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Contents

Plenary	3
Strategic Vision for Africa – Dr Abiola Olaleye (African Union).....	3
Importance of Parent, Communities, Schools in Prevention Among Youth - Margaret Lilja (Planet Youth)	3
Questions and Answers	4
Children Whose Primary Caregiver Use Drugs Research - Corina Giacomello (Pompidou Group)	4
A Whole-of-Society Approach to Addressing Transnational Organized Crime (Related to Drug Use) - Billy Batware (UNODC).....	5
The Importance of Youth Prevention in the Context of Global Commercialized Recreational Pharmacology - Robert DuPont (Institute for Behavior and Health, Inc).....	6
Professional Development - Robert Leventhal (Officer of Global Programs and Policy, INL). 7	
Track on Prevention	7
Model of Prevention - Susan Thau (CADCA)	7
Prevention in the context of Crises, Displacement, Conflict or Refugee Settings & Listen First! - Dr. Wadih Malouf (UNODC).....	8
Adult-Child Engagement in Prevention as part of the Children's Rights Framework - Kavita Ratna (CWC).....	9
Questions and answers.....	9
Positive Primary Prevention in Practice - Slim Liden (Smart International).....	10
Prevention on School-Based Prevention with Focus on Gender – Dr Fernando Salazar (ISSUP)	10
Colombo Plan´s Work with the Youth, the Youth Programme Modality, & the New Youth Curriculum. Diced - Choden (The Colombo Plan Drug Advisory Programme)	11
Data Driven Prevention Programmes for Families - Joke Verreth (StreetSmart) & Johan Maertens (Rotarian Action Group Addiction Prevention)	11

Track on Treatment and Recovery	12
Treatment Facilities & Social Reintegration - Augusto Nogueira (ARTM Macau)	12
Effectiveness of Treatment Mechanisms - Wouter Vanderplasschen (University of Ghent) ...	12
Gender-Sensitive Treatment - Asia Ashraf (Peace Inn)	13
Jegersberg gård – San Patrignano Model – Jegersberg gård team	13
Setting Up Lived Experiences Recovery Organisations - Dave Higham (The Well)	14
Recovery Services and Civil Society Engagement - Melike Simsek and Sedef Erçetin (Green Crescent).....	14
Recovery and Desistance - Dr David Best (University of Derby)	15
Barriers to Recovery & What it Takes to Stay in Recovery in POC Communities - Devon de Koker (Central Drug Authority of South Africa).....	15
Recovery Pathways Recovery Project - Jessica de Maeyer and Tijs van Steenberghe (HOGENT).....	16
Journey of Recovery from Addiction and Crimes - Ali Reunanen (KRIS)	16
Track on Advocacy	17
Opening Statement - Patrick Kennedy	17
Advocacy Prevention & Funding - Sue Thau (CADCA).....	17
Advocating Children Rights - Diana Joseph (Fourth Wave Foundation)	18
Advocacy Against Marijuana Legalisation - Kevin Sabet (SAM).....	19
Township Work Against Marijuana - Amy Ronshausen (DFAF)	20
Alternative to Incarceration - Panel Discussion – Anja Busse (UNODC), Sven Pfeiffer (UNODC), Rima Saade (Nusroto Al-Anashid Association), Amy Ronshausen (DFAF), and Peter Moilanen (Narkotika Politiskt Center).....	20

Plenary

Strategic Vision for Africa – Dr Abiola Olaleye (African Union)

Dr Abiola Olaleye presented the structure of the African Union, an inter-governmental organisation which comprises all 55 countries on the continent of Africa. Its goal is to promote political and economic integration and deliver prosperity, inclusive growth, and sustainable development through several organs. Following the recognition by UNGASS in 2016 on the world drug problem and the shared responsibility to address it in a multilateral setting and the increasing drug issue in Africa, the African Union established the Action Plan on Drugs. Member states agreed that drug reduction programmes should cover all areas of prevention to discourage initial use.

To support Member States, the African Union offers technical assistance and capacity development, and normative and policy support. The African Union also supports regional and national networks while helping Member States to implement policy on national level. They are the focal point and offer evaluation of policy implementation and monitoring. The African Union is not only restricted to Africa and continues to work on a global dialogue and participates in inter-agency coordination meetings.

[Presentation Slides](#)

Importance of Parent, Communities, Schools in Prevention Among Youth - Margaret Lilja (Planet Youth)

Margret Lilja highlighted that prevention takes a village and that it is important to have the conversation with youth through surveys. While doing so, it is important to not only ask about substance use but also other indicators, such as wellbeing, family circumstances, leisure activities, and risk behaviour. Research is considered important in medicine, engineering, tourism, fisheries, etc., and it is also very essential in this field. It is about the children's lives and health and early prevention efforts should focus on the majority of kids. The risk and protective factors need to be considered. The Icelandic Model has formed a database from 1992 until 2022. Data has shown that in Iceland, the percentage of having taken any drug, alcohol, or tobacco in the last 30 days has significantly reduced in the years – been drunk: 42% to 7%, smoked cigarettes: 23% to 5%, and used cannabis: 17% to 1%.

To reduce the use, it is important to keep the children involved. Not by just building a football stadium, but by having professional adults in charge, such as a coach, art teacher, employees in youth clubs, etc. It is important that these adults are trained and educated. The role of the organised leisure time activities has become an important socialisation agent in Iceland. In 1992, 17% engaged in leisure activities and in 2022, this was 41%. Those that have been engaged in sports are more likely to stay away from any substance in comparison to those that have not had leisure

activities in their youth. Family and parents are the most important in the life of the kids. By showing support to the children and not being too strict, the parent is a partner. Children should also feel well in school. Therefore, measure often since situations change fast in the lives of adolescents. Practical information should be released immediately after data collections, providing every teacher, parent, and school access to the current situation. A focus should be on evidence-based practices, using a community-based approach, and creating and maintaining dialogue.

[Presentation Slides](#)

Questions and Answers

Do you have the intention to collect data of families and their influence?

Educating parents and coaches and looking at the attachment in the families, give the analysis a clearer cut. We have some data regarding leisure time and good relationships within the family. Train all the people that work with children and essential figures in a child's life.

How can we roll out the Icelandic model in Africa, with a strong sense of village and community?

What about the children that have used drugs, how does the model look at those children, parents, and families?

We have done some work in Africa. Regarding the children in recovery, our focus is on the child that is not using, while also informing parents about the importance of bringing back the ones that have used to the group. The Icelandic model touches on recovery but focuses more on reintegration. We do educate the parents so that they do not push back the children that are using.

There are not enough facilities to train all the coaches. How is that being done in Iceland and how do you reach the children that do not have some leisure time?

All the people involved need to know their roles, meaning that those not participating should also be included in the data collection, as we are worried about them. Many of them isolate themselves and only play video games, for example. Municipalities do try to get them involved and we try to organise something for them to reach them.

Children Whose Primary Caregiver Use Drugs Research - Corina Giacomello (Pompidou Group)

As part of the Action Plan 2022-2027, the Council of Europe invited the Pompidou Group to contribute to the discussions on the rights of the child, especially those in an environment with drugs being used. 13 countries took part in the project, semi-structured interviews were conducted with the help of different partners in different countries, and it also included international focus groups and national focus groups, including 5 countries. The project included two perspectives:

- 1) Children impacted by parental drug dependence – they can experience anxiety, depression, anger, guilt, shame, isolated, and not comfortable to speak up

- 2) Parents facing the dual challenge of drug dependence and being a parent – this can be overwhelming together with the intersections of their personal history and history of substance use. They often face stigma and more discrimination.

The example of PIPPI, a programme implemented in a certain number of local Italian territories, focusses on children and integrating human rights in drug policy. It is the voice for the people.

Overall, the report is divided into three parts and published in March 2022. It includes information and interventions on the ground, giving children and families opportunities. Key recommendations in the final chapter are important to be implemented. It does not include a normal top-down approach as the tools integrated are interactive and measures that work with the family in the centre of the solution. Countries need to develop integrated strategies to work with children on national and local level. Ensuring to decrease stigma, not feel judged, or the fear of being displaced among children when speaking up. Additionally, countries should review the TDI and the current norms and practices of information gathering and sharing. Include creches or day centres for children and address parental status with parents in treatment as part of the therapeutic process. Professionals do not have enough information to push the stereotypes away or mislead the children's perspectives. Besides this, women should no longer be rejected in safe homes or shelters due to their substance use, this is a crime. More information is needed on this group and how to respond to them, including their children.

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A Whole-of-Society Approach to Addressing Transnational Organized Crime (Related to Drug Use) - Billy Batware (UNODC)

Billy Batware stressed that working with communities and networks needs to be based on evidence while the root causes of drug use need to be understood, including the reasons and processes. There is a new process within the UNODC, the review mechanism, linked to the UNODC convention against transnational organised crime. The mechanism helps countries to address all issues of organised crime and is a self-assessment questionnaire by Member States that engage with civil society. Three points were identified which are going to be worked on together against organised crime, such as constructive dialogue, mandate by the state to bring experts, civil society, and working groups that will prepare and review the government processes.

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What could be the role of civil society?

Input by participants:

- There are no social security and health programmes, nor alternatives of incarceration. Many youth are caught in the situation and sent to incarceration. Children who come out of this often go back into organised crime. More advice is needed on how to change this on a policy level and keep children in juvenile away from crime.

Billy: The way of conceptualising new youth forums is not going to be based nominations from the Member States, rather by civil society/grassroot organisations. Often, the UN policies are given to the Member States, but it is more difficult to get it on the grassroot level. The UNODC office is there but have not been involved with civil society much. There is a way to coordinate and strengthen the regional bodies for civil society and move from talking about policy to implementing. Civil society and grassroot are the voices needed for the UNODC and Member States. These voices do inform on what is working and what not.

- The UNODC has had an impact in Uganda. The whole society approach is important and the country office in Uganda is doing this. If we can attract the support from the UNODC, we must work on the ground.

Billy: I would encourage to bring other representatives from your organisations to be part of this discussion as well.

The Importance of Youth Prevention in the Context of Global Commercialized Recreational Pharmacology - Robert DuPont (Institute for Behavior and Health, Inc)

Dr Robert DuPont highlighted that the use of chemicals is for the pleasure that super stimulates the brain reward system. The big money in the industry comes from the heavy users and often the poorest people in the country, often in cash. The drug user themselves, with the 20 percent of the money they spend in total, could pay for treatment. Legalisation of drugs would increase the problem. With legal drugs, substance use rates, substance-related deaths, and substance use disorders would increase. The most problem-generating substance use is the polysubstance use, including high prevalence of polysubstance use among overdose cases. There is currently an epidemic of opioid deaths in the United States.

To reduce the future prevalence of addiction, it is necessary to focus on youth substance use prevention. The prevention concept/initiative of One Choice is a clear message and aims for a decision made by young people to say no to use any drug (no to alcohol, nicotine, and drugs under 21 years of age). This is not a law but a health standard, which can be compared to a seatbelt, bicycle helmets, eating healthy foods, and exercising regularly. One Choice is important as 9 out of 10 adults (90%) with substance use disorders initiated their use before 18. It starts in your adolescents, therefore prevention in early years is the most effective measure. Data shows that those that have said that they have used marijuana in the last month are more likely to just use other substances as well. While those in the survey that said no, are less likely to use other drugs, even alcohol. Therefore, public education should focus on youth substance use to reduce future addiction, while there should also be a focus on individuals with a substance use disorder with a goal of recovery. Generally, it is important to recognise the role of the hijacked brain in addiction, differentiate between youth and adults, ask “what is the health standard”, and differentiate decriminalisation of use, legalisation, and commercialisation.

[Presentation Slides](#)

Professional Development - Robert Leventhal (Officer of Global Programs and Policy, INL)

Robert Leventhal represented the Bureau of International Narcotics and Law Enforcement Affairs, which is a US state department that focusses especially on crime issues, operating with other countries to address crime primary drug problem and promote joint actions. In the US, and also elsewhere, the drug-related deaths are inclining while traffickers and smugglers are advancing their work. Simultaneously, drug use amongst youth is becoming a norm on the supply and demand side. Joint effort in responding to the challenges, focusing on prevention, treatment, and recovery. Seven years of research has already demonstrated evidence-based methods for prevention and treatment, and more is needed to address substance use. However, securing funding is still a daily challenge. Governments that mobilise resources want to make sure a programme is effective before funding, leading to the need for more research. Yet, research also requires funding. The bottom line is that to address substance use disorders in communities, the best approaches need to be identified as well as platforms and networks, to understand and support. Also, the importance of evidence-based practices and the balance of supply and demand reduction needs to be understood. A starting point of INL is the professionalisation of the professional workforce, which requires joint efforts. Therefore, the INL is a close partner with the UNODC, African Union, ISSUP, CADCA, and ICUDDR. Thousands of treatment practitioners will benefit from it, starting with the idea of standards, ethical standards of profession, and technical accuracy.

Track on Prevention

Model of Prevention - Susan Thau (CADCA)

Susan Thau presented the social ecological model, which is the theoretical basis for CADCA's model for community change. Here, 12 community sectors work together on a unified community strategy that mobilises efforts across the entire community to complete all seven steps of the strategic prevention framework and implement all of CADCA's strategies for community change and evaluate the results. The key sectors in CADCA's Model for community change is having coalitions convene and combine talent and resources to address local substance use issues. It is important to use the strategic prevention framework, including sustainable and cultural components. For the assessment, use local data to assess specific issues and community conditions causing problem. The model builds the capacity of the 12 required sectors of the community into a highly functioning coalition. Local data is the basis for the planning, while the seven strategies of community change, which complement and reinforce each other, is important for the implementation. Additionally, it is necessary to ensure all the efforts and materials are optimally inclusive and reflective of the community's residents, culture, and language. Evaluation should be built up from the beginning, meaning including documentation in all steps. For sustainability, it is necessary to plan to sustain the funding for and efforts of the coalition overtime.

The seven strategies for community change include a synergistic combination of individual strategies with environment. They are as follows: provide information; enhance skills of coalition staff and community members; provide social support by creating opportunities to participate; enhance access and reduce barriers by utilising systems and services; change consequences by decreasing the probability of a specific behaviour; change physical design or structure of the environment to reduce access and availability through take back programmes; and modify policy by changing written procedures through ordinances, laws, and other public policy actions.

Additionally, the drug free community support programme, uses data to assess local conditions, develops partnerships with all relevant community service, develop and implement comprehensive community-wide strategies to address local needs, evaluate outcomes, and ensures cultural competency and inclusiveness.

[Presentation Slides](#)

Prevention in the context of Crises, Displacement, Conflict or Refugee Settings & Listen First! - Dr. Wadih Malouf (UNODC)

Dr Wadih Malouf showcased that boys and girls have different ways of responding to prevention. Prevention is established through family skills. Healthy parenting is essential to early child development and parenting supports a child's adjustment beyond their own individual resilience. Effective family skills programmes showcase that relationship changes through practice. Since 2012, 45 countries globally have worked on family or life skills in schools together with the UNODC.

He also stressed that over 1.5 billion people in the world are exposed to conflict and humanitarian crises. In humanitarian settings, families are the frontline of defence. The skills on how to deal with stress, listening to each other, and value of using both love and limits are important. Parents face several challenges in war and refugees. They face environmental specific challenges and child-specific challenges. For the child-specific challenges, there is a family multi-level parenting and caregiver support delivery model for families living through conflict and displacement. The skills have to practices together and trauma needs to be addressed. There was an app established for parents during COVID, here a social capital approach to scale smartphone application was released in the Zaatari Camp in Jordan, including Children immunisation and in different language. Strong families are built on the ability of the family and develops the skills of the family. The app was tested in Afghanistan and Jordan. Also, leaflets with parental tips were developed. Recovery techniques need to be taught and include a focus on trauma, adding a parental component and caregiver session. Wadih also presented the Listen first programme, which is a science of prevention and how to engage with it. The UNODC World Drug Day Theme of 2022 is on the role of families in drug use prevention and youth development in humanitarian settings: How to really focus on the community in need.

Adult-Child Engagement in Prevention as part of the Children's Rights Framework - Kavita Ratna (CWC)

Kavita Ratna stressed the importance of the UN Convention on the Rights of the Child, where the rights to self-determination is the foundation stone. Within the Children's Rights framework, it is important to look at the children's rights versus the children's welfare. Children have the right to self-expression and determination. There are three P's, participation, protection, and provision within the right of the child. They have the right to impact decisions that affect their lives. They get protection through prevention, pre-empt and redressal. Around the world, working children have led the way in demanding for their right to participation. The most vulnerable children demonstrate for their right to agency constantly. Kavita elaborated on the example of a study made in India. Here, children received capacity-building and themselves did a study where they mapped where illegal alcohol was being sold. They also analysed the study and learned from it. It was concluded that people who abuse alcohol are not bad people, that there should be empathy for those affected by those who abuse alcohol and their family, and understand that the problem is not only related to individual choices. The children's strategy was to address alcoholism and not target individuals and stigmatise them. The children's advocacy is sensitive, non-discriminatory, and grounded in reality. One of the outcomes of the study was that children put up a role play for the elected representatives, teachers, and police officers. This had an impact on the communities as the need for a comprehensive response to the problem was understood as well as the importance of children's participation. – "You don't have to be old to be wise"-

It is a must to give children the respect, confidence, and making them a part of the community as full citizens. The study by the children had an impact had an impact on the adults also. They recognised that children's participation has helped the community address some issues and even women in the community to engage more and organised. It also had an impact on the local government where the paradigm shifted in the way children are viewed and gave insights on the children's perspective. Overall, it was not a conversation, but active participation. Our role as civil society is to strengthen the children's their personhood and create safe environments for their participation. We must share power with children and adults must give up a part of the political space as we know it today. The overarching issue for children is the lack of structures to exercise their rights. The way for civil society is to recognise the multiple realities of children and empower them.

Questions and answers

- How do you handle stigma from the community?

By having the discussion with their friend and speaking with the child that had a parent with alcohol problem, the other children became more understanding of them and even offered to come study with them. That connection and acceptance was mad through the dialogue among the children.

Positive Primary Prevention in Practice - Slim Liden (Smart International)

Slim Liden presented his primary prevention measure, through long-term coaching. The earlier children drink alcohol, the more likely they are to use other substances. The Contract Concept offered by Smart International is a year contract for youth, which evaluates the first year before it is signed again. The membership card is something the children are really proud of. The Smart Club has to adhere to human and gender rights. Smart International includes elected youth board and has 33 clubs in 18 countries, of which 14 in Africa and 4 in Asia. As part of the programme, the parent meeting is very important to start the club. The caregiver has to sign the contract as well. The Children's Summit in Kampala in 2021 was a 2-day summit, where delegates were elected by their peers.

[Presentation Slides](#)

Prevention on School-Based Prevention with Focus on Gender – Dr Fernando Salazar (ISSUP)

Dr Fernando Salazar showcased that drug use has historically been seen as a male phenomenon. However, recent data shows that there is an increase use among females. Therefore, we need to focus on gender. Dr Fernando Salazar presented how they used similar schools as their focus groups: intervention schools and control schools, as part the evaluation of the school-based programme. In the chosen intervention, school principals and teachers received training in the Universal Prevention Curriculum (UPC) to become prevention agents. The control group received training not related to the content of the UPC. UPC covers the assessment of readiness for prevention, implementation of substance use school prevention policy, implementation of positive school climate practices, and implementation of prevention curricula.

The expected behaviour of youth is to say no to the use of drugs or selling of any drugs. Many children consider their school like their second home, and for some it is their primary home. Hence, the school plays a huge role in the preventive work. Therefore, the implementation of the right and effective curriculum and policy can be the determining factor. With this in mind, they started the training and signed an agreement to continue with the training. Participants and the school sign an agreement for a contract of 3 years. The school prevention and leadership action team aimed for school substance use prevention policies. The youth was delivering and teaching the school about the policies themselves, classroom to classroom, because they know how to deliver it to their classmates. It took 3 months and created a school prevention climate. All of the school prevention curriculum is in place by letting the student be in charge of sharing the information to the rest of the school.

[Presentation Slides](#)

Colombo Plan's Work with the Youth, the Youth Programme Modality, & the New Youth Curriculum. Diced - Choden (The Colombo Plan Drug Advisory Programme)

The Drug Advisory Programme (DAP) Youth Forum started with the Asia Youth Congress. DAP received the model that became a bit more intensive, to make it more impactful. The Asian Youth Congress was started to recognise the substance use problem. The global forum for youth was started to acknowledge the role that youth play in reducing the problem. The focus of the youth forums are knowledge, skills, opportunities, networking, and cultural exchange. There are also grants provided where 1000 dollars are given at the forum to three chosen youths. By engaging youth in prevention curriculum, the training goal is to help youth understand the important role that they play in implementing and sustaining prevention policy and measures. The intended participants are university students, media personalities, other youth, and governmental and non-governmental institutions. The curriculum involves an introduction, science for prevention, prevention for youth, tools for prevention projects, prevention influencers, and an implementation plan with proposals by the trainers. Overall, the Colombo Plan is based on the knowledge and skills of the youth.

The youth curriculum was developed in 2019. Here, meaningful engagement of youth in substance use prevention as central. The curriculum went through pilot-testing, peer review, and had a prevention expert advisory group in 2021.

[Presentation Slides](#)

Data Driven Prevention Programmes for Families - Joke Verreth (StreetSmart) & Johan Maertens (Rotarian Action Group Addiction Prevention)

Joke Verreth presented StreetSmart, which a Mobile School. Mobile school is a social profit organisation, which are learning from and on the streets. The main target group of the organisation are the street connected kids but they do not work directly with them but rather through organisations that work with them. Partner organisations work with street connected kids, those on the move, and those hanging on the streets. The focus of the organisation is not on the problem but on the opportunities, so the children can work out their negatives. Street connected kids that get into the social institution, often end up being back at the street. It is important to do outreach first and build a stable base before bringing them into the social institutions. Give children opportunities to increase their self-esteem, so they can climb their ladder and take their life in their own hands. The Mobile School has been expended with more tools for youth workers also. That they can more easily track their work with the children. The various digital tools were presented–

[Presentation Slides](#)

The Rotary Action group Addiction Prevention consists of 27 action groups working on issues such as malaria, poli, water resources, poverty, environment, etc. The Joint Effort Project (JEP) Partners are with Rotary clubs from the region that work with networking and co-financing. The

RAG addiction prevention is looking to upscale and disseminate in Europe. The schools are tired to be used as prevention mechanisms. Therefore, the RAG addiction prevention is looking to write a project proposal for an EU fund that can be submitted with other partners to impact the youth.

Track on Treatment and Recovery

Treatment Facilities & Social Reintegration - Augusto Nogueira (ARTM Macau)

Augusto Nogueira presented best-practices from ARTM Macau regarding the vocational training project to support the reintegration in the society. He provided a background of the organisation at first, an rehabilitation institution located in Macau since 2000. They initiated a social reintegration project called: “Hold on to Hope”. Their organisation is based on the community-based service model. He highlighted that the project was necessary as people in recovery of drugs are more likely to remain vulnerable than the general population in housing, fewer years of education, be unemployed, or have a less developed social and family network. However, everyone has the opportunity to learn, develop, and to expose, to exhibit their creations for further development and accomplish their capabilities. The social reintegration project is to give visibility, teach diversification of learning skills, improve communication skills, remove stigma, refer service users of vocational training into the market, and generally support. An example of the project is the H2H Café and Art Gallery, which was launched in 2020 and is run by former users with the support of residents in recovery. All residents receive vocational training and pocket money, which is the minimum wage in the country. The training is done in support of the local industry. After 6 months in treatment, the clients can decide whether they want to start the process of reintegration and start the trainings.

Effectiveness of Treatment Mechanisms - Wouter Vanderplasschen (University of Ghent)

Wouter Vanderplasschen presented his research to look beyond abstinence. One treatment episode is mostly not enough. After one year, 40 percent was in the same state, and some felt better. Treatment does make an important difference and do better. However, there is a large treatment gap observed. Outcome rates are slightly better after residential treatment than outpatient and short-term treatment. So why do people say treatment does not work? Because the drop-out rate is high and there are improved outcomes associated with retention and continuity of care. Concurring mental health issues can influence also. Therefore, it is important to have a clear therapeutic orientation with specialised and trained staff, including supervised and inter-vision meetings. People with an addiction problem tend to relapse if they do not have an effective intervention and most people have to have more than 3 cycles through periods of untreated addiction, treatment, sobriety, and incarceration. The odds for remaining sober improve when you remain one year sober and after 5 years, it remains rather stable. It is necessary to change from looking at addiction from a chronic relapsing brain disorder to addiction recovery is possible. Additionally, relational aspects are also important for recovery and it is necessary to look at 3 or 4 dimensions of recovery. When

looking at recovery, the prevalence rate is at 58%. However, the success of recovery is often underestimated. Treatment professionals see people coming back for treatment, which has an impact on the hope. Therefore, it is important to promote hope and optimism. 9.1% of the population has endorsed recovery, however, only half solved it with support and the other half without.

Overall, people wanting to change their lives is due to either adverse drug-induced experiences, which could be overdose or psychotic experience, becoming a parent, hitting rock bottom, experience disengagement in social networks and environment – could be both positive and negative. Getting engaged in positive networks can be helpful but also a negative role of social environments can lead to change -, and addiction treatment. Various interventions are effective. The AA and 12-step facilitations do work and some studies prove that these are better than any other kind of treatment. smart recovery is also important for mutual aid group. Overall, there needs to be a continuum and continuity of care. This continuity can be provided in different ways, through phone calls, regular check-ups, types of supportive housing, etc.

[Presentation Slides](#)

Gender-Sensitive Treatment - Asia Ashraf (Peace Inn)

Asia Ashraf presented the drug situation in Pakistan, where more drugs is being produced, trafficking, and used. There is a total of 6.7 million drug users, of which 22% is female, with Cannabis being the most used drugs, followed by opiate. The treatment capacity is much lower than the need and is mainly male oriented as addiction is considered mainly a male problem due to social stigma, cultural constraints, and the fear of losing children. However, there should be a need to focus on women. The ways of their substance use disorders differ. It is more of a hidden activity for women and whereas the risk of overdose was mainly believed to be common among male, the risk among women is getting higher. Women are more likely to telescope, where they get more easily dependent on drugs due to metabolism and other causes. They are often introduced to drugs by an intimidate partner and women show more severe psychiatric, medical, and employment problems. To treat women, we need to be flexible and adapt to their needs. Case management is the key and through experience sharing, services can be improved. Overall, substance use disorder and mental health disorders are very closely interlinked. Advocacy is, after case management, important. Women need a gender-responsive treatment, having their unique experiences addressed, trauma-informed, culturally responsive, and strength based.

[Presentation Slides](#)

Jegersberg gård – San Patrignano Model – Jegersberg gård team

The Jegersberg gård is inspired by the San Patrignano community treatment centre in Italy. Here, everyone lives in a community. As substance use is often developed in loneliness, the feeling of community is helpful. A person requires a relationship. In Jegersberg gård, a mentor scheme is

used. After having been on the farm for a year, they can become peers through the mentor scheme for new residents. Mentors experience the transition from the feeling of being a burden to others to becoming a source in helping others in their rehabilitation. The day routine is rather structured. During the day, one takes responsibility, goes to work, is among others, etc. there are various departments in which the resident can work in, such as a stable for horses, construction, etc. The money that is earned goes to the development of the farm. During their presentation, the team of Jegersberg gård presented several inspiring personal stories.

[Presentation Slides](#)

Setting Up Lived Experiences Recovery Organisations - Dave Higham (The Well)

Dave Higham presented the Well Communities and the core conditions for recovery. How can one integrate someone into a community that was not involved in the community in the first place. The LEROs are for new beginnings. When Dave came out of prison, he felt alone and isolated but worked the way up to being a general manager. He wanted to set something up in the community which is done by people with lived experiences, resulting in the Well. Here, experience is key and is managed and organised by the people themselves. It is based on experience on tap not on top. There is a different workstream and immense support. It allows people to get clean in their own community. When people get treatment, they are less likely to overdose. The communities support people coming through from prison into society and teaches people on how to be citizens, while including psychosocial support and offering the 12-step programme. The Well offers social enterprises and social supermarket, which is a concept that people that usually rely on foodbanks can experience getting their food in a supermarket format.

Overall, there is a continuous try to build the bridge from treatment and prison to the community. However, we have to pull them together instead. Prisons, hospitals, community services, etc. should work together and become an anchor. Traditionally, communities are built around services. However, services should be built within communities. If we can create the right environment for people to use drugs and commit crimes, we need to create the right environment to recover. Through lived experiences, connections, meaning and purpose, community, trauma safe environment, and hope, you can create a community and trauma-safe environment.

[Presentation Slides](#)

Recovery Services and Civil Society Engagement - Melike Simsek and Sedef Erçetin (Green Crescent)

Melike Simsek highlighted that addiction should be considered as a chronic disease, like diabetes and treatment should be treated likewise. Recovery is a long process with a long wait. However, it works. Studies show that after 9 years of quitting, the abstinence rate is more than 47 percent. To reach recovery, the different causes of addiction should be understood, including social psychological, biological, cultural, genetic, environmental, and familial factors. These factors

should be worked with as a puzzle and trying to put the pieces together. Motivation is an important concern as it is important to change while receiving treatment is another important element. Addiction is a disease that affects not only the person using but also the whole family. Therefore, family members need to be included into treatment by providing [psychological] support. Additionally, social recovery is important to decrease the relapse rate. Sedef Erçetin presented the sport-based prevention interventions at Green Crescent, such as bicycle tours.

[Presentation Slides](#)

Recovery and Desistance - Dr David Best (University of Derby)

Dr David Best highlighted that the assumptions about recovery have become more positive over time. Positive human connections create hopes in the process, generating a positive sense of identity and human empowerment. There are now visible and accessible hubs. Recovery works in part of individual efforts. But the social and structural environments are essentially. Allowing for the CHIME model to flourish is necessary. Recovery works the other way around where cultural and structural conditions create the opportunity for positive connections. Only recovery transmits and can lead from one peer to another. It is a level of change, which happens also in LEROs. The core processes of recovery is that the conditions of change are in the dissemination of it. The notion of capital is also important in the process of recovery, including personal, family/social, community, and cultural capital. With financial capital, it goes away once you used it. However, with social capital it is the opposite as it grows more when used.

In the essence to attempt to build the 12-steps fellowship is the dissemination of hope. For the model of recovery capital, the social and societal movement of change is existing. There is also secondary desistance where other people believe you have stopped and you develop a new identity. Others see you as a different person and you feel and see yourself as a different person also.

Barriers to Recovery & What it Takes to Stay in Recovery in POC Communities - Devon de Koker (Central Drug Authority of South Africa)

Devon de Koker presented on the barriers to recovery and what it takes to stay in recovery in POC communities by showcasing the story of Jason. He went from an unemployed POC, being poly-dependent on drugs since the age of 16 and living with his parents who also use substances while experiencing extreme poverty, to wanting to seek help after his child was born. However, no in-patient treatment facility was available in his rural area and he had to wait 8 months to enter. During the wait, the social worker did not have much time to do motivational sessions with him as she had an extreme high load of cases to serve. After finalising treatment, there were extreme barriers to recovery. Such as the high rate of substances being available. POC community has to deal with the repercussions of the apartheid and challenges related to supply reduction interventions. Social workers also don't get to help the whole family and the dysfunction perpetuates. People often are unemployed without formal education, while there is a lack of

aftercare and reintegration services. Finally, substance use is being widely accepted as a norm and is deeply embedded in the community. Therefore, community plays a big role in the person's relapse. In the case there are resources in the POC communities, people are often not sure how to access is.

Another big barrier is the extreme sense of stigma. To stay in recovery, optimal utilisation of internal recovery capital, personal motivation, thorough reflections on former positive life seasons, cognitive behavioural therapy if a therapist can be accessed, creating and investing in micro-sober experiences, sober barbecues, and active assistance from a committed person to access opportunities as employment education and opportunities for skill development are necessary.

[Presentation Slides](#)

Recovery Pathways Recovery Project - Jessica de Maeyer and Tijs van Steenberghe (HOGENT)

Jessica de Mayer highlighted that women who use drugs are often seen as victims. They are also often claimed for their drug use. The paradox of motherhood is another concept that is influential. Here, mothers using drugs are immediately seen as bad mothers. Jessica de Maeyer presented a their research which researched how women experience their recovery process. Photovoice was used as a method as part of the research. It was a method for participatory action research. People took pictures in their daily lives and discussed them in a group as a way to establish personal and societal change. Women were also supported in their photography journey by Tijs, a social worker and photographer. The women were also not only participants but also photographers and part of the research and analysis. By including them, stigma was challenged. Throughout the photovoice project, pictures were taken and, in the afternoon, a group meeting was held to discuss the photos on what factors have been coming back in the stories. Overall, recovery capital should not be forgotten and the personal change. You can change if you want and you only need to be motivated. The dynamic sources and structures are also influential.

[Presentation Slides](#) – [Video Photovoice](#)

Journey of Recovery from Addiction and Crimes - Ali Reunanen (KRIS)

Ali Reunanen shared his personal story and noted that what cannot be done alone, can be done together. Every criminal has a history and if we can understand why people do things, we can start to understand and help that life. There is no one who is hopeless and if you get the right help, anyone can succeed. Challenge a criminal lifestyle, giving a person hope, and take one drug-free and crime-free day at a time. One can be a role model for others. Gaining self-respect leads to self-esteem. Meeting support groups can help in fulfilling goals and finding meaning. Starting the journey in prison with good content can be a good start. After prison, there needs to be support and the possibility to build a new life. There are five cornerstones, honesty, drug-free, fellowship,

solidarity, and equality. One day, we, those in prison and using, were a burden to society, and now we are an asset.

Track on Advocacy

Opening Statement - Patrick Kennedy

Public health is at risk with the use of drugs. Currently, opioids is at its high with an industry of profit and the number of customers are increasing. Patrick Kennedy left the congress a decade ago and now wants to implement policies when it comes to medicine and the opioid epidemic and mental issues. The money behind addiction will always put the public health in jeopardy. Synthetic drugs, trafficking, and distribution puts it at a greater danger. Therefore, we need to work in partnership. The drug trafficking, which is happening all around the world, is a threat to our national security. Therefore, prevention policies and measures are crucial. With an increased rate of depression among young people, many are looking for substances to treat.

Advocacy Prevention & Funding - Sue Thau (CADCA)

Susan Thau presented on how an issue gets on the policy radar screen, requiring an organised vocal, visible, and valuable consistency. 10 000 voices who speak, are heard more than 100 000 voices that are silent. Being visible means to attend substance use prevention rallies in your capital, be interviewed about prevention, meet governmental and elected officials and legislators. They also want to get a good reputation and, therefore, we need to be a resource with research and data to them as we are the experts. With have to be valuable to them and recognise those officials that are helpful for the cause by giving them public recognition.

Advocacy on action is based on the FRAME framework, standing for:

Facts – sharing the data to the elected officials, including evidence-based strategies and recommendations

Reduce to 1 page – officials don't have the time to read the complete study, therefore a one-pager with the relevant information is necessary. The data should be correct, accessible, understandable, and actionable.

Anecdotes – put a face to the data through stories, making it relevant and relatable.

Map out your strategy – why do you want the change. Use a power analysis on what needs to be changed in law, regulation, policy, and funding. Also, convince why the strategy is needed.

Document the extent of the problem, including facts, figures, and anecdotes.

Timing is also an important factor when it comes to any legislative process. The earlier you make the case in the process, the better. Determine what the major issues are the legislators care about, such as education, public safety, health, and economy. You can incorporate the issue to their priority. Also, figure out who has the power to make the change or can impact the change

(executive, city hall, legislature, city board). Always cite your sources. Other questions to consider are, who are going to be the potential allies, who will you recruit to be in your advocacy coalition, how will you convince them to join. Youth are important to bring along as they are the best spokespeople possible. Go after the support of those within the system who already agree with you or are undecided, forget about meeting with hard opponents. Besides this, social media can be of help to educate people. Additionally, it is important to evaluate your results on why or why not things worked and what else needs to be done when moving forward.

Sue Thau also presented the 13 C's:

1. Be Credible
2. Be Convincing
3. Be Clear
4. Be Concise: keep it short and simply (elevator pitch)
5. Be Consistent
6. Be Creative: on how to reach out to people and the legislators
7. Be Committed: noting in policy happens over night
8. Be Connected to the people in our field and people in the system, build relationships
9. Build Coalitions
10. Cultivate Champions: we need people in the system that can introduce the proposed policy, without them it is very hard to be successful in the policy arena
11. Credit Others: give elected official awards for their work, and other in your advocacy coalitions
12. Know when to Compromise: better to get part of what you want than noting
13. Celebrate victories

[Presentation Slides](#)

Advocating Children Rights - Diana Joseph (Fourth Wave Foundation)

Diana Joseph presented the work of Fourth Wave Foundation and the changes, mainly environment, that the state of Kerala in India is struggling with. Children and Rights is how the nations understand Child Rights. However, important is the Article 33 of the Convention on the Rights of the Child, children have to be kept away from drugs and illicit trafficking. As India is located in the golden triangle, making it a strategic trading route by land and maritime, a growing location, an aspiring economy, it is at risk. The population between 10-19 years old is three times the full population of England. Making them vulnerable. Simultaneously, the opioid crises is around the corner and inequalities in the country remain between rural and urban areas. Harm is a different context when it comes to children. The basic rights of children are health, healthy family, education, play and recreation, basic standards of living, and protection of harm. They have the right to grow in a setting that is safe, even if it is vulnerable.

What are violations of rights: child labour, child marriages, crumbling childcare infrastructure, no health or childcare programmes, such as treatment rehab. Safety is a concern when we look at child rights. There is a growing threat to the lives of children living in vulnerable conditions. Poverty, violence, discrimination, homelessness and abandoning, neglect, refugee and war zones are indirect violations. Direct violations are sexual abuse, trafficking, and substance abuse. Indirect violations are affecting mental health. Women and girls are being sold and bought worldwide and it is an organised crime, which is put under the carpet. The trafficking starts with a child marriage, which is a justification of the sale of a child. Also, every 15 minutes, a child is being sexually abused in India. There is a widespread drug abuse among children while India is the pharmaceutical hub of the world. Synthetic drugs is cooked at home and it is beyond control what effects it has. The industry is running on the young children. Child rights is an issue around the world but for many countries it is layered with various factors. A child might not have a roof, but they have phones through which they often receive misinformation.

What can be done: only 5 percent really needs urgent care, such as long-term addiction treatment and rehabilitation care. Which is still a large number in India. 20 percent needs long-term care and counselling as they are often from broken homes, single parenting, or children diagnosed with an disorder. 75 percent has enough defence and have the date but will need prevention measures. However, the criminal justice system is full and often it is unclear what to do with the vulnerable children. They are put in the system, even though it is overcrowded, and are more confused when getting out, seeing crime as the only option.

How to protect and nurture children: by building resilient communities. Create responsive, engaged, and empowered communities. Civil society can play a part by working in their setting, either personal level, community level, in the neighbourhood, or through the organisation. Knowledge is essential regarding the child's wellbeing and enable them to articulate a value. Let them know that there is a meaning to their life and a value disposition in the choices they make.

[Presentation Slides](#)

Advocacy Against Marijuana Legalisation - Kevin Sabet (SAM)

Kevin Sabet highlighted that the big tobacco is the big marijuana now. They are the same players and the tobacco industry is invading the marijuana field. Similar to the alcohol industry, the marijuana industry relies on the people using the substance. Criminal justice is often used in the legalisation discussions. However, when talking about criminal justice, it is important to look at the core of it, not at a side issue, such as marijuana. Legalisation does not lead to a reduction of the prison population and arrest are still made disproportionately. The concentration of the pot shops are in poor areas in different cities. With the legalisation in some of the US states, the illicit market is not getting better, it is getting worse. The demand is booming and the legal industry cannot keep up and needs the underground market. In Oregon, only 18 to 30 percent was sold legally.

There are three separate issues that are often being conflated: the decriminalisation of use, medicinal use, and the use, sale, production, and distribution. When you make this distinction, there is not much support for legalisation. There is an explosive growth of past month users who consume daily or nearly daily. The new marijuana is more potent and goes beyond the joints. It is found in candies, sodas, candles, and even in products aimed at children. Marijuana is not the plant anymore but has turned into something addictive. The perception is that it is harmless, but data shows otherwise. It also affects mental health as marijuana affects multiple parts of the brain.

Township Work Against Marijuana - Amy Ronshausen (DFAF)

Amy Ronshausen presented on how advocacy work is based on education while also sometimes do a political campaign (with SOS, not to break lobbying laws). Lobbying laws are different everywhere and should be checked before starting to lobby as an organisation. She also showcased different advocacy work in the community by the organisation. For example, flyers were being delivered house to house as the postmaster did not want to deliver them. The flyer includes a QR code, which links to the website that gives the opportunity to write a letter to the city council members. Through the advocacy system, the permissioned information was being collected to share information of the outcome of the voting. In three cities, 750 people send by 5000 emails to the council, which had an impact. They also were able to engage people that usually do not get involved in the city council decisions.

Alternative to Incarceration - Panel Discussion – Anja Busse (UNODC), Sven Pfeiffer (UNODC), Rima Saade (Nusroto Al-Anashid Association), Amy Ronshausen (DFAF), and Peter Moilanen (Narkotika Politiskt Center)

The panel discussion included 4 presentations after which a short discussion was held.

Anja Busse and Sven Pfeiffer (UNODC): Globally, there is a treatment gap. Whereas treatment is an effective public safety strategy as it reduces involvement in criminal behaviour. The estimated number of people arrested are mainly those using, almost an equal percentage of users and traffickers are being convicted, and more traffickers than users receive a prison sentence. Around the world, there is prison overcrowding. 79 countries face critical overcrowding and 51 countries face extreme overcrowding (150 percent of capacity). However, the drug use in prison is much higher than among the general population. The UNODC provides the seven principle in which, 1) drug use disorder is a public concern, requiring responses that are health-centred, and should not be punished rather be treated; 2) use of alternatives to conviction or punishment for offenders with drug use disorders should be encouraged; 3) proportionality is required during all stages of the diversion and supervision process; 4) a diversion to treatment should be made with the informed consent of the offender; 5) the implementation of alternatives to conviction or punishment should respect legal and procedural safeguards; 6) specific attention should be paid to special groups and

their access to treatment as an alternative to conviction in order to avoid discrimination, and 7) prisoners with drug use disorders may not be deprived of their right to health. – [Presentation Slides](#)

Peter Moilanen (NPC): Does Sweden have one of the most repressive drug policies? Overall, the consumption of drugs is low in Sweden, so why risk it when you have these measures to work with. The science behind the increase of consumption remains unclear. The development of alternatives to prison can be supported by smarter sanctions to penalty, a good Samaritan law, saliva test instead of urine/blood, harder to get information from criminal records, and prison out of the scale of sanctions. – [Presentation Slides](#)

Rima Saade (Nusrota Al-Anashid Association): there is no alternative to incarceration in Lebanon while drug users are vastly overrepresented in prison populations. In many prisons, there is a conspiracy of silence in regard to deny people their health rights. Lebanon is currently facing financial and banking collapse and ongoing political paralysis, increasing the fragility. Substance use is soaring as the country is on the edge of a political and economic collapse. Treatment while in prison is critical to reducing overall crime and other drug-related societal burdens, such as lost job productivity, family disintegration, and continual return to jail or prison. Inadequate treatment while incarcerated also contributes to overdoses and deaths when inmates leave the prison system. [Presentation Slides](#)

Amy Ronshausen (DFAF): The drug court provides a choice to go into this division of the court voluntarily. An assessment is made and an appropriate decision is made, such as outpatient treatment. The drug court is not only for those caught with drugs but also those having a theft charge, which is related to buying drugs. The drug court is 24 months, as people have to be in recovery for a year. Throughout the months, they meet the judge every six weeks and talk about employment, what is happening with the family, etc. There is also a special day adapting to the needs of people, such as women and veterans. The drug courts are changed into a problem-solving court. It is more than drug treatment; it is also about employment and getting them jobs. On probation, one is busy in the drug court, with treatment, job, high school diploma, etc.