



亞太家庭組織

Organização das Famílias da Ásia e do Pacífico

The Organization of the Families of Asia and the Pacific

UNODC: Commission on Narcotic Drugs (CND)

62nd Session

18th – 22nd March 2019, Vienna

Report



Opening Remarks

The Organization of the Families of Asia and the Pacific (OFAP) has the privilege to attend the 62nd Session of the Commission on Narcotic Drugs (CND) Conference. Mr. Nuno Maria Roque Jorge, the OFAP President, and Mr. Augusto Nogueira, the OFAP Vice-President, attended the CND Conference in Vienna, Austria on 18th – 22nd March 2019.

The CND 62nd Session topic is Ministerial Segment 2019: taking stock of the implementation of the commitments made to jointly address and counter the world drug problem, in particular in the light of the 2019 target date.



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Executive Director UNODC, Yuri Fedotov (in the middle) at the Ministerial Segment 2019

“Drug challenges are among the most complex problems we face, with wide-ranging impacts on health and well-being, families and communities, security and sustainable development” – **UN Secretary-General, António Guterres**

“Drug policies must most of all protect the potential of young people and foster their healthy styles of life and safe development” – **Executive Director UNODC, Yuri Fedotov**

Side Events:

Drug Abuse Prevention and Treatment

- ❖ *Event organized by The International Federation of Non-Government Organization for the Prevention of Drug and Substance Abuse (IFNGO), Rumah Cemara, Indonesia and New Zealand Drug Foundation*

Speakers:

Mr. Augusto Nogueira – President of ARTM, Macau SAR

- ARTM explain how with the cooperation of the Social Welfare Bureau of the Macau Government, SAR China has manage to succeed for four (4) consecutive years zero new infection among the PWID.

Mr. Subhan Hamonangan – National Representative, Rumah Cemara

- Rumah Cemara focus in their HIV/AIDS prevention work, mainly among the PUDs and how they succeed to increase the general society knowledge in Bandung, West Java through sport for development and advocacy process into restorative justice for PUDs.



Mr. Augusto Nogueira (OFAP Vice-President)



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- Three (3) Reasons why we choose sport as Our Entry Point to reduce stigma and Discrimination among PLHIV and PUD:
 1. Acceptable
 2. Accessible
 3. Universal Language

Progress in Asia in reducing HIV among people who inject drug:

- The Asia and Pacific region was home to an estimated 5.2 million people living with HIV in 2017
- China, India and Indonesia account for almost three-quarters of the total number of people living with HIV in the region
- Among those diagnosed with HIV were on treatment and were virally suppressed
- There are two (2) programs that have been contributed to increase the general society knowledge and especially among the PUDs
- This programs are possible due to the intensive cooperation between the Governments and the Civil Society

Actions Being Done:

1. Maintenance program for people living with HIV (PLWHIV)
 - Buprenorphine maintenance
 - Methadone maintenance
2. Special team for people that inject drugs and were HIV positive
 - Professional trained nurse for HIV counseling
 - Financial nutrition & emotional support
3. Harm minimization
 - Free condom distribution
 - Outreach education
 - Free blood tests for people who use drugs
4. Communication
 - Training activity, poster and booklet

*Mr. Nuno Jorge (OFAP President)***Advocacy:**

1. Peer Support for PLHIV
2. Drug Treatment and Case Management
3. Sports for Development Program
4. Community Space



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What is Family Therapy and why use it with teens with substance use disorders?

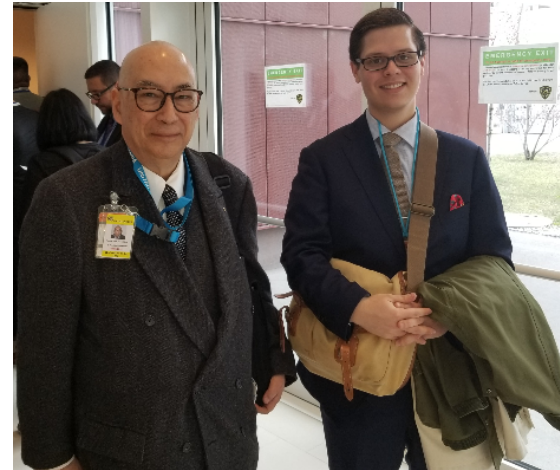
- The teaching process we will use are lecture, discussion, demonstration, skill practice, learning activities and case examples
- General topics to be covered:

- **Theoretical foundations of family therapy**

1. Family systems theory
2. Ecological systems theory
3. Social construction theory
4. Social learning / behavioral theories

- **Core assumptions of family therapy**

1. Adolescence (WHO:10-19) is an important transition
 - Transition between childhood and adulthood
 - Physical development
 - Cognitive development
 - Egocentrism
 - Socio-emotional development
 - ◆ ***One important fact "Many believe that teens begin drug use simply to pursue pleasure. However, according to scientific evidence, there are factors such as exposure to drug use, neglect, violence and other family factors that lead to vulnerabilities to initiate drug use."***
2. A basic knowledge of drugs and addiction is important
 - Psychological craving
 - Dealing with craving is important in modifying drug use
 - Cravings can continue long after quitting
 - Craving can be triggered by people, things, situations, place or feeling
 - Craving lose their power if not reinforced by substance use
 - Tolerance
 - Withdrawal
 - Neglect of other interests
 - Compulsive drug seeking / taking in spite of negative consequences
3. Research evidence supports family therapy with adolescents with substance use disorders
 - Reductions in substance use
 - Pre to post treatment effects
 - Maintained follow-up studies



Mr. Nuno Jorge meets with Mr. Tobias Krachler, Senior Advocacy Officer - Delegation to the U.N. in Vienna, Dominicans for Justice and Peace Order of Preachers



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- Engagement and retention
 - Behavior / emotional problems
 - Fewer incarceration days and fewer out-of-home placements
 - Improvement in academic functioning
 - Family functioning
4. Note to importance:
- The family is the primary system in a person's life
 - Poorer functioning at the family level can impact functioning at other levels
 - Relationships with family members can contribute to whether a member's problems get better or worse
 - Family therapy for individual problems can also improve other problems
 - Family therapy does not focus only on the individual, but also on family interactions
 - The family therapist wants to interrupt problematic cycles, ineffective communication and harmful behaviors
 - Family members are encouraged to be part of the solution
- **Treatment phases, interventions and assessment methods**
 1. Engagement – build a working alliance, join, validate and stimulate hope
 2. Family assessment – see the problem, structure & process assessment, behavioral concerns and identify risks & strengths
 3. Create a motivational context for change
 4. Primary family therapy interventions – communicate, intervene, problem solving, learn useful skills and homework assignments to change behaviors

ACRA – Adolescent Community Reinforcement Approach

 5. Termination – asking questions about the observation changes, when help needed and ensure family connection
 - **Problem solving potential issues**
 1. Parents/youth portray a well-functioning family – do not push the family and maintain steadfast empathy
 2. Youth refuses to talk in session – in or out of office activities and silence is not very useful as a tool for adolescents
 3. Youth arrested – clear, non-blaming communication needed and facilitate rebuilding trust
 4. Youth with severe mental health struggles – facilitate connection of youth to specialized providers and have a protocol to guide intervention
 5. Addressing confidentiality when working with youth
 6. Parent with substance use / mental illness – parent participation increases chances of successful for child and will not judge or dictate to parents



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7. Parent refuses to allow youth to live in the home – meet alone with the parent and assess the situation then negotiate meeting with the adolescent without the goal being to transition him/her back home

Side Event: Information and Education Material – Drug Dependence Treatment and Care



During Conference Meeting

As a patient, you have the right to:

1. Receive considerate, respectful and evidence-based drug dependence treatment and care services
2. Receive services regardless of race, colour, ethnicity, religion, gender or sexual orientation
3. Receive confidential treatment
4. Be fully informed of your treatment plan and participate in its development
5. Be able to set your own recovery goals, working with the health team to develop a personalized recovery plan
6. Respect of professional and personal boundaries when interacting with counselors, staff and other patients
7. Refuse treatment and understand what effect this could have on your health
8. Discontinue treatment at any time
9. Begin treatment again, if your relapse. Services should welcome your continued efforts to achieve long-term recovery

As a patient, you have the responsibility to:

1. Act responsibly and cooperate with the staff from your programme

2. Treat staff and other patients with courtesy and respect
3. Participate in the development and completion of your treatment plan, including but not limited to pursuing vocational / educational activities and refraining from using drugs
4. Talk to a counselor about problems that affect your treatment progress and recovery
5. Offer suggestions on improving programme operations
6. Talk to a counselor before ending treatment. Don't just stop and leave
7. Ask questions about any part of your treatment you don't understand

YOU are a key part in your own recovery journey:

- Services will work with you towards your recovery
- You will set your own goals and develop a personal recovery plan together with your counselor
- As a patient, you will have the right to begin treatment again
- Staff are here to support your continued efforts

In this service we take care of you:

- Drug use disorders are not a stigma
- We know that they are not the result of free choice
- There are specialists in the treatment of drug use disorders
- Our therapies can help you and your loved ones

- ❖ *Drug dependence is a complex health disorder characterized by a chronic and relapsing nature that can be prevented and treated. As such, it deserves nothing less than what is expected for the treatment and care of any other disease!*

- ❖ *Language Matters!* – bear in mind that when talking about drug use disorders, stigmatizing language perpetuates negative perceptions.



Speakers during the Side Meeting of the Conference



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➤ **Respect, dignity and discretion**

Fully respect other people regardless of their race, colour, ethnicity, religion, gender or sexual orientation. Honour confidentiality and the privacy of others

➤ **Autonomy**

Allow clients the freedom to choose their own destiny

➤ **Competence and stewardship**

Possess the necessary skills to understand the nature of drug dependence and up-to-date and evidence based-knowledge on how to treat clients effectively. Use available resources in a conscientious manner

➤ **Compassion and honesty**

Fair, equal and truthful treatment of people around you

➤ **Loyalty**

The responsibility not to abandon those you work with

PRINCIPLES for substance use disorders treatment and care services:

1. Voluntary – services should voluntary and informed written consent should be ensured
2. Respectful – services should be humane and provide nothing less than expected for any other disease
3. Accessible – services must be located conveniently and in close proximity to public transport
4. Affordable – services should be affordable for all patients
5. Unconditional – services should be available regardless of race, colour, ethnicity, religion, gender or sexual orientation. Services should be provided, even when there is relapse
6. Evidence-based – services should be informed by science and ethical principles
7. Individualized – services should be adapted to the individual's needs. Not one treatment fits all



Mr. Eduardo Vetere with Mr. Jeffrey Bawa and Mr. Nuno Jorge

❖ **TIME TO ACT!**

- Pragmatic and concrete actions for prevention of non-medical use of controlled substances, treatment of drug use disorders, social protection and health care for people affected

PREVENTION:

1. Support parents



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- Inspire parents to devote undivided to their children
- Promote a warm and supportive parenting style
- Encourage parents to establish/agree rules in home life and be involved in the life of their children

2. Reduce school drop-out

- Build schools
- Provide free meals, as well as incentives to families to keep children in school
- Increase school connectedness and engagement

3. Train teachers to develop the personal and social skills of children

- Prepare teachers to teach children how to recognize their emotions and deal with them in a positive way
- Inspire teachers to support all children, particularly the most vulnerable, in realizing their full potential through inclusion and empowerment (no segregation or special lessons)

4. Reliable information

- Disseminate appropriate information concerning the use of all psychoactive substances, including controlled drugs, tailored to the age of the target group

5. Opportunities for health and safe development

- Offer opportunities to practice a healthy lifestyle: physical exercise, creativity, arts, music, etc.
- Provide further personal and social skills education

TREATMENT, CARE AND REHABILITATION:

6. Outreach – provide unconditional health and social care
7. Outpatient services – stop or reduce substance use, improve health and improve social functioning
8. Small residential treatment programmes
9. Services for pregnant women
10. Collaboration with the justice sector

QUALITY STANDARDS FOR THE TREATMENT AND CARE OF DRUG USE DISORDERS**1. Outreach / Drop-in**

- Unconditional provision of basic support, screening, overdose/infectious disease prevention, education and referral for those people not currently receiving treatment

2. Outpatient

- Services for people who do not reside in the treatment facility. Interventions vary considerably in components and intensity and can cover psychological, pharmacological treatments and social support

3. Inpatient/Short-term residential

- Services for people with greater severity of symptoms, especially for those likely to experience significant signs of withdrawal or for patients in crisis with co-occurring mental health disorders

4. Long term residential



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- Services for severely affected patients who require a structured environment over a longer period of time, as they are unlikely to control their compulsive conditional behavior conducted by drugs



Dinner Meeting, from left: Ms. Celeste Vong, Mr. Augusto Nogueira, Ms. Lei Lai Pang, Mr. Esjborn Hornberg and Mr. Jorge