



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

Global Summary Report*

Introduction

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

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

About the VNGOC and 'Beyond 2008'

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

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

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

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

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

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

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

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

Organization and Methodology of ‘Beyond 2008’

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Key Trends and Themes

Objective 1

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

Growth in NGO Activity

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

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

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

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

Policy Involvement

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

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

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

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

Community Engagement and Alternative Development

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

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

Prevention

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

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

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

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

Treatment, Rehabilitation and Social Reintegration

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

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

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

Box 1. Reported NGO activities under Objective 1.

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

Summary for Objective One:

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

Objective 2

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

Collaboration with Government

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

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

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

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

Collaboration with UNODC and other UN Organizations

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

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

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

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

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

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

Towards Best Practice Collaboration

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

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

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

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

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

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

Summary for Objective Two:

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

Objective 3

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

Meeting the UN Conventions

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

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

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

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

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

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

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

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

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

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

Unintended consequences of adherence to the UN Conventions

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

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

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

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

Imbalance between demand and supply strategies

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

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

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

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

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

Towards Higher Order Principles

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

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

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

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

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

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

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

Summary for Objective Three:

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

Conclusions and Key Principles

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

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

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

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

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- Culturally sensitive policies and practices

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

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UNGASS (1998) *UNGASS Resolutions on the world drug problem*. New York, 8-10 June 1998: United Nations.

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

Appendix

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

Organisations Consulted by “Beyond 2008”

Afghanistan

CHA (Coordination of Humanitarian Assistance)

Humanitarian Assistance for Afghan Women and Children.

Albania

Axion Plus

Stop Aids

Algeria

Association Frantz Fanon de santé mentale et d’aide au sevrage

National Foundation for Medical Research Club

Scientifique

Santé Sidi El Houari SDH

Argentina

FONGA

Intercambios Asociacion Civil

Armenia

Armenian National AIDS Foundation

AIDS Prevention, Education and Care

Australia

Abaleen Detoxification Group Inc.

Addiction Help Agency

Alcohol and Other Drug Services - South, Anglicare Tas Inc.

Alcohol and Other Drugs Council of Australia (ADCA)

Alcohol, Education and Rehabilitation Foundation Ltd (AERF)

Alcohol, Tobacco & Other Drugs Service

Australian Community Support Organisation Inc.

Australian Drug Treatment and Rehabilitation Programme Incorporated (ADTARP Inc.)

Australian Injecting and Illicit Drug Users League (AIVL)

Australian National Council on Drugs

Brakly Region Alcohol and Drug Abuse Advisory Group Inc

Brisbane Youth Service

Centacare Northern Territory

Council for Aboriginal Alcohol Program Services Inc

Drug and Alcohol Services and North West Coast

Operations, City Mission

Drug and Alcohol Services Association

Drug Arm Australasia

Drug Free Australia

Family Drug Support

First Step Program

Gold Coast Drug Council Inc.

Hanover Welfare Services

Hepatitis C Council of New South Wales

Homelessness and Drug Dependency Program, Flagstaff

Support Service, The Salvation Army

Kinship Care and Research, The Mirabel Foundation Inc

Link Youth Health Service Inc

McAuley Outreach Service

National Drug Research Institute

Network of Alcohol and Drugs Agencies (NADA)

Queensland Injectors Health Network (QuiHN), Ltd.

Queensland Network of Alcohol and other Drug Agencies (QNADA)

South Australian Network of Drug and Alcohol Services (SANDAS)

St Francis Welfare—Come In Youth Resource Centre

Ted Noffs Foundation

Teen Challenge International Victoria

Teen Challenge Western Australia

The Nossal Institute for Global Health

Vietnamese Community in Australia/ SA Chapter

We Help Ourselves (WHOS)

West Australia State Drug User Organisation (WASUA)

YMCA Perth (HQ)

Youth Substance Abuse Service Pty Ltd

Austria

Verein PASS

Bahrain

National Committee for Prevention of Aids and Drug Addiction

Bangladesh

APON (Ashokti Punorbashon Nibash)

Ark Centre for Rehabilitation of Drug Addicts

Bangladesh Association for Social Advancement (BASA)

Bangladesh Rehabilitation and Assistance Centre for

Addicts – (BARACA-a Caritas Project)

Bangladesh Women’s Health Coalition (BWHC)

Bangladesh Youth First Concern (BYFC)

Dhaka Ahsania Mission, Dhaka, Bangladesh

Eskaton Modern Health (EMHC)

Society for Community Health Rehabilitation Education and Awareness – CREA

Barbados

CASA (Centre for Counselling Addiction Support Alternatives)

Belarus

Mothers Against Drugs

NGO Kalegium

Social Aid

Belgium

Centre d’action laïque (CAL)

Bolivia

CELIN

Coca and Sovereignty

Bosnia and Herzegovina

Association Margina

To Peer

UG PROI

Victoria

Brazil

ABORDA

BRAHA (Brasileños humanitarios en acción)

REDUC - Brazilian Harm Reduction Network

British Virgin Isles

CADA Community Agency on Drugs & Addiction

Brunei Darussalam

BASMIDA

Burkina Faso

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APSED

Cambodia

Khmer HIV/AIDS NGO Alliance (KHANA)
Khmer Youth Camp for Culture
Korsang
Punleu Komar Kampuchea Organization (PKKO)

Cameroon

Anacd

Canada

Addictive Drug Information Council
AIDS Vancouver
Alcohol-Drug Education Service
Association of BC Treatment Directors
Association of British Columbia First Nations Treatment Programs
Association of Substance Abuse Programs in British Columbia
BC Centre for Excellence in HIV/AIDS
BC Centre of Excellence for Women's Health
BC Civil Liberties Association
Breaking the Chains
Canadian AIDS Society
Canadian Association of Nurses in AIDS Care
Canadian Association of School Health
Canadian Cannabis Coalition
Canadian Centre on Substance Abuse
Canadian Executive Council on Addictions
Canadian Foundation for Drug Policy
Canadian Harm Reduction Network
Canadian HIV/AIDS Information Centre
Canadian HIV/AIDS Legal Network
Canadian Society of Addiction Medicine
Canadians for Safe Access
Cannabis Trade Association
Centre for Addiction and Mental Health
Centre for Addictions Research of BC
City of Toronto
City of Vancouver Drug Policy Office
Common Sense for Drug Policy
Creative Resistance
D.A.R.E. BC Society
Drug Policy Alliance
Drug Prevention Network of Canada
Drug Reform Coordination Network
DrugSense
Educators for Sensible Drug Policy
Efficacy
Former Vancouver Mayor
freedomtour.ca
Green Cross Society of BC
Green Harvest
Harm Reduction Coalition
Health Officer Council of BC
Heffter Research Institute
Hey Way Nogu Healing Addiction
Human Rights and the Drug War
Iboga Therapy Society
Jenkins Group
John Howard Society of Canada
Justice Institute of BC
Law Enforcement Against Prohibition
Medical Student
Medusers
Méta d'Âme
MindBodyLove
Multidisciplinary Association for Psychedelic Studies
Narcotics Anonymous
National Alliance of Methadone Advocates

National Association of Alcoholism and Drug Abuse Counselors
National Organization for the Reform of Marijuana Laws
November Coalition
Patients Against Ignorance Discrimination on Cannabis
Patients Out Of Time
Public Health Agency of Canada
Real Women of Canada
Simon Fraser University
Students for Sensible Drug Policy
Substance Abuse Librarians and Information Specialists
Triage Emergency Services & care
Turning Point Program
Vancouver Area Network of Drug Users
Western Aboriginal Harm Reduction Society
YouthCo AIDS Society

Cape Verde

Ligue nazaréene de solidarité – Lns

Chile

Corporacion Caleta Sur

China, Peoples Republic of

Asia Regional HIV/AIDS Project
CADAPT - Chinese Anti Drug Abuse Prevention and Treatment Centre
PSI China
Yunnan DAYTOP Therapeutic Community

Colombia

SURGIR
Asoc. Latinoamericana de Adiccionologia Alad
Asociación Latinoamericana de Comunidades Terapéuticas

Costa Rica

IAFA (Instituto sobre Alcoholismo y Farmacodependencia)

Cote d'Ivoire

Ong Bethel Ci

Croatia

Let / Flight
Zajednica – Susret

Cyprus

Antidrug Association of Larnaka
Faros

Djibouti

Association Phare

Ecuador

Fundacion Semillas de Amor

Egypt

Caritas Egypt
Gameiat El Tab El Nafsi
General Egyptian-Society for Prevention of Alcoholism & Combat of Narcotics
Rotary North Giza
The Freedom Drugs and HIV/AIDS Programme
WAAY

El Salvador

FUNDASALVA

Fiji

Fiji Council of Social Services (FCOSS)

Georgia

Public Union Bemoni
Union Alternative Georgia

Ghana

Prevention of Aids and Drug Abuse Foundation (Padaf)

Greece

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Andreas Papandreou Foundation

Guatemala

Fundacion Remar

Guinea Bissau

Organizacáo Internacional dos Templarios da Guinée Bissau

Hong Kong SAR, China

CARITAS

Hong Kong Council of Social Service

Hong Kong New Life

SARDA Hong Kong

Hungary

Federation of the Hungarian Drug Therapeutic Institutes

Hungarian Association of NGOs for Drug Prevention and Harm Reduction (MADÁSZSZ)

Hungarian Association on Addictions

Hungarian Civil Liberties Union

National Institute for Drug Prevention

India

Alcohol & Drug Information Centre (ADIC) – India

Indian Institute of Rural Reconstruction and Social Change

Manipur Intravenous League

Maria Ashiana Therapeutic Centre

SHARAN – Society for Service to Urban Poverty

Shelter Don Bosco, Mumbai, India

Society for Promotion of Youth & Masses (SPYM)

T.T.Ranganathan Clinical Research Foundation – TTK

Hospital

Indonesia

Yayasan Cinta AB

BERSAMA Indonesia

Jangkar

Yayasan Harapan Permata Hati Kita,

Yayasan Hati-Hati

Iran

Persepolis

Aein_e_mehr

Rebirth Organization

Iraq

Life for Relief and Development (LIFE)

Italy

CeIS di Roma

Forum Droghe

Mo.D.A.V.I. Onlus

San Patrignano Community

Jamaica

Patricia House

RISE Life Management Services

Japan

Drug Abuse Prevention Centre

Jordan

Family and Children Protection Society

Arab Society for Public Awareness from Drugs and

Narcotics

Kazakhstan

Kredo

Legal Initiative

Kenya

Maisha House Drug treatment and prevention

Kuwait

Ghiras

Kyrgyzstan

Partnership Network

Socium

White Crane

Lebanon

Skoun Lebanese Center on Addiction

Soins infirmiers et développement communautaire (SIDC)

Lesotho

Thaba Bosiu Centre

Liberia

Student Aid Liberia Inc

Macau SAR, China

Association of Rehabilitation of Drug Abusers of Macau

IAS

OFAP

Rotary Club

Macedonia

Macedonian Harm Reduction Network

Passage

Madagascar

Madagasicara Youth Network (MADAYN)

Malawi

Youth Net and Counselling (YONECO)

Malaysia

PEMADAM - National Association Against Drugs

Maldives

Community Aid

Mali

Association malienne d'aide aux malades mentaux

(Amam)

Mauritius

Dr. Idrice Goomany Treatment Centre

Mexico

CIJ Centro de Integración Juvenil

ICAA in Latin America

Programa Compañeros A.C.

Moldova

Molodezh za pravo na zhizn

Viata Noua

Montenegro

CAZAS

Preporod

YCC Juventas

Morocco

Association marocaine d'aide aux enfants en situation

précaire (AMESIP)

Myanmar

Community Development Association (CDA)

MANA - Myanmar Anti Drug Association

SARA Substance Abuse Research Association

Nepal

Naulo Ghumti Nepal

Nepal Sports Federation Against drug and HIV/AIDS

(NESFADA)

Nepal Youth Rehabilitation Center

Recovering Nepal

Richmond Fellowship Nepal

Ric-Rose Cooperation Nepal

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

Youth Power Nepal (YPN)

Netherlands

Trimbos Institute

New Zealand

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Alcohol Drug Foundation NZ
Care NZ
CAYAD
Christchurch Drug Policy Network
DIVO Needle Exchange
Drugs and Health Development Project
Drugs Project - WIDE Trust
Hapai Te Hauora Tapui Ltd
Institute of Environmental Science and Research Ltd
Massey University
Matua Raki
Midcentral Health Public Health Unit
National AOD Consumer Network
Addictions and Supportive Accommodation, The Salvation Army
NATP Network c/- Auckland CADS
NCAT Coordinator
Needle Exchange
New Zealand Drug Foundation
Ngai Te Rangi Iwi Runanga
NICHE Trust
Norml NZ
NZAAHD
Pacific Treatment Providers Forum
PhD candidate, Psychological Medicine
School of Pharmacy, University of Auckland
Te Ahurei a Rangatahi
Te Kaokao O Takapau
Timaru Exchange
University of Otago
Victoria University

Nicaragua

DIANOVA

Nigeria

Adolescent Health and Information Projects (Ahip)
Christ Against Drug Abuse Ministry (CADAM)
Interclass Children Youth Forum
PADDI

Norway

Actis – Norwegian Policy Network on Alcohol and Drugs

Pakistan

Asha Foundation
Dost Welfare Foundation
ICAN (Islamabad Christians against Narcotics)
Pakistan Youth Organisation

Palestine

Al-Sadiq Al-Taieb Association (ASTA)
Palestinian Youth Association for Leadership and Rights Organization (PYALARA)

Panama

Cruz Blanca Panameña

Papua New Guinea

Port Moresby City Mission

Paraguay

CEADDRO

Peru

CADES Consultores y Asesores para el Desarrollo
CEDRO (Centro de Información y Educación para la Prevención del Abuso de Drogas)
Centro Takiwasi
COCEPU (Comité Central de Palmicutores de Ucayali)
Cooperativa Agroindustrial Naranjillo

Philippines

ADDICTUS
Centennial Force
Kabataang Gabay sa Positibong Pamumuhay KGPP

PHILCADSA Philippines - Philippines Council Against Drug and Substance Abuse
Remedios AIDS Foundation

Poland

Polish Drug Policy Foundation TRANSFORMACJA

Portugal

Dianova
Fundação Portuguesa "A Comunidade Contra a Sida"
IDT/FESAT

Russian Federation

Cities Against Drugs
Institute of Human Rights
New Life
No to Alcohol and Narcotics (NAN)
Russian Harm Reduction Network
UNION

Rwanda

"The Rainbow Trust"

Saudi Arabia

Nour El shorouk

Senegal

ONG AP/CSID/Jacques CHIRAC De Thiaroye
Aplcdts
APLCDTS
Fonselud
Ong Jamra

Serbia

Anti-Drugs Association
Prevent
The Tower
Veza

Seychelles

Campaign for Awareness, Resilience and Education Against Substance Abuse (CARE)

Sierra Leone

National Council for Prevention Of Alcohol And Drugs

Singapore

SANA Singapore - Singapore Anti Drug Association

South Africa

SANCA National
Drug Free Africa
Orient Wellness Centre Substance Abuse Prevention & Treatment
SANCA Bloemfontein
SANCA Durban
SANCA Northern Cape
Shekinah Care Center
Sultan Bahu Centre

Spain

Proyecto Hombre

Sri Lanka

Alcohol and Drug Information Centre, Colombo, Sri Lanka
Apekedella
Archdiocesan Apostolate for Drug/Alcohol Demand Reduction Service
Mithuru Mithuro Movement
Sri Lanka-United Nations Friendship Organisation (SUNFO)

St Lucia

CDARI (Caribbean Drug Abuse Research Institute)

St Vincent and the Grenadine

Marion House

Sweden

KRIS – Kriminellas Revansch I Samhället

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National Association for a Drug-free Society (RNS)
NBV - The Educational Association of the Sobriety
movement
Swedish Drug User Association

Switzerland

Groupe romand d'études sur les addictions (GREA)

Syria

Youth Committee of the Syrian Red Crescent

Tajikistan

Center for Mental Health and HIV/AIDS

Tanzania

Rafiki Family
Support people with mental health problem in Zanzibar -
SWAZA

Thailand

APNSW
ASPAC NGO - Asia Pacific N.G.O.s Against Drug and
Substance Abuse
Duang Prateep Foundation
NGO ANCC NCSW
Pladao Group
Pure Hearts Club
Thai AIDS Treatment Action Group
Thai Drug Users' Network
Thai Harm Reduction Network
The 7 Sisters

Togo

ANVAD

Trinidad and Tobago

Rebirth House

Tunisia

Association tunisienne de prévention de la toxicomanie

Turkey

Youth Association for Habitat

Uganda

Transcultural Psychosocial Organization (TPO)
Ugandan Youth Development Link

Ukraine

All-Ukrainian Network of PLWH
Public Movement „Faith, Hope, Love“
Svet Nadezhdi

United Arab Emirates

Association for Youth Juvenile Association
National Rehabilitation Centre

United Kingdom

Beckley Foundation Drug Policy Programme
Drugscope
John Mordaunt Trust
Kaleidoscope Project
Mentor UK
National Drug Prevention Alliance
Transform

United States of America

Alcohol Drug Education Service
American Civil Liberties Union
California Narcotic Officers Association
Californians for Drug Free Youth
Californians for Drug-Free Schools
Community Anti-Drug Coalitions of America (CADCA)
Courage to Speak Foundation
Crossroad Management
D.A.R.E
DCBA Law
Drug Free America Foundation, Inc

Drug Free Schools Coalition
Elks National Foundation
Everett Clinic
F.O.R.U.M
Family Research Council
Fayette Companies
GatorWell Health Promotion, University of Florida
Human Resources Development Institute
Illinois Alcoholism and Drug Dependence Association
Informed Families
Institute for Behavioral Health, Inc
Jane Addams College of Social Work - University of Illinois
at Chicago
John Howard Society of the Lower Mainland
John Pastuovic Communications
Joseph A. Jachmiczyk Forensic Center
Judicial Solutions
Kansas Family Partnership
Lions Quest
Maricopa County Attorney
Multijurisdictional Counter-Drug Task Force
National Asian Pacific American Families Against
Substance Abuse (NAPAFAPA)
National Association of State Alcohol/Drug Abuse
Directors (NASADAD)
National Masonic Foundation for Children
National Narcotics Officers Association
Odd Squad Productions
Operation PAR, Inc
Population Health Promotion Associates
Potter's Wheel Christian Fellowship
Safety Wellness Advocacy Community Coalition
Salvation Army
Save Our Society from Drugs
Strongheart Teaching Lodge Inc
Treatment Alternatives for Safe Communities
University of Florida, Department of Psychiatry, Division
of Addiction Medicine
Virginians Against Drug Violence
Washington Physicians for Social Responsibility

Uruguay

CASTALIA
Asociación Civil Encare

Uzbekistan

NGO "Istiqbolli Avlod"
AYOL

Venezuela

Fundacion Venezuela Libre De Drogas

Yemen

Human Rights Information & Training Center - Taiz
Medical Development Foundation

International & Regional

African Action on AIDS
Alcoholics Anonymous World Service
APN+ (Pita Foundation)
Asian Harm Reduction Network
Associazione Papa Giovanni XXIII
Daytop International
Dianova International
Drug Prevention Network of the Americas
Drug Watch International
Eastern Africa Regional Youth Network (EARYN)
ENCOD
ERIT
Eurasian Harm Reduction Network
Europe Against Drugs
European Cities Against Drugs
European Federation of Therapeutic Communities

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

Organisations Completing the NGO Questionnaire

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

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

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

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S.Se.R en el Sur
SAFERA
Safety Wellness Advocacy Community Coalition
Salvation Army
Salvation Army - Flagstaff Support Services
Salvation Army Brisbane Recovery Services 'Moonyah'
San Patrignano
SANCA Kimberley
SANCA Lowveld Alcohol and Drug Help Centre
SARDA (Society FOR THE Aid AND Rehabilitation OF Drug Abusers)
Scarborough and Environs Action Group
Scottish Drugs Forum
Seniors Well Aware Program
Senlis Council
Serenity Place, the Empowerment Centre for Women
Shalom International
Shekinah Care Centre
Shelter Don Bosco
Singapore Anti-Narcotics Association
Skoun, Lebanese Addiction Center
Sober Tanzania
Society for Community-health Rehabilitation Education and Awareness - CREA
Society for Promotion of Youth & Masses (SPYM)
Society of Living Intravenous Drugusers
Socium - Partnership Network (Общественное Объединение 'Социум')
SOS-LUCAT (Lutte contre l'abus de l'alcoolisme et autres toxicomanies)
Soundmind Foundation
South Warwickshire Transgender Group
Sri Lanka-United Nations Friendship Organisation (SUNFO)
St Lucia national Committee for the Prevention of Alcoholism & Drug Abuse
Stanley St Treatment & Resources, Inc (SSTAR)
STOP AIDS Association
stopthedrugwar.org/user/sicntired/blog
Streetworks
Strong Heart Teaching Lodge Inc.
Student Aid Liberia Inc
Students Campaign Against Drugs
Students for Sensible Drug Policy
Substance Abuse Research Association
SWAZA
Teen Challenge International Victoria
Teen Challenge International Western Australia
Thaba-Bosiu Centre Blue Cross

Thai Harm reduction Network/THRN
Toronto Public Health
Transcultural Psychosocial Organisation
Transparência Capixaba
Trempline ASBL
Turning Point
Turning Point Alcohol and Drug Centre
Uganda Youth Development Link (UYDEL)
UNDUN Unified Networkers of Drug Users Nationally
Unité Domrémy Ste-Thérèse
University of Florida
University of Florida College of Med, Div of Addiction Medicine
Upper Hume Community Health Service
Vancouver Area Network of Drug Users
Venezuela Libre de Drogas
Verein P.A:S.S.
Vietnamese Community in Australia / SA Chapter Incorporated
Virginians Against Drug Violence
Vite-n-Hope
Viva Rio
Washington Physicians for Social Responsibility
We Help Ourselves
Welfare Association for the Development OF Afghanistan
Western Aboriginal Harm Reduction Society
Western Australian Substance Users Association Inc.
World Association of Girl Guides and Girl Scouts
Yayasan Cinta Anak Bangsa
Yayasan Harapan Permata Hati Kita
Yayasan ILYD
Yayasan Semata
YMCA Perth Lynks Counselling Service
Young Blood Bank Foundation Reg (DASKA)
Youth Against Drug Abuse and Alcohol Demand INC
Youth Association for Habitat
Youth Council for Anti Narcotics (YOCFAN)
Youth Crime Watch Sierra Leone
Youth Crime Watch Uganda
Youth Net and Counselling (YONECO)
Youth Power Nepal (YPN)
Youth Substance Abuse Service
YPSA (Young Power in Social Action)
Yunnan Daytop Therapeutic Community
(云南戴托普药物依赖治疗康复中心)

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