



**CONFERENCE VERSION**

**“Working Together – Drugs and the Sustainable Development Goals:  
A Guide for NGOs”**

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# INTRODUCTION

The aim of this guide is to familiarize civil society to the Outcome Document of the 2016 United Nations General Assembly Special Session (UNGASS) on the world drug problem (UNGASS 2016)<sup>1</sup> and highlight the potential for civil society participation in the implementation of the operational recommendations and their respective Sustainable Development Goals (SDGs).<sup>2</sup> The guide uses examples from UNODC's work and from NGOs around the world to demonstrate how they support the implementation of these international commitments related to drugs – in order to make the UNGASS Outcome Document and the SDGs easily understandable for civil society organizations on the ground, and to demonstrate the linkages between them. Full descriptions of these examples can be found in accompanying web annexes 3 – CSO examples and 4 – UNODC examples in electronic version. Abbreviations used in this guide can be found at the back of the guide in the glossary, whereas relevant SDGs and targets in full text are available in Annex 1. Annex 2 contains all endnotes.

The development of the guide was led by the Civil Society Team of the United Nations Office on Drugs and Crime (UNODC), in collaboration with the Vienna NGO Committee on Drugs (VNGOC). All civil society examples have been provided by civil society organizations themselves. The content in each of these examples reflect the position of the civil society organization that provided it only.

## THE EXTENT OF THE 'WORLD DRUG PROBLEM'

According to the 2018 World Drug Report<sup>3</sup>, 23 per cent of deaths resulting from drug use disorders occur among young people aged 15-29 years old and a large proportion (38 per cent) occurring among those aged 30-49. Even more worrisome is the fact that 39 per cent of death resulting from drug use disorder occur among the adult population.<sup>4</sup>

The magnitude of the harm caused by drug use is underlined by the estimated 28 million years of "healthy" life (disability-adjusted life years (DALYs)) lost worldwide in 2015 as a result of premature death and disability related to drug use according to the 2017 World Drug Report<sup>5</sup>. Of those years lost, 17 million were attributable solely to 'drug use disorders' across all drug types. DALYs attributable to morbidity and mortality from all causes related to drug use have increased overall in the past decade.

Yet, with fewer than one in six persons with 'drug use disorders' provided with treatment each year, the availability of and access to evidence-based drug treatment remains extremely limited.<sup>6</sup>

People who inject drugs face some of the most severe health consequences associated with drug use. Almost 12 million people worldwide inject drugs, of whom one in eight (1.6 million) are living with HIV and more than half (6.1 million) are living with hepatitis C.<sup>7</sup>

Drug use is also commonplace in many prisons. One out of three prisoners have used an illicit substance at some time while incarcerated, with 16 percent reporting current (past-month) use. Cannabis is by far the most commonly used illicit drug in prison, while heroin ranks second. Approximately 10 percent of prisoners report using heroin at some point in time while incarcerated, one third of whom report current (past-month) use within prison.<sup>8</sup>

1 <https://undocs.org/A/RES/S-30/1>

2 <https://sustainabledevelopment.un.org/?menu=1300>

3 UNODC World Drug Report 2018: [https://www.unodc.org/wdr2018/prelaunch/WDR18\\_Booklet\\_4\\_YOUTH.pdf](https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_4_YOUTH.pdf)

4 UNODC World Drug Report (page 54): [https://www.unodc.org/wdr2018/prelaunch/WDR18\\_Booklet\\_4\\_YOUTH.pdf](https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_4_YOUTH.pdf)

5 UNODC World Drug Report 2017: [https://www.unodc.org/wdr2017/field/Booklet\\_2\\_HEALTH.pdf](https://www.unodc.org/wdr2017/field/Booklet_2_HEALTH.pdf)

6 UNODC World Drug Report 2018: [https://www.unodc.org/wdr2018/prelaunch/WDR18\\_Booklet\\_2\\_GLOBAL.pdf](https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf)

7 UNODC World Drug Report 2017. [https://www.unodc.org/wdr2017/field/Booklet\\_2\\_HEALTH.pdf](https://www.unodc.org/wdr2017/field/Booklet_2_HEALTH.pdf)

8 World Drug Report 2017: [https://www.unodc.org/wdr2017/field/Booklet\\_1\\_EXSUM.pdf](https://www.unodc.org/wdr2017/field/Booklet_1_EXSUM.pdf)

Drug markets are also becoming more diversified, with the traditional distinctions between consumer, producer and transit countries increasingly becoming obsolete. This is perhaps illustrated best by the example of the United States, where the opioid market comprises a combination of internationally controlled substances on the criminal market (particularly heroin), prescription medicines (some of which are diverted from the legal market into the illicit one), and counterfeit medicines.

As the UNGASS 2016 and the recent sessions of the UN Commission on Narcotic Drugs (CND) have shown, the international community is committed to responding swiftly and decisively to global drug-related challenges. However, there remains an enormous need for capacity-building and technical assistance, and funding continues to fall far short of political commitment. Further resources are urgently needed to help all Member States implement the recommendations contained in the UNGASS Outcome Document and achieve the related targets under the SDGs.<sup>9</sup>

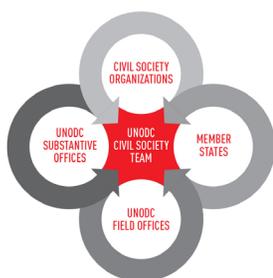
As recognized in the UNGASS Outcome Document: “civil society, as well as the scientific community and academia, plays an important role in addressing and countering the world drug problem, and note that affected populations and representatives of civil society entities, where appropriate, should be enabled to play a participatory role in the formulation, implementation, and the providing of relevant scientific evidence in support of, as appropriate, the evaluation of drug control policies and programmes, and we recognize the importance of cooperation with the private sector in this regard.”<sup>10</sup>

## WHAT IS CIVIL SOCIETY?

*“Civil society is a key instrument for the success of today’s United Nations... [particularly in a global political climate] where governments are finding it more and more difficult to do their job... Dialogue and cooperation with civil society will, I’m sure, be a central aspect of the activities of the United Nations in the next few years, not only because of my own activities, but because of the concerns that all the United Nations bodies have, making sure that partnership becomes a key element in solving global problems.”*

*UN Secretary-General, António Guterres, [19 October 2016]*

The United Nations (UN) refers to civil society as the “third sector” alongside the government and private businesses.<sup>11</sup> The World Bank defines civil society organizations (CSO) as a wide array of formal and informal organizations: community groups, non-governmental organizations (NGOs), labour unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations.<sup>12</sup>



## THE UNODC CIVIL SOCIETY TEAM (CST)

The UNODC CST is the main entry point for civil society participation in the relevant UN meetings and processes, especially those at the CND in Vienna, Austria. Located within the Office of the Director for the Division for Policy Analysis and Public Affairs of UNODC, the CST implements activities to promote dialogue between civil society and Member States on drug-related issues, including the implementation of the UNGASS Outcome Document, the implementation of the United Nations Convention against Corruption (UNCAC), the United Nations

9 UNODC World Drug (page 4) : [https://www.unodc.org/wdr2017/field/Booklet\\_2\\_HEALTH.pdf](https://www.unodc.org/wdr2017/field/Booklet_2_HEALTH.pdf)

10 2016 UNGASS Outcome Document: <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>

11 <http://www.un.org/en/sections/resources-different-audiences/civil-society/>

12 <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/CSO/0,,contentMDK:20101499~menuPK:244752~pagePK:220503~piPK:220476~theSitePK:228717,00.html>

Convention against Transnational Organized Crime (UNTOC), and other related issues pertaining to the CND and its sister Commission on Crime Prevention and Criminal Justice (CCPCJ). The CST implements its drug-related activities in partnership with the VNGOC.

Further information about the role and activities of the CST can be found at its web site at the following link: <http://www.unodc.org/unodc/en/ngos/DCNO-NGOs-and-civil-society.html>

### **THE VIENNA NGO COMMITTEE ON DRUGS (VNGOC)**

The VNGOC is a global network of NGOs working on drug-related issues and is registered in Austria. It was founded in 1983 and has worked to provide and develop linkages between NGOs and the international drug control bodies based in Vienna. Its objective is to support NGOs in their work with the UN system on matters related to drug policy, strategy and practice. The VNGOC has around 200 members, ranging from large international NGOs with millions of members to specialist NGOs at international, national and local levels providing a wide range of interventions.

The VNGOC has a long history of activities related to the UN international drug control system. It has held side events and made statements at every CND annual session for the last 25 years. It has organized four NGO world forums and participated in three General Assembly Special Sessions, as well as in a number of UN and intergovernmental conferences. It has developed annual informal dialogues for NGOs representatives to interact with the Chairperson of the CND, the Executive Director of the UNODC, and the President of the International Narcotics Control Board (INCB). In 2017, the VNGOC signed a Memorandum of Understanding with UNODC to support their collaborations together.<sup>13</sup>

Further information about the role and activities of the VNGOC can be found at its web site, [www.vngoc.org](http://www.vngoc.org).

### **THE COMMISSION ON NARCOTIC DRUGS (CND)**

The CND was established by the UN Economic and Social Council (ECOSOC) in 1946, to assist the ECOSOC in supervising the application of international drug control treaties.<sup>14</sup> In 1991, the General Assembly (GA) expanded the mandate of the CND to enable it to function as a governing body of the UNODC. ECOSOC resolution 1999/30 requested the CND to structure its agenda with two distinct segments: a normative segment for discharging treaty-based and other functions; and an operational segment for exercising the role as a governing body of UNODC.<sup>15</sup>

In the Political Declaration and Plan of Action of 2009, the CND recommended that the General Assembly hold a Special Session on the 'world drug problem' (see below).<sup>16</sup> The CND led the preparations for the UNGASS in 2016,<sup>17</sup> and negotiated the Outcome Document. Since then, the Commission has been working on the follow-up to the UNGASS, implementing the recommendations made in the Outcome Document.

The CND meets annually in March in Vienna and considers and adopts a range of decisions and resolutions.<sup>18</sup> Intersessional meetings of the CND are sometimes also convened to further elaborate on issues and discussions. Towards the end of each year, the CND and CCPCJ meet at a reconvened session, principally to consider budgetary and administrative matters related to UNODC. NGOs in consultative status with ECOSOC are able to participate in the CND sessions as observers.

13 [http://vngoc.org/wp-content/uploads/2017/03/MOU-UNODC-VNGOC\\_Final-Draft.pdf](http://vngoc.org/wp-content/uploads/2017/03/MOU-UNODC-VNGOC_Final-Draft.pdf)

14 [https://www.unodc.org/documents/commissions/CND/ECOSOC\\_Res-91\\_E.pdf](https://www.unodc.org/documents/commissions/CND/ECOSOC_Res-91_E.pdf)

15 [https://www.unodc.org/documents/commissions/CND/Drug\\_Resolutions/1990-1999/1999/ECOSOC\\_Res-1999-30.pdf](https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/1990-1999/1999/ECOSOC_Res-1999-30.pdf)

16 [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_52/Political-Declaration2009\\_V0984963\\_E.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Political-Declaration2009_V0984963_E.pdf)

17 <https://www.unodc.org/ungass2016/>

18 [https://www.unodc.org/unodc/en/commissions/CND/Resolutions\\_Decisions/Resolutions-Decisions\\_2010-2019.html](https://www.unodc.org/unodc/en/commissions/CND/Resolutions_Decisions/Resolutions-Decisions_2010-2019.html)

As observers, NGOs are able, among other things, to:

- Attend and observe all proceedings of the Commissions with the exception of informal meetings for Member States only
- Submit written statements
- Make oral interventions
- Participate in special events and panel discussions
- Organize side events and exhibitions on issues relevant to the work of the Commissions
- For more information about NGO participation in the CND visit this page (<https://www.unodc.org/unodc/en/commissions/NGO.html>).

## THE UN GENERAL ASSEMBLY SPECIAL SESSION ON THE WORLD DRUG PROBLEM (UNGASS)

The UNGASS on drugs which was held in April 2016 at the UN Headquarters in New York brought together governments, UN bodies and civil society organizations to review progress made towards meeting targets set by the international community in countering the world's drug problem. At its 59<sup>th</sup> session in March 2016 the CND decided to transmit the Outcome Document, entitled "Our joint commitment to effectively addressing and countering the world drug problem" to the General Assembly and to recommend its adoption at the plenary of the special session on the world drug problem to be held from 19 to 21 April 2016. The Outcome Document was adopted by the General Assembly in its resolution S-30/1.<sup>19</sup> This UNGASS Outcome Document describes how countries should be tackling drug-related problems and was the product of years of discussion within and between Member States, and with contributions from CSOs at the national, regional, and global levels.<sup>20</sup> The Outcome Document sets out seven chapters on:

1. Demand reduction and related measures, including prevention and treatment, as well as other health-related issues
2. Ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion
3. Supply reduction and related measures; effective law enforcement; responses to drug-related crime; and countering money-laundering and promoting judicial cooperation
4. Cross-cutting issues: drugs and human rights, youth, children, women and communities
5. Cross-cutting issues in addressing and countering the world drug problem: evolving reality, trends and existing circumstances, emerging and persistent challenges and threats, including new psychoactive substances, in conformity with the three international drug control conventions and other relevant international instruments
6. Strengthening international cooperation based on the principle of common and shared responsibility, and
7. Alternative development; regional, interregional and international cooperation on development-oriented balanced drug control policy; addressing socioeconomic issues

Civil society participated actively in the UNGASS 2016 preparatory process, including through various regional consultations conducted by the Civil Society Task Force<sup>21</sup> (a joint initiative of VNGOC and the New York NGO Committee on Drugs), an informal and interactive stakeholder consultation for UNGASS 2016 which provided an opportunity for civil society to provide input for consideration by Member States. Over 800 NGOs were registered to participate in the UNGASS 2016. Member States' recognition of the importance of civil society in addressing the 'world drug problem' was demonstrated in the Outcome Document, where civil society is reflected eleven times in total. For example, Member States resolved to take the necessary steps to implement the recommendations in close partnership with other stakeholders, including civil society, through the promotion of knowledge and research, cooperation on effective drug prevention, early intervention, treatment, care, harm reduction, recovery, rehabilitation and social reintegration, among others.

The Outcome Document also highlights the need for policies to be set in a framework of public health and human rights, as well as being gender sensitive. The UNGASS 2016 took place at an im-

<sup>19</sup> UNGASS outcome document: <https://undocs.org/A/RES/S-30/1>

<sup>20</sup> [http://www.unodc.org/ungass2016/en/contribution\\_ngos.html](http://www.unodc.org/ungass2016/en/contribution_ngos.html)

<sup>21</sup> Civil Society Task Force: <https://www.cstfondrugs.org/>

portant historical juncture, just after the adoption of the 2030 Agenda for Sustainable Development (see below). In the UNGASS Outcome Document Member States emphasized that efforts to achieve the SDGs and to effectively address the 'world drug problem' were complementary and mutually reinforcing.

## THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

The 2030 Agenda for Sustainable Development, with its 17 Sustainable Development Goals (SDGs), was agreed on 25 September 2015 as a plan of action for people, the planet and for prosperity which pledges to leave no one behind.<sup>22</sup>

The SDGs have moved beyond the previous focus on social and economic priorities, to a broader agenda that is universal in its coverage. In particular, the 2030 Agenda for Sustainable Development affirms explicitly that “there can be no sustainable development without peace and no peace without sustainable development”. It draws together the strands of peace, the rule of law, human rights, development and equality into a comprehensive and forward-looking framework. Reducing conflict, crime, violence, discrimination, and ensuring inclusion and good governance, are key elements of people’s well-being and essential for securing sustainable development. The UN recognizes that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development. All countries and all stakeholders, acting in collaborative partnership, will implement this plan.

The Agenda’s 17 Goals and 169 targets (see Annex 2) demonstrate the scale and ambition of this universal approach. They seek to realize the human rights of all, and to achieve gender equality and the empowerment of all women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental.

The United Nations system has a key role in the new global agenda, based on its culture of shared responsibilities, collective action and benchmarking for progress. Through its work at global, regional and national levels, UNODC will provide support to Member States to reach their targets under the various SDGs.

Crucially, it is also widely recognized that achieving the SDGs requires the active participation of all sectors of society and all types of people. NGOs represent one of nine formalized sectors of society that act as the main channels through which broad participation is facilitated in UN activities related to sustainable development.<sup>23</sup>

Although the ‘world drug problem’ does not feature directly in the Goals and targets, it very clearly overlaps and interacts with most, if not all, of the Goals. According to the 2018 global online civil society consultation<sup>24</sup> conducted by the Civil Society Task Force (a joint initiative of VNGOC and the New York NGO Committee on Drugs), 95 per cent of the 461 NGO respondents felt that their work addressed at least one of the 17 SDGs (see graph below), and 19 percent of the respondents felt as though they work to advance all 17 Goals.

<sup>22</sup> <https://sustainabledevelopment.un.org/post2015/transformingourworld>

<sup>23</sup> <https://sustainabledevelopment.un.org/post2015/transformingourworld>

<sup>24</sup> CSTF global consultation report: <http://vngoc.org/2019/02/19/cstf-global-consultation-report/>

**Graph: Sustainable Development Goals Supported and Advanced through NGO Respondents' Work<sup>25</sup>**



<sup>25</sup> CSTF global consultation report: <http://vngoc.org/2019/02/19/cstf-global-consultation-report/>

# UNGASS OUTCOME DOCUMENT CHAPTER 1

Operational recommendations on demand reduction and related measures, including prevention and treatment, as well as other health-related issues

This chapter contains recommendations on prevention, early intervention, treatment, care and recovery, harm reduction, rehabilitation and social integration measures. The first part is related to the prevention of abuse and reiterates the importance of providing people, particularly children and the youth, with accurate information about the risks of drug abuse. The second part deals with treatment of 'drug use disorders', rehabilitation, recovery and social reintegration, and the prevention, and harm reduction. It also includes the recognition of the importance of preventing social marginalization and promoting non-stigmatizing attitudes, including through assistance for effective reintegration into the labor market and other support services.

This chapter links to the following SDGs:



In many cases, CSOs have more immediate access to at-risk populations (such as people who use drugs) compared to state agencies. Following the recommendations set out in Chapter 1 of the UNGASS Outcome Document, CSOs could, among others: collaborate with government agencies to develop evidence-based prevention, treatment and harm reduction programs; develop and implement public awareness raising campaigns involving parents, providers, teachers, peer groups, health professionals, religious communities, community leaders, social workers, sports associations, media professionals and entertainment industries; and provide accurate information about the risks of drug abuse to at risk populations (such as youth in and out of school). CSOs can also lobby for and formulate educational campaigns for children and youth on the topic of drug consumption and the associated risk, including the negative effects the production of drugs and other illicit substances has on sustainable development.

All activities should be evidence-based (e.g. in line with UNODC standards on prevention,<sup>26</sup> treatment,<sup>27</sup> and harm reduction<sup>28</sup>), and centered on the needs of individuals, families and communities.

## Civil society examples of work related to Chapter 1

Related SDGs: Goal 1 (Targets 1.1, 1.2, 1.3, 1.4, 1.a, 1.b), Goal 3 (Targets 3.3, 3.5), Goal 4 (Targets 4.1, 4.2, 4.3, 4.4, 4.5, 4.7, 4.a), Goal 8 (Targets 8.2, 8.3, 8.5), Goal 10 (Target 10.2)

### Sunny Trust International – Recovery Club: promoting recovery and strengthening reintegration in Pakistan

The Sunny Trust International is an NGO devoted to drug treatment and rehabilitation in Pakistan, and was founded in 1995.<sup>29</sup> According to the NGO, "In Pakistan, drug dependency is spreading rapidly

26 International Standards on Drug Use Prevention: [https://www.unodc.org/documents/prevention/standards\\_180412.pdf](https://www.unodc.org/documents/prevention/standards_180412.pdf)

27 [https://www.unodc.org/documents/UNODC\\_WHO\\_International\\_Standards\\_Treatment\\_Drug\\_Use\\_Disorders\\_December17.pdf](https://www.unodc.org/documents/UNODC_WHO_International_Standards_Treatment_Drug_Use_Disorders_December17.pdf)

28 [https://www.who.int/hiv/pub/idu/targets\\_universal\\_access/en/](https://www.who.int/hiv/pub/idu/targets_universal_access/en/)

29 <https://www.sunnytrust.org/about.php>

while treatment services remain highly deficient and not evidence-based. Relapse rates are very high (almost 98 percent). Many factors contribute to this including stigma, lack of psycho-social support and poor life skills. Furthermore, inadequate follow-up and limited aftercare from treatment providers undermines post-treatment recovery and reintegration”.

To address this gap, the Recovery Club was launched in January 2017. It provides an open, free, safe and friendly space for persons in recovery to discuss their issues with peers and program staff over a cup of tea or coffee. They also practice life skills such as stress management, anger management, negotiation and communication skills, and how to write a resume in order to be prepared to re-join the workforce – as well as grow in their capacity to solve real-life problems. This in turn builds self-confidence and helps them strengthen their long-term recovery and successful reintegration.

Having begun with only two people, the Recovery Club now has over 30 members. The recovery role models organize different seminars, walks, social media campaigns and focused group discussions with different stakeholders of the community, such as educational institutes, teachers, family members, law enforcement agencies. This affirms that recovery is possible when a recovery-oriented system of care and support is available.

### **Slum Child Foundation – Slum Smart Ambassadors (Kenya)**

Started in 2006 and registered in 2008, Slum Child Foundation is a non-profit social service and community-based organization that works with vulnerable and marginalized children to restore hope by sharing God’s love with the hopeless families in Kenya’s slums.<sup>30</sup> The Slum Child Foundation organizes the Toto club, which is a weekly club for children aged between six and fifteen years of age in the slums of Korogocho in Nairobi, Kenya. The club promotes prevention of substance use among the children through a contract concept.

The program focuses on peer-to-peer interventions, which it achieves through working with communities and families in the slums. It begins by engaging both members of the family and the children themselves. Since the inception of the program, the attendance has increased by 60 per cent where mobilization is through children. 70 per cent of the new children who come to the club are either currently using drugs, or they have used drugs and act as successful stories that inspire the others.

Part of the program is also encouraging parents who used to drink or smoke in front of their children to stop, as their children explain the risks of substance abuse to their parents. So far, this approach has resulted in 12 recorded cases of parents who have been able to stop using illicit alcohol and smoking cannabis or cigarettes.

### **The Canadian HIV/AIDS Legal Network – Overdue for a Change: scaling up supervised consumption services in Canada**

The Canadian HIV/AIDS Legal Network promotes the human rights of people living with, at risk of or affected by HIV or AIDS, in Canada and internationally, through research and analysis, litigation and other advocacy, public education and community mobilization.<sup>31</sup> In 2018, the Canadian HIV/AIDS Legal Network undertook a research project to explore the current state of supervised consumption services (SCS) in Canada, to monitor legal and policy changes affecting SCS, and to identify facilitators and barriers faced by current and would-be SCS providers. The research - based on a literature review and 15 interviews with key informants - confirms that while remarkable progress has been made in recent years to expand SCS across the country, the exceptional legal regime requiring SCS providers to obtain a federal exemption to protect staff and clients from criminal prosecution continues to

30 Slum Child Foundation: <https://www.slumchildfoundation.net/about>

31 Canadian HIV/AIDS Legal Network: <http://www.aidslaw.ca/site/our-story/mission-vision/?lang=en>

limit Canada's ability to respond to the current overdose crisis and makes SCS unnecessarily vulnerable to changes in the political context.

The report and its recommendations were released in February 2019 and shared with the federal government in advance of the National Day of Action on the Overdose Crisis.<sup>32</sup>

### **Students for Sensible Drug Policy (SSDP) – ‘Just Say Know’: peer education program**

SSDP is an international grassroots network of students who are concerned about the impact of drug misuse on our communities.<sup>33</sup> The SSDP peer education program entitled “Just Say Know” aims to teach students to recognize and address risky behavior and unhealthy attitudes while promoting harm reduction-oriented ones instead. Just Say Know also seeks to empower students in the network to analyze the relationship between drug policy and drug use by providing them with relevant evidence-based information.

The project's curriculum combines scientific knowledge, professional practice and the experience of the youth it serves. By valuing their authenticity, struggles and current reality, SSDP builds rapport with students, which the project leaders view as the building block of effective education and early warning systems.

The peer-educators facilitate small group educational programs in university campuses in the USA, and in community spaces or event halls of governmental and non-governmental partners in Europe and West Africa. In the framework of Just Say Know, SSDP provides students with informal support and professional referrals, as well as planning campus-wide events in collaboration with other student groups, academic departments or community organizations, and soliciting feedback to ensure that the program continually meets students' needs.

### **Dianova Spain – “Early Intervention Program”**

Dianova is an international network comprising associations and foundations dedicated to the development of individuals, communities and organizations through a variety of programmes and interventions in the social, health and humanitarian sectors. The Dianova network is composed by 26 members, that operate in 20 countries in the Americas, Europe, Asia and Africa.<sup>34</sup> Dianova Spain has been implementing an early intervention programme since February 2015. In total, 500 people have benefited from these services: 200 adolescents, 200 parents and 100 educators and/or mediators. Early intervention programs have a multifactorial purpose in which personal, microsocial and macro-social aspects are integrated. In particular, the program places focus on the combination of neurodevelopmental aspects and their correlation with the social behavior of adolescents and youth, especially in the current social contexts. The program offers skills such as behavioural management, communication, emotional management, conflict solution, and specific action plans (targeting family, social, formation, and leisure time).

Based on evidence-based models, the program has been developed so as to allow adolescents, their families and professional staff to have an efficient and actualized tool for early detection and intervention with regards to the problems related to drug dependency.

The programme is grounded in a variety of prevention models and theories that provide counsellors with a more thorough comprehension of substance use disorders.

### **Fourth Wave Foundation (FWF) – “Project VENDA” (India)**

FWF Fourth Wave Foundation is our response to a call for social change. Our approach involves taking up social issues and turning them into innovation challenges, while working with multi-stakeholders

<sup>32</sup> <http://www.aidslaw.ca/site/overdue-for-a-change-scaling-up-supervised-consumption-services-in-canada?lang=en>

<sup>33</sup> SSDP: <https://ssdp.org/about/>

<sup>34</sup> Dianova international: <https://www.dianova.ngo/>

to address the divides and inequalities that exist in and around us. Our key areas of focus include: Education, Empowerment, Ethics and Inclusion.<sup>35</sup> FWF's project VENDA, the vernacular for "No" in India, is an intervention-based initiative of the Fourth Wave Foundation targeting children and teenagers.<sup>36</sup> Predominantly based around education and awareness raising, the project is organized in close cooperation with schools, as well as parents, medical professionals and other members of local communities. The project implements a range of different activities:

1. A student empowerment program, in which students attend trainings aimed to motivate them to say no to drugs by teaching them about the risks associated with drug use.
2. A teacher sensitization program which equips teachers with the necessary skills to approach and discuss the topic of substance abuse with students.
3. The Positive Parenting Program which equips parents to create a safe and nurturing environment for children at home.
4. The Community Participating Program which brings together all key stakeholders in the communities where children grow up.
5. An alternative pursuits program which enables teenagers to channel their energy toward positive goals.

### **Youth RISE – Better informed stakeholders: training young people who use drugs on issues related to harm reduction in Nepal**

YouthRISE is a youth-led network promoting evidence-based drug policies and harm reduction strategies with the involvement of young people who use drugs.<sup>37</sup> Youth RISE works to develop the youth network in Nepal to advocate for better harm reduction services and drug policies for young people. Advocacy and even small service provision activities are implemented on local and regional levels, while Youth RISE also focuses on mobilizing youth leaders and ensuring their inclusion in the national coordinating mechanisms for the Global Fund to Fight AIDS, Tuberculosis and Malaria. Youth RISE is also delivering better online education tools for young people on the topics of drug policies, advocacy and harm reduction.

### **UNODC examples of work related to Chapter 1**

Related SDGs: Goal 1 (Targets 1.1, 1.2, 1.3, 1.4, 1.b), Goal 3 (Targets 3.3, 3.5, 3.8), Goal 4 (Targets 4.1, 4.4, 4.5, 4.7, 4.a, 4.b), Goal 5 (Target 5.1, 5.2), Goal 8 (Targets 8.1, 8.3, 8.5, 8.6, 8.7), Goal 17 (Targets 17.17) Youth Initiative

UNODC continues to mobilize youth for prevention through its Youth Initiative,<sup>38</sup> reaching out through social networks and providing an opportunity to present their voice to international policymakers through the annual Youth Forum.<sup>39</sup> UNODC provided youth organizations in seven countries with the opportunity to mobilize support for prevention through Drug Abuse Prevention Centre grants.

### **Strengthening Families Programme**

UNODC is currently undertaking and supporting a multitude of programmes aiming to prevent

<sup>35</sup> FWF: <http://www.fourthwavefoundation.org/about-2/>

<sup>36</sup> Information provided by FWF in February 2019

<sup>37</sup> Youth Rise: <https://youthrise.org/information/who-we-are/>

<sup>38</sup> <https://www.unodc.org/unodc/en/prevention/youth-initiative.html>

<sup>39</sup> <https://www.unodc.org/unodc/en/prevention/youth-initiative/youth-forum.html>

drug abuse. One of such is the Strengthening Families Programme,<sup>40</sup> which aims to prevent the drug use, HIV/AIDS and crime amongst youth through family skills training programmes in low- and middle-income countries, which plays a key part in the UNODC Drug Demand Reduction strategy.<sup>41</sup> Currently focusing on helping families in Panama, Honduras, Nicaragua, the Dominican Republic, El Salvador and Guatemala, the program is based on scientific evidence that proves the effectiveness of targeting parents and adolescents to prevent drug abuse, crime and other risk behaviors in youth. The establishment of a Treatment, Rehabilitation and Social Reintegration Network in Central America by the UNODC Regional Programme Office in Panama facilitates the improvement and modalities of integral attention through the different services available for persons who use drugs.<sup>42</sup>

### **UNODC and WHO Joint Programme on Drug Dependence Treatment and Care**

UNODC is also partaking in multiple programmes that aim to provide evidence-based drug dependence treatment services for individuals affected by 'drug use disorders', with special focus on low- and middle-income countries. One of these programmes is the joint UNODC and World Health Organization (WHO) Programme on Drug Dependence Treatment and Care,<sup>43</sup> which was officially launched as a flagship programme in 2009. The project brings together UNODC and WHO under one single collaborative platform with global and regional outputs, whilst project activities at national level are currently being implemented in 18 countries and regions around the globe. At the national level the project follows four synergic lines of action:

1. Support drug treatment-related assessment, data collection, monitoring and evaluation as well as research and the development of technical tools.
2. Support capacity building on evidence-based drug dependence treatment and care.
3. Support drug dependence treatment service development and evidence-based service delivery.
4. Support advocacy-related activities and the coordination and development of evidence-based policies on drug dependence treatment and care.

### **Prevention for Children and Adolescents**

Another example of UNODC action for Chapter 1 is the programme on preventing illicit drug use and treating 'drug use disorders' for children and adolescents.<sup>44</sup> The purpose of this project is to promote a worldwide, coordinated response of public institutions and NGOs to children and adolescents at risk and/or those negatively affected by drug use dependence, with the aim of preventing drug use, treating drug dependence and facilitating the re-entry and integration of youths and their families back into society.

The project's main strategy consists of a large-scale mobilization, including the involvement of civil society, academics, media and high-ranking personalities to call for immediate action to improve the living conditions of children worldwide, reduce the risks of developing 'drug use disorders' and provide appropriate treatment strategies tailored to respond to the specific needs of this age group. Likewise, the project aims at implementing evidence-based drug prevention, treatment and social reintegration projects among children and adolescents in project countries.

### **Global HIV/AIDS Programme**

UNODC also has a Global HIV/AIDS Programme, which has strengthened its partnership with civil society by establishing an UNODC-CSO Group on Drug Use and HIV, comprising of the leading global

40 <https://www.unodc.org/ropan/en/DrugDemandReduction/strong-families.html>

41 <https://www.unodc.org/ropan/en/DrugDemandReduction/drug-demand-reduction-introduction.html>

42 <https://www.unodc.org/ropan/en/DrugDemandReduction/treatmentnetworkcamh90/introduction-to-camh90.html>

43 <http://www.unodc.org/unodc/en/frontpage/unodc-and-who-launch-joint-drug-dependence-treatment-programme.html>

44 <http://www.unodc.org/unodc/en/drug-prevention-and-treatment/children/index.html>

and regional networks focused on harm reduction. Every year, the UNODC HIV/AIDS Section meets with this CSO Group on the margins of CND to agree on a joint work-plan that provides both an opportunity for accountability and the planning of partnerships. In this context, the Global HIV/AIDS Programme has also provided small grants to CSOs through open calls entitled "Empowered communities, stronger HIV response".

In 2019, UNODC have also launched a technical guide on how to address HIV and hepatitis C and B among people who use stimulant drugs with the support of the UNODC-CSO Stimulant drugs working group. The tool describes how to implement a package of HIV prevention, treatment, care and support interventions that, based on international guidance and country practices, have been identified as being effective in meeting the needs of people who use stimulant drugs by all routes of administration. It stresses the importance of better integrating services for people who use stimulant drugs within the existing services for people who use drugs, and within broader sexual health and other HIV services.

## UNGASS OUTCOME DOCUMENT CHAPTER 2

Operational recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion

This chapter deals with the use of controlled substances for medical and scientific purposes. In it, the Member States reiterate their strong commitment to improving access to controlled substances for medical and scientific purposes while preventing their diversion, as well as removing barriers to them such as affordability, or international cooperation.

This chapter links to the following SDGs:



CSOs are encouraged to support programs and policies which would enable more medical professionals to administer opioids such as buprenorphine used in addiction treatment, support the promulgation and enabling of protective laws on issues of harms from addiction, and support access to controlled substances for individuals who are in need for treatment.

CSOs can also support and implement educational programmes for medical staff regarding the access to controlled substances especially for patients in pain and provide palliative care.

### Civil society examples related to Chapter 2

Related SDGs: Goal 1 (Target 1.4), Goal 3 (Targets 3.5, 3.8, 3.c, 3.d)

#### International Association for Hospices and Palliative Care (IAHPC) – Transforming the system project (Colombia)

IAHPC is an NGO that works to ensure that a universal access to high-quality palliative care is integrated into all levels of healthcare systems in a continuum of care with disease prevention, early diagnosis and treatment, and to assure that any patient's or family caregiver's suffering is relieved to the greatest extent possible.<sup>45</sup> In order to establish palliative care in a country, the education of health care workers is considered to be a crucial aspect by the World Health Organization, in addition to adequate policies, adequate medicine availability and service implementation. IAHPC implements the project "Transforming the System"<sup>46</sup> whose goal is to facilitate and increase access to palliative care in the first level of care, through the integration of palliative care education in undergraduate curricula in nursing and medical schools. The initiative was implemented in November 2014 in a workshop in Cali, Colombia with participants of 18 universities, representing 16 medical and six nursing schools. The purpose of the workshop was to identify the palliative care competencies in undergraduate level for physicians and nurses in Colombia. IAHPC has been conducting opioid availability and advocacy workshops throughout Latin America, convened by regional and national palliative care organizations, in cooperation with INCB, Pan American Health Organization (PAHO), competent national authorities, and ministries of health.

<sup>45</sup> IAHPC: <https://hospicecare.com/about-iahpc/who-we-are/vision-and-mission/>

<sup>46</sup> IAHPC's project "Transforming the System": <https://hospicecare.com/what-we-do/projects/competencies-in-palliative-care/>

## **Union for International Cancer Control (UICC) – Training for physicians (Ghana)**

The UICC unites and supports the cancer community to reduce the global cancer burden, to promote greater equality, and to ensure that cancer control continues to be a priority in the world health and development agenda.<sup>47</sup> Ghana has initiated changes to their policies related to prescriptions, which has 2-day maximum prescription of opioids, one of the most restrictive in Africa. The key stakeholders participating in the pilot program facilitated by UICC and funded by Australia were instrumental in identifying the need to bring change to the structured higher education preparation of physicians and other healthcare experts to include accurate information about the use of controlled medicines to relieve pain, manage pain over time and even to practice palliative care measures. This has been operationalized as a set of cascading training sessions that will ultimately include all levels of healthcare professional from the specialist in an urban hospital to a rural community health worker.<sup>48</sup>

The UICC facilitated the multi-day stakeholder meetings and the follow up fellowships for palliative care experts. Four physicians were selected to participate in a three-week, intensive fellowship program. Through their participation, they have expanded their knowledge and leadership skills to sustain a more impactful approach to pain, pain management and palliative care in Ghana.<sup>49</sup>

## **UNODC examples of work related to Chapter 2**

Related SDGs: Goal 3 (Targets 3.3, 3.5, 3.8), Goal 17 (Targets 17.17, 17.18)

## **UNODC, WGO and UICC Joint Global Program (GLOK67)**

UNODC implements the Joint Global Program (GLOK67) which is a partnership between UNODC, WHO and the Union for International Cancer Control (UICC), with the overall objective of leading a coordinated worldwide response to improving access to controlled drugs for medical purposes, while controlling for abuse and diversion, therefore increasing the number of patients globally receiving appropriate treatment for conditions requiring the use of such medication. The pilot programs, currently funded by Australia, focus on increasing access to controlled substances in Ghana and Timor-Leste, and have shown that it is possible to overcome the complex set of barriers to accessing controlled drugs. UNODC supported a global advocacy initiative on access to controlled drugs for medical purposes, in collaboration with WHO and the UICC, partnering with other organizations including the INCB, the International Atomic Energy Agency, Human Rights Watch, the University of Wisconsin Pain and Policy Studies Group, the International Association for Hospice and Palliative Care, and the McCabe Centre for Law and Cancer.<sup>50</sup>

<sup>47</sup> About UICC: <https://www.uicc.org/who-we-are/about-us>

<sup>48</sup> <https://www.unodc.org/unodc/en/drug-prevention-and-treatment/access-to-controlled-medicines/accessibility-medicines-availability-unodc-publications-glok67.html>

<sup>49</sup> Information provided by UICC in February 2019

<sup>50</sup> <https://www.unodc.org/unodc/en/drug-prevention-and-treatment/access-to-controlled-medicines/accessibility-medicines-availability-glok67.html>

## UNGASS OUTCOME DOCUMENT CHAPTER 3

Operational recommendations on supply reduction and related measures; effective law enforcement; responses to drug-related crime; and countering money-laundering and promoting judicial cooperation

This chapter contains Member States' commitment to protect and assure the security of individuals, societies and communities by intensifying the efforts to prevent and counter the illicit cultivation, production and manufacture of and trafficking in narcotic drugs and psychotropic substances, as well as drug-related crime and violence. The first sub-chapter deals with the prevention of drug-related crime and includes commitments to promoting comprehensive supply reduction efforts, strengthening multidisciplinary measures to prevent drug related crime and its effects at all levels in order to promote a culture of lawfulness, as well as strengthening data collection, research and sharing information and best practices. The second sub-chapter concerns the countering of illicit traffic in narcotic drugs and psychotropic substances. It includes recommendations on the organization of the governmental agencies involved in countering such substances and their precursors, such as the suggestions to promote and strengthen cooperation amongst agencies at a national as well as international level in various fields. The third subchapter deals with addressing the links with other forms of organized crime, including money-laundering, corruption, and other criminal activities.

This chapter links to the following SDGs:



CSOs are encouraged to support proportionate legal policies for people who use drugs; conduct advocacy, campaign, monitoring and workshop programs to strengthen domestic and international anti-money-laundering cooperation and regulations; and encourage the increase of funding for treatment and prevention, as well as for economic development programs to reduce money laundering by drug traffickers.

CSOs can also promote and facilitate civic education, advocacy activities and awareness raising on the topic; form partnerships with banks and other relevant stakeholders, such as customs agencies, police forces, and the justice system, in order to cooperate on the issue and undertake preventive action; and arrange relevant conferences and foster cooperation with relevant drug headquarters in the region.

### Civil society examples of work related to Chapter 3

Related SDGs: Goal 4 (Targets 4.1, 4.2, 4.5, 4.5, 4.6, 4.7), Goal 5 (Target 5.1), Goal 8 (Targets 8.3, 8.5, 8.6, 8.7, 8b), Goal 16 (Targets 16.1, 16.2)

### Centro de Estudios Legales y Sociales (CELS) – The Internal War: how the fight against drugs is militarizing Latin America

CELS is a non-governmental organization founded in 1979 to foster and protect human rights and

to strengthen the democratic system and the state of law in Argentina.<sup>51</sup> In this project, CELS analyses the implementation of policies aimed at reducing drug supplies and its relation to the militarization of security in Latin America. The research also documents the impacts on human rights in the region.

CELS' work shows that the fight against drug trafficking in the region has led to two trends. The first is the involvement of the military in police tasks, with the consequent militarization of domestic security. The second is the reorientation of the criminal justice and security systems – police, laws and criminal codes, intelligence apparatus – to address drug-related crimes redefining them as matters of 'national security'. In some countries both trends can be observed.<sup>52</sup>

The project also looks into international cooperation and the funding flowing into the region, to see how this is complicit in these trends, and to explore the lack of accountability that surrounds some financial aid programs and the reduced transparency in police and military operations as a crucial part of these processes. Together with 18 organizations from 11 countries in the Americas, CELS presented this work in a public hearing before the Inter American Commission of Human Rights in December 2018.<sup>53</sup>

### **UNODC – Examples of work related to Chapter 3**

Related SDGs: Goal 1 (Targets 1.1, 1.2, 1.b), Goal 4 (Target 4.7), Goal 5 (Target 5.2), Goal 8 (Targets 8.2, 8.3, 8.7), Goal 11 (Targets 11.5, 11.7), Goal 16 (Targets 16.2, 16.3, 16.4, 16.5, 16.6), Goal 17 (Targets 17.17, 17.18)

### **CRIMJUST**

The project CRIMJUST focuses on strengthening criminal investigation and criminal justice cooperation along the cocaine route in Latin America, the Caribbean and West Africa. Implemented by UNODC in partnership with INTERPOL and Transparency International, the project assists Member States to enhance their capacity and integrity of criminal justice institutions to detect, investigate, prosecute and adjudicate organized crime, as well as to foster cooperation at the interregional level for effective action in drug trafficking cases.<sup>54</sup> One of the main pillars of CRIMJUST implementation consists of working with civil society to assess and promote integrity conditions related to the delivery of security, law enforcement and access to justice, free from the abuse of power.

This effort includes the development and demand-driven implementation of a Law Enforcement and Justice Institution Accountability Assessment Tool.<sup>55</sup> The purpose of this tool is to facilitate that civil society's inputs are included in the package of recommendations for enhancing the accountability and integrity norms and mechanisms in criminal justice entities. Thus, strengthening the capacities of civil society to support government accountability and integrity efforts within the criminal justice sectors.

### **Global HIV/AIDS programme**

The Global HIV/AIDS programme has been strengthening partnerships between the law enforcement and other relevant sectors including CSOs. Capacity building initiatives brought together law enforcement and CSO to increase the knowledge and skills of law enforcement officials in interacting with people who use drugs, implementation of the police referral services as alternative to incarceration,

51 CELS: <https://www.cels.org.ar/web/>

52 <https://www.cels.org.ar/web/en/publicacion-tipo/annual-reports/>

53 Information provided by CELS in February 2019

54 <http://www.unodc.org/unodc/drug-trafficking/crimjust/index.html>

55 [https://www.transparency.org/files/content/work/GUIDELINES\\_FOR\\_USE\\_OF\\_TOOL.PDF](https://www.transparency.org/files/content/work/GUIDELINES_FOR_USE_OF_TOOL.PDF) or [https://www.transparency.org/news/feature/strengthening\\_criminal\\_justice\\_along\\_the\\_cocaine\\_route\\_the\\_crimjust\\_project](https://www.transparency.org/news/feature/strengthening_criminal_justice_along_the_cocaine_route_the_crimjust_project)

and HIV at the workplace as it relates to the work of law enforcement officials. UNODC, jointly with the Law Enforcement and HIV Network and the International Network of People Who Use Drugs (INPUD), also produced “Practical Guide for Civil Society HIV Service Providers among People Who Use Drugs: Improving Cooperation and Interaction with Law Enforcement Officials”.<sup>56</sup> The Guide is designed to provide representatives from CSOs and other partners with practical guidance on how to work with police and to increase advocacy skills for interacting with law enforcement authorities.

### **Global Firearms Programme**

UNODC also works to address the links between drug trafficking and other forms of organized crime. For example, the Global Firearms Programme explores the firearms – crime – terror nexus and is in the process of developing a strategy to address firearms trafficking in the context of other forms of organized crime and terrorism, including trafficking in drugs.<sup>57</sup> This strategy will complement and reinforce the integrated approach of the Global Programme in supporting Member States efforts in preventing and countering illicit manufacturing of and trafficking of firearms, their parts and components and ammunition.

### **Container Control Programme**

Through a joint UNODC and World Customs Organization “Container Control Programme”, UNODC also works with Member States to enhance border control measures through the establishment of port control units at seaports, dry ports and airports. Staff in the units are trained to profile and inspect cargo containers suspected of carrying illicit goods, with more than 91 units currently operational throughout 54 Member States.<sup>58</sup> The programme contributes to the security of the citizens in targeted countries. Civil society can play an important role in providing information that could help law enforcement to pursue or apprehend traffickers of illicit goods.

### **Afghan Opiate Trade Project (AOTP)**

UNODC implements another project on supply reduction and related measures, the Afghan Opiate Trade Project (AOTP), which aims to address the need for systematic, comprehensive and consolidated analytical information about trends in the global illicit Afghan opiate trade to support the international response to that issue.<sup>59</sup> In addition, the project aims to enhance drug research capacity of the countries most affected by Afghan opiates to increase awareness of data and information needs. The AOTP has produced numerous research reports relating to aspects of the illicit trade in Afghan opiates and has supported a number of countries in producing their own reports.<sup>60</sup>

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56 [https://www.unodc.org/documents/hiv-aids/2016/Practical\\_Guide\\_for\\_Civil\\_Society\\_HIV\\_Service\\_Providers.pdf](https://www.unodc.org/documents/hiv-aids/2016/Practical_Guide_for_Civil_Society_HIV_Service_Providers.pdf)

57 <https://www.unodc.org/unodc/en/firearms-protocol/index.html>

58 <https://www.unodc.org/unodc/en/drug-trafficking/container-control-programme.html>

59 <https://www.unodc.org/unodc/en/data-and-analysis/aotp.html>

60 <https://www.unodc.org/unodc/en/data-and-analysis/publications.html>



## UNGASS OUTCOME DOCUMENT CHAPTER 4

Operational recommendations on cross-cutting issues: drugs and human rights, youth, children, women and communities

The fourth chapter focuses on the cross-cutting issues. The first sub-section covers human rights and gender issues as well as the protection of children, youth and other vulnerable members of society. In this section, Member States are encouraged to identify and address factors which make women and girls, as well as children and young people, more vulnerable to exploitation and participation in drug trafficking, and mainstream a gender perspective into and ensure the involvement of women in all stages of drug policies and programmes. The second part concerns proportionate policies and criminal justice proceedings. In it, countries are encouraged to develop, adopt, and implement alternative or additional measures to conviction or punishment for relevant offences, as well as the promotion of proportionate national sentencing policies, practices and guidelines for drug-related offences.

This chapter links to the following SDGs:



CSOs may play a role in, inter alia: building their own capacity and that of policy makers on human rights and fundamental freedoms; providing non-discriminatory access to prevention, primary care and treatment programmes, including in prisons; addressing protective and risk factors for women and girls; implementing tailored, age-appropriate measures; mainstream a gender perspective into policies and programmes; sharing information concerning best practices and challenges related to human rights, health and proportionality; encouraging the development and implementation of alternatives to conviction or punishment; promoting proportionate national sentencing, legal guarantees and due process safeguards.

### Civil society examples of work related to Chapter 4

Related SDGs: Goal 4 (Targets 4.3, 4.4, 4.5, 4.7), Goal 5 (Targets 5.1, 5.2, 5.3, 5.6, 5.a, 5.c), Goal 10 (Targets 10.1, 10.2, 10.3), Goal 16 (Targets 16.1, 16.3, 16.4, 16.10, 16.b), Goal 17 (Targets 17.16, 17.17)

#### **Médecins du Monde (MdM) – Harm reduction for people who use drugs in Nairobi, Kenya**

Médecins du Monde is an independent international movement of campaigning activists who provide care, bear witness and support social change. Through their 355 innovative medical programmes and evidence-based advocacy initiatives, MdM enables excluded individuals and their communities to access health and fight for universal access to healthcare.<sup>61</sup> In Kenya, MdM works with the Ministry of Health in implementing a harm reduction program for people who use drugs in the Wetlands and Dagoretti regions of Nairobi. Its objective is to reduce HIV and viral hepatitis prevalence among people who inject drugs, and to promote their human rights. The project also employs a peer-led approach tailored to meet the special needs of women who use drugs (including support groups for women, maternity packs and women's hygiene packs). MdM advocates for local systems to be developed in an endeavor to create a conducive policy environment for the implementation of harm reduction.

<sup>61</sup> MdM: <https://www.medecinsdumonde.org/en/about-us>

## **Dianova Canada – Social housing with community support for non-discriminatory access to health services**

To improve non-discriminatory access to health services, care and social services, Dianova has developed a specific offer for people experiencing episodic or chronic homelessness in Montreal. To date, Dianova offers 41 housing units with added community support services in downtown Montreal, and 25 additional units will be available by spring of 2020.

Dianova has chosen the approach of improving access to housing with community support as the route considered the most efficient to achieve its social development mission. In doing so, the organization contributes to the City of Montreal's Homelessness Action Plan 2018-2020. The housing units offered by Dianova act as a protective factor for tenants, most of whom have been exposed to drug use and drug-related problems during their periods of homelessness. In fact, the building regulations, guaranteed by Dianova, prohibit the use of substances in and around buildings, thereby creating a protected area and contributing to a feeling of security and responsibility for the tenants. In addition, by controlling the regulations and managing the rents, Dianova can detect specific issues faced by the tenants when they require health care. Counsellors can then act as facilitators or sponsors by giving the necessary references to the users as well as to service providers.

## **Uganda Youth Development Link (UYDEL) – Youth drug use prevention project in Nansana Municipality**

UYDEL is an NGO that works with youths aged 10 – 24 years who are vulnerable to exploitation and at risk to HIV/AIDs infection. Their mission is to enhance socio-economic transformation of disadvantaged young people through advocacy, psychosocial and skills development for self – reliance and reintegration.<sup>62</sup> UYDEL initiated a youth drug use prevention project in Nansana Municipality, in the outskirts of Kampala, Uganda, with support from IOGT-Sweden.

The project aims to create a network of community members to address underage drinking and to deliver drug use prevention and education programs through meetings, exploring strategies to help increase information, and carry out alcohol mystery compliance checks. The project also provides young people with vocational skills, provide drugs and alcohol-free alternatives for youth, and facilitate active enforcement of drugs and alcohol policies.

According to police and media reports, the high level of crime in Nasana is attributed to the increasing use of drugs especially alcohol and marijuana among young people coupled with high rates of unemployment. UYDEL uses sports to work with young people at risk of offending in deprived areas, especially in the slums of Kampala, under the UNODC sports-based prevention program known as 'Line Up Live Up'.<sup>63</sup> The program aims to equip young people with life skills, such as critical thinking, healthy coping mechanisms, decision making and problem-solving skills, as well as teaching them how to effectively communicate with their peers. Organized sports seek to build resilience for youth at risk, specifically by using sports as a way of reducing anti-social behavior and drug use among young people.

## **UNODC – Examples of work related to Chapter 4**

Related SDGs: Goal 4 (Targets 4.4, 4.7, 4.B), Goal 5 (Targets 5.1, 5.2, 5.c), Goal 10 (Target 10.3), Goal 16 (Targets 16.2, 16.6, 16.10, 16.A)

## **Promoting gender equality in the criminal justice systems**

To promote gender-sensitive criminal justice responses, UNODC convened a sub-regional workshop on the implementation of the United Nations Rules for the Treatment of Women Prisoners and

62 UYDEL: <http://www.uydel.org/>

63 <https://www.unodc.org/centralasia/en/news/line-up--live-up-unodc-launches-awareness-raising-campaign-on-the-power-of-sports-as-a-tool-for-crime-prevention.html>

Non-custodial Measures for Women Offenders (the Bangkok Rules) in Panama in September 2017, which was attended by representatives of the prison systems in Costa Rica, El Salvador and Panama, and civil society organizations from Guatemala.<sup>64</sup>

In March 2018, during the sixty-second session of the Commission on the Status of Women, UNODC and other UN partners launched A Practitioner's Toolkit on Women's Access to Justice Programming, which includes a focus on the gender dimension of the 'world drug problem' and guidance to make justice systems and responses more gender-sensitive.<sup>65</sup>

### **Women's rights to health**

UNODC and WHO have also developed training materials for service providers on the treatment and care of women, including pregnant women, with 'drug use disorders', and collaborated on the dissemination and implementation of the WHO Guidelines for Identification and Management of Substance Use and Substance Use Disorders in Pregnancy.<sup>66</sup>

UNODC, in partnership with other stakeholders, developed a training programme on addressing the specific needs of women who inject drugs.<sup>67</sup> UNODC also developed the training module entitled "Gender mainstreaming monitoring and evaluation of HIV services for women who use drugs".<sup>68</sup> UNODC provided over 250 government officials, civil society service providers, programme managers and other professionals in Egypt, Indonesia, Nepal, Thailand and Viet Nam with training on improving access for women who use drugs to HIV prevention, treatment and care.

### **Promoting resilience to drugs and crime**

Through the Doha Programme, UNODC implements a sport-based life-skills training programme, 'Line Up Live Up', which is currently being piloted in marginalized communities in Brazil, Colombia, Dominican Republic, Kyrgyzstan, State of Palestine, Panama, Peru, South Africa, Tajikistan, Uganda.<sup>69</sup> UNODC has organized sport-focused awareness raising initiatives, including youth dialogues and community mobilization events to increase knowledge on the risks associated with crime, violence and drug use. UNODC also provides grants to NGOs aiming to build youth resilience through sport and related skills training. In addition, the Office has worked towards increasing an understanding of the use of sport for the prevention of violent extremism (PVE) through desk review of worldwide initiatives and an expert group meeting and plans to include the development and piloting of a practical guide for coaches and teachers on using sport for PVE.

UNODC is conducting local safety audits in selected cities around the world (Querétaro, Mexico; Santiago de Cali, Colombia; and, led by UN-Habitat, Durban, South Africa) with the active engagement of community stakeholders, including young people. Through their participation in focus groups and surveys on crime and drugs affecting their neighborhoods, young people share their concerns, proposals, and actively contribute to a better understanding of local risk factors of crime and drug use. This is later used to develop tailor-made local safety policies and innovative interventions.

### **Promoting treatment for drug use as alternative to punishment**

UNODC and WHO have prepared a joint publication entitled Treatment and Care for People with

64 <https://www.unodc.org/ropan/en/unodc-supports-prison-authorities-in-addressing-discrimination-against-women-prisoners-in-central-america.html>

65 <http://www.unwomen.org/en/digital-library/publications/2018/5/a-practitioners-toolkit-on-womens-access-to-justice-programming>

66 [https://www.who.int/substance\\_abuse/publications/pregnancy\\_guidelines/en/](https://www.who.int/substance_abuse/publications/pregnancy_guidelines/en/)

67 I think [https://www.unodc.org/documents/hiv-aids/2016/Addressing\\_the\\_specific\\_needs\\_of\\_women\\_who\\_inject\\_drugs\\_Practical\\_guide\\_for\\_service\\_providers\\_on\\_gender-responsive\\_HIV\\_services.pdf](https://www.unodc.org/documents/hiv-aids/2016/Addressing_the_specific_needs_of_women_who_inject_drugs_Practical_guide_for_service_providers_on_gender-responsive_HIV_services.pdf) is the best link – I can't a page explaining the training program, just links to multiple programs

68 <https://www.unodc.org/islamicrepublicofiran/en/gender-mainstreaming-monitoring-and-evaluation-of-hiv-services-for-women-who-use-drugs.html>

69 <https://www.unodc.org/centralasia/en/news/line-up-live-up-unodc-launches-awareness-raising-campaign-on-the-power-of-sports-as-a-tool-for-crime-prevention.html>

Drug Use Disorders in Contact with the Criminal Justice System: Alternatives to Conviction or Punishment.<sup>70</sup> UNODC and the UN Development Programme (UNDP) have also jointly developed a publication entitled Global Study on Legal Aid: Global Report to provide an overview of the availability and accessibility of legal aid services worldwide.<sup>71</sup> It contains information on, inter alia, the meaningful access to legal aid for groups with specific needs – including people who use drugs and people who are living with HIV and other blood-borne diseases. UNODC has also launched a Practical Guide for gender-sensitive HIV services that address the specific needs of women who inject drugs, in close collaboration with several CSOs.<sup>72</sup>

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70 [https://www.unodc.org/unodc/en/drug-prevention-and-treatment/treatment-and-care-of-people-with-drug-use-disorders-in-contact-with-the-criminal-justice-system\\_-alternatives-to-conviction-or-punishment.html](https://www.unodc.org/unodc/en/drug-prevention-and-treatment/treatment-and-care-of-people-with-drug-use-disorders-in-contact-with-the-criminal-justice-system_-alternatives-to-conviction-or-punishment.html)

71 [https://www.unodc.org/documents/justice-and-prison-reform/LegalAid/Global\\_Study\\_on\\_Legal\\_Aid\\_-\\_FINAL.pdf](https://www.unodc.org/documents/justice-and-prison-reform/LegalAid/Global_Study_on_Legal_Aid_-_FINAL.pdf)

72 [https://www.unodc.org/documents/hiv-aids/2016/Addressing\\_the\\_specific\\_needs\\_of\\_women\\_who\\_inject\\_drugs\\_Practical\\_guide\\_for\\_service\\_providers\\_on\\_gender-responsive\\_HIV\\_services.pdf](https://www.unodc.org/documents/hiv-aids/2016/Addressing_the_specific_needs_of_women_who_inject_drugs_Practical_guide_for_service_providers_on_gender-responsive_HIV_services.pdf) (again)

## UNGASS OUTCOME DOCUMENT CHAPTER 5

Operational recommendations on cross-cutting issues in addressing and countering the world drug problem: evolving reality, trends and existing circumstances, emerging and persistent challenges and threats, including new psychoactive substances, in conformity with the three international drug control conventions and other relevant international instruments.

The fifth chapter of the UNGASS Outcome Document is divided into seven parts:

1. addressing of new psychoactive substances, amphetamine-type stimulants, including methamphetamine, the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances;
2. new psychoactive substances;
3. amphetamine-type stimulants, including methamphetamine;
4. precursors and pre-precursors;
5. non-medical use and misuse of pharmaceuticals;
6. use of the Internet in relation to drug-related activities; and
7. evolving reality, trends and existing circumstances, emerging and persistent challenges and threats.

This chapter links to the following SDGs:



CSOs are encouraged to develop databases and collect and analyze data pertaining to the use and distribution of drugs. In accordance with the laws and policies of a given country, they may also form collaborations with law enforcement agencies and offer on-the-spot drug testing and consulting in risk areas or events in order to facilitate an early warning system that can be used to prevent drug-related harms.

### Civil society examples of work related to Chapter 5

Related SDGs: Goal 3 (Targets 3.3, 3.5, 3.8), Goal 5 (Targets 5.1, 5.2), Goal 8 (Target 8.6)

#### San Patrignano – Minors program (Italy)

San Patrignano is a community for life that welcomes those suffering from drug addiction and marginalization and helps them to once again find their way through rehabilitation.<sup>73</sup> The San Patrignano Community is at the forefront of reacting to the emergency caused by the rise of substance abuse amongst young people, and sees it as intrinsically connected to the rise of dissatisfaction and depression in this key group. Since its foundation in 1978, it has received over 540 minors and between 2017 and 2018 there were 49 new entries, which took place through the court of minors and social services. In 2018, the community provided a home to 53 minors, 25 girls and 28 boys. San Patrignano takes care of all the needs of the young residents, ensuring their completion of studies and offering parallel educational and recreational activities that can contribute to the full development of their personality, helping them regain their self-esteem and confidence. The activities and services for minors provided by San Patrignano are designed to encourage the psycho-social and physical development of children

<sup>73</sup> San Patrignano: <https://www.sanpatrignano.com/about-us/>

while also aiming to address any pre-existing mental issues, some of which are connected or caused by their drug use. San Patrignano places great emphasis on helping the children rebuild their relationships and family ties, the weakening or disruption of which is often connected to their drug dependency. This represents a central goal for the community as the organization believes this reconstruction fosters harmonious growth within the children and is essential to their future reintegration in the society.

### **Centros de Integración Juvenil A.C (CIJ) – Preventive Program:**

#### **To live without addictions (Mexico)**

CIJ works to address drug use among young people in Mexico.<sup>74</sup> CIJ's prevention program provides preventive interventions aimed at dissuading people from drug use. Organized with the aid of health specialists and community leaders, the program targets various parts of the population through tailored campaigns to provide members of the community with knowledge about the negative effects of drug use and useful skills. These interventions are adjusted based on the age, characteristics and resources of each group. Focusing on a gender, human rights and community perspective, the program ensures that the use of drugs is tackled with an in-depth, multi-stakeholder approach by actors from both within and outside of the affected community. It focuses, inter alia, on the strengthening of parenting skills, the promotion of critical thinking, as well as the reduction of the damages associated with consumption, and the provision of training in coping skills to avoid or minimize risks associated with the use of drugs. The project is implemented in collaboration with various sectors of the government, such as law enforcement and health officials, as well as the private sector and other NGOs.

### **UNODC – Examples of work related to Chapter 5**

Related SDGs: Goal 3 (Targets 3.5, 3.D)

#### **UNODC Early Warning Advisory (EWA)**

To assist Member States in the identification and reporting of new psychoactive substances, UNODC established the Early Warning Advisory (EWA),<sup>75</sup> which serves as a monitoring tool and knowledge hub offering information on trends, harms, national legislative responses as well as technical information to policy-makers, laboratories and law enforcement officers.<sup>76</sup> To enhance the forensic capacity of national drug laboratories, UNODC prepared a number of manuals<sup>77</sup> on the identification and analysis of certain substances such as fentanyl and its analogues. In addition, training and awareness-raising workshops for laboratories and law enforcement are provided.

#### **UNODC Global SMART Programme**

As a response to the synthetic drug problem, UNODC launched the Global SMART Programme in 2008.<sup>78</sup> The programme aims at enhancing the capacity of Member States in priority regions by providing technical support to laboratory personnel, law enforcement and research officers, to generate and use synthetic drug information for effective policy design and programme interventions. In East and South-East Asia, the programme is being implemented with the partner governments of Brunei Darussalam, Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam. In 2011, SMART began operations in Latin America, in cooperation with its implementing partner the Inter-American Drug Abuse Control Commission (CICAD).

<sup>74</sup> CIJ: [http://www.cij.org.mx/Contenidos/que\\_cij/que\\_cij.html](http://www.cij.org.mx/Contenidos/que_cij/que_cij.html)

<sup>75</sup> UNODC Early Warning Advisory on NPS: <https://www.unodc.org/LSS/Home/NPS>

<sup>76</sup> <https://www.unodc.org/LSS/Page/About>

<sup>77</sup> Methodes for the identification and analysis of fentanyl and its analogues in biological specimens: [https://www.unodc.org/documents/scientific/Recommended\\_methods\\_for\\_the\\_identification\\_and\\_analysis\\_of\\_Fentanyl.pdf](https://www.unodc.org/documents/scientific/Recommended_methods_for_the_identification_and_analysis_of_Fentanyl.pdf)

<sup>78</sup> <https://www.unodc.org/LSS/Page/NPS/GlobalSmart>

## UNGASS OUTCOME DOCUMENT CHAPTER 6

Operational recommendations on strengthening international cooperation based on the principle of common and shared responsibility.

The sixth chapter includes recommendations for countries to strengthen specialized, targeted, effective and sustainable technical assistance, financial assistance, and other contributions such as training and technological know-how. It is especially recommended that they enhance North-South, South-South and triangular cooperation amongst countries as well as with other key stakeholders within the international community.

This chapter links to the following SDGs:



CSOs may play a role in, inter alia: building their own capacity and participate in capacity building programmes of policy makers, network with different stakeholders in their regions to enhance cross-border cooperation, as well as share information and know-how.

### Civil society examples of work related to Chapter 6

Related SDGs: Goal 16 (Targets 16.10, 16.6, 16.7, 16.a), Goal 17 (Targets 17.16, 17.17)

### International Drug Policy Consortium (IDPC) – Leveraging UNGASS and the SDGs in global and national drug policies

IDPC is a global network of 182 NGOs that focus on issues related to drug production, trafficking and use. IDPC promotes objective and open debate on the effectiveness, direction and content of drug policies at the national and international level and supports evidence-based policies that are effective at reducing drug-related harm.<sup>79</sup> One of IDPC's priorities is to build the capacity of NGOs to advocate for UNGASS implementation, and to provide strategic recommendations to national and UN policy makers. IDPC's landmark report 'Taking stock: A decade of drug policy – A civil society shadow report'<sup>80</sup> is a key example of this. Although the report mostly looks back at progress made in global drug control since the adoption of the 2009 Political Declaration, Part 3 of the report looks to the future. There, the report identifies possible new indicators based on SDG targets, and strongly aligned with specific operative recommendations from the UNGASS Outcome Document. The objective is to help inform the review and streamlining of data collection tools on drugs, especially the UNODC's Annual Reports Questionnaire. Possible new indicators are proposed for each of the seven UNGASS Outcome Document chapters, in the hope that these can more adequately help track progress over the coming decade. IDPC has also developed analytical and advocacy tools for CSOs to support UNGASS implementation aligned with the SDGs – among them a guide on 'How to capitalize on progress made in the UNGASS Outcome Document.'<sup>81</sup> This paper highlights key paragraphs of the Outcome Document and explores

<sup>79</sup> IDPC: <https://idpc.net/about>

<sup>80</sup> <https://idpc.net/publications/2018/10/taking-stock-a-decade-of-drug-policy-a-civil-society-shadow-report>

<sup>81</sup> <https://idpc.net/publications/2017/03/how-to-capitalise-on-progress-made-in-the-ungass-outcome-document>

how these can help CSOs, governments and UN agencies in their ongoing efforts to promote humane and effective drug policy. A section is also dedicated to the SDGs, and how their mention in the Outcome Document can support development-oriented drug policies in both rural and urban settings.

### **Dianova Chile – International certification: professional and competences update in addiction treatment (Chile)**

Dianova Chile (in collaboration with Dianova Uruguay, Dianova España and Dianova International) have launched an international certification for collaborators (professionals and technicians) from Chile and Uruguay, as well as external professionals from the health sector, municipalities and public schools. The certification is comprised of 76 hours of video conferences to educate people from different regions (such as the Valparaíso region, Maule in Chile, Montevideo and Maldonado from Uruguay to Madrid, Spain). In 2018, 70 people took the international certification. The program aims to strengthen knowledge and skills in the treatment of addictions and is to be complementary to the internal trainings that each team already conducts. The international certification curriculum includes four modules covering aspects such as: drugs and gender-sensitive approaches; integrative models in interventions for drug dependency; crisis intervention; motivational interviews; and public policies for treatment of addictions. Throughout the curriculum, the certification promotes the implementation of international and national standards on drug treatment.

### **Vienna NGO Committee on Drugs (VNGOC) – The NGO Marketplace (global)**

The VNGOC was established in 1983 to provide a link between NGOs and the Vienna-based agencies involved in setting drug policy: the CND, INCB and UNODC.<sup>82</sup> Together with the UNODC Civil Society Team the VNGOC operates the NGO Marketplace,<sup>83</sup> an innovative online platform designed to promote cooperation and best practice sharing among drug policy NGOs. The NGO Marketplace was developed in 2016 with funding from the Russian Federation and has since been continuously improved. Apart from a social media component which allows CSOs to share information about their activities and best practices, the current version features an interactive global calendar where each NGO Marketplace member can promote their events.

To further allow the VNGOC and the UNODC Civil Society Team to collect information on best practices and share these with Member States, the NGO Marketplace also features a powerful new survey tool that is fully available for its members to use. This, among other features also makes the NGO Marketplace a useful tool for Member States to gather information about the work of CSOs on the ground, thus strengthening international cooperation not only among CSOs but also between civil society and Member States.

### **UNODC – Examples of work related to Chapter 6**

Related SDGs: Goal 16 (Targets 16.3, 16.4, 16.5, 16.6, 16.7, 16.10), Goal 17 (Targets 17.9, 17.16, 17.17)

### **Project CRIMJUST**

Under the framework of Project CRIMJUST in partnership with Transparency international, UNODC produced the accountability assessment tool which is implemented by civil society organizations. It serves as a platform of trust and exchange among civil society and government stakeholders at the national and international level. Since its launch in 2017, the representatives from Fundación para el Desarrollo de la Libertad Ciudadana from Panama, Civil Society Legislative Advocacy Centre (CISLAC)

<sup>82</sup> VNGOC: <http://vngoc.org/about-the-vngoc/welcome-to-the-vngoc-e-home/>

<sup>83</sup> NGO Marketplace: <https://mp.vngoc.org/js/home.htm?q=eyJzljoxfQ==>

from Nigeria, and Ghana Integrity Initiative (GII) have disseminated the results and recommendations to criminal justice institutions regarding seven areas: internal and external oversight, protections, transparency, civil society participation, capacity and independence. As a result, civil society organizations have been enabled to identify, monitor and address key integrity and accountability challenges in effectively combatting organized crime and drug trafficking in law enforcement and the judiciary.

### **Raising awareness of the UNGASS Outcome Document**

UNODC has developed and conducted workshops to support Member States with the practical implementation of the recommendations contained in the Outcome Document of the thirtieth special session of the General Assembly, which are also placed in the broader framework of the 2030 Agenda for Sustainable Development. The workshops were aimed at raising awareness of the provisions contained in the Outcome Document, supporting the identification of technical assistance needs and facilitating self-assessment of the progress made in national implementation. The workshops also encourage the sharing of national good practices and lessons learned.

UNODC implemented a capacity building workshop for civil society organizations to demonstrate how civil society is reflected in the UNGASS Outcome Document. The workshop generated ideas about what civil society can do to support the implementation of the Outcome Document. As a result, some 100 civil society representatives from 42 countries from Africa, the Balkans, Central Asia and Caucasus, Middle East, and Southeast Asia, were informed about the UNGASS Outcome Document in an interactive workshop format. Concrete and region-specific ideas were also generated during an interactive group session.



## UNGASS OUTCOME DOCUMENT CHAPTER 7

Operational recommendations on alternative development; regional, interregional and international cooperation on development-oriented balanced drug control policy; addressing socioeconomic issues.

The seventh and last chapter contains the reaffirmation of countries on addressing drug-related socioeconomic issues through the implementation of long-term, comprehensive and sustainable development-oriented and balanced drug control programmes and policies, including alternative development and, as appropriate, preventive alternative development programmes, which are part of sustainable crop control strategies. The chapter is divided into two parts, the first of which relates to socioeconomic issues and alternative development while the second offers recommendations on technical and financial cooperation for comprehensive and balanced development-oriented drug policies and viable economic alternatives.

This chapter links to the following SDGs:



CSOs may contribute, inter alia, by collaborating with policy makers and affected populations such as farmers to develop evidence-based development programs; design and implement capacity building initiatives; and organize awareness-raising campaigns to promote sustainable crop control strategies.

### Civil society examples of work related to Chapter 7

Related SDGs: Goal 1 (Targets 1.1, 1.5, 1.A), Goal 8 (Targets 8.3, 8.4), Goal 10 (Targets 10.1, 10.2, 10.3), Goal 16 (Targets 16.3, 16.4, 16.10, 16.a), Goal 17 (Targets 17.16, 17.17)

#### **Mae Fah Luang Foundation Under Royal Patronage (MFLF) – Alternative development initiatives**

MFLF is a private non-profit organization established to improve the quality of life of the people in poverty and deprived of opportunities.<sup>84</sup>

Through its alternative development initiative, MFLF helps people living in poverty and in marginalized communities, having limited access to basic services and infrastructure, and do not have viable livelihood options to sustain themselves. These are the people who often resort to illicit drug cultivation. Through its projects in Thailand and beyond, MFLF has provided people with diverse livelihood opportunities that generate enough income to support their families, prevent poverty and crime, and live in harmony with their environment. Thanks to the work of MFLF, the beneficiaries no longer need to rely on drug crop cultivation or other illicit activities to survive.

<sup>84</sup> MFLF alternative development initiatives: <http://www.maefahluang.org/?p=4254>

## **Mexico United Against Crime (MUCD) – Towards a new international strategy on drugs**

MUCD works to unite society on issues of security and justice and serves as a link between the society and the authorities in Mexico.<sup>85</sup> MUCD organized seven informal dialogues entitled “Towards a new international strategy on drugs” in collaboration with the Mexican Secretariat of Foreign Affairs (in particular with the Secretariat for Multilateral Affairs and Human Rights and the General Directorate for the UN System of the Secretariat), which took place between September 2016 and November 2017. As a result of the dialogues, the Mexican government elaborated a matrix for the follow-up of the implementation of the UNGASS 2016 recommendations, in order to present results to the Commission on Narcotic Drugs of the United Nations and CICAD-OAS about the progress of the Mexican government in the short, medium and long term. In addition, the dialogues generated a list of 45 conclusions and recommendations, including a call to amend the Mexican General Health Law and the Federal Criminal Code, to eliminate the criminalization of drug use, materialize the principle of proportionality of penalties and to achieve a regulation of the cannabis market.

## **UNODC – Examples of work related to Chapter 7**

Related SDGs: Goal 1 (Targets 1.1, 1.2, 1.4, 1.5, 1.B), Goal 6 (Targets 6.4, 6.5), Goal 8 (Targets 8.3, 8.4), Goal 16 (Targets 16.1, 16.2, 16.6, 16.A)

### **Myanmar Country Programme**

The Myanmar Country Programme includes a very strong component on Alternative Development. The programme provides farmers in opium poppy cultivating areas with viable alternatives. The programme runs in Southern Shan State Myanmar and will be extended for a second phase until December 2022. In South Shan State the first coffee was planted in 2014 and since then, the alternative development programme in Myanmar has achieved significant results. UNODC now works with farmers in 55 villages, implementing a long-term strategy that involves supporting the shift from opium production to high-value permanent and sustainable cash crops, while respecting the environment and promoting gender equality. To ensure sustainability of the initiative and to guarantee access to the market, a farmers’ cooperative, Green Gold, was established in 2015 and now represents 968 members. In close cooperation with the Ministry of Agriculture, the programme supported the issuance of 652 land tenure certificates, covering 515 hectares of coffee plantation. In 2017, the Green Gold Cooperative signed a five-year partnership agreement with the French Coffee company Malongo, and in 2018 exported its first container of selected high-quality coffee to the European market. The UNODC programme also supported the reforestation of 496 hectares and five small-scale initiatives on sustainable use of forest products, implemented by 28 community forest groups involving 1,539 farmers.

### **Development of alternative development strategies in Colombia**

The UNODC Country Office for Colombia, together with the Colombian Government and as an important component of the 2016 Government-FARC (Fuerzas Armadas Revolucionarias de Colombia) Peace Accord, supports the implementation and monitoring of an integrated and sustainable strategy to reduce illicit crops and promote alternative development and a culture of legality in Colombia. To this effect, UNODC signed an agreement with the Special Administrative Unit for Territorial Consolidation, a part of Colombia’s National Department for Social Prosperity. The UNODC Country Office for Colombia supports the Ministry of Justice and Law of Colombia in providing technical assistance to departmental administrations in the implementation and follow-up of the Departmental Comprehensive Drug Plan for the control of the supply and demand of drugs. In addition, a framework agreement among the Ministry of Justice of Colombia, UNODC and OHCHR is being developed with a view to generating theoretical, technical and operational recommendations for the design and implementation of a human rights-based drug policy at the national level.

<sup>85</sup> MUCD: <https://www.mucd.org.mx/>

## ANNEX 1 – RELEVANT SDGS AND TARGETS

**Goal 1** End poverty in all its forms everywhere. **Target 1.1:** By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day. **Target 1.2:** By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions. **Target 1.3:** Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable. **Target 1.4:** By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance. **Target 1.5:** By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters. **Target 1.a:** Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions. **Target 1.b:** Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions.

**Goal 3** Good Health and Well-Being. **Target 3.3:** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. **Target 3.4:** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. **Target 3.5:** Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. **Target 3.8:** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. **Target 3.c:** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States. **Target 3.d:** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

**Goal 4** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. **Target 4.1:** By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. **Target 4.2:** By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. **Target 4.3:** By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university. **Target 4.4:** By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship. **Target 4.6:** By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy. **Target 4.5:** By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations. **Target 4.7:** By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development. **Target 4.a:** Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all. **Target 4.b:** By 2020, substantially expand globally the number of scholarships available

to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries.

**Goal 5** Achieve gender equality and empower all women and girls. **Target 5.1:** End all forms of discrimination against all women and girls everywhere. **Target 5.2:** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. **Target 5.3:** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. **Target 5.5:** Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life. **Target 5.6:** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences. **Target 5.a:** Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws. **Target 5.b:** Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women. **Target 5.c:** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.

**Goal 6** Ensure access to water and sanitation for all. **Target 6.4:** By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity. **Target 6.5:** By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate

**Goal 8** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all. **Target 8.1:** Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries. **Target 8.2:** Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labour-intensive sectors. **Target 8.3:** Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services. **Target 8.4:** Improve progressively, through 2030, global resource efficiency in consumption and production and endeavour to decouple economic growth from environmental degradation, in accordance with the 10-year framework of programmes on sustainable consumption and production, with developed countries taking the lead. **Target 8.5:** By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value. **Target 8.6:** By 2020, substantially reduce the proportion of youth not in employment, education or training. **Target 8.7:** Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms. **Target 8.b:** By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour Organization.

**Goal 10** Reduce inequality within and among countries. **Target 10.1:** By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average. **Target 10.2:** By 2030, empower and promote the social, economic and political

inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. **Target 10.3:** Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.

**Goal 11** Make cities and human settlements inclusive, safe, resilient and sustainable. **Target 11.1:** By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums. **Target 11.5:** By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations. **Target 11.7:** By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.

**Goal 12** Ensure sustainable consumption and production patterns. **Target 12.8:** By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature. **Target 12.a:** Support developing countries to strengthen their scientific and technological capacity to move towards more sustainable patterns of consumption and production.

**Goal 16** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels. **Target 16.1:** Significantly reduce all forms of violence and related death rates everywhere. **Target 16.2:** End abuse, exploitation, trafficking and all forms of violence against and torture of children. **Target 16.3:** Promote the rule of law at the national and international levels and ensure equal access to justice for all. **Target 16.4:** By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime. **Target 16.5:** Substantially reduce corruption and bribery in all their forms. **Target 16.6:** Develop effective, accountable and transparent institutions at all levels. **Target 16.7:** Ensure responsive, inclusive, participatory and representative decision-making at all levels. **Target 16.10:** Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements. **Target 16.a:** Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime. **Target 16.b:** Promote and enforce non-discriminatory laws and policies for sustainable development.

**Goal 17** Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development. **Target 17.9:** Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation. **Target 17.16:** Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries. **Target 17.17:** Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships. **Target 17.18:** By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

## GLOSSARY

AIDS – Acquired immune deficiency syndrome  
AOTP – Afghan Opiate Trade Project  
ARQ – Annual Report Questionnaire  
CARICOM – the Caribbean Community  
CASSOS – Caribbean Aviation Safety and Security Oversight System  
CBO – Community-based Organization  
CCPCJ – Commission on Crime Prevention and Criminal Justice  
CCSS – CARICOM Crime and Security Strategy  
CICAD – Inter-American Drug Abuse Control Commission  
CISLAC – Civil Society Legislative Advocacy Centre  
CND – Commission on Narcotic Drugs  
CSO – Civil Society Organization  
CST – Civil Society Team of UNODC  
CSTF – Civil Society Task Force  
DALY – Disability-adjusted Life Years  
ECOSOC – Economic and Social Council  
EHRN – Eurasian Harm Reduction Network  
EWA – Early Warning Advisory  
GA – General Assembly  
GLOK32 – joint United Nations Office on Drugs and Crime -World Health Organization’s Programme on Drug Dependence Treatment and Care  
HIV – Human immunodeficiency virus  
HONLEA – Head of National Drug Law Enforcement Agencies  
IAHPC – International Association for Hospice and Palliative Care  
ICE – International Collaborative Exercises  
IDPC – International Drug Policy Consortium  
IMPACS – the CARICOM Implementation Agency for Crime and Security  
INCB – International Narcotics Control Board  
INWUD – International Network of Women Who Use Drugs  
LEAHN – Law Enforcement and HIV Network  
MDGs – Millennium Development Goals  
MdM – Médecins du Monde  
NGO – Non-governmental Organization  
NPS – New Psychoactive Substances  
OAS – Organization of American States  
OHCHR – Office of the High Commissioner for Human Rights  
OPs – operational paragraphs  
PAHO – Pan American Health Organization  
PWID – People who inject drugs  
PWUD – People who use drugs  
RSS – Regional Security System  
SCS – Supervised consumption services  
SDGs – Sustainable Development Goals  
SSDP – Students for Sensible Drugs Policy  
STIs – Sexually transmitted Infections  
UICC – Union for International Cancer Control  
UN – United Nations

UN-Habitat – United Nations Human Settlement Programme  
UNCAC – United Nations Convention against Corruption  
UNDP – United Nations Development Program  
UNGASS 2016 – United Nations General Assembly Special Session on the World Drug Problem (took place on 19-21 April 2016)  
UNTOC – United Nations Convention against Transnational Organized Crime  
UNODC – United Nations Office on Drugs and Crime  
UNODC ROPAN – United Nations Office on Drugs and Crime Regional Office for Central America and the Caribbean in Panama  
UYDEL – Uganda Youth Development Link  
VNGOC – Vienna NGO Committee on Drugs  
WCO – World Customs Organization  
WHO – World Health Organization  
WHRIN – Women Harm Reduction International Network

## ANNEX 2 – ENDNOTES

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