

Fifty-seventh Session of the Commission on Narcotic Drugs

17th -21st March, 2014

United Nations Convention, Vienna, Austria

Side Events Report



Conference session in the main hall

Meeting the Challenges of Drug-impaired Driving

Organized by Canadian Centre on Substance Abuse (CCSA) and the New Zealand Drug Foundation

Dr. Rita Notarandrea, CCSA, made a remark. The general public should understand the importance of drug issues, not only the alcohol driving but also smoking marijuana. In Canada, they haven't recognized the definition between smoking marijuana and alcohol. We should also focus on the passengers as well. Driving while impaired by alcohol or drugs remains the most prominent factor contributing to serious road crashes in Canada.

For detecting impairment, we have this SFST test: one leg stand, horizontal gaze Nystagmus and walk and turn. This test was made to detail impaired by alcohol, but now the test is currently also used by police to detect drug impairment. However, it's ability to accurately detect drug-related impairment is unclear. But there have been few studies that have assessed the SFST's ability to accurately detect impairment due to drug.

With that reason, CCSA has done the research, different classes of the drugs may not test out well. All drugs categories showed significantly impaired performance on the test but the pattern of performance varies from the test. But we need research to examine SFST performance among individual who have not used drugs.

Reports can be found at www.ccsa.ca.

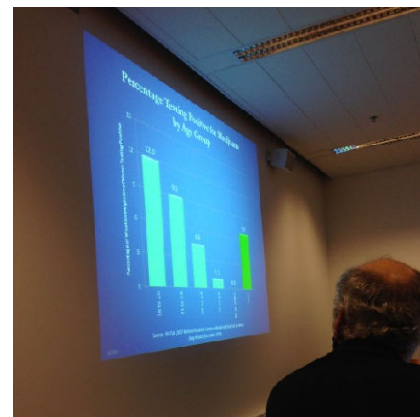
Ross bell, executive director of NZ Drug Foundation presents next. The NZ Drug Foundation has created a campaign called: Steer Clear – social marketing for behavior change. NZ has a serious number of high drug users driving in the world. 4 in 10 NZ drink drivers also tested positive for medicines or drugs driving. Among them, 30% of fatal crashed are caused by alcohol and drugs. Drivers lack of driving knowledge, and do not recognize of potential impairing nature of many drugs, in particular cannabis and prescription medication. 67% of people are reported to NZ Drug Foundation saying that they drive after taking cannabis. (unofficially) Of the people that use cannabis, 54% drive while impaired some of the time (14% most days) (targeted reporter), 46% of them ride in a car with someone affected by cannabis driving and 69% of them report that some of their friends are driving.

A Campaign - Steer clear – is launched. The campaign focused on the young people aged from 16-24, we raised the awareness in two ways:

1. young people who stop their friends from driving following cannabis use
2. young people who persuade not to drive after drug

Campaign operations include:

1. Website : steerclear.co.nz
2. Steer clear Social media
3. And drop as drive simulator (sample) onesnews.co.nz



age of people
cannabis use

There will be a NZ Drug Foundation symposium in November 2014.

Banking on Evidence: Drug Policy Experiences in Europe

Organized by the Governments of the Czech Republic and Switzerland and the Open Society Foundation (OSF)

By Czech Government Representative

Introduction

Difficult to in co-science, Czech republic and the drug has been a big high level, full of debate, one of the millions of other problems, when the country was changing from. Many people were involved in medical problems.

Nobody is interested in the issue, and actually allow us to think much more rationally, as the economic changes is far more important than anything else. It's important in the 80's the drugs problem and drug used is considered as important in the west society. If you have a problem, it must be a psychiatric problem. It will consider as a medical health. And we put different experiences on the different professionals.

Drug policies

How do you see the lessons from your experience?

I think the lesson is really to organize the stakeholder's problems with the drugs policy, we need more coherence in the policy, to have a very good coordination with stakeholders with great levels. The aids fighting problems brought the ideas to the government. It's really the third most important we are doing police, justice, in many forms. We are actually of one group that can juxtapose the problem. There are so many examples of necessary collaborations, also in the consumption rules, it's very important of the neighborhood for them to know the police is in line with them. And made them feel safe in the neighborhood.

It should be also align with the international level, it is very important that all agency of the UN plays a part, to collaborate, we are passing first to one field, they may be needed to push the issue, and tell them it is very important that they commit into the post of possess the drug.

By EMCDA Portugal

What is the Portuguese experience?

I have lots of versions to comments; one of them is the sudden concepts. Before 1947 we have no big problems, we are completely isolated from Europe, and not set as a destination of tourists. We just heard far away what was happen, after the democratic resolution, people are bringing the ideas and experience of marijuana, I was 20 at that time and the explosion of the experience is huge, cannabis, and we suddenly has it in the every news, we have almost 1% of our population, 100,000 people who are of airy, they were completely across the whole society penetrating to different classes, so at that time, it's even hard to find a family who are completely out of the drug. Responses along with the justice started to develop network of responses to carry the drug addicts, but it didn't see to be effective, until the end of the 90's, from Dutches, we are mandate to list the strategies for the drugs problem, we have colleagues who listen to other countries' experience, and we propose to the government with a strategic plans, we've proposed, and treatment, we put network of treatment facilities, we proposed all that, and as the connection of all policies, to discrimination condition. The only condition is to fit on the system. We went as far as possible. We are now quite comfortable. We are very keen to on one side we do it as scientific as possible to achieve.

All of us are really concern in the new psychoactive substance, anyone like to address?

In the 90's we responded and we went a quick policy, we made the VIMS system and warned them we are in dangerous, unfortunately it is not that effective but the system still exist, we are monitoring exactly the work in the market, Minister asked for the data, and it's the ever changing problems with every changing solutions for this.

We heard a lot about the health policy, how do you begin to ensure the policy is still help with you in the issue?

Well, we decided the decriminalization, there was a lot of actions and were not convinced about the policy, it's the coordination bodies, and we sit together with the 11 Ministries and we discuss the movement of the several stakeholders, in the first time, the police were not convinced on this new approach, but now they are really happy with the decisions, and in term of spending a lot of resources and energy to drug users, in fact, they have to prepare the files, and go to courts, they got rid of that after the movement, they cease tons of substances, and it's very clear the limit of which area that the health and the social prosecution take the action.

I think it's very much the police is filling to supply reduction problem, what is extremely important is to create some open space for the base, we are also happy to work with the health, police, and the justice, with NGOs, activists, sit together and have a voice. They usually avoid to speak, but it's important and they are happy to stay in the same table, and throughout, it always create new outcomes at the end. The main principle is to have all parts together. This is very useful and every new government person coming, he / she may ask whether this meeting should be place in the health department or the police department, but I would say no, because this is collaboration. The number of people who are stabilize is dropped in every corner of the country and this results are clear evidence, we tried to find extreme useful policy is the coordinating bodies who has a secretary and under the secretary we have a focal point, the science is there always available, as we also have the data. This is the evidence base approach.

Something that explains the police and the justice is really also playing a role, and also in the treatment and in the people who are most addicted to the substances, we no longer oblige to happen to have their money for consumption, it was paid by the social security for their treatment, so it's for the whole society. They wish to concentrate for things that are successful, so this opportunity to peruse is also the idea to follow, no one have to say we have a new problem, it is obvious, the drug issues is no longer one of the main problem connected to safety, but really the problem of neighborhood's safety. We should look out for that, we don't want to have drug dealer in the back yard. And they are still working which is a great threat in the neighbor. The consumption, and the reports in the news is not enough, we need to take off from the decriminalize organized and must be fought effectively or over by the states,

I explained it in a flexible way, for instance in the last year, alcohol is included in our mandate and two branch joined out committee. We have the focal point under these bodies, the important of EMCDA itself and the balance, and for us Portuguese, we have close relations.

I was very happy to bring this up in this conference, because two years ago, we are just happening during coffee breaks. The crucial point is to take out the money, decriminalize it and legalize it to make drug a cheap things, there few thousands millions' s different and this is reduction of making money from the drug industry go and change the general policy of drugs

I think what we pointed to, is a decriminalization is actually necessary; there's will not be a state that is brave enough to put every regulations into the drug policy.

The police refuse to change because of the jobs and lot of social security. However, we have a different experience, we are addicted native, we are transmitted point, but with the drugs come the guns, our crime as accelerated, the decriminalization stop the guns problem.

First of all, I want to make it clear and my last remarks is not an official one, Switzerland is thinking about how far the regulation can be made. I think it's a very serious problem in the region; it would be the same situation in the middle of Africa. What concerns the consumer, and people are invited to the substance and they become addicted, try to make the people out of this. And decriminalize allows people to say no to the drug owner. It's not a strategy to fight the seller, but it is the strategy to save people from violence and violation of human rights.

I mentioning in how to solve this problem in a European scale, the only thing that we can do is policy makers, experts come together and open exchange all this idea. That would make a progress, we are looking for the problem and look at the way, it's just have a what group could be done in this problems.

About the police, in our country, our police believed it, they are very inspired of the ideas, I would like to see enthusiastic police to cannabis, but the question about will every country would like to go further, but I don't think it would be within Europe, that's why we should closely watch it and study it from other parts of the world. Since we decriminalize, nothing really happen, what we might do it, and it's hard to close, the idea the supply reduction is important is false, we have to work on drug users. Attracting from the society, or allowing to take all the stigmas that we use from time to time, this is the main point if you look at all the data, those countries who have the courage to votes more and deploys harm reduction ideas, what we can achieve is the harm reduction.

Mostly, we are proud to share the Portuguese experience, but we have the obligation to follow what is happening the other side of the world, and in the future.

The opposite opinion is also quite useful to make a long side for discussion.

Executive Council Meeting of OFAP

As a usual practice, OFAP has the executive council meeting which was held on the night of 17th March, 2014. Before the meeting, we have invited Dr. Liang He, Adviser to the Permanent Representative to United Nations (Vienna), Dr. Dimitri Vlassis, Chief, Corruption and Economic Crime Branch, United Nations Office on Drugs and Crime (UNODC), Dr. Michael Platzer, Chairman of Liaison Academic Council on the United Nations System, who will also become one of our member of OFAP, Mr. Jeffery Bawa, Consultant of UNODC to join us in the dinner. Of course, the executive councils of OFAP are on the table.



Executive Council Meeting of

A more detailed Executive Council meeting minutes is attached.

Innovations within the Three UN Drug Policy Conventions. Launch of the Drug Policy Futures. Alternative? Yes! Legalization? No.

Organized by the San Patrignano Foundation, Europe Against Drug (EURAD), World Federation Against Drugs (WFAD) and the Global Centre for Drug Courts Treatment.



Session on Drug Policy Future

Message from Africa Representative

My message is that for now is that I hope Africa could give us more information, instead of saying to establish the decriminalization, only if we can know the infrastructure, the details, and then we can make decisions and move on.

If you consider this as a problem, the message is just: can we provide information, infrastructure of the drug policy in Africa? I know it's not that easy, we invite people to come and understand our situation is not easy. So, come and give us more information, so we can also play an active part here.

Please include Africa in your convention, your forum, your discussion, so we can get more information to judge and make the decision.

Message from Mexico Representative

We have many parts and a lot of researches about the risk and drug consumption, about the health etc, and it works. Each year, we have prevention programs for 8 million 390 thousand people that covers 60% in the education sector, we work with schools and center. There are a lot of events about the cultural, we know the age from 15-18 is the most important group, as we know they have a higher possibility that they may start drug consumption in those ages.

We also work in declaration, we also work through with parents, one of them is to review solidarity as a primary risk for their children. We also have programs at the school such as bullying, and we have many materials, we do research and says that the buyers also work in school and friends, so it's important to work to explain.

As in treatment program, we have many kinds of models. We also have treatment for heroin users. We have semi residential treatment, include training for working, sports, artistic and cultural activities.

All the programs, we have made a research, in evaluative, epidemiology. We also have our educational program for doctors and staff in the organization. We also organize each year, a conference, this year is the 16th international congress on addictions XXVI world conference of therapeutic communities in Cancun 3-7th November, focus on "Holistic approaches of care for global welfare". For more details, please visit cij.gob.mx

Pamela Rodriguez, sent her apologize and her representative presents

Diverting people from the justice system to community based treatment and recovery.

We have a company and under the program, we do our research and treatment, because this is where we think we can start changing our system, and as it's all connect, and we can work more as in a local level and international level.

Diversion: the justice system can divert many people with nonviolent charges to services and programs in the community.

Community based services and recovery support and we think about how can we reinforced the empowerment, so we have pre-adjustment diversion: from arrest / charges by police, to

prosecution from prosecutor, and court by judges, and post adjudication: adjudication / sentencing by specialty courts and probation, and then goes to incarceration.

We want to help out that we would like to establish a system that not only include alcohol but also other chemicals, and that is the big idea of the system.

We have a created a report in 2007 and with National survey of diversion program, we discovered that we have more than 2000 programs across the country for drug treatments, available at tasc.org.

The system can be transportable to your association ad well, and see how can we start the pipeline and ways, etc. The outline of the system is shown below:

1. Hundreds of diversion programs & interventions are happening across the USA at different points at the front end of the justice system including:
Law enforcement / police
Prosecution
Court (eg. Specialty court)
2. Many programs work to divert people who have substance use & mental health problems into appropriate intervention in the community
3. Taken collectively, these programs represent a national wave of diversion programs, and this is a key trend in criminal justice reform

We have this system to create the front door for “No entry”, and we need to expand to an international level.

Speaker from Italy added

Our model is late 70's now we have more than 130,000 in our community and we start our ideas with drug free, and we start to build a common ideas and treatments, we believe the drug policy must be centered and they would have the best option and also the best treatment to choose in the community.

Informal Dialogue with the President of INCB, Mr. Raymond Yans

Organized by VNGOC

Michel Perron chaired the session and thank you Mr. Raymond Yans for his presence in his informal dialogue session.

Mr. Raymond Yans made a remark.

The scale, we make an important time to meet with NGOs, how do we choose, we rely on Michel Perron. Not in all the countries, but in most countries, there's a possibility to meet with NGOs,

we acknowledge that not all countries are well-equipped to face treatment or drugs preventions, and drugs rehabilitation.

Michel said that VNGOC has received a lot of questions from different NGOs, and he grouped together into several points:

1. Prevention

Giving the certain, how can the INCB can make a better drug prevention?

Yans: Basically INCB first of all is to monitor, and we look in all the tools on drug policies, contrary to some other people, our roles is the see the control that we can be exercised by the states. We have to mandate underline the fact that such and such countries is not in line any more, but government is the key to preventing and change their policy or taking care of drug users. But we always insist to check their complaisance their treaty in drug prevention. NGOs important to play in a role in the approach for the government in the region. From NGOs they will show the successful cases in the countries to government and let them know it's working.

We have to face all those different situations, and there may be ways that we don't succeed, and we don't have a dependent board to force a country to change their policy which are not in line with their cultural reality.

2. Relation harm reduction

Yans: I noticed basically, there's a misunderstanding which may be only base on systemic or ideology or terminology of harm reduction, the question, I said harm reduction is human rights, the convention do not contain or define the term on harm reduction, nevertheless you should be aware the articles 38, from 69th convention, treatment after care rehab and social integration of drug users, certain respect of harm reduction, are useful, but none of the states are oblige to adapt what we call harm reduction. What we should be aware of, is, that harm reduction. Program should not be carry out cannot be used to prevent drug reduction activities. Some European countries, with should consider, to do without drug control, but just harm reduction measures and try to go through difficulties, but this is not of course the convention require, but to come back to my ways to see things in a pragmatic view, I called it the third party prevention measures, which are inline with the convention. If you take the syringe exchange program under the control, it's inline with the convention. Consider some countries, under heroine, is used as medical control, it's inline with the convention. We, INCB, supports the work of WHO to support those countries who don't know how to use those chemicals as medical use, these are inline with the convention too. We remind the government of the fact that none of the convention require a party to punish a drug users who committee such offences, but government may choose to apply which sections, such drug treaty allow the government to adopt which treatment, and drug policies. And we also ensure them to offer appropriate and proportionate respond.

3. Access to drug

How does INCB justify (work with) when a country proposal is out of the real situation that happen in the country is inadequate?

There's a mechanism which has been established for INCB on controlling, following the production, manufacture and consumption of drugs, in a way the convention has legalized drugs, but the member states can consider that the use of drugs, INCB regulating.

INCB can advise the needs on the country but not force them to do that. So we also have WHO to help with the government to better understand their needs. And besides we have drafted on INCB levels on the global report.

Information Dialogue with UNODC Executive Director, Mr. Yury Fedotov

Organized by VNGOC

The Chair of VNGOC, Mr. Michel Perron raised the question.

Cannabis in UNODC priorities, what is the ideas that it's emphasizing and what is the schedule and how UNODC make the case in the coming years?



with UNODC
Fedotov

Mr. Yury Fedotov responded. Long term and middle term on marijuana, increase regulations of marijuana, cannabis is usually used, although it is considered as harmful. Have medical in the issue that the nature of cannabis can be quite harmful to youth; include the mental and physical malfunction. We need to see what is the impact to the implication on the cannabis on youth. The third point, marijuana is still considered to be a gateway drugs, on demand reduction initiative, I would like to mention that we will continue to make the pilot training program including 15 countries and the result improves more than 75000 families, and 600 facilities and more than 200 hundreds, it shows that we begin doing something and trying to expand. Harm reduction, rehab and human rights, we try to promote the approach in countries where the authorities are lacking behind the standard, in terms of the standards of prevention, we already done several presentation in many countries, we have some projects, which will be grow by size and it's effective.

Investment regarding drug legalization next year, I have to admit there's still a gap between the decisions in CND and the real life, that's why the review and recommendation and consultations are important. It is not just some statements but also interesting matters including.

Regarding measurements, it is important include 80 experts from universities and include those will contribute to the measurements; we will continue to review the implementation on this approach in the future.

The meaning of sub program is more administrative, work with the program from integrated approach, but as one team we provide supports in different states.

VNGOC AGM

It a common practice that OFAP also participated in the VNGOC General Assembly Meeting on the 18th March, 2014. Mr. Nuno Jorge, President of OFAP, was present and voted accordingly.



Mr. Jorge participating in the VNGOC AGM session

Focus on Girls and Women

Organized by UNODC

As the secretary to the President of OFAP, Mel Cheong found this part plays an important role in the family awareness. Although this topic is not new to us, however, the discussion about drug rehab for women who are pregnant is a new concept and we should pay attention to.



Gilberto from UNODC made his remarks:

Focus on Girls and

Prevalence of substance use during pregnancy

- Perhaps 5% of pregnant women in US use illicit drugs and perhaps 19% use alcohol. The situation is hidden and the data is very difficult to find. it's not the normal science research.
- Dangers of drug use to fetus:
Stimulant like cocaine can create: Brain damage, teratogenic, behavior

Cannabis use, both during pregnancy and lactation may adversely affect neurodevelopment, impact on neuropsychiatric behavioral executive functioning consequences on the child.

Reference: alcohol, tobacco, cocaine and marijuana are relative contributions to preterm delivery and foetal growth restriction.

It reduce almost 26% of the birth weight of a child due to the use of drugs

At 10 years, there will be decreased weight, height and head circumference, less sociability, etc.

The pregnant women can also transmit HIV.

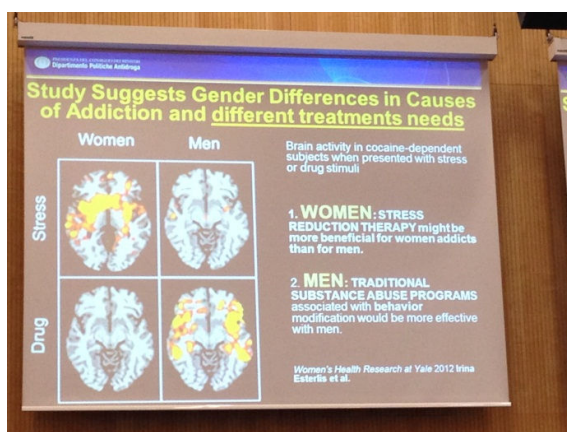
Legislation problem: drug using mother may be subject to child abuse laws, this I saw disincentive for her to self-report.

We can only use diagnosis to test the women whether they have use but the hypertension in pregnancy also causes the same symptoms.

Primary users of methamphetamine were disproportionately represented among this group (mothers who were involved with child welfare were younger, had more children, more economic problems, etc)

We have to be aware that pregnancy is the magic moment as a motivation intension, to be safe or because of my baby. So we would like to increase the awareness as it would be an effective time.

MMT in pregnancy associated with improved maternal and fetal outcomes, neonatal abstinence syndrome requiring prolonged neonatal hospitalization.



of addiction

Both treatments may be suitable for pregnant substance users depending on the population setting and provider availability.

Becoming a mother in this condition needs help, intensive care and social cohesion as they usually come from A family history of alcohol or drug problems, introduced to drugs by a male partner, to be depressed, less social support, current partners who were substance users and less-stable living situations.

Nicholas from WHO

Guidelines for the identification and management of substance use and substance use disorders in pregnancy

Impact of substance use in pregnancy:

Substance use factors: type of substance, dose, duration of use, pattern of use, associated factors, diet, maternal stress and antenatal care.

There are lots of works on the research on the use of alcohol for mothers, and create facial anomalies, growth retardation and CNS problems, and behavior problems. The FAS fetal alcohol syndrome.

The prevalence of FAS can be 2-5% in US, 7-9% in South Africa and 2-6% in Italy.

Overview: impact of substance use in pregnancy, epidemiology of substance use in pregnancy, guidelines development process, recommendation, use and harmful use, dependence, neonatal withdrawal syndrome breastfeeding, general principles of care.

Recommendation made

1. Prioritizing prevention. Preventing, reducing and ceasing the use of alcohol and drugs during pregnancy and in the postpartum period are essential components in optimizing the health and well-being of women and their children.
2. Ensuring access to prevention and treatment services. All pregnant women and their families affected by substance use disorders should have access to affordable prevention and treatment services and interventions delivered with a special attention to confidentiality, national legislation and international human rights standard; women should not be excluded from accessing health care because of their substance use.
3. Respecting patient autonomy. The Autonomy of pregnant and breastfeeding women should always be respected; women with substance use disorders need to be fully informed about the risk and benefits, for herself and for her fetus or infant, of available treatment options, when making decisions about her health care.
4. Providing comprehensive care. Services for pregnant and breastfeeding women with substance use disorders should have a level of comprehensiveness that matches the complexity and multifaceted nature of substance use disorders and their antecedents.
5. Safeguarding against discrimination and stigmatization. Prevention and treatment interventions should be provided to pregnant and breastfeeding women in ways that prevent stigmatization, discrimination, marginalization, and promote family, community and social support as well as social inclusion by fostering strong links with available childcare, employment, housing and other relevant service.

Giovanni presents

The percentage of female having substance problem is less than male but the impact for the society development is higher; however, scientific evidence shows that there are several points that complicated the situation.

Discrimination and stigma

Social pressure on girls and women

- Risk of depression and anxiety
- Sexual violence
- Exploitation and prostitution in condition of slavery
- Risk for pregnant with consequence for the child
- Greater probability of HIV infection,
- Difficulty to access to care and
- Difficult to talk about these problems.

Formulating the dad.net guidelines: first step: specific problem analysis: identifying the problem that women use drugs

And for a program to be effective in drug prevention, it must be school-based, family-based and community-based.

And 10 main principles for a scientific oriented prevention plan are:

- Early detection and intervention
- Regarding all substance abuse
- selective for high risk in young people (vulnerable) and differentiated
- Permanent and consistent
- Coherent (one way information)
- supported by social disapproval
- Focused on family, school, workplace, community and internet
- Educative and gender oriented approach
- Scientific oriented and with assessment of outcome
- associated to deterrents and sanctions for drug use and trafficking repression

Giovanna Campello from UNODC talks about the Project DAWN

E/CN.7/2014/CRP.12

Project DAWN: Drugs and alcohol Women Network

An international network to advocate for an support the development and implementation of evidence-based policies and practices tailored to the needs of women.

The project's main objective is to assist policy makers and drug abuse professional sot mainstream gender within their working agenda, in order to contribute to the advancement of gender equity and equality in this field.

UN Millennium Development Goals with DAWN is carried out within the framework of the UN actions to promote gender equality and the empowerment of women, as reflected in the millennium development goals with an emphasis on Health equity, child health, Maternal health in the fight of HIV/AIDS and drug related diseases.

The recognition that female substance abuse has different “roots” and “routes” than male substance abuse, calls for a re-direction of policies and practices in order to close gaps in women’s health service provisions with respect to their: accessibility (physical, organizational), affordability (financial, social economical), acceptability (effectiveness, no stigma based on sex, race, relation, ethnicity).

Everyday morning session of VNGOC



The President of OFAP at a morning session of VNGOC

We have also participated in the morning session of VNGOC to follow up with the latest update of the meetings and which one should be our focus.

Meeting with Dr. Sven Olov Carlsson

We have met Dr. Sven Olov Carlsson during the break session and discussed the current situation of IFNGO. A further meeting is settled in order to solve the ECOSOC Status of IFNGO.



Meeting with Dr. Dimitri Vlassis

We have also met with Dr. Dimitri Vlassis on Anti-Corruption Education Program on the 19th March, 2014. The meeting agenda includes the schedule of this program, progress in different parties and the follow up of the subsidies situation.

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