

United States Regional Consultation Survey Results

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Introduction

The Civil Society Task Force (CSTF) has been involved in a series of consultations with NGOs from around the world in order to determine NGO priorities which should be included in the preparations for the upcoming United Nations General Assembly Special Session (UNGASS) on Drugs. These consultations have occurred in the form of various meetings and fora with NGO representatives in person and via teleconferencing, as well as the distribution of web-based surveys in order to collect NGO perspectives over the past year. In September of 2015, the CSTF released a zero draft document to member states delegations which summarized NGO responses to a global web-based survey on UNGASS priority areas. This current report summarizes the results of a web-based survey intended to gain detailed information on American NGO perspectives on drug-related policies and programs, as well as best practices and priority areas for the UNGASS.

Method

Survey Development and Aims

This report summarizes data from a mixed methods study of American NGOs currently working in the area of drugs- including direct service provision, policy advocacy, research and publication, community organizing, and in other arenas. A survey with both quantitative and open-ended questions was developed by members of the CSTF from the United States and in consultation with other experts. The aim of the survey was to identify and explore respondent (1) current areas of work, (2) noteworthy program innovations in their current work, (3) perspectives on current drug-related policies in their communities, (4) opinions on various drug-related policies which may or may not exist in their communities, (5) perspectives on the current

availability of and need for various drug-related programs in their communities, and (6) current priorities in the UNGASS thematic areas.

Data Collection and Data Analysis

The survey was made available in English and was hosted through web-based platform Survey Monkey (SM) for one month- between the end of October 2015 and the end of November 2015. The link to the survey was circulated among members of the New York and Vienna NGO Committee listservs and was also promoted via social media. The final survey instrument was comprised of 27 questions with a skip logic so that if respondents indicated that they did not work in particular areas of practice, that they would not be asked further follow-up questions within that category.

Of the 27 questions, 15 were quantitative in nature. There were predominantly two types of quantitative questions in the survey- dichotomous questions and likert scale questions although there were some multiple choice questions. The responses to these questions were tabulated and descriptive findings are detailed in this report. No further statistical analysis was conducted with the quantitative data.

Of the 27 questions, 12 were qualitative in nature. These open-ended questions were analyzed within the SM site itself rather than a separate qualitative software due to the text categorizing function available in SM. Responses were given several 'category' labels to identify recurring themes across respondents. These categories were then clustered in accordance with the five UNGASS thematic areas (drugs and health, drugs and crime, human rights, women, children, and communities, new challenges, and alternative development).

Results

Survey Completion

This survey had a 53% completion rate. The survey link was accessed 238 times, although not all access resulted in actual survey completion and not all survey attempts were by NGOs within the United States. As a result, this report includes the responses of 126 survey respondents who represented NGOs within the United States and those who the SM site indicated had ‘completed’ surveys. (The clicking of the ‘done’ button on the last page of the survey is deemed to be a sign of survey ‘completion’ by the SM site.) A cross-checking of this determination of survey completion revealed that over 100 respondents stopped responding after the fifth survey question, thereby not completing 80% of survey questions. Due to this finding, it was determined that the SM criteria for survey completion was adequate for determining inclusion into the final study sample for analysis because 126 respondents completed the bulk, if not all, survey questions.

Respondent Characteristics

Current work. Most respondents (90%) identified as doing work in the thematic area of drugs and health. A follow-up question presented respondents with a list of 23 health-related activities/services within which they could select as many as apply to their current work. The five most commonly selected health-related activities and services included: ‘advocacy and community organizing’ (66%), ‘community outreach and engagement in services’ (63%), ‘health education and disease prevention education’ (56%), ‘harm reduction counseling’ (56%), and ‘drug prevention education’ (47%). The remaining response frequencies for respondent health-related services and activities can be found in Table 1.

Two thirds of respondents (66%) indicated that they worked in the thematic area of drugs and crime. Within this group of respondents, 35% indicated that they engaged in ‘advocacy and

lobbying,' 18% worked in the area of 'sentencing reform,' 6.8% indicated that they provided 'legal consultation, advice, and representation,' 3% worked in the area of 'drug trafficking,' and 2% worked in 'money laundering and other drug-related crimes.'

Three quarters of respondents indicated that they worked with or on behalf of young people, children, and women. Among the commonly provided services for these subpopulations include: drug prevention education (47%), family treatment (27%), parenting classes and support services for parents who use drugs (21%), formal drug treatment for youth (24%), protecting the parental and legal rights of pregnant women who use drugs (20%), and drug treatment for pregnant women (18%). Seventy-six percent of respondents stated that their organizations were concerned specifically with the issue of human rights as they relate to drugs. A follow-up question listed 10 rights-related areas which may be viewed as affecting people who use drugs and respondents could select those which concerned them. By and large, the majority of respondents who were concerned about the human rights of drug users indicated that they were concerned about the 'right to health' (92%), 'freedom from discrimination' (84%), and 'freedom from torture and cruel punishment' (68%). The other human rights concerns of respondents are summarized in Table 2.

A relatively small portion of respondents (24 total respondents) indicated that they worked in the area of alternative development when compared to the other areas. Of these respondents, 18 reported working in 'policy and advocacy,' 14 in 'program implementation,' 10 in 'research and evaluation,' 7 in funding, and 3 with subsistence farmers directly.

Current best practices. An open-ended question asked respondents for their best practices and/or programmatic innovations within the thematic area of drugs and health. Seventy percent of respondents working in this area responded to this question. A range of interesting initiatives were described, including increased provision of evidence-based treatments such as medication assisted treatment (MAT), enhanced addiction training to medical residents, and Housing First programs. Some programs and practices are highlighted below with identifying information removed:

The mass distribution of naloxone to large amounts of the community of PWUD by providing drug suppliers with as much naloxone as they want and encouraging them to offer naloxone with every opioid sale. This strategy reduced fatal overdoses in the [name removed] by 23.2% from 2012 to 2013. – Grassroots organization

[Program name removed] is an innovative program that uses peer counselors embedded throughout the health system to better engage and transition substance abusing patients into community-based drug treatment continuums of care. Overall, we have shown heightened rates of patient engagement, reduced utilization including 30 day readmissions and reduced healthcare costs. An added benefit of our peer model is their effect on health system staff. Acting as ambassadors for recovery while supporting health service staff in their daily efforts, the peer counselors have fully integrated into our settings changing the overall perception of our patient population from one of hopelessness to possibility, from character flawed to medically-impaired and in need of care. – Healthcare organization

By linking cannabis distribution programs implemented at the state level with federal programs within the Veterans Affairs Department we assist Veterans in accessing a wider constellation of health care options which in turn has shown promise in lowering overdose deaths, deaths by suicide and improving overall quality of life. – Advocacy organization

Respondents working in the area of drugs and crime were asked to identify best practices and innovative programs they have instituted in their communities and settings. Of those working in the area, 56% responded to this question to share their current practices. Respondents described various advocacy initiatives to reform community- and state-level policies which impact people convicted of drug crimes, such as ‘ban the box’ initiatives, Good Samaritan laws,

and less restrictive policies for first-time offenders. Others described publications and research in this area to affect change while some detailed work with drug courts and behavioral health courts as a way to promote the use alternatives to incarceration. Some selected quotes are highlighted here:

[Name removed] has gone to the legislature to fight for changes and reform in policies and laws relating to incarceration, sentencing, trafficking, supply reduction, safe syringe access, and promoting programs and policies to help the treatment of addicts rather than incarceration. – Treatment organization

We are the criminal justice community. We speak from a place of experience. We have written white papers on civil asset forfeiture and other related CJ topics and will continue to do so. We have written an amendment to the UN drug treaties. – Advocacy organization

We have a motivational interviewing and harm reduction based intervention, BASICS (Brief Alcohol and Screening Intervention for College Students) offered at [name removed] for students caught using drugs/alcohol in dorms rather than simply punishing them. – Higher Education institution

When respondents were asked about their best practices with young people and children, a number programs and initiatives were described in the areas of prevention, education, evidence-based treatment provision, and youth engagement. A few selected descriptions reveal exciting programs currently in place:

We recently initiated a collaborative program with [national youth organization] whereby youth (ages 11 -17) complete a 4-session, online curriculum about the responsible use of over-the-counter (OTC) medicines. Although this is not a drug abuse program per se, it is an initiative to instill positive attitudes about the value of medicines properly used and the risk of harm when misused or abused. The program reaches nearly 2.4 million youth in the US. – Prevention organization

We administered a scholarship program, the [name removed] Fund, which provided financial assistance to students who had lost their college aid due to drug convictions. – Advocacy organization

Within the [name removed] community we have enlisted Black and Latino teens to creatively design outreach and education tools for their peers. We have also teamed with

technology institutions for app development to promote substance abuse prevention. – Prevention organization

We encourage young people to learn how laws are passed in our communities and encourage them to advocate for positive policy changes. – Policy advocacy organization

Screening and Brief Intervention, Referral to Treatment (SBIRT) for 8th/9th graders – Prevention organization

Respondents also spoke to the work they have done with parents and families impacted by substance use. These programs and initiatives include the provision of MAT to opioid-using mothers and pregnant women, psychosocial support groups for drug-using parents, and legal advocacy on behalf of parents involved with the child welfare system. The quotes below reveal some effective and innovative programs currently in place across the United States:

A Mother and Child Program that utilizes a peer counselor to help engage and retain pregnant mothers into drug treatment as well integrate their care into our health system thereby bridging the historic gap that exists between prenatal and antenatal care.
Community health organization

Facilitate a FAS support group to involve parents who think their child may have FAs/FASD/FADE. – Community health organization

Our organization is innovative, working directly on the issue of cannabis-using pregnant women and parents, particularly in terms of child protective services and custody. – Legal advocacy organization

A small number of respondents provided information on programs and best practices in the areas of human rights. Respondents indicated that they run Housing First programs which promote housing as a human right- regardless of whether an individual is currently using substances or not. Other organizations shared their advocacy work to promote alternatives to incarceration and lesser sentences for non-violent possession charges.

Housing for all; housing is health care. – Advocacy organization

A small number of respondents provided information on programs and best practices around new and emerging challenges. Respondents spoke to the new issue of opioid overdose and overprescriptions in their communities so that they detailed work in training medical providers about pain management, their promotion of prescription drug monitoring programs (PDMPs), naloxone provision and trainings to lay people as well as professionals, and policy advocacy for Good Samaritan legislation.

No respondents indicated the use of any best practices or innovative programs in the area of alternative development.

Program Preferences

Respondents were asked about drug-related service provision in their communities. These questions were asked by listing a number of programs in each of the UNGASS' five thematic area and asking respondents to use a 5-point Likert scale to indicate the degree to which they wanted these services in their communities. Options on the 5-point Likert scale included 'my community needs many more,' 'my community needs a few more,' 'my community has just enough of these,' 'my community needs a few less,' and 'my community should not have any.' By asking questions in this manner, it was hoped that we would gain information on respondent support for certain types of services, in addition to understanding whether respondents felt there were unmet needs in their communities.

In the area of 'drugs and health' 24 drug-related programs were listed and all results are shown in Table 3. As reflected by the table, there were some types of programs which appeared to have consistent support across the majority of respondents and there were other types of programs which the revealed diverse respondent views. Generally speaking, those programs which fell into both the category of traditionally-recognized treatment (outpatient 12-step

treatment, detoxification, inpatient, residential rehabilitation, medication-assisted treatment, and therapeutic communities, among others) and harm reduction programs (syringe exchange programs, Housing First programs, pill testing/drug checking, prison-based harm reduction, among others) revealed a general consensus among respondents that there was a large need for both types of programs in their communities. This widespread support also spans to include increased treatment and prevention for adolescents. Additionally, the respondents indicated a largely unanimous sentiment that there must be greater numbers of treatment facilities which provide treatment for co-occurring mental health and substance use problems. Generally, the respondents also revealed a support for greater public health programs around health promotion and disease prevention around HIV, Hepatitis C, sexually transmitted infections, and overdose. Respondents appeared to have relatively diverse views on certain types of programs as well—some which are worth noting include the use of drug testing in schools, drug-testing in workplaces, and supervised injection facilities (SIFs).

A separate set of questions were asked to gauge degree of support for programs specifically targeting young people, children, and women. Respondents were asked whether drug treatment should have age limits and it was found that 19% of respondents agreed that some sort of age restrictions should be in place. Respondents indicated that they wanted more family treatment programs in their communities (99%), as well as parenting classes for parents who use drugs (97%). Respondents almost unanimously supported programs for pregnant women who use drugs, including the following: child care availability for mothers in treatment (98%), drug treatment programs for pregnant women (99%), MAT for opioid-dependent pregnant women (98%), legal representation for pregnant women and parents who use drugs (94%), protecting the legal rights of pregnant women who use drugs (95%). Lastly, respondents had diverse views on

whether children should be removed from homes where parents use drugs, with 28% believing that these types of programs should be available in their communities.

A small portion of the sample had work was currently working in the area of alternative development and they indicated the types of programs they would support in this area. These results can be seen in Table 4 and they show that respondents largely agreed with most alternative development-related program statements in the survey around funding, availability, access, research, and grassroots involvement.

Policy Preferences

Respondent policy preferences were elicited by simply asking whether or not they wanted certain policies in their communities and responses can be viewed in Table 5. Although some questions appeared to be redundant, they were asked in order to gauge nuance in respondent views on certain drug-related policies. Sometimes the re-wording of certain policy questions resulted in relatively consistent responses- as in the case for syringe policies. In other cases, the phrasing of questions revealed nuance between views, for instance, on marijuana legalization versus the legalization of all drugs.

The policy areas where there was consensus between 85% or more of respondents include the following: support for Good Samaritan legislation (94%), support for alternatives to incarceration for nonviolent drug offenses (93%), support for the decriminalization of marijuana (92%), support for the increased availability of naloxone (91%), support for fewer restriction on medical marijuana research (90%), disagreement with incarceration for nonviolent drug offences (88%), support for decriminalizing syringes (86%), and support for medical marijuana (85%). The policy area with the least consensus which split the respondents in the sample was the question regarding the legalization of all illicit drugs.

New and Emerging Challenges

Respondents were presented with a list of 13 new and emerging challenges from UNODC descriptions of this thematic area and also including other challenges which had emerged as a result of NGO consultations to date. Respondents could select all which concerned them and the frequencies are presented in Table 6. There were diverse areas of concern among respondents, however, it appears as though funding and availability of harm reduction programming was deemed to be a concern among respondents, as well as concerns about whether a public health approach has truly guided our approach to drugs.

Statements to the United Nations

A series of open-ended questions were included in the survey to ask participants to provide statements to the United Nations relating to each of the five thematic areas of the UNGASS. Statements were provided by almost 100% of the sample on the thematic issue of ‘drugs and health.’ Qualitative responses to this question were diverse and far-reaching, however, the most common themes which emerged in this area include: the health-related harms due to the current approach to managing drug use, the need for more treatment access, the need for more harm reduction, and the need for a public health approach. Several quotes from respondents will be presented below which highlight several of these common themes together in addition to other related concerns.

That while drugs and other substances are often associated with a variety of negative individual and social phenomena, we are dealing with fellow human beings who are unavoidably harmed by many current practices of governments. As examples, we can cite the human damage done by overzealous criminalization and enforcement, stigma, limited access to medical and other services, and the inability or lack of means to protect both oneself and others from a wide range of medical and civil consequences. Drugs and those who use them are too often viewed through the prisms of enforcement, at both national and international levels. It is time to shift our focus in the directions of public health, individual well-being, and human rights. – Religious organization

That we need more access to treatment for addiction. We need more doctors to be able to prescribe suboxone. We need to train all primary care doctors in addiction medicine. We need increased access to harm reduction opportunities like needle exchanges and intranasal naloxone training. We need to work with emergency departments to improve screening and brief interventions/ referrals to treatment for addiction related complaints. – Professional organization

Treat addictive disorders as a public health issue. We have highly effective medications to treat drug addiction and alcoholism. By doing this we will reduce poverty, decrease the spread of infections like HIV, Hep C and above all decrease violence against women. Treatment is highly cost-effective and there is data to prove it. – Treatment organization

A third of the sample responded to the open-ended question regarding their views on ‘drugs and crime.’ Many responses overlapped with those from the ‘drugs and health’ area, although some themes emerged: concerns about the incarceration of nonviolent drug offenders rather than providing them with treatment to prevent recidivism, the high costs of incarceration to individuals and society, and support for the decriminalization of drugs to make it easier for users to get treatment. The following quotations exemplify these themes:

The prisons are full of non-violent offenders, addicts, and the mentally affected population. This is another aspect of the war on drugs that has not been effective. Alternative sentencing, residential treatment programs, positive action solutions are needed, rather than tossing the hopeless into a pit of despair. Addressing the mental health needs, the illness of addiction and reducing the physical needs of drugs are imperative in creating a solution. Alternative sentencing is more effective than incarceration, and will in the long run reduce the overall public costs of active addiction. – Treatment organization

That treatment options vs. incarceration are much more effective and less costly and provide a mechanism for rehabilitation that incarceration alone does not. We need more residential treatment and sober housing options in our area. – Treatment organization

Inmates should have similar options for treatment of addiction as general population, to reduce recidivism to drugs and repeat incarceration. – Treatment organization

Sixty respondents made open-ended statements regarding their concerns on human rights. Responses relating to the human rights concerns shared a great deal of overlap, yet touched on

some key areas including: the dignity and worth of people who use drugs, the right to health, and rights to freedom from oppressive policies.

Policies of many governments are heinous violations of the human rights of people who use drugs. Governments are required by international law (eg UN Declaration, WHO Charter, Comment #14, etc.) to protect -- not infringe -- the rights of their citizens to health -- including opioid substitution medication and full HIV and HCV prevention services. – Research organization

That those who use drugs are no different than anyone else. That they have the same rights and deserve the same respect as does any other person. That the punishment of those who use drugs is contrary to the scientific consensus that addiction is a medical issue. That we don't punish sick people for being sick. – Member-based organization

Treat people like human beings deserving of our compassion and respect, regardless of their drug use. Kindness and compassion would help rid the world of violence and enable us to have policies to meet people's basic needs. – Healthcare organization

A relatively small number (10) of respondents provided an open-ended statement to the United Nations on their concerns regarding alternative development for this question. Upon review, it was apparent that several of these respondents misunderstood the wording of ‘development’ in the question, so that only one quote can be highlighted.

Development objectives should take precedence over drug control objectives, because it is successful development efforts that will ultimately reduce social harms and improve social well being in societies. Although social affluence can lead to more drug use, overall drug-related harm is reduced when economies are improved. Drug control efforts sometimes foster social instability, which impedes development.- Advocacy organization

Discussion

The findings reported above provide information on the current work and best practices of various NGOs in the United States. Additionally, the report provides some insight into NGO priorities and areas of concerns in their own communities. This report highlights that, while there is a degree of diversity in the views of drug-related NGOs who responded to this survey, there is

also a great deal of consensus and shared areas of concern. Namely, the NGOs in this report expressed their shared desire for greater availability of drug treatment in their communities- both traditional forms of treatment (i.e. abstinence and 12-step based outpatient, inpatient, and residential) and harm reduction programs. Respondents in this survey also shared their view that more treatment must be available for young people and for pregnant women who use drugs. Widespread support was also shown for treatment which addressing co-occurring mental health and addiction problems. Additionally, respondents of this survey see the overdose problem in their communities as being a high priority for programs and policies, which is reflected in widespread support for naloxone availability and for Good Samaritan policies. While they may hold varying views on the legalization of all drugs, there is a growing interest in promoting more alternatives to incarceration for nonviolent drug offenses and the respondents to this survey also see the decriminalization of marijuana as a way to reduce marijuana arrests.

Strengths and limitations of study

This study has several strengths and limitations which should be taken into consideration when viewing its results and findings. Some strengths of this study include the fact that it was conducted- to our knowledge, no other attempts like this have been made to assess the views of the American NGOs prior to an UNGASS. Additionally, the design of the study was intended to be brief while still attempting to allow for the richness of respondent responses with several open-ended questions. The distribution of this survey via the internet helped to make it more accessible to respondents from the region rather than a paper-and-pencil survey or attempts to arrange in-person meetings with such diverse and geographically distant NGOs.

This study is also characterized by a number of limitations- namely, it was predominantly completed by American NGOs and so it does not at all capture the diversity of views within the

North American region altogether. The missing voices from these countries does not make this a regionally representative survey, simply one which reflects the views of over 100 American NGOs. Additionally, due to time constraints, the survey was only in circulation for one month and thereby was limited by the number of individuals who were able to access and complete the survey.

Table 1 – Respondent drug and health-related activities/services

Answer Choices	Responses	
Advocacy and community organizing	66.39%	79
Community outreach and engagement in services	63.87%	76
Health education and disease prevention education	56.30%	67
Harm reduction counseling	56.30%	67
Drug prevention education	47.06%	56
Overdose prevention supplies, training, and education (naloxone)	44.54%	53
Case management	44.54%	53
Peer training and peer-delivered services	41.18%	49
Medical and health care	39.50%	47
HIV testing for people who use drugs and/or their partners	36.97%	44
Harm reduction services excluding syringe access/needle exchange	35.29%	42
Research and publication	35.29%	42
Hepatitis C testing and treatment for people who use drugs	33.61%	40
Formal drug treatment for adults (inpatient, outpatient)	31.93%	38
Family treatment	31.09%	37
Other (please specify)	28.57%	34
Opioid treatment/medication assisted treatment (methadone, buprenorphine)	27.73%	33
Support for safer injecting	27.73%	33
Needle/syringe access and sterile injecting equipment	24.37%	29
Formal drug treatment for youth (inpatient, outpatient)	21.01%	25
Housing	19.33%	23
Employment and/or job training services	19.33%	23
Legal representation, counsel, and support	9.24%	11
Pill testing and 'drug checking' quality analysis	5.04%	6
Total Respondents: 119		

Table 2 – Respondent human rights concerns

Answer Choices	Responses	
Right to health	91.84%	90
Freedom from discrimination	83.67%	82
Freedom from torture and cruel punishment	68.37%	67
Presumed innocent until proven guilty	66.33%	65
Standard of living	66.33%	65
Livelihood	63.27%	62
Right to life	62.24%	61
Rights of child	59.18%	58
Privacy	57.14%	56
Participation in government	57.14%	56
Other (please specify)	16.33%	16
Total Respondents: 98		

Table 3 – Respondent health program preferences

	My community should not have any	My community needs a few less	My community has just enough of these	My community needs a few more	My community needs many more	Total
Adolescent drug prevention	2.75% 3	5.50% 6	11.01% 12	29.36% 32	51.38% 56	109
Adolescent substance use treatment	0.90% 1	3.60% 4	6.31% 7	34.23% 38	54.95% 61	111
Drug testing at schools	50.47% 54	7.48% 8	16.82% 18	12.15% 13	13.08% 14	107
Outpatient 12-step substance use treatment	7.21% 8	10.81% 12	27.03% 30	26.13% 29	28.83% 32	111
Inpatient/medical substance use treatment	0.00% 0	4.39% 5	7.02% 8	20.18% 23	68.42% 78	114
Detoxification	1.79% 2	0.89% 1	14.29% 16	26.79% 30	56.25% 63	112
Residential rehabilitation	0.89% 1	5.36% 6	7.14% 8	33.93% 38	52.68% 59	112
Therapeutic Communities	5.50% 6	4.59% 5	12.84% 14	32.11% 35	44.95% 49	109
Recovery support groups	0.88% 1	1.77% 2	14.16% 16	35.40% 40	47.79% 54	113
Mental health and co-occurring disorder treatment	0.89% 1	0.00% 0	5.36% 6	17.86% 20	75.89% 85	112
Drug testing in the workplace	46.15% 48	12.50% 13	22.12% 23	10.58% 11	8.65% 9	104
HIV testing and treatment	0.90% 1	0.90% 1	22.52% 25	35.14% 39	40.54% 45	111
Hepatitis C testing and treatment	0.89% 1	0.89% 1	15.10% 17	26.79% 30	56.25% 63	112
Overdose prevention programs and naloxone distribution	1.75% 2	0.88% 1	7.02% 8	19.30% 22	71.05% 81	114
Needle/Syringe access	0.89% 1	1.79% 2	6.25% 7	33.04% 37	58.04% 65	112
Vein and wound care	1.92% 2	3.85% 4	12.50% 13	32.69% 34	49.04% 51	104
Methadone and/or buprenorphine treatment	0.89% 1	3.57% 4	9.82% 11	33.04% 37	52.68% 59	112
Peer-based outreach programs	2.65% 3	2.65% 3	7.96% 9	21.24% 24	65.49% 74	113
Safer smoking supplies	5.83% 6	1.94% 2	15.53% 16	25.24% 26	51.46% 53	103
STI testing and treatment	1.85% 2	0.93% 1	21.30% 23	34.26% 37	41.67% 45	108
Housing First programs or 'wet' housing	4.67% 5	0.93% 1	4.67% 5	19.63% 21	70.09% 75	107
Safe Injecting Facilities (SIFs) or Safe Consumption Rooms	11.82% 13	4.55% 5	7.27% 8	17.27% 19	59.09% 65	110
Prison and jail-based harm reduction programs	2.70% 3	0.00% 0	5.41% 6	19.82% 22	72.07% 80	111
Pill testing and 'drug checking' quality analysis	5.61% 6	2.80% 3	9.35% 10	20.56% 22	61.68% 66	107

Table 4 – Respondent alternative development program preferences

	I WANT these policies in our community	I DO NOT want these policies in our community	Total
Increase access to current development programs	100.00% 20	0.00% 0	20
Increase number of development programs around the world	95.24% 20	4.76% 1	21
Increase funding for drug-related development programs	100.00% 21	0.00% 0	21
Increase research on drugs and development to find best practices	90.91% 20	9.09% 2	22
Increase grassroots involvement of farmers and communities to development programs & implementation	81.82% 18	18.18% 4	22
Lower thresholds and barriers for farmers to become involved in development programs	90.48% 19	9.52% 2	21
Flexible timelines of transitions to development programs	86.36% 19	13.64% 3	22

Table 5 – Respondent health policy preferences

	I WANT these policies in our community	I DO NOT want these policies in our community	Total
Keeping syringes illegal	14.55% 16	85.45% 94	110
Syringe decriminalization laws	86.61% 97	13.39% 15	112
Keeping marijuana and other drugs illegal	28.57% 32	71.43% 80	112
Decriminalizing the possession of marijuana	92.17% 106	7.83% 9	115
Legalizing recreational marijuana	72.22% 78	27.78% 30	108
Keep restrictions on using marijuana for medicinal purposes	28.57% 32	71.43% 80	112
Legalizing marijuana for medicinal purposes	85.84% 97	14.16% 16	113
Less restrictions on research on marijuana for medicinal purposes	89.57% 103	10.43% 12	115
Incarceration of people caught with illegal drugs	12.28% 14	87.72% 100	114
Alternatives to jail or prisons for people with nonviolent drug offenses	93.16% 109	6.84% 8	117
Making naloxone available over the counter	91.38% 106	8.62% 10	116
Good Samaritan Laws to protect people who call 911	94.02% 110	5.98% 7	117
Decriminalizing the possession of all drugs	76.11% 86	23.89% 27	113
Legalizing the possession of all drugs	58.56% 65	41.44% 46	111

Table 6 – New and emerging challenges

Answer Choices	Responses	
Insufficient funding of harm reduction interventions (access to sterile injecting supplies & safer smoking kits, naloxone, opioid treatment, etc...)	73.39%	91
Inability to reach consensus a public health approach to drugs	67.74%	84
Insufficient coverage of harm reduction interventions (access to sterile injecting supplies & safer smoking kits, naloxone, opioid treatment, etc...)	67.74%	84
Drug Legalization	56.45%	70
Gaining consensus on new metrics and indicators (health, social, economic, human rights) to evaluate drug policy (rather than seizures, arrests, convictions).	56.45%	70
Violence associated with Drug Trafficking Organizations (DTOs).	46.77%	58
Inability to reach consensus on new policy and legislative options	45.16%	56
Reform of UN Drug Conventions (Treaty Reform)	39.52%	49
Access to Controlled and Essential Medicines (as defined by WHO Model List)	39.52%	49
Hepatitis C	37.90%	47
New Psychoactive Substances (NPS)	31.45%	39
Intellectual Property Rights (TRIPS) and access to essential and lifesaving medicines	27.42%	34
Lack of review mechanisms for UN Drug Conventions (Treaties)	23.39%	29
Other (please specify)	10.48%	13
Total Respondents: 124		