

VIENNA NGO Committee on Narcotic Drugs
March 9th 2005
Vienna International Centre

REPORT

Chairperson: Eric Carlin, The Mentor Foundation, Eva Tongue, Chair of the Vienna NGO Committee

Welcome and Introductions

Eva Tongue introduced Eric Carlin who then introduced the first speaker.

Francis Maertens, Director Division for Policy Analysis and Public Affairs, UNODC

Mr. Maertens extended a welcome also on behalf the Executive Director, Mr. Antonio Maria Costa, who could not attend. He said that UNODC gives great importance to NGOs' views and experiences and they are grateful to the NGO Committee for organizing these Forums during CND. They give the opportunity for a frank exchange of views and experience. He said that the UN is encouraged by the progress being made in international drug demand reduction. Members States' responses to Questionnaires show an increase in the implementation rates in prevention, treatment and data collection.

Gaps the UN would like to focus on leading towards 2008 include looking at diversionary activities and what the UN and national governments can do to influence the media.

Over the last year, UNODC has integrated drug and crime programmes. They have built partnerships, including establishing the CEB (Chief Executives Board) across the entire UN systems. There is a need to integrate demand reduction activities across all areas, including looking at the social and economic impact of drug misuse.

Mr Maertens said that the UN would like to forge stronger relationships with NGOs as well. Although this is underway, much more can be done to address issues including advocacy, the international Drugs day on 26th June, international campaigns and tackling the problem of HIV/AIDS. They aim to build capacity and will work with the NGO committee to achieve this.

Eric Carlin (Belgium): How can we be useful, and why does the UN want to interact with NGOs?

Response: The CND Paper CRP 1 28.02.05 –outlines all UN involvement with NGOs. The UN needs to work with NGOs to be able to reach the grass roots level. The 1998 declarations called to have NGOs taking a leadership role in addressing the issues in which the UN is involved.

The committee might like to consider how to position the drug issues into an international agenda (Peace Security and Development). A panel of eminent personalities has discussed threats to international security. Their report included looking at issues of poverty, diseases, environmental degradation, terrorism and trans-national organized crime, including drugs. Recommendations have been placed before the general assembly. NGOs can mobilize other NGOs to address these issues.

Major Brian Watters (Australia): Is this lip service to the contribution that the NGO sector can make? In Australia, there is a body that enables NGOs in the decision process, before budgets are set, rather than after actions have been decided. A similar approach should be included within the UN.

Response: We should look at the practice in other organisations to see how they have been successful in involving NGOs in the decision process especially at the policy level to give NGOs a better role within the UN.

Eric Carlin (Belgium): How have NGOs become so involved in policy making in Australia?

Major Watters (Australia): Drug use was continuing to increase, despite governmental strategies. The PM wanted to use as much expertise as possible. There has since been a reduction in drug related deaths and use. Hopefully this is due to the ground force perspective and knowledge that NGOs contribute.

Andrea Efthimiou-Mordaunt (UK): Harm reduction, and specifically 'safe injecting rooms' were a valuable tool in these reductions.

Major Watters (Australia): 'Tough on Drugs' has saved more lives than safe drug use rooms.

Eric Carlin (Belgium): What is the experience of the committee over the years? What have been positive achievements that can help us move forward?

Eva Tongue (Switzerland): NGOs for the last 25 years have been recognized as a partner in implementing programmes and encouraging the change of policy. It should be a two-way exchange. The UN is the leading agency, but in the last 10/15 years the delegations have grown, and they are not always the experts that we have been used to working with. The overpopulation of the Commission has prevented the face to face communication that the Committee used to have with delegates. I feel that the presence of NGOs is becoming less important to the Commission. The Vienna Committee aims to enlarge its membership as much as we can, gaining a broader international scope. We need to show that we are not working against the UN or the world, but for them. We should put our efforts together, and arrive at the point where we demand from the commission that NGO reports as well as Country reports should be heard at the commission. That would be a great achievement. If we have an ongoing dialogue, we would be better understood, and misunderstandings regarding issues like the terminology of 'Harm reduction' would occur less often. We could also shrink the gap in perspectives between governments making policy and the work on the ground.

Eric Carlin (Belgium): We have heard from UNODC (Francis Maertens) that they do want to work with us, and commit to our input. This meeting is part of a process.

Elie Araj (Lebanon): HIV Prevention and Drug Abuse – Experience from Lebanon

This presentation painted a picture of the situation in Lebanon, and the issues their experiences raise.

Which is more important the substance or the human being? This is a key question to focus upon for today.

Lebanon only gave substance use a focus when the country produced drugs. Now that crops have been eradicated it is not on the agenda nationally, or for international agencies.

Working with ex-drug users reinforces their status as non drug users, and allows an 'acceptable' channel for communication for the drug users in a society where their drug use is not accepted. There is a need to have low threshold centres and out-reach work as users do not ask for help due to law and society's exclusion.

However, in Lebanese law, once a user registers for detoxification, if they drop out of the programme they can be prosecuted.

What is the role of gender/religion? Neither Christians nor Muslims allow the use of drugs. So neither society accepts users. Religion reinforces the taboos. 8% of drug users are female. Not a lot is known about female users.

Poverty is also an issue. Lebanon is not poor, but wealth is very unevenly distributed. 5% of the population is very rich, and the remainder is poor. The country is under such debt the society feels the burden.

We therefore need to address social exclusion / poverty alongside interventions and treatment.

Eric Carlin (Belgium) to representatives of The Ministry of Social Affairs and Health, Finland and The Ministry of Foreign Affairs, Belgium: How are NGOs involved in your countries and what added value do they bring?

Response: In Finland all substance use treatment is run by NGOs and there is a close relationship between NGOs and the state. They are an important part of the structure of policy development. However, the question of whether they are becoming 'part' of the government has been raised.

Belgium – within the EU the situation in terms of working with NGOs is quite similar. In Belgium there are local governments with a lot of power in the drugs fields, and all of these work very closely with NGOs. However, there is still a debate about what drug policy should be. Many NGOs stand for adherence to UN conventions, and others oppose it, so NGO voices can be conflicting, although the country tries to listen to all of them.

David Turner (Italy): Community Participation in Developing Drugs Strategies

The presentation discussed examples of involving communities in interventions.

Communities are not very often involved in developing drug strategies. Terminologies in the field are confusing. Positive terms should be used more frequently. Often in drug services it is forgotten that the individual lives within a community, and this should be included within interventions.

Where interventions are taking place they need to involve the local (physical) community's agenda. Within needle exchanges the return rate is very low; this has a damaging effect on the relationship with the programme and the community. Having empathy with communities is as important as in work with clients.

Local communities can become 'champions' for drug services rather than discouraging them.

Major Brian Watters (Australia): Would users not return to a needle exchange if they are prohibited from attending if they do not return their needles?

Response: The managers of the programme should be concerned with the return of the equipment. It should not be so strict as to prevent attendance, but to acknowledge the responsibility of the programme to look after this. Hysterical reaction to needles in the media have been damaging to the drug using community. There is a possibility of engaging drug users in the recoup of equipment. We should not ignore their own capabilities to make them part of the process. They can also see the 'win win' situation of engaging drug users to improve relations with the community, and improve the acceptance of the programme and drug users within the local and wider community.

Christian Haring (Austria): Reduction of Drug-related Harm – the Philosophical Aspect

We must ensure that the data our work is based upon is collected and used. We must evaluate interventions to prove benefit to governments, give greater priority to prevention and demand reduction, encourage multi-agency cooperation and involve the 'community'.

Drug-addicted people are not guilty, but suffering from a disease. They need bio-psycho-social support.

At early stages of addiction, harm reduction is very important. Strategies must differ depending on the state of the disease.

Bill Cartwright (USA): Addiction science is well developed, the ability to measure the effects on the brain exists. Methadone developed as a palliative method to stabilize drug addicts on their way to abstinence. Harm reduction encourages harm, abstinence is the best way to solve the problem, and provide the best and most humane treatment service. The Vancouver experience showed an increase in HIV/AIDS with the introduction of Needle exchange. We should rely upon the science. The discussion of how science impacts policy is a very important discussion. The 'Grandmother' test should be applied to interventions. What grandmother would wish their grandchildren to be given needles? Where the reaction of a relative to Harm Reduction programmes would be negative they are best not implemented.

Response: Abstinence is important, but at certain phases of the illness it is not possible. The right moment for the patient is very important. If it is the wrong moment, for example when in prison or suffering with emotional problems it would be more damaging for the addict.

Thomas Legl (Austria): Does harm reduction have any effect upon co-morbidity?

Response: It is important to first treat psychiatric disorder before looking at the drug use. Drug treatment should be secondary to this to be most effective. Harm reduction/treatment is a way into psychiatric treatment.

Eric Carlin (Belgium): We should not set up prevention versus harm reduction. They are both working towards the same aim.

Prof Musalek (Austria): Some scientific knowledge is available, but at this point it is quite a small amount of data and we should not base our therapeutical decisions on it. There should not be only abstinence or harm reduction interventions. It is good to represent the relevance of both.

David Turner (Italy): The concept of a behaviour as a disease is problematic. There is the metaphor of disease or actuality of the term disease. There is not a problem with the metaphor, but a philosophical problem with the actuality.

Response: There are many definitions for disease. In the context of this presentation, the 'metaphor' is appropriate.

Joanne Csete (Canada): The case of Vancouver is so frequently misunderstood and distorted. Scientists compiled the real evidence and made a report, (summary circulated). The evidence shows that without needle exchange, the levels of HIV/AIDS would be more catastrophic. An alternative Grandmother test is that close family relations, with good intentions, and support for abstinence, are thankful that there are ways for their relation's addiction not to be a death sentence.

Ron Bing (USA): With psychiatrically-impaired drug users, programmes reduce costs to hospitals. Brain science has its roots in the need to substantiate outlays of funding. Doctors get more respect than others when politicians split the budget. Law enforcement agents help users by arresting them, and engaging them in the system for possible interventions. We fail to exercise the political will to bring the system up to speed. We need to make a solid integrated continuum intervention. Treatment agencies are in touch with harm reduction initiatives so the referral is there for when users are ready for treatment. We should be progressive; the politics are holding the field back.

Andrea Efthimiou-Mordaunt (UK): There are not two extremes. We should acknowledge where the user is at. Frequently direction of programmes is limited by funding.

Major Watters (Australia): Early intervention is valuable and it is not impossible to promote abstinence at early stages of use. Using the term “disease” is useful to take away the feelings of self-dislike from the users.

Eric Carlin (Belgium): There is a lack of a sufficient evidence base for prevention activities, particularly in a European context. Is there any evidence, or research under development? Harm reduction should not be pitched against prevention. Supply reduction can also be included in Harm reduction.

Ron Brinn (USA): We have not begun to tap the resources within the supply reduction field. These assets would go a long way in helping our work. We should start to think like a major corporation. Develop our brand across the board as doors to a life without the damage of drugs. We are able to turn a community around. We are sidelined down a philosophical discussion.

Eric Carlin (Belgium): It seems to me that NGOs are often concerned about drugs from a health and civil rights perspective. Governments are more concerned from a crime perspective. This presents challenges for us; we need to be clear about how much we wish to engage with the crime agenda. What do others think should our interest be with the crime agenda?

Ron Brinn (USA): Drugs are one of the first activities of crime organisations. Crime trumped drugs on the agenda because we did not address this link. Alternatives to crime/drugs etc., need to be addressed so that people can see a way of life without any way of that jeopardizing making a living.

Bijan Nassirimanesh (Iran): Presentation

Mr. Nassirimanesh described outreach work taking place in Tehran with street drug users. Harm reduction activities are being piloted. HIV/AIDS and Hepatitis are changing people’s lives. He argued strongly that peer to peer activity delivers to the heart of the problem. Injecting drug users often have strong bonds with each other.

Afternoon session:

Adrian King (UK): Education, Prevention and Harm Reduction

Mr King presented the philosophies and practices of drug education in England.

There used to be a false belief that Harm reduction and Primary Prevention are different. We cannot prevent harm. If we are working with young people it is young people who are able to prevent harm. We need to enable them to do so.

Terminology sometimes must be first defined to be clear in discussions and when undertaking work. Within England the difference between Drug Use and Misuse is clear.

Drug Education aims to develop young people’s ability to make decisions, be aware of the consequences of their actions, and be encouraged to be safe. Effective Prevention essentially aims to ensure a young person’s self-worth is unshakeable.

Peer pressure appears not to have the significance previously thought in the field of Drug Education.

If Drug Education has its aim to keep young people safe, they should still be cared for even if they are doing what we are advising against.

There is no difference between Harm Reduction and prevention within drug education.

Patricia Begin (Canada): Is there any tracking/evaluation ongoing?

Response: The reality is that we need a long time to undertake this. It is hard to define what changes are due to education, and what is due to other influences within communities. We can know from surveys that young people appreciate, and find interventions useful. The UK Home Office's Blueprint research programme is attempting to put in one place all the previously proven best practices in prevention, and is looking at the results that ensue. Findings have not been published, but they believe they are on track. (Reports in 2007)

John Borody (Canada): Citing a similar evaluation experience, there were 2 elements measured in study, knowledge gain and changes in behaviour. The study has just been published. Findings were that there were no changes in alcohol use but there was a drop off in marijuana experimentation. One challenging issue for evaluation is to persuade education authorities to allow young people to 'not' receive the intervention.

Response: There is a danger in measuring 'behaviour change' and holding teachers responsible if it doesn't occur. Therefore teachers should be encouraged to work with young people to support them in developing a plan to change their own behaviour, and take responsibility for that themselves.

Guillaume Fournier (France): How is the balance found between illegal and legal drugs?

Response: In the UK, teachers are encouraged to not focus on illegal drugs, or on the legal status of substances. Instead they examine dangerous or safe behaviours.

Gautam Babbar (Austria, UNODC): I am pleased to hear that we are cautious about measurement factors in evaluation.

Might the NGO committee establish a focal point which could pass on research from the frontline to the UNODC (Mirella)?

How does drug testing policy figure in drug education strategy in England?

Response: It could be danger to put such a focus on testing. It is beneficial to focus upon trust, support and vulnerability. So far there is only one school in England that is using drug testing.

Dr. Zsolt Demetrovich (Hungary): A National Approach – Hungarian Experience

Dr. Demetrovich presented the national approach being undertaken in Hungary. He drew specific attention to the distinction now being drawn in official statistics between occasional/past use and 'using'.

David Turner (Italy): How was the Hungarian National Drug Strategy adopted? If there are some particular goals in the national strategy, but those who are expected to implement them are opposed to it, there can be a big gap.

Response: This is a problem with communication, and many basic things do not get through to professionals. The strategy was led from top down, with only some discussion. There is also a gap between what the professionals say in principle and what they will do.

Eric Carlin (Belgium): We heard about how NGOs have the ability to connect with communities. Are there specific communities in Hungary that have drug problems, and do NGOs make any particular response to them?

Response: Most of the activities are run by NGOs rather than government institutions. Most NGOs do not have the financial security to do any long-term planning relevant to specific communities.

Adrian King (UK): We heard that there are some problematic groups in Hungary, including Psychiatrists. In England the same applies to Head Teachers. They will not attend training, so they are not fully equipped to make decisions and engage school's support and help identifying needy groups.

Also, how can the media be encouraged to provide more useful and overarching perspective?

Eva Tongue (Switzerland): The acknowledgement of the drug problem is a relatively new phenomenon in Hungary. The expansion of the drug problem was not as large and visible in the last 15 years as for some other countries. Because drug prevention is a relatively new field it can be hard to show success strategies. There are three public information strategies, hysteria mass media messages, valid and viable information for society and none at all. We must work collectively with the UNODC on how we should develop a responsible media.

Gabriele Gottwald Nathaniel (Austria): Practical impact on the reduction of drug-related harm

Ms. Gottwald Nathaniel presented her work in treatment services in Austria. Key themes included:

A multi-faceted approach is important

The attitude of acceptance is essential when working at the frontline. Different drug users have different needs. Treatment needs to be flexible to their needs.

Peer to peer support is essential

Adrian King (UK): Is there a greater role for education and prevention in supporting people with a need before they reach a stage of needing services?

Response: Yes, prevention is essential. In the gap between education and treatment, there is a missing link. The centre is now starting to establish links between them and prevention centres. There is normally a distance. All methods of interventions could be in contact and working together towards our common cause

Alexander Zelitchenko (Kyrgyzstan): International anti-trafficking efforts – experience from Kyrgyzstan and Central Asia

Under the Soviet system drug users were seen as evil, criminals, the enemy. This attitude was perpetuated by society. When treated like criminals, drugs users acted like criminals. When the Soviet system collapsed, I realized that drug addicts seemed different in other countries, other agencies were working with them where they were treated like patients rather than criminals and were therefore less violent and difficult. This difference resulted from a difference in attitudes rather than a difference in human nature.

The emergence of HIV/AIDS spread greatly in Kyrgyzstan through injecting. As a response and learning from experience in other countries, the Police Academy embraced Harm Reduction principles to begin to remedy the high number of drug users in prison. Needle exchange and methadone treatment was introduced in prisons. In 2 years of needle exchange programmes in prisons no one on the programme has become infected by HIV/AIDS.

Where there is not a national strategy or general policy (as is the case in Kyrgyzstan), Harm Reduction is the most effective intervention.

Adrian King (UK): Waging war on drugs, as if they are the enemy, has been found to not work. In education we have tried to wage war on drugs by waging war on young people - with the same results. Young people will behave like the enemy and will be challenged to defy. We need to trust them more, and demonstrate at every opportunity that we care for them.

Response: The target for police too is no longer the drug user, but the drugs.

Joanna Csete (Canada): How do you deal with Police Officers who do not share your experience and the perspective?

Response: Public relations were considered from the very beginning of the introduction of Harm Reduction programmes. Continued training is provided to police officers. They are also put in the position of advocates for the work, going to neighbouring countries and other forces with their evidence.

SUMMARY AND KEY POINTS

Joanna Csete (Canada): It was striking to hear stories from countries we do not hear a great deal about. What mechanisms can we use to share experiences/knowledge among the committee and the UN, and amongst ourselves?

Eric Carlin (Belgium): This is essential, and will be put on the agenda for the committee.

Bijan Nassirimanesh (Iran): Activities need to aim to have high percentage of coverage, as small coverage can substantially reduce efficacy. An example of this is to always go to the Ministry of Health of the country.

The media is exploited by 'drugs', and not by those against drugs. Especially in south East Asian and Middle Eastern countries, where people are very emotional, they feel what they see.

Eric Carlin (Belgium): The forum today contained many media friendly stories. Does anyone have any examples of getting drugs good news stories into the media?

Major Watters (Australia): From the Australian perspective, the media have been engaged and they are establishing protocol for how drug related stories and information is reported. This was following on from protocols set on the reporting of teenage suicides to eliminate copy cat cases. The government has just set up a good news site. This then takes away the perpetuation of 'once a junkie, always a junkie'. The web address will be circulated

Eric Carlin (Belgium): These protocols may be useful to share with UN to assist

Mirella Frahi (UNODC): There is a series of 'Success Stories' that were launched by UNODC on International Day. Thank you all, on behalf of the UN for your contribution today.

Eva Tongue (Switzerland): Can we have feedback of information discussed, i.e. web addresses, research etc.? This will be included as an appendix to the report of the meeting for everyone's info. This could then become the beginning of a kind of enlarged network, exchange of information.

The statement of the Vienna of the NGO committee to CND is available (distributed at the meeting). It may useful to all who are newcomers to the meeting.

Eleonore Haver-Rona (Austria): Prevention was frequently mentioned today in the context of young people. In a governmental issue recently it was stated that prevention should be started in young childhood – pre-school in the family environment and pre-school groups.

Andrea Efthimiou-Mordaunt (UK): We need drug user cohesion – we can influence each other. It appeared that Hungary was prepared, that there was more acceptance. It is important to acknowledge what has been achieved. It would be interesting to hear more from this country.

Alexander Zelichenko (Kyrgyzstan): It feels like a very successful session. Before NGOs and government were entirely opposite, and it is clear that we should be working together.

Adrian King (UK): Drug Education tries to encompass the needs of all children/young people in prevention and harm reduction. To address the risk factors and behaviour before they become dangerous drug related action. Schools are also encouraged to liaise with other agencies that have the more specialized knowledge regarding young people's welfare. The pre-school target group are also an important group, as they have a long journey through life, and need as much care as possible.

Gabriele Gottwald Nathaniel (Austria): Pictures and educational information should be featured in the media. Successful stories of drug users are within all our services. What they are able to achieve/change is apparent.

David Turner (Italy): It is very exciting that there is such a commitment to move things forward. However, this is a voluntary committee without resources, and we should be a bit careful about how far we can go. We need to prioritize. One priority is sharing information. There are already NGOs in existence that we should better links with. It would be very useful to get a picture by adding up the numbers of all NGOs working in the field, and in which types of intervention, to let people know a bit more about the NGOs in the world. I am, however, cynical about good news stories because most of us enjoy gossip, and it is normally about bad rather than good news. Newspapers are currently more about gossip than news.

Elie Al Aaraj (Lebanon): Today's meeting was very fruitful. We now need to work on a strong coalition with clear objectives and a clear plan of action to break the classic way of dealing with the drug problem. We are all convinced that dealing with drugs needs multiple approaches. We should see a representation of drug users at the meetings. Drug users are human beings; they have the right to live as equals.

Bijan Nassirimanesh (Iran): NGOs and drug users should be involved in the decision making process of governments. We are all here to make a difference, things should leave the discussion forum and research centre and go to the grass roots.

Eric Carlin (Belgium): Today was very inspirational. Many thanks to Eva Tongue, Barbara Walsberger and Thomas Legl for the work that has gone into the preparation of the committee. This is only part of the process, and is a very exciting development. We now need to build on it to improve how we work together and with the UN.