plan (45%), lack of resources to implement the plan (43%) and unclear statement of policy and objectives (39%).

26. The data collected through the questionnaire was subsequently confirmed at the regional consultations. There was recognition that there had been some successful interventions but that there were also significant limitations. One example offered of a successful intervention was the project carried out by the San Patrignano Foundation in collaboration with UNODC to create an international network of farmers who have abandoned illicit crop cultivation and 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. The basis of their effectiveness appeared to rest on a structured assessment of needs, use of an already tested theoretical model and clearly established objectives and beneficiaries. These factors were important because lack of incentives to promote sustainability seemed to have little impact on short term success but undermined sustainability. It was also observed that alternative development programmes needed to be viewed as long term projects whilst they created new income opportunities and developed market outlets. NGO engagement was important for developing complementary social programmes which could support the long term sustainability of alternative development.

27. A particular limitation noted was the lack of security available for people involved with alternative development. Many NGOs noted that there had been increasing threats made against their staff from drug trafficking and organised crime groups. .

C Amphetamine Type Substances

28. Much of NGO activity concerned with responding to the availability of amphetamine type substances is undertaken under the broader remit of drug demand reduction activities. However, just over half (51%) of NGOs reported that they had been actively involved in awareness raising measures about such substances. The main target groups were young people in general (84%), the general public (77%), the school population (72%) and identified at risk groups (69%). Other major target groups were parents (62%), youth organizations (59%), health service personnel (54%) and education service personnel (46%).

29. Of the 307 NGOs reporting that they were involved in drug demand reduction activities specifically focused on amphetamine type stimulants, the vast majority reported prevention programmes as the main activity (73%). 29% provided treatment services specifically for this drug misusing population whilst 28% provided specialised rehabilitation and/or after care services and 37% provided services to reduce the adverse health and social consequences of amphetamine type substance misuse. The specific nature of the activities undertaken related to amphetamine misuse could not be collected through the on-line questionnaire and this issue was not specifically addressed at the regional consultations. In consequence no more qualitative analysis is available. However, NGO respondents were asked to provide a bibliography of evaluation and monitoring reports which have been published relating to their work. It is intended that the complete bibliography, consisting largely of 'grey' literature, be prepared and will be made available to UNODC and published on the VNGOC web site.

30. In terms of monitoring trends in drug misuse and amphetamine type stimulants, only 41.5% of NGOs (n = 386) reported that they maintained records of the drug use of people contacting them for assistance. An even smaller percentage of NGOs, 33.6% reported that they contributed to any national data collection system. In many cases this was because there was no established national data collection system available to collect data. However, the evidence suggests that NGOs themselves and

governmental authorities are still not drawing fully on the available sources of data from which national and more local strategies and programmes might more effectively be developed.

D Involvement in Drug Demand Reduction

31. Drug demand reduction is a primary area of activity for NGOs and in many parts of the world they are the primary providers of these services. In fact there is concern in some regions that reliance on NGO provision of services has led to the impression that national governments have abandoned their social responsibilities for this issue.

32. The NGO Questionnaire sought information about NGO involvement in the development, implementation monitoring and evaluation of national and local drug demand reduction strategies. It also sought information on the demand reduction activities of NGOs, whether they undertook systematic evaluation of their projects, whether monitoring and quality improvement procedures were in place and on monitoring and evaluation reports which had been published. The regional consultations sought more qualitative information from the participants on key issues.

33. Almost three-quarters of respondents (72.5%, n=396) reported that a national drug demand reduction strategy or action plan was in place and 60% reported that there were sub-national strategies in place. 32% of respondents were consulted or involved in preparation of the national strategy and 40% were consulted or involved in preparation of a sub-national strategy. This is a lower level of engagement than with national drug strategies. The difference is largely explained because in many cases the drug demand reduction strategy was part of the overall drug strategy and not a separate plan.

34. A majority of national plans are reported to have monitoring and evaluation systems with 66% of respondents involved in the monitoring system and 64% in the evaluation system. The most common involvement was through provision of epidemiological data and the completion of monitoring questionnaires. However, just over half of respondents reported that NGOs were represented on the monitoring group and evaluation groups – representation was slightly higher on the evaluation groups than on the monitoring groups and 55% reported that they were asked to comment on the monitoring and evaluation reports.

35. In reply to the request for respondents to identify the strengths in drug demand reduction strategies or action plans, 52.5% noted the presence of identified target groups, 49% the assessment of the drug problems to be tackled and 37.5% the clear statement of policy and objectives and 34.5% the consultation process in the preparation of the strategy. In terms of weaknesses, the lack of adequate resources fully to implement the strategy (61%) and inadequate coordination between key players (54%) were of particular concern, followed by the failure to involve key target groups in implementation (45%) and the lack of systematic monitoring (40%).

36. Some 60% (n=391) reported that they contributed information to a national or sub-national system for monitoring and assessing levels of drug misuse. These systems were seen as important in permitting identification of changing needs. However, very few respondents observed any flexibility in the drug demand reduction strategies with the consequence that although new needs might be identified, there was no preventive response to these needs. Rather, the response was at a later stage, often when the situation had become significantly more problematic.

37. In terms of their own organisation, it is also true that many NGOs did not have procedures in place to report on their work, to systematically evaluate their activities or to monitor and improve the quality of their drug demand reduction projects. 61.4% of respondents published an annual report containing statistical and financial information on their work. 49% systematically evaluated their activities in drug demand reduction whilst 53% reported that they had systems in place to monitor and improve the quality of the service which they provided. At the regional consultations it became clear that an important factor undermining systematic evaluation and monitoring was financial. Project funding systems usually required an outcome report but provided no guidelines or assistance in carrying out

monitoring and evaluation. Moreover, submitted reports were rarely made publicly available with the result that considerable experience was lost to the public domain and could not contribute to a learning process in drug demand reduction activities. Service funding systems, on the other hand, often required the lowest possible administrative costs and neither permitted nor required monitoring and evaluation.

38. Respondents were asked to provide information about the specific drug demand reduction services which they provided using the same categories as for the BRQ. One specific modification which was introduced, after the questionnaire had already been issued and only applicable to the on line version, was to ask for the numbers reached. Of the 320 organisations providing primary prevention services, only 137 (43%) were thus able to provide numbers. They reported that in 1998 their prevention programmes reached some 691,500 people. In 2006 their prevention programmes reached some 1.1 million people, an increase in the period of just under 59%. Although 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.

39. Most primary prevention work was undertaken in school and educational settings and the number of organisations active rose between 1998 and 2006. There was also an increase of almost 50% in the provision of primary prevention in leisure and recreational settings and a smaller, but important, increase in the provision of primary prevention in recreational settings. Prevention in the work setting was less common, except for the provision of information and education. In summary, between 1998 and 2006 the number of organisations providing primary prevention in school settings rose by 29% and the number of people reached rose by 62.5%; the number of organisations providing workplace prevention rose by 23% and the number of people reached rose by 48%; the number of organisations providing prevention in leisure/recreational settings rose by 42% and the number of people reached rose by 57%; the number of organisations providing prevention in prison/correctional settings rose by 22% and the number of people reached rose by 64%.

40. Although NGOs were important providers of prevention programmes, there was concern expressed at all the regional consultations that an inbalance was developing within national drug demand strategies with insufficient attention and support being given to prevention aimed at reducing the likeliehood of someone engaging in drug misuse or progressing into more regular drug misuse. This unwelcome development appeared to have resulted from resource allocation, especially but not only, from extra-national sources. In many regions of the world project funds had been made available, for example, to eradicate illicit drug crops, to support alternative development or to contain the spread of infectious diseases. These funds far outweighed the national resources available and seemed to unconsciously undermine balanced strategies to contain and reduce the availability and misuse of controlled drugs.

41. Of 365 organisations 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.

42. Data was not available on the number of people receiving treatment and/or rehabilitation services. However, all regions reported that there had been some improvement in the availability of these services between 1998 and 2006 although 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.

43. At many of the regional consultations there was concern expressed that the lack of coordination between key players and unnecessarily strict legislation could often have a direct and negative impact on the provision of treatment and rehabilitation services and on the overall effectiveness of drug demand reduction. Examples included: local law enforcement services detaining clients of services with a

consequence that the clients were disinclined to return to the service; courts using imprisonment, where no treatment or rehabilitation was available, rather than the legal provisions of treatment and rehabilitation as an alternative; the non-availability of drugs for substitution treatment although on the essential medicines list of the World Health Organisation.

44. 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%). Condom distribution was provided by 41.8% and infections testing and counselling by 39.1%. These levels of provision were reflected in the perceived changes in the availability of services to reduce the negative health and social consequences of continued drug use. Advice and information on harm reduction and safer sex were perceived as being much more available, as were outreach services. Whilst there were also improvements in the availability of other services the degree of improvement was much less.

45. 71.5% of respondents (n=369) reported that they had programmes for specific at-risk populations and 84.5% of these programmes directly involved the specific target group in the programme development and implementation. This active engagement of the target groups was seen as critical to the success of the projects because it gave an element of ownership and engendered commitment. Drug injectors (51.4%) were the most common target group, followed by street people (47.1%), young offenders (46.1%) and sex workers/prostitutes (38.6%).

46. Respondents were also asked for information on the injecting and health status of their clients. Of those who had this information available, 47.9% (of 219 organisations) said that less than 20% of their clients took drugs by injection, 13.7% that 20-30% of their clients injected, 14.6% that 30-50% of their clients injected drugs and 23.7% that over half their clients injected drugs. Knowledge of the health status of their clients was lower, but infection levels were under 20% in 71.3% of reports for HIV infection and 60.3% of reports for Hepatitis B infection. It was noticeable in the replies that Hepatitis B and C infection rates were higher than HIV infection rates.

47. The data collected through the NGO Questionnaire exemplified the major role played by NGOs in responding to drug misuse and drug-related problems. One third of those NGOs completing the questionnaire were founded in or after 1998. The number of full time staff reported through the questionnaire rose from some 7,800 to 14,200, of part time staff from 4,500 to 8,600 and of volunteers from 12,000 to 17,000. Together they had a national level membership of 7.55 million individual members and 1.5 million associate members and internationally they had 4.85 million members. These are in themselves very considerable numbers and in fact represent just a small proportion of the NGOs active in the field.

48. The information collected through the regional consultations re-enforced the data reported through the NGO Questionnaire. NGOs were main providers of drug demand reduction services and were working with some of the most vulnerable populations. In all regions both the number of NGOs and their range of activities had increased significantly since 1998. There were many reports of successful developments in the different regions, all of which are contained in full in the reports which can be read on the VNGOC website – www.vngoc.org. and only a few are listed here.

- in North America, networking between NGOs resulted in a more unified voice capable of influencing funding and policy; evidence based, culturally competent and effective prevention, treatment and recovery practices had been implemented; local and community coalitions had made a tremendous impact in the area of drug prevention
- in Latin America and the Caribbean NGO approaches had broadened so that, for instance, primary prevention was more comprehensive exploring the relationship between the individual and areas such as health, education, work, self-esteem, family relations and the like. Similarly approaches to treatment and rehabilitation had broadened to move from vertical down to community based and implemented programmes actively engaging vulnerable populations. Moreover, programmes had transitioned from a solely abstinence based strategy to a treatment philosophy providing a

continuum of service from street based programmes and harm reduction through to social and economic reintegration

- in East and Southeast Europe and Central Asia, as in North America, the development of NGO networks had been an important move. The advocacy work of NGOs had been an important factor in moving towards a more broad based drug demand reduction strategy and to a greater appreciation of the importance of a comprehensive treatment and rehabilitation approach.
- in Sub-Saharan Africa there had been an increase in treatment provision. An important aspect was that many of these services were initiated by people in recovery, a point noted in several other regions. NGOs have often been the lead providers of primary prevention and were key partners for government. To a large extent expertise in rehabilitation and social integration rested almost entirely within the NGO community and without their services the gap in provision would be substantial.
- in Western Europe there has been an expansion of services but much of the development occurred before 1998. This is less so the case for the new member states of the European Union where developments have been more recent. Increasingly NGOs are operating to quality standards in the provision of services. Research undertaken within the NGO sector suggests that police actions can be effective where they are developed in cooperation with the community and support prevention, treatment and rehabilitation. There was good evidence of the effectiveness of peer to peer education.

IV. AREAS FOR REFLECTION

OBJECTIVE 2

A Consultation and Partnership

49. The regional consultations took the opportunity to explore the current mechanisms used to involve or consult NGOs in policy and strategy development at both formal and informal levels.

50. The experience of NGOs varied considerably both within and between regions. In some regions there had been good experience of working with governmental agencies, for instance, North America and some Western European countries. In other regions there was limited contact with resulting gaps in knowledge and awareness.

51. At the intergovernmental level, UNODC was active in many countries in development but had no presence in developed countries. Both the NGO community in the latter countries and UNODC had a serious information gap about each others work.

52. It has been recognised in CND resolutions and at all levels of the United Nations system that the engagement of civil society and NGOs is critical for the effective development and implementation of action designed to achieve the targets of the 1998 UNGASS, however the mechanisms for this engagement remain undeveloped at local, national and international levels.

53. Within some countries and in some UN bodies mechanisms for consultation and involvement of NGOs have been developed. Whilst no system will be perfect, the exploration of different models which fully respect the proper responsibilities of the different parties and which have full transparency, would contribute to a shared effort in containing, reducing and working towards eliminating drug related problems. The Beyond 2008 consultation elicited many of these mechanisms and these are being collated into a comprehensive report for the CND to consider.

54. The “Beyond 2008” process has been unique in many ways. It has provided a mechanism, in response to the requests from the General Assembly and the Commission, for NGOs to contribute to the review and identification of areas for future development. It has brought together NGOs from diverse philosophies and approaches in a way which has allowed them to share their experience and respect

each others point of view. In all the consultations there was a request that this approach to NGO consultation and engagement be continued. There is a need for the NGO community itself, working with the Commission and UNODC to find ways to maintain this important momentum.

OBJECTIVE 3

B Strengths and Weaknesses in the Control Structure

55. The consultations also sought the views of NGOs on the ways the present control structures impacted on national and local responses to drug misuse.

56. The first observation made in many consultations was that there was a dilemma in the universal and standard application of the control measures when the actual situations at national and sub-national level varied so significantly. For instance, the level of drug misuse when the conventions were agreed was substantially less than it is now. However, inflexible application of obligations had resulted in a significant proportion of prisoners in many countries being drug misusing offenders or, conversely, to the law being selectively implemented.

57. Many NGO's commented that the first statement in the Preamble to both the Single and the Psychotropic Substances Conventions stated concern for the health and welfare of mankind as a raison d'être for the conventions and noted the public health and social problems arising from drug misuse. Nevertheless there was and remains a disproportionate focus on supply reduction activities despite the UNGASS intention to rebalance this focus with the 1998 adoption of the Guiding Principles on Demand Reduction.

58. It was also noted that the control measures required had often resulted in essential medicines for pain control or in proven drug misuse treatment approaches not being available. This was in some part due to ignorance of the flexibility available within the conventions but was also due to the difficulty of implementing the level of controls required. There was in a number of countries the perverse situation of pharmaceutical products with known misuse potential but relatively low levels of control being widely available whilst essential medicines for pain control were not allowed entry into the country.

59. As noted above, there has been an historical and sustained inbalance between drug supply reduction and drug demand reduction elements within national approaches to drug control. This inbalance has in part been driven by the obligatory drug supply control and reduction elements of the conventions while those related to drug demand reduction remain discretionary. National strategies have to some extent sought to address this issue but in practice changes have been small. An emerging problem is the lack of balance within drug demand reduction strategies themselves, often driven by the availability of external funds for specific programmes.

60. The strengths identified in the conventions were that they gave a framework for action and by their existence could spur both politicians and officials to initiate legislation, develop policies and strategies and implement programmes. Where there was a serious interest and a willingness to face up to the issues at national level, creative and effective responses could be developed within the ambit of the conventions. Conversely, where there was a low level of interest the conventions could often serve as the excuse for inaction. Finally, it was pointed out on several occasions that while Member states have obligations flowing from the three conventions, there is another and equally compelling view that the CND, as steward of the drug control system, must see to its evolution as well as its application.

V CONCLUSIONS

61. This paper has sought to provide interim data and information drawn from the responses to the NGO Questionnaire and the discussions at the regional consultations. Whilst the questionnaire in itself cannot be regarded as representative in any formal sense, the discussions at the regional consultations have largely confirmed the results of the survey. Much discussion and debate remains in order to develop and adopt the three resolutions based on each of the objectives. This will take place from July 7-9, 2008 in Vienna when 300 NGO's from 9 regions of the world will come together to finalize the Beyond 2008 initiative. Each of those resolutions will articulate in their respective pre-ambular statements, a concise and specific description of the commentary and consensus of views on the current state of being. The operative segments of the resolutions will put forward equally specific and tangible recommendations to address the three objectives. It is envisaged that the operative text will be available and sufficiently developed for the CND to take it into consideration as part of their preparations towards the 2009 High Level Segment.

62. The global NGO community, supported by UNODC and many governments, has sought to find an inclusive mechanism for garnering NGO data and experience. It has greatly benefited from the diversity of views and the respect which people with strongly held but divergent opinions have shown for each other. That notwithstanding, Beyond 2008 is predicated on uncovering and mining areas of consensus. While the drug field is often hostage to polarized and entrenched perspectives, NGO's participating in this process have earnestly discovered that there are far more areas of commonality than dissention. In a field typically characterized as either "win or lose", "reform or prohibition" " status quo or revolution", Beyond 2008 has attempted to break through this binary perception of the challenge of global drug control. This project has often been characterized as the connective tissue between largely unknown international conventions and the reality faced by NGO's working at the grass roots level and those witnessing first hand the impact whether intended or not, of those conventions as translated by national law and policy.

63. The NGO community in this process has shown its maturity and capacity to engage in serious exploration of ways to develop capacity at all levels to respond to drug related problemsBeyond 2008 will, at its next and final stage work to build on this and to create effective ways for 'stakeholder' involvement in drug control policy, strategy and practice. Respectful of the mandates and authorities of member states, the CND and UNODC, the NGO community is eager and prepared to fulfil its obligations as substantive contributors to the "betterment of mankind."

ANNEX A

Region	Location(s)	Date	NGO Committee Representative	Regional Lead Organisations
East & Southeast Europe and Central Asia	Kiev, Ukraine	13 – 14 September, 2007	David Turner	Anti-Drugs Association (Serbia), Eurasian Harm Reduction Network, European Cities Against Drugs
	Belgrade, Serbia	18 – 20 November, 2007		
North Africa and the Middle East	Cairo, Egypt	25 – 26 October, 2007	Flavio Poldrugo	Mentor Arabia, International Society of Addiction Medicine
Sub-Saharan Africa	Johannesburg, South Africa	26 – 28 October, 2007	Tammi Barlow	SANCA (South Africa), Uganda Youth Development Link, Centre Jacques Chirac (Senegal)
	Dakar, Senegal	3 – 4 November, 2007		
	Nairobi, Kenya	10 – 11 November, 2007		
Southeast & East Asia and the Pacific	Macau SAR, China	31 October – 1 November, 2007	Gabor Somogyi	International Federation of NGOs for the Prevention of Drug and Substance Abuse, YCAB (Indonesia), Asian Harm Reduction Network
Latin America and the Caribbean	Lima, Peru	12 – 13 November, 2007	Alejandro Vassilaqui	Intercambios (Argentina), CIJ (Mexico), RISE Life Management (Jamaica)
South Asia	Dhaka, Bangladesh	8 – 9 January, 2008	Gabor Somogyi	Dhaka Ahsania Mission (Bangladesh), Shelter Don Bosco (India), ADIC (Sri Lanka)
Western Europe	Budapest, Hungary	24 – 25 January, 2008	David Turner	Hungarian Association on Addictions, International Drug Policy Consortium, San Patrignano (Italy)
North America	St Petersburg, Florida, USA	24 – 25 January, 2008	Michel Perron	Drug Free America Foundation, Centre for Addictions Research (Canada)
	Vancouver, BC, Canada	4 – 5 February, 2008		
Australasia	Wellington, New Zealand	18 – 19 February, 2008		Australian National Drug Council, New Zealand Drug Foundation