

# **“Beyond 2008”**

**Global NGO Forum**

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# **Consultation Report**

**Regional Consultation for  
Western Europe**

**Budapest 24 & 25 January 2008**

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# Acknowledgements Page

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## **Introduction and Preliminary remarks:**

Representatives of about 40 NGOs participated in this meeting. In order to get the best description of the situation and to initiate a vivid discussion among the participants 3 small groups with about 12-14 participants were organized, ending up in plenary sessions.

The discussion was structured to address the consultation objectives and questions. This report follows that structure.

This report aims to give an honest reflection of the debates that took place. In most cases there was agreement; however in other cases there were individual observations and opinions.

The initiative to organize this conference was greatly appreciated. NGOs had the feeling that they were finally taken seriously. However this initiative was seen as a first step. There is a need to continue this kind of consultation in the future.

The NGOs that participated were a good representation of reality in Europe, which consists of a many-coloured collection of all kinds of organisations, from prohibitionists to outspoken drug legalizers, from big, rich, well organised organisations to very poor, small initiatives. All of them deserve a great compliment that they succeeded in holding a fruitful and intensive meeting over two days, but there is an urgent need to define what NGOs are what their relationship to national and international authorities is and how to organize and assess their input to the policy process.

Drug policies can not be implemented without the help of NGOs. In return NGOs demand to be acknowledged and to be provided with sufficient means to be able to play their role. All agreed to the observation that involvement of NGOs is not only a matter of organising and regulating the process, but foremost a matter of mentality of all parties.

Bob Keizer,  
*Consultation Chair and Main Facilitator*  
18 February 2008

## Objective 1

To highlight tangible NGO achievements in the field of drug control, with particular emphasis on contributions to the 1998 UNGASS Action Plan such as achievement in policy, community engagement, prevention, treatment, rehabilitation and social-reintegration.

### Question 1

In what ways have NGO activities in the field of drug control developed in your region in the period since the 1998 UNGASS?

#### General observations:

- The UNGASS goals are unrealistic and impossible to measure
- There is no agreed definition of what constitutes an NGO and NGO activities
- In general there is a structural lack of evaluation or assessment of NGO activities
- NGO activities are often frustrated because policy makers don't know what is going on, they need to be better informed
- All highlight a need for the development of quality standards, the need for evidence-based quality control and clear instructions and protocols for professionals
- Funding of NGOs is unbalanced and politically determined; there is too much emphasis on supply reduction and too little on demand/ harm reduction. Safety is the main issue, individual health comes second.
- Specific problems in funding of prevention/substitution/ treatment programmes. Policy makers ask for proof of effectiveness of these activities first before funding. This is never asked from police- justice authorities
- As a consequence, there are some reliable data on the effectiveness of DR activities, but almost no reliable data on the effectiveness of justice/police activities
- There is a tendency to shift from justice- to health/social approach, also a shift from the focus on vulnerable youth to the focus on the general population
- The situation differs per country, therefore needs of NGOs are different. Throughout Europe there has been an increase in funding of NGOs, not necessarily from governments

#### Specific observations

- Belgium: under funding of treatment and needle exchange programmes. Pill testing facilities were set up but are having funding and legal problems. Since 2003 the local policy on drugs has hardened and cooperation between neighbours, local politicians, users and NGOs deteriorated. Generally it seemed the French part of Belgium has a more comprehensive policy on drugs than the Flemish part.
- In the UK funding of drug policy through the criminal justice system has increased, not through the health system. Treatment is still too much seen as purely avoiding crime
- Italy: many types of treatment, funded through Ministry for Social affairs and Health. Most professionals agree it is foremost a social problem
- Law in Italy permits up to 4 years of incarceration to be replaced by therapeutic programs
- Eastern European countries usually rely on international aid because of scarcity of funding on national level
- Lithuania – rehab activities have increased in the last two years, has government funding (evidence based). Among Therapeutic Communities roughly 50% are religious, a fact which has created some friction.
- Norway has seen a shift towards a public health approach away from social emphasis.
- Cyprus – Since 1990 there has been a “boom” of NGOs working in the field of drugs. The government evaluates the results and distributes funding accordingly.
- Hungary – real impact on funding and quality control, professional standards influenced by Hungarian National Drug Control Strategy, not UNGASS. Funding for the implementation of the drug strategy has decreased in the last 2-3 years.

- In Portugal needle exchange programmes are being set up in prisons but almost no prisoners are participating in the programme because they do not want their fellow inmates to know they are using drugs.

### **Question 2:**

#### **What examples of alternative development projects undertaken by or involving NGOs in your region have been effective and why?**

There was a discussion whether this question should also be addressed in the regional consultation on Western Europe, since only few alternative development projects are undertaken in this region. However some activities could be mentioned that took place in Europe or that were initiated by European organisations:

- San Patrignano informed the group of a project which is creating an international network of farmers that have stopped with the cultivation of illicit crops, in collaboration with UNODC . This project aims to help the AD projects in Afghanistan, Colombia, Peru, etc and to find channels of distribution in Europe as well as raise awareness to the concept.
- The Senlis Council pointed out that for many projects in Southern Afghanistan it was still too early to assess if the alternative development projects were successful.
- General remark: donors and politicians don't have any idea what is happening in Afghanistan and the UN should start an educational tour to train them.

### **Question 3**

#### **What examples of demand reduction project/services undertaken by NGOs in your region have been most successful? And why?**

##### **Examples:**

- The effectiveness of needle exchange programmes has been proven, especially in countries which started these programmes at an early stage prevalence of HIV/Aids and hepatitis is low.
- Also prevention and peer to peer education is successful .
- Anonymous self help groups work for certain people but not for everybody
- An IDPC research shows that police actions are effective if developed in cooperation with the community. Isolated police activities have no effect on drug use. According to Europol the police has no influence on trafficking, only 6% is intercepted.
- San Patrignano has had positive results with a theatre show to educate people in the age of 15-20 years. Prevention should also be aimed at parents and teachers.
- In Portugal it was also found that NGOs have to work with schools and families over a period of several years to assure proper education on drugs.
- In the UK the most successful programs provide rapid responses, holistic treatment and aftercare
- Lithuania – successful advocacy work has been carried out with national and international organizations.

##### **Summary on objective 1:**

- Overall there was a general consensus the aims of the UNGASS were unrealistic, and difficult to assess.
- There is a need for structural evaluation of the effectiveness of drug policies and NGO activities
- Funding of NGOs is unbalanced and politically determined; there is too much emphasis on supply reduction and too little on demand/ harm reduction.
- On a local and national level some effective programmes were mentioned, most of them in the field of demand reduction.
- There is a need for training and protocols for professionals who have to deal with drug related problems.
- Policy makers must be better informed and acknowledge the advocacy role of NGOs. Governments must make more use of innovative capacities of NGOs

## Objective 2

To review best practices related to collaboration mechanisms among NGOs, governments and UN agencies in various fields of endeavor and propose new and/or improved ways of working with the UNODC and CND.

### Question 1:

How do governments currently consult with or engage NGOs and civil society in the development of drugs policy, strategy and practice?

#### General observations:

- There are great differences among the countries as regards the involvement of NGOs.
- In official working groups only some NGOs are represented and the groups tend to be unbalanced
- There is a lack of structured, transparent consultation mechanisms. There is a need to define exactly what NGOs are and what “expert” consultants are.
- A structured way of NGO involvement might be useful, but it would not guarantee the full coverage of NGO opinions as governments select among NGOs depending on their theoretical considerations, drug policy directions.
- No better way for NGO involvement can be identified than regular and structured communication between NGOs and governments. That is why it was repeated several times that the “architecture of consultations” should be developed and made functional in order to be able to get engaged in a more effective way.
- Policymakers are not well informed or do not want to know what NGOs have to say.
- Often NGOs are called to deliver but not to help to define what needs to be delivered.
- Proactive strategies from the side of the NGOs can have positive results.
- The majority of NGOs is underpaid and understaffed. In many countries NGOs are fragmented. Lack of funding can lead to competition between NGOs. Also activities in different areas of the drug field can hamper collaboration between NGOs. This all hinders communication between governments and NGOs.
- Lack of a national strategies is often a problem.

#### Specific remarks/observations:

- In Hungary there is a coordinating committee on drug affairs. There has been an increased focus on NGOs and more balance between governments and civil society as this coordinating committee is having voting members representing the civil society.
- In Belgium there was a clear regional difference in engagement of the government with NGOs, it mainly depends on political will.
- In Portugal NGOs contributed to the development of the national strategy but then political circumstances changed the strategy.
- UK has a ten year strategy; NGOs are involved in strategy review
- Austria: lack of national strategy is a problem. NGOs have no power in policy making but only via umbrella organizations
- Baltic States: NGOs are not well prepared, lack of capacity, knowledge and funds – fragmentation. In official Working Groups only some NGOs are represented and the groups tend to be unbalanced
- Sweden: involvement depends on the government’s political preferences.

**Question 2:**

**What experience have NGOs had in engaging with UNODC and other UN organisations and agencies at the country, regional or headquarters levels?**

**Question 3:**

**To what extent are NGOs and civil society organisations involved in preparatory work at the national or international level for key UN meetings linked to drug control, such as the Commission on Narcotic Drugs, ECOSOC meetings, and meetings of organisations such as WHO, UNESCO, ILO and UNAIDS?**

**NB:** these questions relate to the same issue: the interaction between NGOs and UN bodies and organisations; therefore the remarks/observations on these two questions are combined:

- 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”.
- If and when governments are truly relying on NGOs, if they involve NGOs in their strategic planning activities, in those cases NGOs can be part of this consultation mechanisms.
- If governments choose one or another NGO this decision can always be considered by others as a biased choice. Again here the importance of horizontal and vertical integration and involvement, of “consultation architecture” is stressed.
- NGOs that take an active approach are always heard by UN organisations (don’t complain too much, but take action)
- Often national policy makers do not know enough about procedures and the international political agenda to encourage NGOs to participate in the policy process
- UN procedures are often seen as bureaucratic, non-transparent and incomprehensible. In “old Europe” the UN is seen as a distant and far-reaching body which dictates drug policy worldwide regardless of local and national policy. The INCB is a good example of a completely isolated, inaccessible and non-transparent organisation.
- However there was a feeling that UNODC is gradually getting more accessible for NGOs
- The inclusion of civil society in national CND delegations was strongly recommended. Some governments already do this.
- UNAIDS is cited as best example of how NGOs are involved in formulating strategy at the highest levels. In case of UNAIDS the NGO task force is much more present than at the UNODC related events, projects, perhaps because issues relevant for the UNAIDS are much less politicized.
- UNODC field offices are mainly based in developing countries
- In the UK an open consultation took place.
- In Italy a meeting has been held for NGO members of the Consultative Council to get NGO input into the Italian position on the UNGASS review.

**Summary on objective 2**

Very few disagreements were articulated during discussing this objective. NGOs in general are not participating in any preparatory work related to the above mentioned UN meetings or activities of UN organizations. Some recommendations were formulated regarding the better involvement of civil society in this type of high level meetings and activities. The only reverberating motive was that civil society should find its position in the national context in order to be able to make its voice easy to hear in wider context. UNAIDS was mentioned again as a positive example. There is definitely room for improvement in the dialogue between NGOs and governments and NGOs and UN agencies. An improvement will also require a change in mentality and consciousness.

### **Objective 3:**

**To adopt a series of high order principles, drawn from the conventions and their commentaries that would be tabled with the UNODC and CND for their consideration and serve as a guide for future deliberations on drug policy matters.**

#### **Question 1**

**In your country have controls or legislation to fulfil the obligations of the UN Drug Control Conventions supported achievement of the objectives of the conventions?**

- In general the group agreed that many obligations and objectives of the UN Drug Control Conventions are not realistic or out of date.
- International legislation makes national policy officials inactive, and is the cause of a lack of innovation. The conventions are used by politicians to avoid debate.
- Implicit in the UN conventions is the assumption that all countries have the same capacity of implementation. However this is not the case in reality and often control is not working because legislation cannot be enforced. This leads to injustice and uncontrollable policies.
- In some countries there is a perception amongst the population that middle class drug users are not bothered by the police but lower class users are prosecuted. This is definitely not the objective of the conventions.
- International drug control systems keep the prices of drugs high and this encourages corruption. Corruption is everywhere, and not only in the developing world
- Over the past decades, many countries have moved from very strict drug control legislation to less strict policies. This trend is incompatible with the severe requirements of the UN Drug Conventions and can create a rift between the conventions and practice.
- With regards to substitution therapy, the example was given that national regulations now require a person to report each day to receive the methadone. This approach is according to one of the objectives of the conventions (limiting illegal distribution of methadone), but it impedes the client from functioning in everyday life.
- Control of pharmaceuticals leads to injustice in practice and irresponsible situations seen from a medical point of view. In the UK and Italy the availability of diamorphine for pain treatment is very limited and doctors tend not to prescribe these painkillers because of the bureaucratic obstacles.
- Sweden has moved towards tighter drug control. Accordingly, this trend in domestic legislation matches the increasing severity of the UN Drug Conventions, which has helped to achieve the objectives of the conventions.
- Scientific evidence suggests that there is absolutely no link between the severity of the domestic legislation and that country's success in fighting drug use.

#### **Question 2**

**In your country, has national, state or city legislation used the flexibility within the UN Drug Control Conventions?**

- In some countries (such as the Netherlands) drug legislation gives police the flexibility to interpret and prioritize their intervention towards criminal behavior related to drugs, whilst staying within the UN conventions
- In Italy from 1993 – 2003 consumption was legally decriminalized.
- Although many countries do not alter legislation to allow for consumption or possession, both are generally tolerated and are therefore de facto decriminalized. Nevertheless, 40% of the prison population is currently in custody for drug related crimes.
- In the UK special magistrates are being trained on the issue of drugs for “drug courts” based on the American model. Also in Norway.
- Most European countries have alternatives to detention in their legislation, although the implementation and efficacy are debatable.

- Portugal has used the flexibility of the UN Drug Conventions to decriminalise drug control with respect to cannabis. As a result, there have been significant savings in the penal system with a marginal increase in the prevalence of drugs in Portugal.

### Question 3

**In your country, has emphasis on supply side controls within the conventions affected the development and implementation of demand reduction measures?**

- Many delegates confirmed this situation. It was noted that supply reduction is often better financed than demand reduction and prevention. The situation is slightly different in new Europe, where primary prevention and treatment receives the most funding from state governments and supply reduction is funded internationally.
- See also the remarks/observations as mentioned under objective 1, question 1.

### Question 4

**Do you believe that adherence to the Conventions has resulted in unintended consequences for your country, whether positive or negative in character?**

- See the remarks made under objective 3, question 1
- Unintended consequences: corruption, discrimination/injustice, lack of balance between supply reduction and demand reduction, inactive national policy makers, unacceptable high working load of police/justice authorities, high level of incarcerated people, criminalising drug users, levels of drug consumption have not gone down significantly, etc. These generally accepted observations were followed by a discussion whether this was due to the conventions or a general tendency in western societies.
- In some cases the discussion was whether these consequences were really unintended, or just unavoidable.

#### Specific examples:

- In Sweden substitution treatment is implemented but the patients are stuck in their own social circles, this increases the chance of a relapse.
- In Italy the police cannot cope with the drug epidemic, especially cocaine is used everywhere. When the drug conventions were drafted the world drug problem was much smaller.

### Question 5

**What over-arching principles might be suggested for consideration by CND and other UN bodies when developing proposals for drug control in the future?**

**What processes might be adopted to facilitate application and review of these principles?**

The members of the working group discussed the following high order principles and ways to implement these:

- Human Rights and Dignity should be the principles of the highest order. The Drug Conventions should be about people who use drugs and not only about drugs.
- Protection of human rights implies a balance between the human rights of drug users and the human rights of families, parents and children to be protected against the dangers of drugs
- the Right to Health and the Right to Justice were also mentioned as two high order principles. The Right to Health must have priority over the right to Justice.
- The Right to Health implies that drug control should strive for the optimum between being available for rational medical use and the prevention of being available for harmful non-medical use.
- As a consequence, WHO should be leading in medical and scientific matters.
- Drug control must be based on the principles of effectiveness and a balance between supply and demand reduction

- Policies must be based upon a reliable and comprehensive evaluation system. The UN drug policy needs to build on what is working in the field .
- To do this a common agreed terminology and criteria are necessary. The group unanimously accepted that many of the concepts and definitions with the UN Drug Conventions are either too ambiguous or antiquated. The following terms/concepts were given as examples:
  - “Drug” (The term needs to be defined in a way that reflects contemporary understanding)
  - “Treatment” (The group felt that what exactly constitutes “treatment” should be clarified. For example, is prison a form of treatment? And, what is the relationship between treatment and rehabilitation?)
  - The relationship between “drug use” and “drug abuse”
- bi-products and negative consequences of drug policies (such as corruption; overstretching of the police force; administrative difficulties for the State; unintended and innocent deaths; and family breakdowns) must be given greater prominence within the UN Drug Conventions.
- Professionals in the field, drug users, policy makers and others should be informed honestly about the nature of the drug problems and the effectiveness of drug policies
- An effective system allows leeway for local authorities to adapt to local circumstances.
- The international control system and the organisations that are part of this system should be transparent (including the INCB).
- An international drug control system must be seen as a means to facilitate states in developing effective drug policies, not a goal on itself
- Some NGOs were in favour of a new Convention on Harm reduction
- NGOs must be able to participate in a structural way in the national and international policy processes
- Governments have the obligation to facilitate the work of NGOs
- Better less and more flexible conventions in stead of more and more rigid conventions.
- Although the group recognised that a deal of flexibility exists within the current UN drug framework, the majority of the group felt that greater flexibility was still needed. Most of the group agreed that the problems caused by drugs are as many and as varied as the contexts within which they occur and that the conventions need to accommodate this. The point was made by a Swedish NGO that to give too much flexibility to the system would undermine its credibility and collaborative initiative.

**Summary on objective 3:**

Participants agreed that the conventions were drafted many years ago under different circumstances in a different social and cultural environment. Since then very little positive results could be mentioned. In fact the discussion on this objective only delivered a long list of negative consequences of the current system, all though nobody could tell how the world would look like if we had not adopted the conventions 40 years ago.

The general feeling was that it is time the conventions and the drug control system based upon these conventions are evaluated. Also the majority of the NGOs agreed that revision of all drug conventions should be possible, but only if necessary.