

Report

UNODC: Commission on Narcotic Drugs, 64th session

12th – 16th April, 2021

Due to the current Covid-19 pandemic, the CND conference has changed to hybrid version, only limited number of people can be attended. Mr. Tobias Krachler, Vice President of OFAP, also the representative in Vienna for International Affairs, has joined the meeting in person while Mr. Nuno Jorge, President of OFAP has joined the conference as an observer online. Precaution is still on and is advised by the Secretary before the Conference starts.



Ghada Waly, Executive Director of UNODC makes her opening speeches. She said these conventions were adopted to safeguard our people and as in the spirit of CND, “No one left behind”. She thank you all the supports from all parties and emphasis that we must continue to forge evidence-based policies that safeguards out people, especially the most vulnerable.

Meanwhile, Costa Rica on behalf of the group of the 77 and China made the statement to reassure international cooperation based on scientific

evidence to safeguard all humanity. Multilateralism and effective collaboration are essential, just as international law. They recognize the efforts undertaken by criminal justice and law enforcement institutions in upholding the conventions, those are the cornerstones of the international drug control system. Demand & supply reduction, universal declaration of human rights with full respect to the autonomy and integrity of the member states. The group reaffirms their commitment to reduce and eliminate production, trafficking of illicit drugs as well as preventing the diversion of medicines. Addressing socioeconomic issues – comprehensive and sustainable development and solutions to drug challenges. Technical assistance, national efforts – multidisciplinary approaches based on scientific evidence. Evolving challenges. Common and shared responsibility. Society free of drug abuse. We recognize the importance of accessing treatments with appropriate measures for age, gender, and families.

Side Event: Strengthening Community Support for Recovery

Organized by IFNGO, co-organize by Sana Singapore and ARTM Macau, Mr. Augusto Nogueira, also the Vice President of OFAP, introduced Mr. Abdul Karim, Executive Director of Singapore Anti-Narcotic Association (SANA) as the first speaker for the side event. The topic is Community-Centered Approach in Substance Abuse Recovery in Singapore, in which Families play an important part in the recovery.



Guiding Principle of Recovery includes three major parts:

1. Many Pathways – Pathways to recovery vary from one person to another, individualized treatment Plan
2. Motivation / Hope – believe recovery is possible & move him up in the stages of recovery
3. Holistic – Housing, employment, education, mental health, spiritually, pro social networks, family support

PHASE 1 : STABILISATION		PHASE 2 : PREPARATION	
SANA CASEWORK AND COUNSELLING FRAMEWORK	Motivation	<u>Counselling</u> <ul style="list-style-type: none">• <i>Motivation for Change</i>• <i>Readiness for Change</i>	<u>Rebonding</u> <ul style="list-style-type: none">• <i>strengthen new motivation through support group</i>
	Social Capital	<u>Scaffolding</u> <ul style="list-style-type: none">• <i>Accommodation</i>• <i>Employment and Financial</i>• <i>Support Network</i>	<u>Restoring</u> <ul style="list-style-type: none">• <i>restore familial ties and pro-social networks</i>
	Human Capital	<u>Learning</u> <ul style="list-style-type: none">• <i>Relapse Prevention Plan</i>• <i>Coping Skills</i>• <i>Problem-Solving Skills</i>	<u>Rebuilding</u> <ul style="list-style-type: none">• <i>Rebuild new narrative script</i>• <i>Reinforcing relapse prevention plan</i>
	Effective Principles of Drug Treatment		

The next speaker is Mr. Augusto Nogueira, who talked about his “Hold on to Hope Project” – a Vocational Training Project to support the integration in the society.

Why Hold on to Hope Project?

People that use drugs or are recovered are overall more likely than the general population to be vulnerably housed, to report fewer years of education and fewer educational qualifications, and to be unemployed. Their social and family networks may be less well developed than in the general population.



Ongoing treatment contact and long-term secondary illnesses mean that they often have to attend daytime prescribing, support and aftercare services, causing disrupted working weeks, which can be difficult to reconcile with regular employment.

Further challenges await those individuals who successfully complete drug treatment. The stigma associated with being a (former) problem drug user and the increased likelihood of having a criminal record mean that obtaining and maintaining employment is more difficult.

We hope H2H will make a difference, to contribute to change the perception of the society, to open more opportunities and to eliminate the stigma.


Mr. Daoming Zhang, the office of National Narcotic Control Commission, as the third speaker talks about the insight of the current situation in China with topic “New Strive, New Life”.

China has established “8.31” Program – an enhanced version of CBD rehab portfolio since 2016.


Concept – centering on humanity, providing care and support

Method – Mobilizing all resources from the society, and utilizing all rehab measures that are effective and complementary

Objective – establishing a more balanced, comprehensive and scientific evidence-based strategy followed by concrete practice that combines detoxification, recovery, vocational training and (re)employment that contribute to social integration.




II. Accelerating implementation of CBD rehab program



2015

- "CBD rehab and recovery workplan 2016-2020" was publicized, requiring that in 5 years all communities across China should have dedicated agencies that have workplaces and professionals to provide services on treatment, rehab, psycho counselling, social security support and vocational assistance, with all resources mobilized from the society.



since 2016

- "8.31" program was launched nationwide. Governments at all levels were encouraged to buy services from the civil society, establish social workers' teams, set up pilot sites, and promote experience exchange.

国家禁毒委员会办公室
中央综治部
公安部
国家卫生和计划生育委员会
民政部
司法部
财政部
人力资源和社会保障部
国家统计局
共青团中央
全国妇联
中央军委

国务院办公厅 (2015) 97 号

关于印发《全国社区戒毒社区康复工作规划
(2016—2020 年)》的通知

来源：司法部、国家禁毒委员会、民政部、公安部 (编)，李金才
主编，民政部 (编)，司法部 (编)，财政部 (编)，人力资源和社会保障部
等编著 (编)，2016，北京，中国，中国社会科学出版社

View

Putting in place norms and adopting computerized system

Including: Responsibilities of CBT offices, Responsibilities of CBD professionals, CBT files management rules and policies, Regulations for CBD participants.

社区戒毒（康复）工作办公室职责

- 一、负责乡镇、街道辖区内社区戒毒（康复）工作，组织、协调相关工作落实社区戒毒（康复）措施。
- 二、对社区戒毒（康复）人员进行建档、档案信息教育、开展心理疏导、跟踪社区戒毒（康复）人员戒毒药品的心事监测、提高戒断率、戒毒能力。
- 三、与社区戒毒（康复）人员签订社区戒毒（康复）协议，并督促履行协议，实施社区戒毒（康复）人员在规定的期限地点接受戒毒检测、随访和药物维持或注射替代毒品治疗社区戒毒（康复）人员参加劳动教养等戒毒治疗、提供戒毒治疗服务管理。
- 四、协助戒毒专职工作人员，建立考核制度，加强对工作人员的管理。
- 五、协调有关部门，为社区戒毒（康复）人员提供服务保障和监督戒毒戒断保障。
- 六、对社区戒毒（康复）人员进行调查评估执行逮捕、对社区戒毒（康复）人员动态变更执行的监督、及时办理。
- 七、对违反社区戒毒（康复）协议人员进行批评、教育、发现严重违法和社区戒毒（康复）协议戒毒人员在社区戒毒（康复）期间吸食、注射毒品，发现何违法其他行为。
- 八、社区戒毒（康复）期满前个工作日内，将社区戒毒（康复）协议和相关资料报送公安机关处理。
- 九、负责对社区戒毒（康复）人员有关信息反馈到派出所录入吸毒人员动态管理系统。
- 十、完成上级部门交办的其他各项工作任务。

社区戒毒（康复）人员守则

- 一、遵守法律、法规和社会公德。
- 二、自觉履行社区戒毒（康复）协议，遵守社区戒毒（康复）的有关规定。
- 三、每月向社区戒毒（康复）工作小组报告戒毒情况。
- 四、自觉遵守戒毒协议，社区戒毒人员第一年内每月不少于一次，第二至第三年每月不少于一次，第四年至第五年每月不少于一次，第六年至第七年每月不少于一次，第八年至第九年每月不少于一次。
- 五、在戒毒期间必须遵守戒毒社区戒毒（康复）工作小组的监督，未经批准不得擅自离开居住地，不得擅自外出，不得擅自出境，不得擅自改变戒毒（康复）地点。如有违反，应主动向社区戒毒（康复）工作小组报告并接受相应处罚。
- 六、遵守社区戒毒（康复）工作小组、公安等部门的规定。

社区戒毒（康复）档案管理

社区戒毒（康复）人员的档案实行一人一档，由社区戒毒（康复）工作小组建立，档案包括以下内容：

- 一、责令社区戒毒（康复）决定书
- 二、社区戒毒（康复）协议书
- 三、社区戒毒（康复）协议书
- 四、社区戒毒（康复）计划表
- 五、社区戒毒（康复）工作小组成员名单
- 六、戒毒服务协议、承诺书
- 七、社区戒毒（康复）人员戒毒检测报告
- 八、社区戒毒（康复）人员戒毒记录表
- 九、社区戒毒（康复）人员档案簿
- 十、戒毒服务协议
- 十一、社区戒毒（康复）人员戒毒检测报告
- 十二、戒毒服务协议
- 十三、社区戒毒（康复）工作小组

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Side-event “VNGOC Ad Hoc Working Group, NGOs from Asia unite to create a consensus and a call for attention to the challenges in Asia regarding drug matters”

Vice President of OFAP, concurrently President of ARTM, Mr. Augusto Nogueira, has joined with VNGOC Ad Hoc Working Group and made his presentation. Under the topic of Principle of Balance, their working group found many factors that can affect the drug matters in Asia, that include

ARTM Needle Syringe Programme			
Year	Syringe Out	Syringe In	Recycle rate
2008	2,069	4,564	220%
2009	47,844	45,523	91%
2010	75,863	67,506	89%
2011	70,759	65,256	92%
2012	53,528	42,767	80%
2013	40,014	35,811	89%
2014	9,422	8,709	93%
2015	14,239	11,392	82%
2016	18,270	12,082	65%
2017	23,976	18,654	78%
2018	15,497	12,896	83%
2019	11,767	11,528	97%
2020	11,463	11,945	104%

sustainability, gender sensitive, treatment, rehab for women and child, harm reduction, comorbid issues, address prison settings etc. At the same time, Mr. Cheung Lik Hang, Erick, also introduce how ARTM is working with the collaboration of the government and the police to tackle Macau’s drug situation. With their intensive efforts, the NSP rewarding Program, includes management like the NSP mobile, hotline, foot patrol team, participation of IDU, etc, they have achieved a return rate of 104% for their Needle Syringe Program.

Side Event: Frontliners for Curbing Substance Use Among Children and Youths During Covid-19

Ms. Mirella Dummar Frahi, Chief of the Civil Society Unit for UNODC introduced the substance control during Covid-19 period. She also mentioned that UNODC has developed a platform called “Market Place” for NGOs to gather and contact each other. It was developed in 2018 but it comes out to be very useful especially during this period of time. A video about the “Market Place” is also introduced at the end of the session allowing people to know how it can be used.



The website is: <https://mp.vngoc.org/js/index.php>

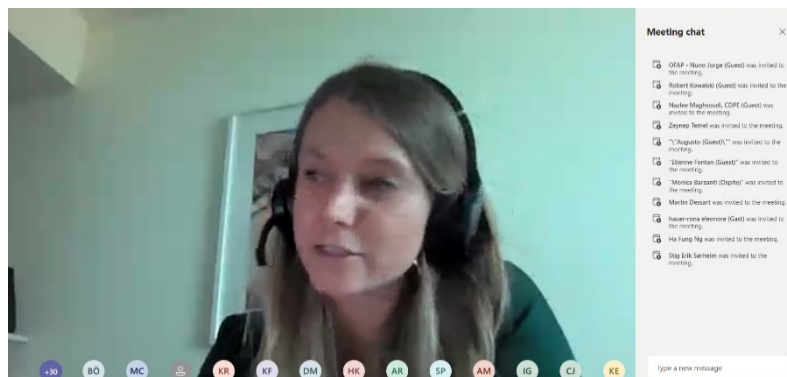
Mr. George Ochieng Odalo from the Slum Child Foundation makes his speech. He talks about the current situation in Kenya.

Mr. Nikita from National Anti-Drug Union speaks in Russian, however, due to technical issue, the interpretation does not work. Elisabeth helps in the translation. They have developed a game for building relations.

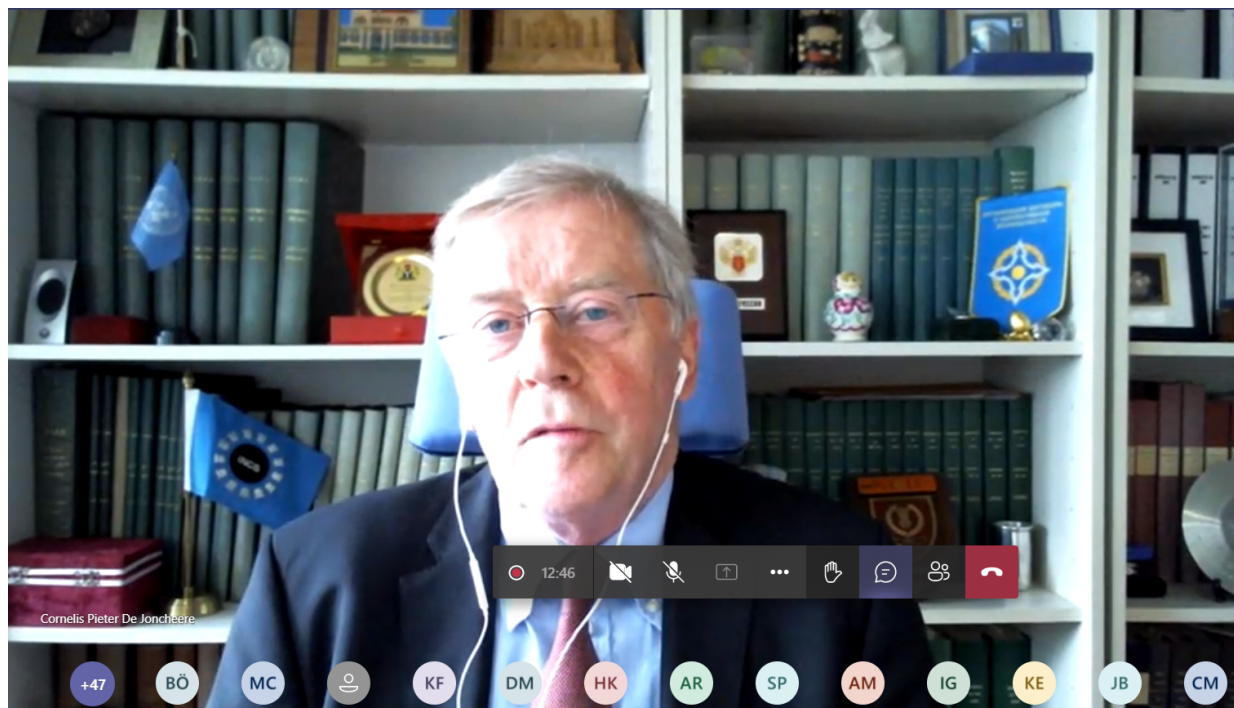
Amy Ronshausen, Executive Director of World Federation Against Drugs talks about the difficulties for Women or minority group to get the treatments or the need of long recovery period.

Side Event: Informal dialogue with International Narcotic Control Board (INCB)

Ms. Penny Hill, Chair of the VNGOC introduced today's speaker, Chair of the INCB, Mr. Cornelis Pieter de Joncheere. Mr. Joncheere first acknowledged and congratulate the new board of VNGOC. Towards the end of the CND this year, he specially



thanks those NGO with the written statements for this conference, and he would like to encourage NGO to follow the recommendations that are raised and agreed upon during the conference. He hopes that VNGOC and INCB can continue to connect with each other through physical meetings as well as online meetings. Since the covid-19, INCB is not able to organize country visits, which usually involves NGOs and the government and the ministry, together with the Vienna Committee. Now INCB may change to ask the board members to see if the visits can be resumed regionally and hopefully resume after summer, but may be just with civil society and ensure the full implementation of the government of laws and social integration and rehabilitation.

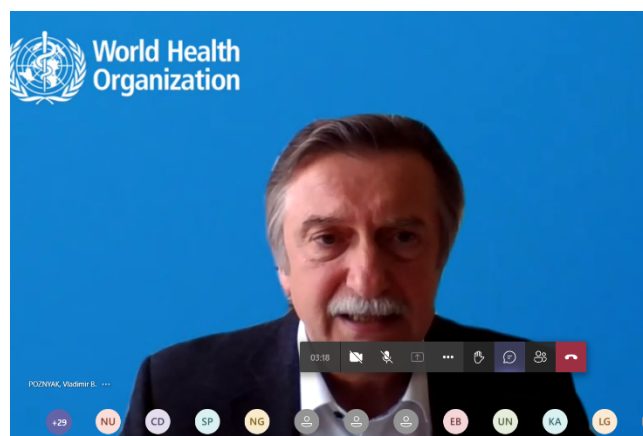


INCB will create a questionnaire for civil society on respect in online meeting and try to engage everyone during this period of time. The plans of INCB for cannabis are laid out in great detail (including agenda etc.) in this document:

<https://www.researchgate.net/publication/349572996>

Side Event: Informal dialogue with World Health Organization (WHO)

Coordinator of the WHO Management of Substance Abuse unit at WHO Headquarters in Geneva, Mr. Vladimir Poznyak, and Dr. Gilles Bernard -Forte, Coordinator EMP and VERSTER, Annette Digna are representing WHO to answer questions from Mr. Ergin Beceren, Director of International Cooperation from VNGOC and the members.



The questions mainly focus on how to regulate the use of cannabis in medical use as well as the proof in the effectiveness and the consequence in using the cannabis. The difference in the regulations among Cannabis, Tobacco and Alcohol are also discussed, such that the law makers and the government are used to amend driving laws, licensing, taxation etc for Tobacco and Alcohol, while they are not familiar with the level of usage for Cannabis, the effects or side-effects of it are also not widely known or having no relevant data, thus, it is complicated and is harder for implementation.