



# **WORLD FEDERATION AGAINST DRUGS**

## **East African Regional Forum**

### **on Prevention and Treatment of Drugs and Alcohol**



**In collaboration with**



**SLUM  
CHILD  
FOUNDATION**



**4<sup>th</sup>-6<sup>th</sup> February 2020**

**Nyumbani Hotel-Kampala Uganda.**

**Compiled by Lubega Andrew**

**Project officer-UYDEL**

## **Acknowledgements**

This report is based on the East African Regional Forum on Prevention and Treatment of Drugs and Alcohol that was organized by the World Federation against Drugs in collaboration with Uganda Youth Development Link (UYDEL), International Federation of Non-Governmental (IFNGO), Slum Child Foundation, Students' Campaign Against Drugs (SCAD), People Against Drug Dependence and Ignorance (PADDI), Drug Free American Foundation Inc and the Carlton Hall consulting LLC.

The workshop was hosted at Nyumbani Hotel Kampala Uganda and took place from Tuesday 4<sup>th</sup> -6<sup>th</sup> February 2020.

We would like to especially thank the invited speakers who came to Kampala-Uganda from more than 5 countries, as well as the nearly 60 people who participated in the intensive three days of discussions.

### **Introduction**

#### **Day1-East Africa Regional Workshop 04-02-2020**

The members were welcomed to meeting officially by Ms. Regina Mattson, Secretary General

World Federation Against Drugs and this was followed by introduction of members in attendance.

This was followed by a presentation about World Federation Against Drugs where members were informed that The WFAD is a multilateral community of non-governmental organisations and individuals. The work is built on the principles of universal fellowship and basic human and democratic rights. WFAD has around 250 member organisations over the world, in all continents. Our members work within the areas of advocacy, prevention, care, harm reduction as part of a chain, treatment and recovery. With the joint aim of to work towards a drug-free world.

A part from the United Nation Conventions on Narcotic drugs and psychotropic substances, the work of WFAD is based on the Convention on the Rights of the Child.

According to the new 10 years strategic plan WFAD will include two new subjects:

1. Womens specific situation
2. Children and Convention on Rights of a Child (CRC)

The Convention on Rights of a Child (CRC) is one of the most widely ratified human right treaties, and the only human right convention which specifically addresses the issue of illicit drugs. Article 33 of the Convention on the Rights of the Child requires states to take all appropriate measures to protect children from the illicit use of narcotic drugs and psychotropic substances and to prevent the use of children in the illicit production and trafficking of such substances. The CRC demands a child centred drug policy. Protecting children from illicit drug use is hence not an option for states; it is an obligation.

Women are disproportionately affected by the illicit use, illicit production and trafficking of drugs. In general, women are discovered later into addiction than men and face greater (even double) stigmatisation. Gender sensitive approaches to prevention, care, treatment and recovery services are of importance to meet the needs of women.

There are few organisations on the global level that specifically addresses the situation of women facing addiction. It is against this background that The World Federation Against Drugs is developing a Gender working group initiative that specifically addresses the illicit drug use/addiction among women, gender based violence and its correlation with illicit drug use and access to health care, treatment and recovery services for women. Whilst advocating for women's rights and contributing to the global drug policy debate .

## **WFAD PROJECTS**

WFAD has two currently on going projects, funded by the Swedish International Development Agency (SIDA) through Forum Syd. The first, based in three countries in the Balkan Region, focuses on support and recovery of persons leaving addiction, drug abuse and/or criminality. The project offers a telephone helpline as well as support centres in Montenegro, Bosnia Hercegovina and Serbia. The programme has now been approved to continue for the coming three years, with added focus on reducing stigma. Provides a telephone helpline and service centres for people who are addicted and family members. This is a Regional cooperation.

The second project is deployed in Belarus and focuses on children and youth. The programme works with prevention through empowerment, positive activities, enhancing self-worth and support groups. Through strengthening the protective factors in place for children and youth the project has shown great results in lowering prevalence of substance use and abuse. The programme furthermore offers support groups for young boys that are on the midst of entering addiction. WFAD's role in the two projects is an administrative and overarching project management. WFAD holds lead responsibility for finances and reporting. Our member organisations in the regions carry out the day-to-day work on the ground. Based on the good results from the two ongoing projects, Forum Syd has approved a pre-study in the East African region. Which will be carried out with member organisations from Burundi, Kenya, Tanzania and Uganda in the beginning of February. The pre-study will take form as a "future workshop" where needs and capacity will be mapped and an action plan created for a new join project in the region.

IRAN: projects funded by the European Commission, in collaboration with member organizations in Iran: one working with women living in families with drug abuse and/or gender based violence; the second working with people who are homeless in Iran.

REBIRTH CHARITY SOCIETY: Strengthening social support for homeless drug users in the Islamic Republic of Iran

Asian DDR NGOs Association (ADNA): Stregnthening service provision for drug usep revention, treatment and rehavilitation. Targeted prevention, early detecton and intervention to prevent drug dependence among female membes of families with substance use problems.



**Ms.Regina-Secretary general of WFAD sharing with the participants**

**African regional groups and Engagements- Eze Eluchie**

Mr. Eze Eluchie shared about the importance of harmonizing regional groupings especially for East Africa which can be used lobby for better policies within the region giving reference to their West African network for CSO on substance abuse.

He noted that the End goal of the Regional should be to impact on policy within the East African Community however noted that the network needs to be driven by the goal not self-greed. He advised that their need to be consistence in doing business in order not be set adrift from the gaol and the network should be guided by the vision of WFAD.

He also shared that the members can come up and sign on a joint outcome document to be presented to the policy makers within the region such that efficacy of the network is felt

The network can also be used as platform to build capacity of the different CSO's with the region and also information sharing among the neighbor such that what is done in one country and is very good can be replicated a a best practice in another country.

**Rogers Kasirye-Executive Director Uganda Youth Development Link**

He emphasized the importance of engagement with other stake holders in field of fighting drugs, he called upon CSOs to utilize the various platforms available.

Governments have now realized the importance of NGO work in improving the livelihood of the community especially in prevention because they believe treatment is expensive and given that 80% of the African population is young, prevention strategies are the best.

Their more engagements at the global level unlike country and regional level partly because of money, WFAD belongs to a movement who believe in 80% Prevention, supports exchange of ideas around prevention

,but also people who use drugs should be treatment instead of being taken to prison but in Africa Victims are taken to the coolers.

Engagements help us

1. To share views and ideas especially good ideas that have worked well in the community.
2. In Vienna you meets people to learn from , meet experts and expand your work and size size, bring people from Asia, their countries at such platforms who are willing to listen,
3. To meet donors who can be willing to support,
4. To able to pick information and make friends
5. To get opportunity to know other forums like Vienna NGO committee, As civil society we need to have one voice to speak about what we see, In Vienna NGO actors are given some time to speak to the general assembly representatives (185 member countries)

He further called upon members to always show interest to become members of the Vienna NGO committee, GAPC and also Movendi international.

He informed the participants that UNODC annually invites NGOs to apply for money, but if you don't engage with people such information cannot be got. He showed the participants different platforms where they can be involved for example the NGO market Place where a lot of ideas can be gotten to improve their capacity, UNODC Portal and WFAD.



**Mr. Kasirye during his session on engagements**

#### **Alcohol abuse and its social impact-Gladness Hemedei Munuo**

Gladness shared about the alcohol situation assessment that was carried out in some parts of Tanzania which showed a large portion young people highly in alcohol use and also showcased increased number of cases of domestic violence especially on the side of women, The research also showed that majority of the young

people are exposed to alcohol by their peers and also the easy accessibility of alcohol which is also very cheap.

**Reactions from the personation**

- 1. Which age is most affected for both men and women?**
- 2. How do you support children found in these families?**

Rs. In Tanzania young people start using alcohol and drugs in early ages-alcohol in sachets was much, and now young people mix alcohol in drinking water.

In Tanzania allowed the law allows to separate couples for some time in cases of Gender based violence like 3-6 months, A written an agreement between couple where the children should go either dad or mom, however it’s advisable for children to stay with the mother but the father has to support and the contract has to work in order for the couple to stay together in future.

- 3. Have you had cases where men report cases of violence on them?**

The facility receives some of the cases especially where woman reports a man is not responsible for family, when they listen both sides, men also report cases where women fail to provide for the husbands in the home foreexample some deny them food.

- 4. Which intervention do you do for women who fear to report?**

Conduct community outreaches where they meet various women In their locality, and in most case spear headed formation village community banks to provide information on laws and GBV, what to do and where to report.

**5. HOW DO YOU DO FOR LOCAL BREW**

Some communities developed by-laws to regulate the time, where to sale, some place have specific days on which to sell alcohol, together with other partners they are working hard for a national alcohol policy however process is being constrained by the political environment now.

**The Role of NGOs in Prevention, Treatment and Recovery.**

This was done in group discussions, the participants were given five guiding questions whose answers were shared during a plenary session.

Main areas of work	What is the role of NGOs in drug prevention	Local ,national and regional networks	How is the collaboration with local authorities	Possibilities to influence policy makers
Prevention and awareness Children Youth and adults	<ul style="list-style-type: none"> <li>• Create awareness in relation to substance abuse</li> <li>• School and community programs</li> <li>• Support to families.</li> <li>• Home for children</li> </ul>	SCAD-Kenya Uganda Alcohol Policy Alliance (UAPA)	County authorities give support in amendment of alcohol policies Work with	YES Carrying out research to give policy makers to influence decisions to

Treatment Research advocacy	<ul style="list-style-type: none"> <li>• Training/empowering them with soft skills</li> <li>• Sensitization</li> <li>• Prevention treatment</li> <li>• Monitor compliance of article33 of the CRC</li> <li>• Awareness, educate, sensitize, after care and palliative</li> <li>• Capacity building for CSOs</li> <li>• Collection of data that can be used to influence policies at a national level.</li> </ul>	EAAPA	division authorities to alcohol by laws at local level	make evidence based laws
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*Some of the participants during a group discussion.*

After plenary discussions, Regina gave a summary of the day and program for the next day

## **DAY TWO; East Africa Regional Workshop 05-02-2020.**

### **Recap of day one**

#### **The members shared what they picked out from the previous day**

- Rogers opened eyes how to do things
- Love carrying new ideas in community, equal service provision in the community,
- Important to form East Africa network against drugs,
- Partnerships are important as one can you get a lot of information
- Integrity
- Despite all being stake holders we do same things but at regional level we do not have regional forum, happy have a regional forum able to have one common goal of ensuring reduction in drug abuse and alcohol
- Be at peace with local and national authorities for smoothing running of activities
- Learnt Different intervention by Gladys, how to form Village community banks
- How to empower teachers who spend much time with the kids
- Master the tool that we use, understand the process of doing things, learn from the 'gulus' (mentors)
- Expect any things, take responsibility
- Having a regional forum/federation, it important not to just talk about it, we start need to start thinking about , what to learnt from west Africa, what we can we tap from them, after we need to commit to the cause and willing to take journey to ensure we have the forum.

This was followed by feedback from the previous Forum that was held in Nairobi in 2019 and a summary of the step to take included;

- Establish country network
- Communicate using whatassp group
- Communication went down and members didn't give specific roles for people, no good structure for leadership to follow up on action points
- WFAD had send reminders to follow up on ideas from Nairobi
- No declaration in Nairobi
- Formed WFAD Uganda chapter however communication declined
- Financing part was challenging
- Make country chapters active
- Tanzania organized and did chapter, when they meet at different forum, they use opportunities to talk about chapter to discuss WFAD issues, have drawn up a work plan to guide activities, commitment leadership is challenging



### **Mr Elphas Were Sharing some of his views**

Mr. Ezze commented that the team was too ambitious, suggested online meetings, make whatapp group active, at regional we need to impact on policy, governance,. No don't need money to start, initially people need to sacrifice, believe to what you do and appeal to other actor.

This was followed by a presentation about the experiences of the East Africa Alcohol Policy alliance (EAAPA) by Dr. David Kalema

In his presentation he noted that the East African countries are among the heaviest alcohol consumers on the African continent and alcohol is one

The current alcohol crisis is not unique to Uganda as the entire Sub Saharan Africa battles alcohol harm. There is general consensus that alcohol misuse is more prevalent nowadays due to a combination of factors such as the type of alcohol, altered production and consumption patterns, wider availability, and changing cultural practices and social control mechanisms. The consumption of alcohol in pre-colonial times was characterized by low alcohol by volume beer and wines (2-4%), which were fermented from food products. Also, alcohol was produced in particular seasons and in many cases only used for traditional rituals and reserved for respected elders. Drinking occurred in the homesteads during weekends and holidays and was largely ceremonial, emphasizing the ritual rather than intoxication. The drinking terrain drastically changed with the commercialization of alcohol and to date we are witnesses to unregulated production and unethical promotions to lure among others; the young generation into alcohol use.

The difference between Uganda and other countries in the same region lies in policy response. Our neighbors such as Kenya, Zambia, Lesotho, South Africa have initiated control measures in terms of legislating use of alcohol. This calls for urgent attention on part of Uganda to follow suit and strongly come out to institute

similar initiatives. It is against this background that UAPA has organised this stake holders' forum to come up with a united front to this challenge. UAPA is a network organisation with a mission "To provide a platform for individuals and civil society organizations to contribute to policy and processes on regulation of alcohol production, distribution and consumption to prevent alcohol related harm among the Uganda population". UAPA's membership is open to members of the civil society who are interested in alcohol prevention and control; provided they are not connected to the alcohol industry. UAPA is a member of a bigger global move; Global and Alcohol Policy Alliance (GAPA) and East African Alcohol Policy Alliance (EAPA) and has for the last couple of years been an active participant in the activities of the above associations where we have learnt the important role played by policy in mitigating alcohol problems. We have learnt that Sub-Saharan African is the new battle ground for alcohol producing companies and countries like Uganda with a combination of a growing economy coupled with a young population and high consumption levels presents strategic location and economic interests for the industry. Legislation is the cheapest and most effective way of controlling alcohol harm. To achieve her mission EAPA undertakes several advocacy, awareness and membership capacity building activities.

### **Comments from participants**

**1. Do you have open membership for those want to join and what does it require to be a member?**

If one needs to be a member of UAPA-UAPA has an application form and after the Annual General meeting approves the members and feedback is given

**2. What is the problem are regards to research, funding or the expertise?**

Makerere University school of public health has opened up a research unit that will be in charge of the greatest percentage of the data collected

**3. U have shared about challenges-what are the success stories**

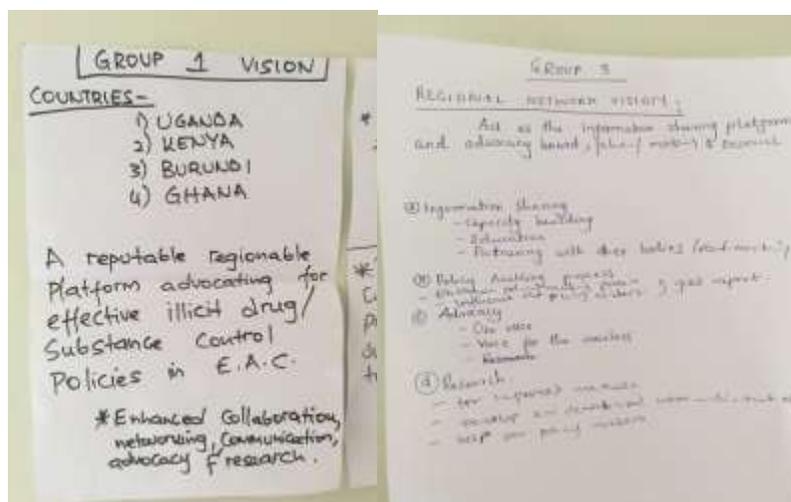
- Road towards a harmonious alcohol control in the region from Kenya to Uganda
- East Africa regional alcohol and drug policy in the pipe

This was followed by members being divided into groups to come up with the would be vision for the East African regional Network

After the group discussions two ideas were deliberated on and these included;

1. A vibrant regional platform that advocates for the reduction of substance abuse in East Africa community
2. To be a leading East African CSO network championing and promoting evidence based reputable substance abuse prevention treatment and recovery

At last; ***A vibrant regional platform that advocates for the reduction of substance abuse in East Africa community*** chosen by majority to become the vision of the network.



Through plenary discussion the members were able to come up with the objectives for the regional network and these included;

1. To promote research, create platform for vital information sharing on substance abuse and related illnesses among regional members.
2. To engage the EAC In progressive substance abuse policy formulation and implementation
3. Engagement of East African governments and key stake holders in inclusion of substance abuse and prevention in all sectors

### Activities

1. Capacity building
2. Membership recruitment
3. Research
4. Mapping and assessment
5. Outreach
6. Media inclusion
7. Training and sensitization
8. Fundraisings and resource mobilization
9. Constant engagements through meetings
10. Networking
11. Monitoring and evaluation
12. Commemoration of world drug day and other thematic days
13. Advocacy

### Action plan/structure/time frame/division of roles

Who	What	How?	When	Where
Will invite members, send reminders, invite other CSOs, process of	1 <sup>st</sup> Regional meeting	On line meeting	April last week	Online

consulting with country members to get focal person				
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**Structure**

1. Chairperson- George Ochieng Odalo (Elect)
2. Secretary-Ruth Kikome

**NAME-East African Network On Substance Abuse (Working name)**

The members agreed to have country focal person (vice chairs) who will be elected when the members return to their individual countries.

**Day three - 06-02-2020 East African Regional Forum on Prevention and Treatment of Drugs and Alcohol**



*Group photo of the participants who attended the Regional forum*

The participants were welcomed to the forum by Mr Kasirye Rogers The Executive Director Uganda Youth Development Link (Host)

**Remarks from Esbjorn -Video message**

He thanked the participants for attending the forum and informed them that they should use the forum to share expertise, discuss success stories you have, to discuss failures, how to prevent failure and how to change the world because NGOs are needed in society.

He further informed the members that in a couple week Commission of narcotic and drugs will meet in Vienna and will be attended by ambassadors, ministries and other actors to discuss issues especially on legislation. He called upon the members to stand united, those in prevention, treatment, rehabilitation and recovery not to forget the mission. Always continue how to engage with governments because they are responsible for the people



### Mr Esbjorn giving his remarks

This was followed by round up of the Two days workshops done by Ms. Catherine Boyane from Kenya who gave a summary of what transpired East African Workshop especially about the formation of the *East African Network for Prevention and treatment of Substance Abuse and Alcohol*, the vision and objectives and also the proposed activities.

### Presentation: Gender and Drug Abuse Among Adolescent Girls aYoung Women in Rural Areas of Uganda by Ms. Anna Nabulya Deputy Executive Director-UYDEL

#### Anna shared about the dram project being implemented by UYDEL

- ▶ DREAMS aims at HIV prevention among Adolescent girls and young women aged 10-24.
- ▶ UYDEL covered seven districts in central Uganda in 2018 and 2019.
  - ▶ Mubende
  - ▶ Mityana
  - ▶ Kassanda
  - ▶ Luweero
  - ▶ Gomba
  - ▶ Sembabule
  - ▶ Bukomansimbi
- ▶ UYDEL-DREAMS project targets AGYWs engaged in transactional sex aged 15-24 years.



## TRENDS AND PATTERNS



- 57% of the AGYWS revealed that they were using alcohol and other drugs
- More Adolescent girls within the ages 15-19 (57%) are drinking alcohol and other drugs compared to the (56%) ages 20-24 years
- Luwero and Mubende District is more at risk with high levels of Adolescent girls and young women drinking and using other drug
- There is an increase in the number of Adolescent girls and Young women in the rural areas that are drinking alcohol and using other drugs and at the same time engaging in Transactional sex
- Females are now more likely to drink than males of the same age due to their social influences and life vulnerabilities faced

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## PROPORTION OF AGYWS USING ALCOHOL AND OTHER DRUGS (2018-2019)



DISTRICT	AGYWS served		Ever Used Alcohol and other drugs		Percentage of AGYWS served that have ever used Alcohol and Other drugs	
	15-19	20-24	15-19	20-24	15-19	20-24
Mityana	1923	1370	895	916	47%	67%
Luwero	2064	6182	5466	4300	77%	70%
Kasanda	1841	1142	644	399	35%	35%
Mubende	4423	2637	2853	2201	60%	83%
Bukomansimbi	1402	1115	540	431	39%	39%
Gomba	2101	1799	768	586	37%	33%
Sembabule	4207	3809	2120	1360	50%	50%
TOTAL	22951	18054	13084	10193	57%	56%
GRAND TOTAL	41005		23279		57%	

## REASONS FOR ALCOHOL AND USE OF OTHER DRUGS



- Enhance feelings when having sex with multiple partners and strangers
- Helps to build self confidence to approach clients
- Helps you stay awake at Night
- Helps you forget your problems and kills boredom
- Helps you feel better when you are depressed
- Boosts one's Energy to work harder
- Supports bonding with other peers and their clients

## INFLUENCERS



- Peers and friends
- Male sexual Partners
- Availability of Alcohol and Drugs
- Family members already on drugs and alcohol
- Environment (slums, Bars, lodges, Sex work)

## SEXUALLY TRANSMITTED INFECTIONS REPORTED

	Pain during Sex	Vaginal Discharge	Lower Abdominal pain	Genital sores	Grand Total
Bukomansimbi District	5	8	326	11	350
Gomba District	13	15	33	13	74
Luwero District	288	174	1468	163	2093
Mityana District	3	3	361	22	389
Mubende District	17	9	893	132	1051
Sembabule District	134	62	2986	469	3651
	460	271	6967	810	7608

## AGYWS WITH CHILDREN

	AGYWs Having Children
Bukomansimbi District	167
Gomba District	196
Luweero District	2535
Mityana District	323
Mubende and Kassanda District	1072
Sembabule District	536
	4829

## AGYWS HIV POSITIVE

DISTRICT		NO. OF HIV POSITIVES
Mityana	1481	6
Luweero	7756	34
Kassanda	1043	9
Mubende	4075	6
Bukomansimbi	971	5
Gomba	1354	3
Sembabule	3480	84
GRANDTOTAL		141

## HOW ALCOHOL CONSUMPTION LEADS TO GBV CASES



Alcohol drinking can lead to more severe forms of violence that can quickly escalate to extremely dangerous situations. The short- and long-term effects of alcohol will blur a person's mental state, contributing to an increased risk of committing violent crimes

- ▶ Physical violence
- ▶ Emotional Violence
- ▶ Sexual Violence
- ▶ Economic Violence

## GBV CASES REPORTED

	Emotional	Physical	Economic	Total
DISTRICT				
Mityana	381	279	430	1090
Luweero	607	301	597	1505
Kassanda	228	99	301	628
Mubende	761	137	106	1004
Bukomansimbi	170	89	31	290
Gomba	99	206	181	486
Sembabule	1220	1907	219	3346
GRAND TOTAL	3466	3018	1865	8349

▶ All the AGYWs served reported to have been sexually Abused since they were all involved in Transactional sex activities.

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## OTHER EFFECTS OF ALCOHOL AND DRUGS CONSUMPTION AMONG THE AGYWS



- ▶ Rape
- ▶ Partner Violence
- ▶ STIs/ HIV infection.
- ▶ Increased abortions/unwanted pregnancies
- ▶ Limited and inconsistent condom use and negotiation

- ▶ Physical Abuse and violence
- ▶ Hangovers/ blackouts
- ▶ Cognitive deficits
- ▶ Depression and anxiety
- ▶ Increased suicidal thoughts and attempts



### CHALLENGES FACED IN REHABILITATING SURVIVORS OF GBV

- ▶ The male sexual partners are the number one perpetrators. It becomes difficult to arrest the father of her children.
- ▶ Where the family is involved it becomes very difficult to follow up the cases
- ▶ Corruption and Bribery at the police when it comes to prosecuting the culprits

### INITIATIVES UNDERTAKEN TO ADDRESS GBV AND DRUG ABUSE AMONG THE AGYWTS

- ▶ Engaged Male sexual partners in awareness sessions to address GBV cases in the communities
- ▶ Mobilized communities to inspire social change through Community Dialogues and norms change sessions using - SASA Model
- ▶ Created a Peers support network through creation of Girl Engagement forums for social support and counselling
- ▶ Stakeholder involvements to follow up and report GBV cases in the communities
- ▶ Formed Child protection Committees to support in protection of the AGYWs in the communities
- ▶ Social Economic Strengthening

### DREAMS SERVICES PROVIDED

1. Screening for HTS
2. Health Testing services
3. Steppingstones - Prevention of HIV and GBV among adolescents
4. Social Economic Strengthening (Vocational skills training, Saving and Financial Literacy)
5. Post Violence Care
6. Parenting and care giver sessions
7. SASA - Community Dialogues and awareness
8. Expanded Contraceptive Mix

### GRADUATION AFTER REHABILITATION



## Presentation Asian Experiences on drug demand Reduction by Mr. Augusto Nogueira.

#### What is IFNGO [www.ifngo.info](http://www.ifngo.info)

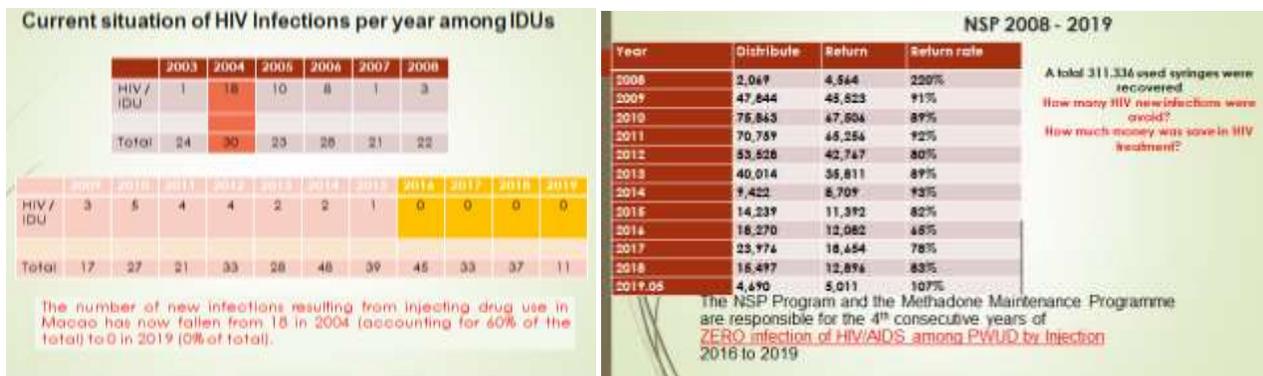
- IFNGO – International Federation of Non-Governmental Organizations for the prevention of Drug and Substance Abuse
- Launched in 1981, Kuala Lumpur, Malaysia
- Currently IFNGO has 17 members countries involved, 22 organizations
  - South Africa
  - Sudan
- Prevention, Treatment, Harm Reduction and Drug Policy
- Ecosoc, member of the VNGOC
- Currently IFNGO has been cooperating with the UNODC Regional Office in delivering workshops, training on Treatment and Prevention
- ASEAN Workshop (Jakarta, November 2019, International Conference (Beijing, May, 2019)
- Next one, 2021, Singapore, September, host by SANA, Singapore

#### Drug Policy

Southeast Asia is well known for their harsh drug policy, heavy sentences for trafficking (Death Penalty), drug compulsory and isolation treatment centers, work labor force inside the treatment centers, heavy prison sentences for drug consumption and extra judicial killings.

- Zero Tolerance It's the statement of the ASEAN Countries
- 18 countries in Asia retain the death penalty for drug related activities
- Compulsory Rehabilitation Detention (Cambodia, China, Indonesia, Lao PDR, Malaysia, The Philippines, Singapore, Thailand, Vietnam)
- Corporal Punishment (Brunei Darussalam, Indonesia, Malaysia, Maldives, Singapore)
- Forced urine test (Bangladesh, Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Pakistan, The Philippines, Singapore, South Korea, Sri Lanka, Thailand, Vietnam)
- Mandatory Registration (Brunei Darussalam, Cambodia, China, India, Indonesia, Japan, Lao PDR, Malaysia, Pakistan)
- Philippines: 27,000 killings by Police or unidentified assailants since June 2016
- 287 Million methamphetamine tablets seized in 2015 VS 3.1 Million in 2018
- Myanmar Opium poppy Cultivation increase 29%
- HIV in South Asia increase 10.3% among the people that inject Drugs





**Mr. Augusto Nogueira giving his presentation.**

**Discussion about The World Federation of Therapeutic Communities model by Dr. Sushma Taylor.**

The World Federation of Therapeutic Communities (WFTC) is an international association with the goal of uniting and supporting the broad global Therapeutic Community (TC) movement worldwide (all five continents). WFTC provides sharing, understanding, guidance and cooperation to its members and the broader society

Guiding principles for the WFTC and its members are based on;

- Commitment to People: seeking to provide the best service to persons with an addiction and their families.
- Innovation: increasing effectiveness based on research, evidence and best practices.
- Participation: supporting participatory and transparent processes for decision-making in this field.
- Achievable: proposing concrete, clear and measurable actions with realistic, applicable and affordable conclusions.
- Willingness to Disseminate: seeing the value in sharing this knowledge with all stakeholders

The WFTC calls for a holistic approach to healing - drawing upon all the disciplines, including medical, psychiatric, and social services, as well as TC trained professional service providers. The WFTC recognizes the importance of adapting the TC model to the respective cultures of programs in countries worldwide.

## Presentation- Convention and the Rights of the child drugs and Issues- *By Rogers Kasirye Uganda Youth Development Link*

### Article 33 contains two clauses

- One relating to drug use and one to involvement in the drug trade.
- Second,
- is connected via Article 33 to the three UN drug control conventions: The Single Convention on Narcotic Drugs 1961 ("Single Convention"), the Convention on Psychotropic Substances 1971 ("1971 Convention"), and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988 ("Vienna Convention").

### Article 33 provides that

- "States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to **protect** children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances."

### Article 33 contains two clauses

- One relating to drug use and one to involvement in the drug trade.
- Second,
- is connected via Article 33 to the three UN drug control conventions: The Single Convention on Narcotic Drugs 1961 ("Single Convention"), the Convention on Psychotropic Substances 1971 ("1971 Convention"), and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988 ("Vienna Convention").

### Drug use and involvement

- Children are used in many parts of the world as an illicit drug consumers market
- Purposes of illicit production,
- Distribution and
- Trade in narcotic drugs

### States have an obligation to protect children from drugs

- To control those drugs in certain ways.
- The drug supply chain imperils children at each stage, from production to use.
- Harmed through drug use, parental drug dependence, drug-related violence, exploitation in trafficking, and a range of other ways

Article 33 is an important check on state actions in drug control

- Protecting children from drugs will be carried out in the context of drug policies.
- States parties have consistently provided periodic reports to the Committee on the Rights of the child, and the Committee has welcomed and encouraged such laws.
- States parties must take appropriate measures to prevent the use of children in the illicit drug trade.
- Article 33 and the drugs conventions are complementary to the Vienna Convention.

## Article 33

- The guiding principles of the Convention include non-discrimination;
- Adherence to the best interests of the child;
- Right to life,
- Survival and development;
- The right to participate.

Article 33 of the UNCRC says that

- Children and young people have a right to be protected from all harmful drugs.

### Rights

- To be protected from drugs, children and young people should be taught about their effects. Teaching of this nature should take the views of young people into account, and should be carried out at both primary and secondary level.
- If a child or young person is affected by drugs they shouldn't be judged for taking them, but should be treated in a way that helps them get better.

### Article 33 and parents

- Children and young people should be protected from the effects of a parent's drug use and that their lives shouldn't be made more difficult because of it

## Presentation- Combating Transnational Organized Crime Through Untoc – The Role Of Non-Governmental Stakeholders By Billy Batware, UNODC

### Transnational Organized Crime

The UNTOC Convention does not contain a definition of transnational organized crime or organized crime. Instead, the Convention defines "an organized criminal group."

Under the Convention (article 2a), an "organized criminal group" is defined using four criteria:

- ✓ A structured group of three or more persons;
- ✓ The group exists for a period of time;
- ✓ It acts in concert with the aim of committing at least one serious crime;
- ✓ To obtain, directly or indirectly, a financial or other material benefit.

### Organized Crime Markets

#### Drug trafficking

- Although drugs continue to represent a major source of revenue for organized criminal groups, business models are changing.
- Criminals are exploiting new technologies and networks, such as the Darknet (i.e. an encrypted virtual network), that are altering the nature of the illicit drug trade and the types of players involved.

## Drug Trafficking in Africa

In a number of countries, the profits from trafficked drugs exceed the gross national income. Rampant drug trafficking empowers criminal elements operating outside the law, undermines governance, weakens state institutions, perverts the criminal justice system, and hijacks prosecutors, police officers, and judges. Drug traffickers do not simply undermine governments, they also use illicit money to acquire and in some cases seize political and economic power and then wield such power in the most outrageous and scandalous manner.

## Organized Crime Markets

### Manufacturing of and trafficking in falsified medical products



## Organized Crime Markets

### Manufacturing of and trafficking in falsified medical products

- According to a WHO study, the observed failure rate of substandard and falsified medical products in low and middle-income countries is approximately 10,5 %.
- 
- In low and middle-income countries, 1 in 10 medical products is either falsified or substandard. The value of this market is estimated at US\$ 30 billion. (WHO, 2017)

## The United Nations Convention against Transnational Organized Crime

The main international instrument in the fight against TOC

Adopted by UN General Assembly in 2000. Entered into force in 2003

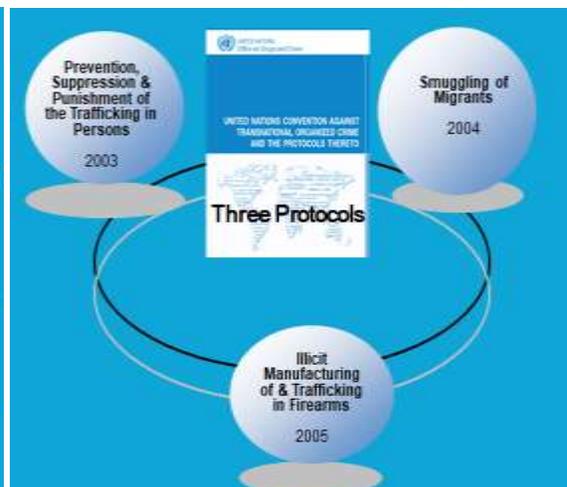
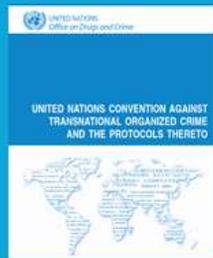
Promote cooperation to prevent and combat TOC more effectively



## The United Nations Convention against Transnational Organized Crime

A Conference of the Parties (CoP) to the Convention established to improve the capacity of States Parties to combat TOC and to promote and review the implementation of the Convention

Rule 17 allows NGOs (with and without ECOSOC status) to participate in COP/UNTOC sessions as observers



## Review mechanism

- Adopted by Resolution 9/1 in October 2018 (10 years in the making)
- A general review that will be undertaken in the plenary of the Conference of the Parties
- Country reviews that will be conducted through desk reviews.
- Peer review process.



## Civil Society Involvement



Presence and statements in the context of the General Review (Conference of the Parties)



Consultation at national level (preparation of the self-assessment questionnaires)



Constructive dialogues:

- On the margins of the Working Groups

## FACILITATING THE ENGAGEMENT OF CIVIL SOCIETY IN THE UNTOC REVIEW MECHANISM:

### THE ROLE OF UNODC CST

- ❑ Recommendations from the Needs Assessment Workshop



## Next steps?

- ❑ Developing a UNODC common Knowledge Hub for engagement support - WhatsOn
- ❑ Training toolkit for capacity building
- ❑ Civil society guide for UNTOC (in partnership with Global Initiative)



- ❑ Pilot Initiatives: Civil Society engagement with Member States at the country level



- ❑ Ensuring Active Civil Society Participation in Constructive Dialogues



## Example from NGO Airline Ambassadors: Human Trafficking

### JetBlue Airline

Daniel Sheth and Airline Ambassador humanitarian team noticed a boy and a girl who were visibly upset – the girl was crying. [...]. After realizing that something was not right, Daniel informed the flight attendants who had the cockpit contact Operations at JFK Airport via cockpit radio. This information led to the bust of a human trafficking ring in Boston involving 86 children. (Credit: Airline Ambassadors)



**Presenation; Impacting on Substance Abuse Policy at the National, Regional and Global levels: The Role of Civil Society by Eze Eluchie LL.B., LL.M., BL Board Member, World Federation Against Drugs (WFAD)**

**Fundamental Desire of CSO's**

- ▶ Better Substance Use/Control environment/ regime
- ▶ Societal Advancement

**What impacts attainment of organizational goals?**

- ▶ Legislations and Policies:
  - \* Local,
  - \* National
  - \* Regional or
  - \* Global
- ▶ Above is irrespective of individual CSO capacities, motivation et al.

**If we want to succeed:**

- ▶ CSO's should be aware and understand the Policies and Legislations in their chosen field.
- ▶ CSO's should seek to impact on Policies and Legislations in our chosen field.

**What are the legislations/Policy documents?**

- ▶ International/Global-
  - \* the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,
  - \* the Convention on Psychotropic Substances of 1971 and
  - \* the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988
  - \* Other instruments down to the UNGASS 2016 Outcome Documents.
- ▶ Regional, National and Local:
  - \* Regional and National Legislations/Policy positions on Substance abuse
  - \* Local edicts on drug abuse (where applicable).

**Impacting on Legislations and Policy**

- ▶ Realize that you are the expert in the field.
- ▶ Legislators have diverse allegiances and constituencies they pander to
- ▶ Rely more on domestic examples and generate domestic data

**Steps on impacting on Legislations/Policies....contd.**

- ▶ 4. Define target audience
  - \* Specific Persons
  - \* Specific Committees/Agencies
- ▶ 5. Evidence gathering/data collection
  - \* Low-cost, High-impact
  - \* Locally generated

## Steps on impacting on Legislations/Policies....contd. 2

- ▶ 6. Message development
  - \* Concise
  - \* Expertly
- ▶ 7. Networking
  - \* Shows relevance and timeliness
  - \* Popular ownership

## Steps on impacting on Legislations/Policies....contd. 3

- ▶ 8. Channels of communication
  - \* Targeted letters
  - \* Street rallies
  - \* Testimonials
  - \* Public hearings
- ▶ 9. Be Courteous and maintain contacts.
  - \* Remember to say "Thank You" and maintain contacts.

## Examples of areas of CSO's interventions on Substance Use Legislations/Policies - Uganda

- ▶ Standing Committees
  - Committee on HIV/AIDS and Related Matters
  - Committee on Human Rights
- ▶ Sectorial Committees
  - Committee on Education and Sports
  - Committee on Health
  - Committee on Gender, Labor and Social Development

## Examples of areas of CSO's interventions on Substance Use Legislations/Policies - Kenya

- ▶ (Senate)
  - \* Education
  - \* Health
  - \* Justice Legal Affairs and Human Rights
- ▶ Parliament (Lower House)
  - Sports, Culture and Tourism
  - Health
  - Justice and Legal Affairs Committee

## Examples of areas of CSO's interventions on Substance Use Legislations/Policies - Tanzania

- ▶ Social Services and Community Development Committee
- ▶ HIV and AIDS Committee

## Examples of CSO's interventions on Substance Use Legislations/Policies - East Africa Community

- ▶ Secretariat of the East African Community
  - Director, Social Sector Directorate.
- ▶ East Africa Health and Research Commission (EAHRC)
- ▶ East Africa Legislative Assembly

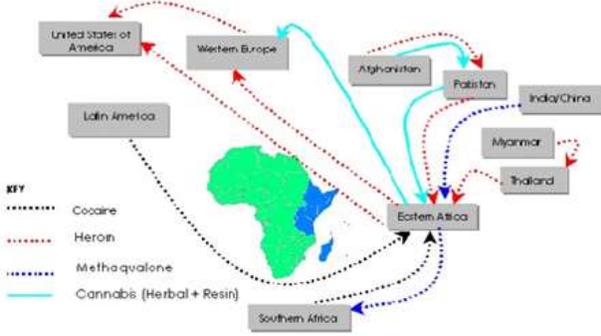
**Presentation; Marijuana Legalization in East Africa By Mr. George Ochieng Executive Director Slum Child Foundation**

### Countries in the Region

- \* Burundi,
- \* Comoros,
- \* Djibouti,
- \* Eritrea,
- \* Ethiopia,
- \* Kenya,
- \* Madagascar,
- \* Mauritius,
- \* Rwanda,
- \* Seychelles,
- \* Somalia,
- \* South Sudan,
- \* Uganda,
- \* United Republic of Tanzania and
- \* Mayotte

World Drug report 2019

### Marijuana Transit Route in the Region



Source: UNODC

### Regional Situation

- \* 188 Million People use Marijuana Globally (UNODC 2017)
- \* 83 million people in Africa consume marijuana. (The Africa Regional Hemp & Cannabis Report: 2019)
- \* 2.6 Million Uganda are using Marijuana (Daily Monitor May 2019)

### Regional Position

- \* The following countries in the region have been on the spotlight in relation to Marijuana Legalization and Debate
- \* Kenya: Lobby to legalize Marijuana has been very intense
- \* Tanzania: Debate on going weather to legalize or not
- \* Uganda: Approved the growth for Export

### MYTHS BY THE LEGALIZERS

- \* Increased income for the country
- \* More jobs will be created
- \* Alcohol is worse than Marijuana
- \* Marijuana does not harm
- \* Children will not be affected
- \* More energy to work
- \* Poverty rate will go down

### ROLE OF THE CSO TO CURB THE MANACE

- \* Stand up and Speak Out
- \* Work with country and regional alliances and Network who share the same course
- \* Speak about Facts to counter Myths
- \* Ensure your presence is felt in Social and Main Stream Media for balanced opinion
- \* Lobby and Mobilize the legislators and the Media with your findings with open letters, common Position and Declarations
- \* Go for the big people by starting small

The members also took time to go through the Kampala declaration that was to be handed over to the Honourable minister.

This was followed by panel discussion by the Ladies from Uganda, Kenya, Nigeria and Tanzania they shared experience from their individual countries and a wrap up from Ms Regina and Mr. Kasirye on behalf of the host nation



*Ladies during the panel discussions*

## **Recommendations**

1. Create a platform for vital information sharing.
2. Exchange programs where different member organisations are sponsored to visit the other for idea exchange.
3. Sponsorship programs for members to go back to school for more enlightenment.
4. I think in the preparations the presentations are too near each other this limits us to ask questions.
5. Venue was convenient we can maintain it.
6. Please make sure that visitation is very important i.e. visit at rehabilitation centers or psychiatric hospitals where we can learn more or look for a means of support in future.
7. Improvement of prevention programs based on evidence-based programmes.
8. Drugs policies must involve all components, prevention, treatment, recovery, harm reduction and law enforcement.
9. To still engage CSOs day to day.
10. To monitor the regional CSOs to be strong to their activities and scene.
11. Invite more members within the regional countries.
12. Follow up with member countries on ideas suggested on the ground during forums.
13. Encouragement of active participation among regional members.
14. To improve the unit and collaboration between CSOs from EAC tackling Drug and substance abuse problem.
15. To build capacity of East Africa Community SCO, working in the area of drug prevention, treatment and recovery.

16. Form the EAC committee on drug and substance abuse.
17. Plan for more workshops and seminars.
18. Make it annually for more sharing of experience to adjust on time for more speakers.
19. Support research projects for CSOs to gather evidence based data.
20. Have a database for WFD for more learning.
21. It was educative but too short for the person who attended for only one day.
22. I was great to interact with different participants from different parts of the world and a lot was learnt from them.
23. I commend the work your doing, it is great.
24. Plan better next time so that presenters have enough time that we participants can get involved.
25. Locally have representatives from the target community attending especially children/youth/ vulnerable groups to give their story/ testimonies/challenges.
26. Make proper arrangement to make sure all regional countries are represented, in this case no one from Rwanda, Burundi, South Sudan attended Congo, Ethiopia, Somalia should also be looped in.
27. It was wonderful session should come at least once a year.
28. Presenters were good but they took little time to present their cases.
29. Thank you for your support, I recommend we continue having regular engagement and communication between organisations addressing drug related issues.
30. WFAD should fund/support research studies for generation of data policy, planning and gaps identification,
31. Support sub regional focal point persons/ support sub regional plat forms.
32. Highly commend the forum and request that it be inclusive.
33. The next meeting should be a priority.
34. Taking on the initiative because its very good, bring on board the national/ political heads in the intervention i.e. the honorable ministers.
35. Engage young people with how ideas and theories.
36. Extend the deviation our main activities weren't enacted at all.
37. More trainings are still needed.
38. At least next time we make it more longer like 3 days and residential is better such that all the information can be shared.
39. Having a plat form for information sharing regional web page.
40. Sharing individual organizational works (Drugs and Alcohol) and publishing it.

### List of participants

No	Name	Organisation	Country
1	Augusto Nogueira	IFNGO	Malaysia
2	Regina Mattison	WFAD	Sweden
3	Juliet Namukasa	International Aid Services Uganda	Uganda
4	Gladness Munud	CRC	Tanzania
5	Zainabu Makombe	HCT	Tanzania
6	Hellen Alice Nondi	FOHTC	Kenya
7	Eliphaz Were	KEYNET	Kenya

8	Okello Chrispine	Child Space Organisation Kenya	Kenya
9	Jane Mwangi	Willing Way Recovery Center	Kenya
10	Nalumansi Sumayiya	Kawempe Youth Development	Uganda
11	Ngozi Nwankwo	Daniel Nunsaulo Foundation	Nigeria
12	Anguria Michael	Saf-Teso	Uganda
13	Lydia Agemo Manu	Willing Foundation Ghana	Ghana
14	Kikome Ruth	Recovery Solutions	Uganda
15	Water Auma	SCAD	Kenya
16	Masitula Kisakye	UGGA	Uganda
17	Wanyana Mary Winty	UNACOH	Uganda
18	Tumwikiriza Apollo	Trust Future Uganda	Uganda
19	Mugume Eliab	Brotherhood Restoration Uganda	Uganda
20	Siboniyo Elias	Community Out Reach Burundi	Burundi
21	Micheal Marwa	C-Sema	Tanzania
22	Carlton Hall	CHC	USA
23	George Ochieng	Slum Child Foundation	Kenya
24	Phaedon Kaloteraus	WFTC	Greece
25	Nabulya Anna	UYDEL	Uganda
26	Billy Botwana	UNODC	Austria
27	Mpyangu Denis Swanyi	Nansana Collision Against Drugs	Uganda
28	Sempiira Edward	Life Back Foundation Uganda	Uganda
29	Nassanga Margaret	UAPA	Uganda
30	Carol Mulyowa	Hope And Beyond Uganda	Uganda
31	Catherine Boyane	Nakuru Drop In Center Cbo	Kenya
32	Mildred Auma	Kisimu Disab S H Group	Kenya
33	Rontaeear Tad	Conter Pointer	Usa
34	Sushma Taylor	Wftc	Usa
35	Nakijoba Barbara	UYDEL	Uganda
36	Winnie Kimera	Somero Uganda	Uganda
37	Bbale Drake Thamsone	CAYEL	Uganda
38	Nanziri Immaculate	UYDEL	Uganda
39	Ssewali Mark	UYDEL	Uganda
40	Brian Mugo Csa	YAADSA CBO	Kenya
41	Sammy Gachary	Daac International	Kenya
42	Mutawe Rogers	UYDEL	Uganda
43	Jumba Bem	Kfm	Uganda

44	Muyingo Joseph	Delta Tv	Uganda
45	Nicholas Kajoba	Nzirision	Uganda
46	Musoke Twaha	EYDI	Uganda
47	Katongole Isa	Nansana Childrens Center	Uganda
48	Muhammad Wammala	Salt Media	Uganda
49	Gibson Johnson	UYDEL	Sweden
50	Elin Awidsson	UYDEL	Sweden
51	Sarafehn Syler	UYDEL	Sweden
52	Josephine Nakibuuka	Fight Drug Abuse	Uganda
53	Felicia Nyngayen	UYDEL	Sweden
54	Namubiru Grace	Record Tv	Uganda
55	Assimwe Dorcus	Nina Olugero Foundation Uganda	Uganda
56	Ddumba Lawrence	Nbs Tv	Uganda
57	Mayanja Joseph	Delta Tv	Uganda
58	Paul Mugamba	Delta Tv	Uganda
59	Saidat Namusoke	Ubc Tv	Uganda
60	Lydia Kyomukama	Ubc Tv	Uganda
61	Sarah Maziwe	New Vision	Uganda
62	Ziraba Muzale Davidi	Capital Fm	Uganda
63	Batte Andrew	UYDEL	Uganda
64	Eze Elucluie	PADDI	Nigeria
65	Richard Shilamba	Cheso	Tanzania
66	Paul Kogi Mburu	Sober life Society	Kenya
67	Lubega Andrew	UYDEL	Uganda
68	Kasirye Rogers	UYDEL	Uganda