

## **The Final Report on the global consultations in category of Affected Populations: Recovered Users**

### **1. Part One -Summary of Activities Undertaken**

**Thematic area:** Affected Populations: Recovered Users

**Name of the organizer of the consultation:** Boro Goic

**Name of the leader of the consultation:** Mulka Mujicic

**Format:** electronic and in-person consultation

As a member of CSTF, working towards UNGASS2016, Recovered Users network - RUN and Proslavi Oporavak/Celebrate Recovery would like to submit **The Final Report on the global consultations in category of Affected Populations: Recovered Users**

This Report is based on widespread, global consultations with CSOs from around the world, professionals and experts specialized in the field of recovery and rehabilitation, NGOs working in the field of recovery, users of these services-recovered users; service providers, research community as well as governmental institutions. This report highlights that, while there is a degree of diversity in the views of drug-related NGOs, there is also a great deal of consensus and shared areas of concern. NGOs in this report expressed their concern that Recovery is less and less talked about, and emphasize their shared desire for greater availability of drug treatment in their communities-especially traditional forms of treatment i.e. abstinence and 12-step based outpatient, inpatient, and residential programmes. They also shared their view that more treatment must be available for young people, and that more follow up programs after the completion of treatment are crucial for successful reintegration of recovered users.

The following results, including current problems in the region, good examples from different countries, important points brought up during discussion and recommendation from participants are output from both electronic and in-person consultations.

**First step of the process was dissemination of the Global Civil Society Survey.** The Survey was disseminated widely and successfully, and promoted to a number of CSO networks and communities around the world. The dissemination process proceeded through four distinct phases, as described below:

- The link to the Survey was disseminated among my own network -Recovered Users Network (RUN) and contacts as well as reached out to other organizations and networks, who also send the link to their partners and working groups.
- The Survey was advertised on organization's and RUN's Facebook page and organization's website.
- The Survey was promoted at local or international events I have taken part in.
- Follow up and e-mail reminder was sent, for the first reminder and second reminder of the deadline for completing the survey

## Report for Phase 1- electronic consultations

- **Methodology chosen for the consultation:**

We sent out an electronic consultation letter and we received responses from global and regional associations. To stimulate the discussion and collect input we used: e-mail, on-line discussion group, Skype conference, private blogs, and social networks;

**Timeframe set for collecting the input:** between May and August 2015

- **Sub-groups** : 1.sub-groups :NGOs working in the field of recovery, users of these services- recovered users; service providers ,research community, governmental institutions  
2. Regional sub-groups: consultations within Balkan region, consultations with members of RUN -Europe, consultations on global level

- **Summary of the discussion**

CSOs emphasize that using drugs which stimulate brain reward for pleasure is destructive to the public health and dangerous for public safety, productivity, education and community life. Any policy or programme that normalizes drug use is harmful to the public interest and recovery. All programmes should aim to promote society where use of illicit drugs is not accepted as a way of life. Use of prescribed medications can only be part of an individual's path to recovery and achievement of the no-use goal.

Recovery should be promoted as the ultimate, achievable outcome for substance use disorders. Recovery - and widespread promotion of the recovery community - should be celebrated globally.

One of the problems facing treatment for substance use disorders today is lack of strategies supporting recovery and follow-up monitoring and support programmes to help those individuals sustain recovery, and successfully re-integrate into society.

Furthermore, there is the problem that there are no approaches and treatment programs for drug dependence without continued financial support.

With respect to "stigma" - it is important to encourage stigma for all illegal drug use, but it is wrong and destructive to stigmatize people in recovery.

## Report for Phase 2 in-person consultations

- **Timeframe set for collecting the input:** between July and December 2015
- **Information on the date and venue**

The consultation events were held in an interactive style with NGOs and representatives working together. In this process we have organized and/or participated in the following events and meetings:

1. Warsaw, Poland ,July 2015 visit to dual diagnosis rehab centre,
  2. Warsaw, Poland ,July 2015 -Meeting with member of Recovered Users Network (RUN)
  3. Bosnia and Herzegovina, between June and November -Thematic consultations, national level, with all Recovery organisations from Bosnia and Herzegovina, service providers, users of these services, recovered users, representatives of government
  4. Novi Sad, Serbia- September 2015- event for the Balkan region
  5. Banja Luka, Bosnia and Herzegovina , September 2015- International Symposium of professionals in addiction medicine -12 CSOs and 110 professionals
  6. Zagreb, Croatia, October 2015- meeting with representatives from National Office for combating Drug Abuse
  7. Brussels , Belgium, September 2015-Consultations within Western European Regional Consultation Event
  8. Stockholm, Sweden, October 2015 -3 day seminar -24 organisations from 16 different countries from around the world
  9. London, UK, October 2015 -in-person consultations with 10 different organizations
  10. Istanbul , Turkey, November 2015-Regional consultation within Eastern Europe and Central Asia European Regional Consultation Event
  11. Vienna, Austria, December 2015, CND Reconvened 58<sup>th</sup> Session, Side Event “Importance of Recovery”
  12. Belgrade, Serbia, December 2015- Conference entitled “Recovery oriented health and social systems of care”
- **Sub-groups** : 1.sub-groups :NGOs working in the field of recovery, users of these services- recovered users; service providers ,research community, governmental institutions  
2. Regional sub-groups: consultations within Balkan region, consultations with members of RUN -Europe, consultations on global level, events within regional consultations in regions: Eastern Europe and Central Asia, and Western Europe

- ***Proceeding of the events***

The focus of each event and in-person meeting was on each participant/ CSO's experience and research, examples of best practices and some case studies, as well as recommendations for future actions in the area of Recovery and Recovered Users.

Different approaches and pathways to recovery from drug addiction were discussed. Most organizations think **that recovery needs to be recognized as a foundation** for approaches to drug dependence disorders.

Recovery organizations and recovering /recovered users have agreed that **the real challenge is to provide services which will facilitate establishment of abstinence**, maintaining abstinence, finding a job; starting a new household; establishing new social networks, etc.

Emphases included:

**-treatment and rehabilitation should be evidence based and culturally appropriate.** Such treatment should be accessible, affordable or free for those who seek it, and should also have the possibility to include families in this care.

**-people using drugs and recovered users should not be stigmatized and/or punished** but receive support for recovery, social cohesion and integration.

**-relation between Recovery and harm reduction measures.** Harm reduction is important for people who are using drugs, and to individuals who suffer from blood borne drug related diseases, but **those measures can never replace primary prevention and treatment/rehabilitation**

**-all Recovery organizations are against legalization**, while some organizations are for decriminalization. It is very important to highlight and explain the difference between these two expressions and processes, and protect young generations from drugs

**-the need for greater civil society involvement.** NGOs need support, financial and capacity building as well as strengthening cooperation with government. Furthermore, cooperation between all stakeholders: governmental, nongovernmental, religious leaders, law enforcement, teachers, medical professionals is essential for future work in the field of Recovery.

**- there are many cases of Recovered users.** They have established networks and CSOs and they are living examples that Recovery works

## 2. Part Two on the content containing a summary of the ideas

Consolidated summary of the content collected in Phase 1 and 2

The focus of every policy should be recovery oriented systems of care, through which an individual is enabled to move on from their problem drug use, towards a drug free life as an active and contributing member of society. Moreover, CSOs urge the need for investing more in treatment and social re integration, and protection of children from illicit drugs.

Best practices in UK have shifted their policy from reducing harm to full recovery from addiction. The result of this approach is that more people have started their recovery and have found hope and help in becoming drug free.

*Research has shown that many drug users contacting drug treatment services are looking for assistance in becoming drug free. (National Treatment Agency for Substance Misuse, UK)*

*A fundamental difference between this strategy and those that have gone before is that instead of focusing primarily on reducing the harms caused by drug misuse, our approach will be to go much further and offer every support for people to choose recovery as an achievable way of dependency (UK).*

CSO's have agreed that community based services, such as NA -12 steps program are extremely important. NA supports recovery, total abstinence, prevention, treatment, rehabilitation.

Narcotics Anonymous (NA) is very important community based programme, widespread approach of many therapeutic communities and support groups around the world. They work according to the 12 steps program and support recovery, total abstinence, prevention, treatment, rehabilitation.

*Dysfunctional systems are constructed around the drug users .We also need professional help system for families affected by drugs, sharing of experience, peer to peer support , and relapse prevention as the most significant parts of recovery.(NA Turkey)*

Organizing the voices of people in recovery will be instrumental in reaching the overall long-term, far-reaching goals of the recovery community, family members, clinicians, and policy makers, as we all work toward coordinating the delivery of services throughout the recovery process, from detoxification and treatment to ongoing support for a productive, drug free life in the community.

*It is our hope that our continuing commitment to advocating for changing attitudes and effective practices in treating this problem will lead to:*

- *Increased public, and private, support for expanded treatment/recovery resources because people will realize that treatment does work*
- *Access to comprehensive prevention, intervention, treatment and recovery services is increased in every county and region(Nancy Rosen Cohen, NCADD-MD)*

Many therapeutic communities and rehabilitation centers are closing due to lack of financial resources. Still, there are many successful Centers around the world. **San Patrignano Foundation from Italy is the biggest rehabilitation center in the world.** They think that people with drug problems are part of the solution, and not only part of the problem. San Patrignano has thousands of testimony of a changing that can be done, and recovery that can be sustained. Not only they say that they improve, they have become testimonials that Recovery works.

The use of illicit drugs should not be accepted as a way of life and society should strive to become drug-free. **CSOs have spoken out against the legalization of cannabis. Any policy or program that normalizes recreational any drug use is harmful to the public interest.** Decriminalization must be explained prior to any national drug policy changes and all stakeholders working in the field of drugs should participate in the national debates. Legalization of cannabis should not be considered as an option where its use-rate is low.

Problems that treatment providers for substance use disorders and recovery-oriented organizations are facing:

-In some part of Europe and Asia there are no rehabilitation or treatment centers, and CSOs from those parts of the world stress **the importance of investing more in treatment and social re integration, and protection of children from illicit drugs.**

- Lack of financial support from governmental structures - Any approaches or treatment programs are financially driven with strong commitment to achieve whatever goals and objectives i.e. recovery. In order for recovery to be effective and successful, it must have all the necessary supports. These are: moral, cultural, family, friends, spiritual component, communities, and support groups etc. It presupposes that the motivation and self-motivation is precondition for any individual's recovery. In the process, every organization has come to the major challenges due to the lack of support from governmental structures.

-Community-based recovery support is essential following any substance use disorder treatment. The problem is in the lack of: after-treatment care; support for recovery interventions and rehabilitations, and lack of programmes which contribute to increasing the employment rate.

-Discrimination and stigma- it is important to continue, and even encourage, stigma for all illegal drug use, including illegal use of prescription controlled substances. On the other hand, is wrong and destructive to stigmatize people in recovery.

**Reducing the stigmatization, stereotyping and discrimination of (recovered) drug users and increasing awareness of the needs of this population can help them achieve recovery goals and facilitate successful reintegration in society.**

Another addressed topic was related to necessity of conducting a scientific research as a way to collect substantive evidence for recovery as an appropriate and favorable way out of drug

dependence. In addition to this, we have received few of evidence-based, scientific researches from contributors of consultations. These researches can be presented, as requested.

It was agreed that recovery-oriented organizations should establish more networks for better promotion and raising awareness of importance of recovery and abstinence –based treatments which lead to drug free society.

### 3. Lessons learned

Consolidated summary of Phase 1 and 2

**Drug use is a recoverable condition and, in many cases, is not the original problem but the solution to the problem.**

**Multiple pathways to recovery are essential to support the rehabilitation and reintegration of people suffering from drug disorders and dependence.**

*Furthermore, **The UNODC publication Drug dependence treatment (2008): sustained recovery management, has recommended and uses a wide understanding of recovery:***

- 1. Physical and mental health;*
- 2. Family, social supports and leisure activities;*
- 3. Safe housing and healthy environments;*
- 4. Peer-based support;*
- 5. Employment and resolution of legal issues;*
- 6. Vocational skills and educational development;*
- 7. Community integration and cultural support;*
- 8. (Re) discovering meaning and purpose in life.*

**Universally, those needs are routinely ignored, resulting in a failed recovery and an enormous waste of human resources and money.**

During our effort to consult as many Recovery specialists as possible, we have realized that there is **general consensus among professionals and researchers, that neglecting the social needs of clients can undermine the gains achieved during treatment and that these needs ought to be addressed alongside treatment in order to ensure long-term success.** Upon successful completion of treatment, seldom there are unavailable follow-up monitoring and support programmes to help those individuals sustain recovery.

*The ambition for more people to recover is legitimate, deliverable, and overdue, previous drug strategies focused on reducing crime and drug related harm to public health, where the benefit to society accrued from people being retained in treatment programs as much as from completing them. However this allowed a culture of commissioning and practice to develop that gave insufficient priority to an individual's desire to overcome his or her drug dependence. (NTA)*

Recovery does not radically oppose harm reduction measures. **Recovery as an option, in itself accepts other options (such as, harm reduction) as one of the phases in a long-term process of recovery.** Recovery is a drug-free way to a better life that can inspire not only currently addicted people but everyone, individuals, families and communities. **Harm reduction can lead to recovery and recovery is the ultimate harm reduction measure.**

Harm reduction, understood as the provision of health and social services to active drug users is nonetheless essential to assist drug users with their acute problems. **Those measures can never replace primary prevention and treatment/rehabilitation as the main strategy in global, national and local drug policies**

In general, **providing drug treatment alone (e.g. substitute prescribing) without additional support or services** had only **limited and inconsistent effects on recovery from addiction** and so being on therapy for multiple years seems to actually erode a persons cognitive ability and so can be said to delay the onset of recovery in that persons life. It is **important** to look at **more social and educational models** alongside and sometimes **instead of the clinical model, and stop treating drug addiction as a chronic relapsing condition**

**Recovery oriented systems of care** have a potential to **enhance recovery capital** (mental health, self-esteem, resilience, family support, peer support) that a person can bring to bear on the initiation and maintenance of recovery

Quitting addiction has an economic impact on reducing the costs of life long maintenance treatment, the cost of unemployment and lack of productivity as well as the social costs related to the families and affected communities

**Motivating addicts has proven to be a very important factor for initiating a process of recovery.**

*Recovery is hard-earned. It is more than returning to the state of the individual before addiction. Recovery is a drug-free way to a better life that can inspire not only currently addicted people but everyone. (R. Du Pont)*

#### **4. Final remarks and conclusions**



Although stabilizing and reducing drug use and associated harms is a primary outcome of drug treatment, outcomes related to recovery should also be considered as important. Therefore, it is recommended that the monitoring of effectiveness of drug treatment must include data on social reintegration.

From the costs and benefits standpoint, **the costs of drug-related problems outweigh social benefits of drug treatment and recovery programs.**

**Investing in recovering and recovered addicts leads to a positive net gain in the long run.**

Recovery should be incorporated as an important facet of drug policy, and **there is a need to improve drug policies and acknowledge the importance of:**

- focusing on abstinence and recovery rather than simply seeking to reduce harm
- having clear goals in services that are regularly monitored and assessed
- having a clear pathway into and out of services
- recognizing that treatment is not an end in itself, but a journey with a clear end
- investing in support services for close friends and families of addicts, as well as holistic family therapy, with a accent on reintegration of recovered users
- the message of recovery and examples of recovered users which can motivate others

**Recovered users urge the need for:**

- acknowledging that abstinence is a goal for many drug users seeking help
- strengthening the evidence base around recovery based treatment, including the role of family and close friends, and importance of after care services and re- socialization
- recognizing the potential of recovered users and
  1. assist them in their way back to the society
  2. acknowledge their potential to help their peers
- reducing the stigmatization, stereotyping and discrimination of (recovered) drug users and increasing awareness of the needs of this population can help them achieve recovery goals and facilitate successful reintegration in society.

Member States and UN agencies should develop effective drug policies, strategies that integrate prevention, treatment, recovery, enforcement and harm reduction to create policies and communities that are safe and healthy for all.

- ***List of invitees and participants of the consultation:***

National Council on Alcoholism and Drug Dependence- Maryland Chapter
Canadian Centre on Substance Abuse
Green Apple Consulting Ltd
FORUT, Norway
Ecett-Networks NGO
"Growing Up Chaotic"
Center for Optimal Living
Exponents, Inc
Daytop
Substance Abuse and Development, Bright Point Health
rumahpeka
remarghana
NUSROTO
JCD
Cencale de la Lumiere
Oum El Nour
Fresh Start Recovery Programme
TeenChallenge Victoria
Chestnut Health Systems
Hope Recovery Centre, Ghana,,
Sub-Saharan drug abuse research and consultancy center, Ghana,
Fountain of Hope Rehabilitation Center, Kenya,
Sopi Jikko, Senegal,
UYDEL , Uganda
Recovery Solutions Treatment and Counseling Services, Uganda
ONG Association pour la Promotion du Centre de Sensibilisation et d'Information sur les Drogues Jacques CHIRAC de Thiaroye, Senegal,,
The Madras Social Service Guild, India, ,
Dhaka Ahsania Mission, Bangladesh,
Nusroto Al-Anashid, Lebanon,
Journey, Maldives,
Sunny Trust International,
Mithuru Mithuro Movement, Sri Lanka,
Gradiva foundation, Argentina,
CELIN Bolivia, Boliiva,

ABRAD - Associação Brasileira de Alcoolismo e Drogas, Brazil,
BRAHA - Brazilian Humanitarians in Action, Brazil,
Corporación Carpe Diem, Chile,
Comunidad La Roca Chile,
National Council on Alcoholism and drug Dependence-maryland Chapter, USA,
Institute for Behavior and Health, Inc., USA
The Community Addictions Peer Support Association (CAPSA)
The Fix
Momastery
Breaking the Cycles
Recovery Health Care
Addictionland,
Shatterproof
Center for Motivation and Change Articles for Families
Changing Lives Foundation
Parent Pathway
Reach Out Recovery
Tommy Rosen
All About Addiction
Selected Papers of William L. White
B Here Today
Growing Up Chaotic
CAPSA
Pet Plus - Croatia
Monar - Poland
A.S.K. Users Forum - Ireland
Izlazak - Serbia
ECAD - Sweden
Active Europe - Sweden
Restart - Serbia
Stijena - Croatia
Svjetlo zivota - Croatia
Početak - Bosnia and Herz.
Castle Craig - England
Cenaps - Danmark

RIO - Norway

When the eagle learns to fly - Holland
Ruka ruci - Bosnia and Herz.
San Patrignano - Italy
Preporod - Montenegro
Indervrihed - Holland
Institut - Croatia
Stichting RCHF
X-Cons - Sweden
Proslavi Oporavak - Bosnia
EURAD
Yesilay Training and Consultation Center (YEDAM)
Virginie Debaere

Inger Eide Robertson

Liese Recke
Mark Dempster
Lucy Pickering
Martin Danska
Alfred Holand
Sanela Pekić

Udruženje roditelja u borbi protiv zloupotrebe droga " Ruka ruci "

Udruženje za prevenciju ovisnosti NARKO-NE
Udruženje za prevenciju narkomanije i, alkoholizma i drugih toksikomanija
HUMANITARNA UDRUGA GRAĐANA ZA ZAŠTITU ZDRAVLJA I ŽIVOTA "EDUCA"
UG DRUŠTVENI OMLADINSKI CENTAR "BIJELO POLJE"
Udruženje PROI
H.O."Nada"- Udruženje roditelja djece ovisnika o drogama

Udruženje za promociju zdravih životnih stilova Link

Centar za odvikavanje od ovisnosti "MARJANOVAC"
Udruženje Centar Savremenih Inicijativa
HKO "Kruh sv. Ante", Terapijska Zajednica "Izvor"
Asocijacija XY
UG "Viktorija"
Inicijativa građanki/na Mostar

#### Smokefree partnership

Proslavi Oporavak/Celebrate Recovery
Proslavi Oporavak/Celebrate Recovery
ECAD
Comunidad La Roca
Stijena

#### Sub-Sahara Drug Abuse Research & Consultancy Center

ECAD
Just Say No Nepal
Forum for a drug free nepal
Nigeria Alcohol prevention youth initiative
Kristiansand kommun

#### Actis

Bashiran Munshi Foundation(BMF)
Restart
National Council For The Prevention of Alcoholism and Drugs Dependency (SL) Inc.
Active
WFAD

#### ECAD

RNS
The Swedish Police
Children Education Society(CHESO)
Uganda Alcohol Policy Alliance
Centre for Drug Misuse Research

#### NACDD-MD

Europe Against Drugs (EURAD)
European AIDS Treatment Group (EATG)
European Association of Professionals working in the Drug Field (Itaca)
European Cities Against Drugs (ECAD)
European Forum for Urban Security (EFUS)
European Institute of Studies on Prevention (IREFREA)
European Treatment Centers for Drug Addiction Euro-TC
Federación Andaluza ENLACE
Fédération Addiction

Fédération Bruxelloise des Institutions pour Toxicomanes – FEDITO  
BXL

Forum Droghe

Foundation for a Drug-Free Europe (FDfE)

Fundación Atenea

Healthy Options Project Skopje (HOPS)

Hungarian Civil Liberties Union (HCLU)

I Can Live Coalition (ICL)

Icelandic Centre for Social Research and Analysis (ICSRA)

Institute for Research and Development "Utrip"

International Drug Policy Consortium (IDPC)

International Harm Reduction Association (IHRA)

Norwegian Policy Network on Alcohol and Drugs

Organisation Internationale Dianova

PARSEC Consortium

Piaget Agency for Development (APDES)

Polish Drug Policy Network

Romanian Harm Reduction Network (RHRN)

San Patrignano Community

Scottish Drug Forum Ltd

Stichting AIDS Foundation East West (AFEW)

Stichting European Council of Drug Helplines (FESAT)

Union of Entities, Associations and Institutions related to Drugs Use  
Care (UNAD)

Women's Organisations Committee on Alcohol and Drug Issues,  
WOCAD

World Federation Against Drugs (WFAD)

Youth Organisations for Drug Action (YODA)

Laura Graham

National Office for Combating Drug Abuse- Croatia

andreja.radinger@petplus.hr,

"Info@petplus.hr" <info@petplus.hr>,

Inger Eide Robertson <Inger.Eide.Robertson@ras.rl.no>,

Lucy Pickering <Lucy.Pickering@glasgow.ac.uk>,

Agnieszka Grzelka - MONAR <a.grzelka@monar.org>,

"A.S.K. Users Forum" <askusersforum@gmail.com>,

ed.smith@acorntreatment.org,

Maja Stojanovska <maja@activeeurope.org>,

Active Sobriety Friendship and Peace <office@activeeurope.org>,

Vasilka Lalevska <vasilka@activeeurope.org>,

jk@addictionsuk.com,

admissions@kenwardtrust.org.uk,

admissions@ley.co.uk,

admissions@pierpoint.co.uk,

admissions@tprecoverycommunities.co.uk,

ahmetzeki.olas@yesilay.org.tr,

ali.reunanen@kris.a.se,

"Åke Setreús (extern)" <ake.setreus@extern.stockholm.se>,

Aleksandar Jevremovic <sasa.jevremovic@hotmail.com>,

info@arkinterventions.com,

b-douglas@mail.com,

Varvara Zaitceva <barbarapr@mail.ru>,

Bob.Campbell@phoenix-futures.org.uk,

Boris Strbac <boris.strbac78@gmail.com>,

ccordell@lifeworkscommunity.com,

carlislehouse@pcibsw.org,

Caroline Curtis Dolby <caroline@belgraviatherapy.com>,

pi@cauk.org.uk,

info@charterprimrosehill.com,

Christer Karlsson <christer.karlsson@rikskris.se>,

Christian Mirre <christianmirre@yahoo.com>,

Cina Aissa <cinaaissa@gmail.com>,

cinzia.pezzolesi@sannicolacentre.co.uk,

claire.clarke@actiononaddiction.org.uk,

closeeach@broadreach-house.org.uk,

dpavlista@sanpatrignano.onmicrosoft.com,

darkocondic@yahoo.com,

"darko.svjetlozivota" <svjetlozivota.hr@gmail.com>,

drugfreeeurope@gmail.com,

ecad@ecad.net,

eftc@conference.cz,

Elisa Rubini <erubini@sanpatrignano.org>,  
elvira bijelic <elviratz@gmail.com>,  
enquiries@castlecraig.co.uk,  
Eurad Eurad <eurad@eurad.net>,  
cbishop@foundation66.org.uk,  
Fay Watson <fay.watson@eurad.net>,  
georges.vanderstraten@ecethos.com,  
giuseppe.tommasi@sannicolacentre.co.uk,  
info@hebrontrust.org.uk,  
hopehouse@eircom.net,  
izlazak.beograd@hotmail.com,  
Judith Landau <jlandau@linkinghumansystems.com>,  
jpatout@seasidehc.com,  
john@southworthassociates.net,  
John McCann <john@arkinterventions.com>,  
johnmac@abbeycarefoundation.com,  
Jørgen Maltesen <jm@cenaps.eu>,  
juneatherton@villaveritas.org,  
shmkahrimanovic@yahoo.com,  
karnold@theelements.com,  
katie@bridgestorerecovery.com,  
Kenneth Arctander <kenneth.arctander@gmail.com>,  
Lars Lewerth <lars.lewerth@gmail.com>,  
leena.harake@ksan.se,  
Linda Nilsson <linda@rns.se>,  
Liese Recke <lieserecke@gmail.com>,  
longreach@broadreach-house.org.uk,  
Lucia Goberna <lucia.goberna@dianova.org>,  
mhornstein@alinalodge.org,  
maikel <maikelz@ziggo.nl>,  
marianne@lp-verksamheten.se,  
Mark Dempster <mark@markdempstercounselling.com>,  
martienkooyman@planet.nl,  
MCohen@sierraticson.com,  
Michael@contactaac.com,  
michael.garnham@one40.org,



michelle.zappa@eurospangroup.com,

Miles Adcox <miles@onsiteworkshops.com>,

Marsha Saben <mlsaben@gmail.com>,

Monica Barzanti <mbarzanti@sanpatrignano.org>,

nata\_zhigalina@yahoo.ca,

office@nelsontrust.com,

nevsimal@magdalena-ops.cz,

NVO Preporod <preporod@t-com.me>,

P.Kirsten@castlecraig.co.uk,

liz palmer <ejmpalmer@gmail.com>,

paula@paulahall.co.uk,

Peter Topic <peter@petertopic.si>,

Peter MacCann <P.McCann@castlecraig.co.uk>,

philip@arkinterventions.com,

pkeogh28 <Pkeogh28@yahoo.com>,

Bill Stevens <bill@redchair.co.uk>,

redmanj@cbag.hidta.org,

remko jorritsma <infovrij@gmail.com>,

RESTART Organizacija Za Borbu Protiv Narkomanije  
<restart.ns@gmail.com>,

Руслан Исаев <marresh50@gmail.com>,

ryan@onsiteworkshops.com,

info@start2stop.co.uk,

Steven Joyce <devworker@swrdtf.ie>,

Stig-Erik Sørheim <ses@actis.no>,

stuart.plant@phoenix-futures.org.uk,

tania@newdirectionsforwomen.org,

contact@thecabinchiangmail.com,

alastair@thecabinchiangmail.com,

Thor Øystein langsholt <line.eikenes@rio.no>,

Tim Waldekker <timwaldekker@gmail.com>,

tkmulligan@me.com,

Udruga Ne-ovisnost <ines@ne-ovisnost.hr>,

udruzenjepocetak@gmail.com,

udruženje roditelja ruka ruci <ur.ruka.ruci@gmail.com>,

Vander Peter <vanderpeter7@googlemail.com>,

varja97 <institut.lungomare@gmail.com>,  
info@villaveritas.org,

Virginie Debaere <virginie.debaere@ugent.be>,  
Zoran Jelić <zoran.jelic1@gmail.com>,  
info@whentheeaglelearnstofly.nl,

Martin Bodker Fritzen <martinbodkerfritzen@gmail.com>,  
ablagerwei@yahoo.com,

"Arild B. Anda" <arild@retretten.no>,  
Zeljka Gluhak <zekisneki@yahoo.com>

atatarsky@aol.com,  
hjosepher@exponents.org,

TGelormino@daytop.org,  
cdevlin@brightpointhealth.org,

sam.nugraha@gmail.com,  
remaraccra@yahoo.com,

froohartash@yahoo.com,  
hessamedinm@yahoo.com,

aliamirsar@gmail.com,  
info@nusroto.org,

cd@jcdlb.or,  
souraya@cenacledelalumiere.org,

eliewhaibe@oum-el-nour.org,  
email@drgeorgeoneil.com.au,

khim.harris@freshstart.org.au,  
jade@jadewis.com,

pmccarthy@facesandvoicesofrecovery.org,  
info@oxfordhouse.org,

bwhite@chestnut.org,  
hope.reco.center@gmail.com,

africa@ssdaresearchcenter.org,  
camulundu2011@gmail.com,

lamindiofolon@live.fr,  
sopi.jikko@yahoo.fr,

kasiryer@yahoo.com,  
ruthk89@yahoo.com,

ongapcsidjc@gmail.com,

palayediouf@hotmail.com,

thangavelv@yahoo.com,

iq.masud@gmail.com,

nusroto@hotmail.com,

journey.org.mv@gmail.com,

sunnytrust@hotmail.com,

info@mithurumithuro.org,

doctoryaria@yahoo.com.ar,

CELIN.BOLIVIA@hotmail.com,

franklin.alcaraz@gmail.com,

abrad@abradonline.org.br,

minascarakushansky@gmail.com,

rubenpavez@carpediemct.cl,

ivanalvaradov@gmail.com,

nancy@ncaddmaryland.org,

info@ncaddmaryland.org,

bobdupont@aol.com,

jmiller@capsa.ca

cascadecreativerecovery@gmail.com

Cecilia Hajzler <ceciliahajzler@yahoo.com>,

ivan alvarado <ivanalvaradov@yahoo.com>,

justsaynonepal <justsaynonepal@gmail.com>,

Richard Shilamba <rshilamba@yahoo.com>,

mmujicic@gmail.com,

Kristina.Stoyanova@smokefreepartnership.eu,

dr.gligorov@gmail.com,

yha43@netzero.net,

fabio.bernabei@yahoo.com,

"shahi\_254@hotmail.com" <shahi\_254@hotmail.com>,

drfrank.umenze@gmail.com,

Bernt.Erik.Klokkervold@kristiansand.kommune.no,

Stig-Erik Sørheim <ses@actis.no>,

tahir\_mul@hotmail.com,

ncpa\_no\_drugs@yahoo.com,

Vasilka Lalevska <vasilka@activeeurope.org>,

julius.kramer@nsf.scout.se,

sara.lindholm@adlila.se,

erik.leijonmarck@stockholm.se,

"per@rns.se" <per@rns.se>,

lellekarlsson1@gmail.com,

kalemdav@yahoo.com,

Neil McKeganey <cdmres@drugmisuseresearch.org>,

Dr Nancy Rosen-Cohen <nancy@ncaddmaryland.org>,

Hans Lundborg <hans.lundborg@regeringskansliet.se>,

Charli Eriksson <Charli.Eriksson@oru.se>,

Sara Heine <sara.heine@iogt.se>,

saul\_takahashi2@yahoo.co.uk

D.Best@shu.ac.uk

a.babb@ifbc.info

preporod@t-com.me

restart.ns@gmail.com

Zaur Oruc Azerbaijan

Sagyngali Yelkeyev kazakhstan

Linda Nillson Sweeden

Ayşe Gokyikt Cyprus

ZEMARAY Amin Afganistan

Jack Grounds UK

Zoran Jelic Croatia

Fatma Camlikoylu Cyprus

Anna Sarang Russia

Ainura Batyrbekova Kyrgyzstan

Daryush Puyan

Abbas Deilamizade Iran

Dilorom Egamberdieva Tajikistan

MULKA MUJICIC BOSNIA AND HERZEGOVINA

Akram Algunaid Yemen

Hamid Hussain ZIAD Yemen

Platon Nozadze Georgia

Remzija Islamagic Bosnia

Amer HALILOVIC Montenegro

Zulfiyya Mustafayeva

Elena Proskurikova Kyrgyz Republic
Doaa Ahmed Qatar
Endrit Reka Albania
Prof. İlhan Yargıç
Hatice Oymacı
David Best

- ***For pictures of the events and web-news related to it please see links below:***

<http://www.eurad.net/en/Recovery+at+the+UN!+EURAD+attends+Reconvened+Commission+of+Narcotic+Drugs+in+Vienna.9UFRHM5i.ips>

<http://proslavi-oporavak.ba/en/conference-in-belgrade-2/>

<http://proslavi-oporavak.ba/en/9-lessons-on-drug-policy/>

<http://proslavi-oporavak.ba/en/new-civil-society-forum-in-eu/>

<http://proslavi-oporavak.ba/en/run-visit-to-tc-monar/>

<http://proslavi-oporavak.ba/en/symposium-in-banja-luka/>