



## **Western European Civil Society Regional Consultation**

## **United Nations General Assembly Special Session on Drug Policy: European Parliament Event**

Wednesday 23rd September 2015, 12:00 – 15:00

European Parliament, Brussels

Room: Paul-Henri Spaak, P7C050





## Agenda

<b>12.00</b>	<b>Registration</b>
<b>12.30</b>	<b>Lunch</b>
<b>13.00</b>	<b>Introductory Remarks</b> Mr Michal Boni, MEP, European People's Party
	<b>Panel One: The Global Drug Policy Review Process</b>  Ms Tatiana Jehl, Functionnaire, United Nations Office on Drugs and Crime (UNODC)  Ms Floriana Sipala, Head of Anti-Drug Unit, DG Home, European Commission  Mr Danilo Ballotta, Co-ordinator of Institutional Relations, European Monitoring Centre for Drugs and Drug Addiction  <i>Chair: Mr Michal Boni MEP, European People's Party</i>
<b>13.40</b>	Discussion with the audience
<b>14:00</b>	<b>Panel Two: Insights and Opinions on Global Drug Policy by civil society</b>  Ms Fay Watson, Secretary General, EURAD & Western Europe Representative, Civil Society Task Force for UNGASS 2016  Ms Elena Goti, Head of International Affairs, Dianova International  Mr Lawrence Watson, Member of the Advisory Board, Doi Tung Development Project / Mae Fah Luang Foundation (Thailand)  <i>Chair: Stig-Erik Sørheim, Head of International Department, Actis &amp; President of EURAD</i>
<b>14.30</b>	Discussion with audience
<b>14:45</b>	<b>Closing Remarks: MEP Michal Boni</b>



## List of Participants

First Name	Last Name	Job Title	Current Employer	Country
Susana	Almeida	Project & Training Centre Manager	Dianova	Portugal
Florian	Anderhuber	APA	European Parliament	Austria
Peter	Anderson	Professor, Substance Use, Policy and Practice	Newcastle University	United Kingdom
Pierre	Andersson	Program secretary	IOGT-NTO	Sweden
Andreea	Andrei	Trainee	MEP Renate Weber	Romania
Emelie Mire	Asell	Political Secretary	Swedish Youth Temperance Organization	Sweden
Marija	Atanaskova	Project Manager Cocaine Route Monitoring and Support Project	Royal United Services Institute (RUSI)	Macedonia, Republic of
Hilal	Aydos	Project Manager	Yesilay - Turkish Green Crescent Society	Turkey
Anne	Babb	General Secretary	International Blue Cross	Finland
Filipa	Bacelar	Volunteer	Dianova	Portugal
Danilo	Ballotta	Principal policy analyst, Coordinator institutional relations	EMCDDA	Italy
Monica	Barzanti	Head of International Relations	San Patrignano Foundation	Italy
Janis	Bekmanis	Head of the delegation of the Republic of Latvia for Horizontal Working Group on Drugs of the European Council	Ministry of Interior	Latvia
Fabio	Bernabei	President	Associazione Osservatorio Droga	Italy
Marie	Bodson	intern	DG communication	Belgium
Ellica	Brindstedt	Liaison Officer	IOGT-NTO	Sweden
Eric	Broekaert	Professor	Ghent University	Belgium
Sarah	Cervantes Lopez	Psychologist	Villa Vordman Therapeutic Community	United States
Chulamane	Chartsuwan	Deputy Chief of Mission	Royal Thai Embassy	Thailand



Constance	Colin	EU Policy advisor	Standing Committee of European Doctors	Belgium
Birsen	Dalbasti	Public Health Expert	Turkish Government	Netherlands
Yvan	De Baerdemaecker	Project Manager	PRAG AP	Belgium
Jacques	De Maen	Secretary Prospective Rotary Action Group Addiction Prevention	Rotary D 1620	Belgium
Tanja	Decker	Public Official	Representation of Bavaria to the EU	Germany
Tom	Decorte	Professor	Ghent University	Belgium
Robert	Delis	EU Public Affairs Officer	BRITISH MEDICAL ASSOCIATION	Poland
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Alienor	Devaliere	Policy advisor	HAI	France
Carolina	Diaz	Minister Counsellor	Embassy of Colombia	Colombia
Gokhan	Dinc	Program Manager	Turkish Green Crescent Association	Turkey
James	Drew	Production Editor	EU Reporter	United Kingdom
Muserref Pervin Tuba	Durgut	Board Member	Yesilay - Turkish Green Crescent Society	Turkey
Luis	Elizondo	Legal and Global Affairs	Mission of Mexico to the EU	Mexico
Mustafa	Erata	Public Health Expert	Turkish Government	Turkey
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Fiona	Godfrey	Director of Public Affairs	European Association for the Study of the Liver (EASL)	United Kingdom
Ignacio	Gonzalez	Diplomat	Mission to the EU	Uruguay
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Thomas	Guddat	Desk Officer Justice	Saxony Liaison Office	Germany
Catherine	Guinard	EU PA Manager	CRUK	United Kingdom



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Christopher	Hallam	Research & Analysis	IDPC	United Kingdom
Jakob	Hansen	Assistant of MEP Margrete Auken	MEP Margrete Auken	Denmark
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Johan	Jongbloet	Mr	VAD	Belgium
Joelle	Khraiche	Senior Consultant	Interel	France
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Vivian	Linssen	Founding Director & CEO	IMNRC-NewPOL Network	Belgium
Vaida	Liutkute	PhD Candidate	NTAKK	Lithuania
JOHAN	MAERTENS	Psychologist	Prospective Rotarian Action Group Addiction Prevention	Belgium
Sara	Martin	Policy Consultant	European Kidney Health Alliance	Belgium
Kristiina	Milt	Administrator, LIBE Committee	European Parliament	Estonia
YO	MISMO	MEDICO	LAMIA	Spain
Pawel	Nalewajko	Political AD	Council	Germany
Giulia	Nicoloso	Project assistant	Royal United Services Institute (RUSI)	Italy
Linda	Nilsson	Secretary General	World Federation Against Drugs	Sweden
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Sven	Persson	General secretary	SLAN Swedish Council on	Sweden



			Alcohol and Drugs	
Ben	Pugsley	2nd Secretary Security	UK Perm Rep	United Kingdom
Sofia	Ribeiro	WHO Consultant	World Health Organisation	Portugal
Elisabeth	Riedl	WFWPI UN office Director Vienna	Women's Federation for World Peace International	United Kingdom
Maria	Riehl	Dr.med.	WFWFI	Austria
Veronica	Risch	National project manager	Stichting Coke van Jou	Netherlands
Oliver	Robertson	Project Manager, Death Penalty and Alternatives	Penal Reform International	United Kingdom
dirk	schockaert	Chair Prospective Rotarian Action Group Addiction Prevention	Rotary	Belgium
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Renate	Smith	Representative to the European Women's Lobby for Soroptimist International Europe	Soroptimist International Europe	Austria
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Victor	Ugorets	Intern	European Parliament	Russian Federation
Aman	ur rahman	President District Mardan	Movement Against Drug Abuse	Pakistan
Pim	van den Dam	member of the board-treasurer	EURAD	Netherlands
Fay	Watson	Secretary General	EURAD	United Kingdom
Lawrence	Watson	Member of the Advisory Board	Mae Fah Luang Foundation and the Doi Tung Development Project	United Kingdom
Rowdy	Yates	President	European Federation of Therapeutic Communities	United Kingdom
Kathleen	Yates	Psychotherapist	Advanced Intervention	United



			Service	Kingdom
Corbisier	Yves	Addiction prevention team	La Defense	Belgium
Patricia	Zegwaard	Chairman	Stichting Coke van Jou	Netherlands
Christian	Mirre	Representative	Foundation for a Drug Free Europe	France
Elena	Goti Cohas	International Relations	Dianova International	Spain
Sabine	Germann	Representative	Mission de la Suisse aupres de L'Union Europeenne	Suisse
Paola	Croes	Psychologist	Stichting Coke van Jou	Netherlands
Varvara	Zaitseva	Managing Director	Clinic of Doctor Isaev a non-profit Drug Guild	Russian Federation
Radu-Loghin	Cornel	Secretary General	European Network for Smoking and Tobacco Prevention – ENSP	Romanian
Dominique	Nguyen	Health Policy and Communications Officer	European Network for Smoking and Tobacco Prevention (ENSP)	France
Marianne	Vaes	Representative	Permanent Representation for Health in Brussels	Netherlands
Linda	Gustavsson	Health and Social Affairs Assistant	Permanent Representation of Sweden to the EU	Sweden
Axel	Klein	Team Leader CORMS Project	Royal United Services Institute for Defence and Security Studies	German
Claude	Riviere	Resp. Affaires Européennes et Internationales	Association Nationale de Prévention en Alcoologie et Addictologie (ANPAA)	France
Danielle	Gonzalez	Assistant of the Embassy	Embassy of Colombia	Colombia

## Copies of Presentations

1. Tatiana Jehl, Secretariat to the Governing Bodies, United Nations Office on Drugs and Crime



CND UNGASS  
preparations\_23Sept.

2. Fay Watson, Western European Representative, Civil Society Task Force for UNGASS 2016 / Secretary General, EURAD



Fay Watson  
Presentation.pdf

3. Elena Goti, Head of International Affairs, Dianova International



EU Parliament Event  
- Elena Goti Final.pdf

4. Lawrence Watson, Member of the Advisory Board, Doi Tung Development Project / Mae Fah Luang Foundation (Thailand)



Lawrence Watson  
Presentation .pdf

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## Report From The Event

### Introductory Remarks: Mr Michal Boni, MEP, European People's Party

Mr Michal Boni MEP welcomed all delegates. He explained that he felt privileged to have been invited to host the event, and he was looking forward to listen about the review process, both from the European institutions and from civil society. He gave an overview of the UNGASS process on Drugs, explaining that they were seeking an integrated and balanced position, and he said that discussion meetings, such as this one, would contribute to their decisions. Mr Boni also provided numbers of people suffering from problematic use of illegal drugs in 2014. He said that still very few have access to treatment. He commented on how new drugs are coming regularly on the illegal market, and that their effects are not yet known. This is problematic, because testing is time consuming and expensive, but that we still have to identify the substances in question. Mr Boni explained that users do not know what they have taking. Should we focus on criminal justice or on those who are in need of treatment? The most important should be to prevent misuse. Today we have an opportunity to discuss in a broad and transparent manner. There are many priorities ahead of us – integrated approach between health, justice and education including the civil-society participation. Internet is a new instrument. New psychoactive substances are difficult to identify – we need to be able to react faster than today. He said that he was looking forward to hear about the section on alternative development and emphasized that the dissemination of the information coming out of the meeting would be extremely important.

### Panel One: The Global Drug Policy Review Process Ms Tatiana Jehl, Secretariat to the Governing Bodies, United Nations Office on Drugs and Crime (UNODC)

Ms Jehl highlighted the participation of various stakeholders – inclusive process including civil society and researchers in addition to MS throughout the UNGASS process. She highlighted the forthcoming opportunities for civil society organisations to engage in the UN debate.



**Ms Floriana Sipala, Head of Anti-Drug Unit, DG Home, European Commission**

She stated that she was happy to see so many active organisations, and she praised the organisers for this timely event – what has worked well and what has worked less well. Challenges – the issue of drugs at international level is immense, and has a great impact on human health, governance, fundamental rights. Time to shape up the position – pleased to have this dialogue with civil society – their knowledge and expertise – can give help to best policy solution. All EU institutions should contribute to UNGASS in an active way. EU is struggling to speak with a single voice – this is important, because this is a way to promote the EU model and a way forward. A common voice should be accompanied by a strong political voice. EU is trying to promote the discussions; presidencies are also present here and ready to contribute. The conventions provide a sufficient flexibility – at national and regional level. The Commission believes in policy based on facts and evidence. Therefore, there is a need for research and risk assessment. Need to put emphasis on health and wellbeing of mankind, which should be translated into policy. Governments should continue to invest on prevention, treatment. Commission is engaged with in fight against drug trafficking, money laundry, but she emphasised that the EU is against death penalty. NPS is a challenge for the EU and beyond, therefore engaging with international community is of essence.

**Mr Danilo Ballotta, Co-ordinator of Institutional Relations, European Monitoring Centre for Drugs and Drug Addiction**

Thank you for this timely meeting – now is the time for discussion. We need a strong and united voice. UNGASS is important session and it should launch something – last time a global fund was launched. This should be a UNGASS that makes a difference. In 1998, there was a similar situation to today, when the meeting had been called by Colombia. Today it was called by Mexico/Colombia and the main objective is to assess achievements. However, reading between the lines, there is a strong alert from Latin America, which suffers instability, violence and lives lost every day. We have to respect the heavy price they are paying. They are asking the international community to react. We have to be prepared for harsh criticism for the situation we have today. Our drug policy is the consequence of the situation in the 70s and 80s. In a pragmatic response, we listened to doctors. The USA had imposed minimum sentence, but in EU it changed from justice to harm reduction – take care of the people – or decriminalisation. EU has to call for the respect of human rights. This was started to be implemented in the 80s. In the EU plan to combat drugs, the word fight has disappeared. The words which we choose to use are important. We are the only region





which harm reduction strategies are implemented Europe are in a different situation than many others. Drug policies in the EU are based on values that are put into action. We need these value enshrined into drug policies. We have data on what happens – we know it can be done – we need to promote that the model is used and can be done.

#### **Chair: Mr Michal Boni MEP, European People's Party: Discussion with the audience**

**Martin Kooyman (Psychiatrist, The Netherlands)** commented that in international standards of treatment of drug users, there has been a growing medicalization. People are treated as having a chronic disease. We have seen thousands of people that can get help – if good treatment is good – one month is not enough – what happens in families, what happened in life before they took drugs. Nobody is today talking about recovery – how it can be done – good research. There is an increasing need for drug service provision which is long enough to support people through the recovery journey.

**Veronica Risch (Stichting Coke Van Jou, The Netherlands)** commented that dysfunctional systems are constructed around the drug users – such as the environment and family environments - which are part of the problem. We have not heard anything about professional help system for this target audience – families affected by drugs. Drug users seek help when given a choice. She wanted to hear the views from the panel on prevention strategies on families and system around drug users.

**Erik Fernander (?)** asked what concrete measures have been taken to include young people's views into the ongoing UNGASS process.

**MEP Luke Flanigan from Ireland** – asked the panel about what kind of single voice in Europe was being brought forward in the UNGASS debate, the Swedish or the Portuguese model, the latter being his preferred option.

#### **Response from the panel:**

**Tatiana Jehl** explained that youth involvement has been sought by the UN, and that a youth forum is being organised at the margins of the meeting, and that their recommendations would be presented formally in UNODC. More details about the views were expected to be available in March 2016.



**Floriana Sipala** explained how the European Commission is happy to support the EU civil society forum which will meet at the end of October. Regarding the question about which EU ‘single voice’ was being sought, she commented that this is always challenging, and that is why we have meetings like this with rounds of discussions. She explained how the Commission has a duty to seek compromise, and that besides evidence coming from different countries; we should also hear the views from the European Parliament.

**Panel Two: Insights and Opinions on Global Drug Policy by civil society Ms Fay Watson, Secretary General, EURAD & Western Europe Representative, Civil Society Task Force for UNGASS 2016**

Fay Watson explained that as representative from Western Europe for the Civil Society Task Force, there was need for a balance of views to be brought forth into the UNGASS. In the summer there was a survey and now regional consultations are taking place with civil society. She noted the need for governments to fund civil society. She thanked those who have contributed Norway, Sweden and the USA, but far more financial support from Member States is needed. Fay explained that delegates would find in their conference pack a document outlining EURAD’s position, as well as an alternative development report. With many good models and knowledge around, answers are often known, but not yet implemented. Italy, for example, has given a choice for drug addicted offenders to go to prison for crime or go into recovery treatment – something which is possible but not implemented in most countries. Fay Watson also emphasised EURAD’s support for the EU position against death penalty and highlighted the general priorities for EURAD which are prevention and recovery-oriented policies.

**Ms Elena Goti, Head of International Affairs, Dianova International**

The position paper of Dianova towards the UNGASS drug policy review is based on grassroots consultation and has been developed through work carried out across eleven countries. Each organisation is independent, and once a year the Dianova network meets. Elena spoke about how civil society engagement had improved in recent years in the drug policy field, whereas in 1998 civil society was banned from participation in such UN forums. She noted that cannabis legislation is moving forward, so it is becoming more legal in many countries and there was a need to address this. However there areas in which consensus is still needed, for example access to essential and needed medicines. On the scientific effects on the use of cannabis, there are expected and unexpected consequences.





**Mr Lawrence Watson, Member of the Advisory Board, Doi Tung Development Project / Mae Fah Luang Foundation (Thailand)**

Lawrence explained that he has been making alternative development work throughout countries such as Thailand, Myanmar and Afghanistan. He noted that there are always two sides of drug policy: supply and demand. Sustainable development – the journey needs a graph – it is all about inputs – for what? What is the output? Development is a three stage process – survival, sufficiency and sustainability. Doi Tung – golden triangle – in 1998 was a no-go area, while now it is a major profitable touristic attraction, with three gardens and a huge number of businesses operating in the area. The problem is not drugs –the problem is poverty. We can beat drug cartels at their own game. Get people out of poverty and give them opportunities. Build a community into the process – the solution is not made in Brussels or Bangkok. Communities are part of the solution, through infrastructure/health/education. You also need healthy workers, because a sick worker is not productive. Create a variety of market-driven opportunities, limit risk. Try to base solution on local wisdom. Doi Tung started in 1988 by the king's mother when they planted sustainable forest, with bananas, coffee and nuts. Then they moved up value chain. For example, coffee is a world commodity, which has its price set in Chicago. If you vacuum pack it, then price raises from 3-34 and even more in a coffee shop. Net income 98 dollars and today 2200. Quick hit – show them how to diagnose malaria from 20% to zero in just a few years. Rural communities – food uncertainty – only 7 months a year. Opium is easy to grow and sell – average family income in dry session is 900 and the cost to buy rice 300. The problem is dry field. The solution is water – gather it. The Foundation principles are acceptable according to UN alternative development and accepted as good standard.

**Discussion with audience:**

**Monica Barzanti (San Patrignano Foundation):** People with drug problems are part of the solution and not only part of the problem – address help people with drug problems – addicts can also be part of the solutions – testimony of a changing that can be done. They not only save their own lives – healthy choice can be made. I was very impressed with Lawrence Watson who said that people should be part of the solution, and not part of the problem. To make them protagonists of their recovery, they have to become part of the solution. Not only they say that they improve, they become testimonials that it can work.



**Johan Martens: Rotary Foundation:** I can engage Rotary clubs to motivate and stimulate to support NGOs Rotary clubs can also raise the funds – we can motivate them to fund your programs. Rotary welcomes funding proposals.

**Rowdy Yates: EU Federation of Therapeutic Communities:** I would like to make a plea. Whatever we are taking forward, we need to decrease the language of war and increase respect for NGOs working in the field of drugs. We, the NGOs, are at the moment running hospitals and services for people with drug problems. Against all the evidence, we are delivering treatment programmes with limited staff and to narrow timescales which do not offer people the best possibility to recover. They do not develop, services do not question themselves. While in the drugs field, charities question if they will have funds, even though they know they will have clients, prison services do not need to question if they will have prisoners; their funding will be there.

**Closing Remarks: MEP Michal Boni:**

Thanked all for their attendance and participation, and said that we need much more meetings, and deeper discussions, involving policy makers more, including politicians. This kind of meeting is an opportunity to discuss how to fight crime, how to support drug users, how to support European communities, how to help the economy. We need further discussion, combination of activity, regulation, analysis. We also need good spirit. We do not need common view, but yes, a common spirit.



## Written Feedback Received From Participants After The Event







# 1. UNF, Sweden

## EURAD UNGASS input form

### What could be done better in drug policy?

- More prevention work in general.
- Better youth perspective and youth involvement in preventive methods.
- Better access to addiction treatment for addicts.
- Keep drugs prohibited and illegal, but the solution to global drug problems is not to punish the individual addict. Treatment, active prevention and offering youth a meaningful life, including job opportunities as well as culture, sports and other leisure activities.

### Have you got some good examples of good practice that you would like to see rolled out and which could help address drug issues?

- The Swedish model.
- Eurocares report on alternative developments for drug producing regions.

### Do you know of innovative ideas which could help to address drug problems?

- Giving young people real opportunities to influence their community and engage in self-developing leisure activities.
- Our observation is that a lot of drug users start their use during their adolescence and that they often do so in order to get some sort of excitement and/or reality escape. This is in turn often closely tied to a feeling of frustration caused by for example their socio-economic situation and low possibilities to influence their current situation as well as political processes of their community.

### What would you like the UN to achieve in its review of global drug policies?

- A continued restrictive policy.
- A policy which puts pressure on the individual states when it comes to preventive measures and addiction treatment.

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**Job title:** President

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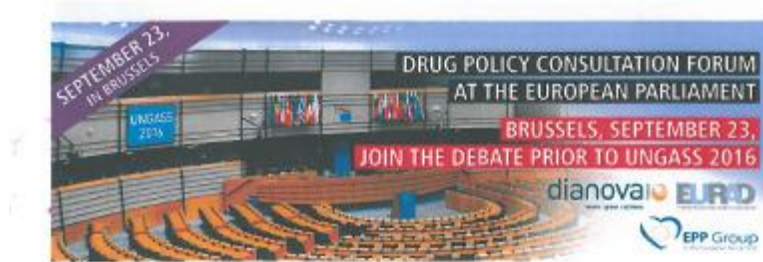
A network for prevention, treatment and recovery



learn | grow | achieve



## 2. MEP Luke Ming Flanagan, Independent MEP, Ireland



### UNGASS 2016: WRITTEN INPUT

<p>What could be done better in drug policy?</p> <p><i>Decriminalise</i></p>
<p>Have you got some examples of good practice that you would like to see rolled out and which could help address drug issues?</p> <p><i>Portugal, Uruguay</i></p>



Do you know of innovative ideas which could help to address drug problems?

Look to Portugal, Uruguay

What would you like the UN to achieve in its review of global drug policies?

SCRAP IT'S Policy



### 3. Peter Anderson, Newcastle University

It is increasingly recognised that illegal drug policies are in need of reform - they bring considerable collateral damage through criminalization and violence due to vying for market dominance, they impair health, result in large prison populations and weaken governance around the world.<sup>1</sup> UNGASS 2016 provides a unique opportunity for opening the door to policy shifts, paving the way for reform of the global drug control regime to permit responsible legal regulation, as is happening with cannabis. There is no one simple pathway for effective reform; it will require experimentation and trial and error<sup>2</sup> and will also require a standard benchmark to address health outcomes across all drugs, legal and illegal. In the field of toxicology, risk assessment for human consumption of a wide range of products is based on margins of exposure (MOE) analysis.<sup>3, 4</sup> We propose MOE as the standard tool to drive reform and monitor drug policy worldwide.

#### WHAT IS MOE?

MOE measures the ratio of a benchmark or toxic dose (commonly the lowest dose which is 95% certain to cause no more than a 10% incidence of a negative health outcome in animals or humans) to human exposure.<sup>4</sup> An MOE of 1 means that the chemical is being consumed at the toxic dose, while an MOE of 100 means that the chemical is being consumed at one hundredth of the toxic dose; the higher the MOE, the lower the risk to human health. Benchmark doses can be estimated from human data such as clinical trials or epidemiological dose-response information, but such information is unavailable for most illegal drugs. For this reason, the currently available estimations rely on toxicity data from animal experiments. Exposure is commonly measured by survey data, or by population-based consumption data.

#### WHAT MOE Threshold?

Toxicology-based risk assessment uses different MOE thresholds as guidelines, depending on whether the benchmark dose is derived from animal or human studies.<sup>4</sup> Differing MOEs are often set for differing health outcomes, and whether or not products are voluntarily consumed. An MOE for individual daily drug use of less than 1 is considered high risk, an MOE of less than 10 as risk. This does not imply that an MOE greater than 10 is safe – only that there is lower risk. All public drug policies should aim to ensure that the MOE for individual daily use does not fall below 10, and that all policies should be driven and monitored by this value.

#### MOE for European drug users

MOEs have been estimated for individual daily drug use by Europeans, see above Figure.<sup>5</sup> The benchmark dose was obtained from animal experiments, and exposure amongst daily users from surveys. Special attention should be given for policies that manage the use of nicotine, cocaine, heroin



and alcohol. The reason that alcohol is at the bottom with a MOE of 1.3 is due to the high exposure to alcohol amongst European drinkers (an average of 34 grams, over three drinks a day).

### **How to improve the MOE**

MOE is driven by the ratio of the benchmark dose to exposure. So, MOEs can be improved by reducing the toxicity or potency of the drug, or by reducing individual exposure. Exposure can be changed by limiting economic and physical availability through setting minimum prices per mg or gram of the drug sold, increasing prices per mg or gram sold, and restricting hours or days of purchase.<sup>6,7</sup> Wherever high potency drug forms are available, independent of their legality, there will always be individuals who run into problems with heavy drug use. Evidence suggests that accessible advice and treatment for heavy users can reduce exposure (see<sup>6,7</sup>).

### **CONCLUSION**

Drug-related harm goes beyond health and impacts many facets of societal well-being, as well as being driven by social attitudes and stigma. For health harms at least, a rational approach based on margins of exposure could be adopted. Acceptable levels of margin of exposure need to be determined. One option is that society acts on all drugs with a MOE of less than 100, concentrating on those drugs the lower the MOE, with policies for all drugs ensuring that the MOE for individual daily use never falls below 10.

### **Contact**

Professor Peter Anderson ([Peter.Anderson@newcastle.ac.uk](mailto:Peter.Anderson@newcastle.ac.uk))



## 4. Statement of The Rotarian Action Group on Addiction Prevention

The Rotarian Action Group Addiction Prevention offers worldwide its collaboration and support on two levels:

LEVEL 1: The Action Group works to increase the awareness and the importance of participating in local actions against addiction for the 34.000 Rotary Clubs of Rotary International with 1.2 million members

a) The Clubs and the Districts will have an important role in the prevention of addiction by motivating local schools, youth organizations and companies to implement a drug prevention policy focussing on use/addiction prevention programs. The cooperation between local governments, NGO's prevention specialists and Rotary clubs could prove to be very efficient. Rotary will be key to coordinating these stakeholder groups.

b) The Clubs and the Districts will have an important role in the prevention of addiction by raising funds for implementation of prevention programs in their local schools for example ... some Clubs already now cover all the schools and classes in their region and there are Districts that contribute yearly over 100.000 euro for prevention in their region.

LEVEL 2: The Action Group promotes to organize training and research on addiction and addiction prevention at the international level.

a. The Action Group promotes and helps to organize training programs on addiction and addiction prevention for students (school and university), young professionals and Rotarians, sponsored by Rotary clubs. The training of the Rotarians is to become the driving forces for addiction prevention in their home club and at the wider District level.

b. The Action Group will coordinate the organization and the funding of research programmes in cooperation with universities and institutes to measure the effectiveness of the prevention actions carried out in cooperation with Rotary clubs in order to give feedback about to become more effective.

**The Prospective Rotarian Action Group Addiction Prevention proposes to launch a formal call from the UN to all international services clubs to join civil society in its actions for the prevention of drug abuse.** The international service clubs could be asked to engage their clubs and members in drug prevention actions in cooperation with professional prevention organizations and implement and fund evidence based prevention programs in their local



communities. Such a formal call or recommendation will have a strong impact and will be an important support for drug prevention action groups within this International service clubs in order to obtain the full and formal support of their International Boards. This support would extremely strengthen the impact of those action groups on clubs and members.

### **Prospective Rotarian Action Group on Addiction Prevention**

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**8340 Damme**

**Belgium**

[www.rag-ap.org](http://www.rag-ap.org)

[info@rag-ap.org](mailto:info@rag-ap.org)



## Photographs From The Event





## Press Coverage Related To The Event

- 56 Mentions on Social Media, Newspapers and Blogs
- Clippings: 148, 169 Estimated Audience
- Total Event Impact: Worth €260,934





## Contact Details of Organisers

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