

DRUG POLICY NETWORK SOUTH EAST EUROPE



“Strengthening NGO capacity and promoting public health and human rights oriented drug policy”: New perspectives for the Drug Policy Network in South East Europe



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UPCOMING EVENTS

- 09.05.2015 Athens Cannabis Protestival
- 14.05.2015 Meeting at Sarajevo
- 18.05.2015 Meeting NGO platform on drugs
- 26.06.2015 International Day against Drug Abuse and Illicit Trafficking

“Strengthening NGO capacity and promoting public health and human rights oriented drug policy”: New perspectives for the Drug Policy Network in South East Europe

Since 2010 the Drug Policy Network in South East Europe has functioned with a minimum of financial resources. The award of a grant from the European Commission for 2015, increases the potential for more systematic and adequate advocacy and more structured cooperation between NGOs. The project “Strengthening NGO capacity and promoting public health and human rights oriented drug policy in South East Europe” is financially supported by the European Commission, DG Enlargement, Regional Cooperation and programmes and co-financed by the Open Society Foundations.

The objectives of the project are:

- a. to promote drug policies and drug legislation based on a public health and human rights approach
- b. to improve contacts with relevant national and regional authorities in the field of drugs and follow closely the European Union and international drug policy developments. More specific: a. to strengthen cooperation of the NGOs working in the field of drugs, by the creation of a legal umbrella organisation b. to ensure the cohesion of the Drug Policy Network in SEE and undertake joint actions
- c. to involve youth and drug users organisations in drug policy and d. To improve the capacity of local NGOs in drug policy issues.

The organisations that initiated this project and are responsible for its implementation are: the partners Aksion Plus (Albania), Margina (Bosnia and Herzegovina), NGO 4life (Montenegro), Prevent (Serbia) and Diogenis as lead organisation (Greece). The project started its activities in January 2015 and will organise until the end of the year several activities in the countries of the Western Balkans.

The main priorities of the first year of the project will be the realisation of a legal umbrella organisation, harm reduction advocacy and capacity building of local NGOs, Drug Law reform initiatives and NGO involvement in drug policy developments in the European Union and worldwide.

Public meetings will be organised in Albania, Bosnia and Herzegovina and Serbia on drug strategy and drug legislation in co-operation with universities and the relevant local authorities in these countries. In September 2015 a regional conference will be held about the upcoming United Nations General Assembly Special Session (UNGASS) on drugs. (April 2016). There will be several contacts with the authorities responsible for drug policy in the countries of the region. The Drug policy Network will try to initiate a meaningful dialogue with the countries in the Western Balkans and follow the political dialogue between them and the European Commission in the framework of the “Action Plan on drugs between the EU and the candidate countries in the Western Balkans and Turkey”.

We hope that during this year we will create the conditions for a coordinated and well-structured Network, make efforts for a good relationship with the authorities and relevant institutions in the field of drugs, react on developments in drug policy at the national, European and international level, enhance policy dialogue and support national and regional partnerships and Networks. The quarterly newsletter will keep interested organisations, institutions and individuals updated on drug policy developments along with news in the website and social media of the network. We will appreciate your feedback on this first issue of the newsletter and hope to improve it in the coming period.



Podgorica: First meeting Project Management Team (PMT)

The program “Strengthening NGO Capacity and promoting public health and human rights oriented drug policy in South East Europe”, is being coordinated by a Project Management Team (PMT) established by the partners involved in the program, namely: The Association Diogenis (which co-ordinates and presides the Project Management Team) and the organizations: Aksion Plus (Albania), Margina (Bosnia & Herzegovina), NGO 4 Life (Montenegro), Prevent (Serbia). The first PMT meeting took place in Podgorica, Montenegro, on 26-28 January 2015.

The meeting discussed issues about the co-ordination and co-operation of the team, the European Commission regulations that govern the project and the division of workload among the partners as described in the 2015 action plan.

The Association Diogenis is responsible for the overall coordination of the project and for the activities related to the establishment of a legal umbrella organization that will continue the work of the current Drug Policy Network. Furthermore, the Association Diogenis will organize three meetings on the issue of drug legislation and the Strategy on drugs in Bosnia and Herzegovina, Albania and Serbia.

An open dialogue will take place in September 2015 in Sarajevo regarding the upcoming UN General Assembly Special Session (UNGASS 2016) in April 2016. To enhance the co-operation among NGOs an internet site will be launched and quarterly newsletters will be issued in order to inform on the projects’ progress. The partners Aksion Plus, Margina, NGO 4life and Prevent will be responsible for the implementation of the project in the countries they are located which includes communication with public authorities, enhancement of co-operations with other civil society organizations and advocacy on drug policy.

The NGO Margina will coordinate the harm reduction work for the West Balkan Countries, Aksion Plus will organize a one day meeting on “Youth and Drugs” in co-operation with the organization YODA (Youth Organisations for Drug Action in Europe) while the NGO 4Life will conduct a research on drug misuse in Montenegro’s’ prisons.

Finally, during the meeting in Montenegro the PMT had the chance to visit the NGOs Juventas and Cazas.



Tirana: 2nd Meeting of the Project Management Team (PMT) (30 March) and the meeting of the Advisory Board on 31 March and 1 April 2015

On March 30, 2015 the 2nd meeting of the Project Management Team (PMT) took place in Tirana, Albania. The partners of the project presented a progress report from their countries. NGO 4life reported about the research on the situation of prisons in Montenegro: the formation of a research team that will monitor the research, the preparations of a questionnaire in co-operation with Tatjana Vujovic – a PhD in the field of social pathology and a long time associate of NGO 4life. Aksion Plus reported about the research that they implement in cooperation with the General Probation Office, for which a Partnership Agreement was signed. Furthermore, Aksion Plus reported about relevant policy developments in Albania, contacts with the authorities and discussions about the expected approach after the Global Fund intervention and support. Margina reported about developments in drug policy in Bosnia and Herzegovina and Prevent about Serbia. Diogenis reported about the 58th session of the CND and the contacts about the project with the European Commission Unit on Enlargement.

On March 31st and 1st of April the meeting of the advisory board of the Drug policy Network in SEE took place. At the opening of the meeting Association Diogenis reported about the preparatory activities concerning the application that has been submitted to the European Commission. The meeting of the advisory group agreed with the continuation of the current drug policy Network. About the location of the umbrella organization, the meeting decided to discuss this issue during the next meeting in Novi Sad based on a note that will refer to criteria that have to be fulfilled for the most convenient location. Criteria that have to be considered are: the legal framework of the country, the NGO friendly environment, the fiscal situation for NGOs, the capacity and the presence of expertise to run the organization and the centrality of the location in relation to travel costs and communications in general.

Two more items have had the attention of the advisory group: the work on Harm reduction in the region and the involvement of youth in advocacy work. It was suggested that the South East European region has to have a regional harm reduction work plan with its own profile. This will help participation of the network in European and international structures and a more pronounced advocacy in the region. The issue of harm reduction in the minor population needs to become a priority, based on the serious problems that exist in the area. This issue will be on the agenda of one of the next meetings. NGO Margina will make a proposal.

The involvement of Young people will be discussed at the regional meeting in Tirana organized in September 2015 by Aksion Plus in cooperation with Youth for Drug Action (YODA).



VIENNA: 58th Commission on Narcotic Drugs/CND, March 2015



The 58th session of the Commission on Narcotic Drugs took place on March 9-17, in Vienna (Austria). The first part of the session (9-12 March) was dedicated to the preparation of the UN General Assembly Special Session on Drugs to be held in New York in April 2016. This extraordinary session will be convened in response to the resolution submitted by Mexico and Guatemala and adopted by the UN General Assembly in 2012. The aim of the UNGASS is to assess the progress made by the implementation of the "Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem". Moreover, an in-depth assessment will be conducted during this Special Session concerning the results and the challenges faced by the UN Member states in addressing the drug phenomenon by the implementation of the three international drug conventions and other decisions and agreements of the United Nations.

The reasons that highlighted the need for this resolution was the concern that the so-called war on drugs, which has cost and will continue to cost thousands of lives of ordinary citizens and lives of thousands of soldiers and police officers in their confrontation with groups of organized crime, is leading to a deadlock. The illegal trafficking of drugs, as well as trafficking in arms and human beings (especially women), are some of the problems that have not been effectively addressed. Many countries of the world experience daily the horror of war between police or military forces and groups of violent organized crime. At the same time, many countries face the problem of imprisonment of a large proportion of drug users who commit micro-violations of the drug law, often to secure the quantity of illegal substances for personal use. It has been proven that imprisonment instead of helping to efficiently manage the problem of drug use, leads to an increase in offending behavior. Drug users should not be treated as criminals. New methods of harm reduction, prevention and treatment instead of repressive measures should be applied.

For the best preparation of the UN General Assembly Special Session on drugs in 2016, four (4) specific workshops have been set up. The workshop on "drug and Health" (prevention, treatment and care and availability of controlled substances for medical purposes), the workshop on "Drugs and Crime" the workshop "Drugs and human rights, Youth, women, children and communities and the work- shop "Drugs, sustainable development and international cooperation".

Throughout the 58th Session an open dialogue covering this wide range of issues took place. Many member states stressed out in their statements, the need of changing the drug control system, proposing a shift in priorities from suppression to public health, encouraging innovation, promoting research and adopting different approaches adapted to the needs of everyday life. The presence of the NGOs at the discussion was highly significant. On the first day, a public civil society hearing was held with the participation of NGOs and representatives of UN agencies and member states. In recent years, NGOs have the right to speak in the plenary session. UN has also set up a special working group of NGOs that will participate in the preparation of the UNGASS. DIOGENIS, in the context of the South East Europe Drug Policy Network (SEE), is organizing in September 2015 a Regional South East European Conference about the upcoming UNGASS 2016.



EU Civil Society Forum on drugs contributes to the UNGASS preparations

The Civil Society Forum (CSF) submitted to the Horizontal Working Party on Drugs (HDG) a statement on the preparations of the UN General Assembly Special Session (UNGASS). The Horizontal Working Party on Drugs (HDG) is the coordination body that prepares all relevant legislation and political documents adopted by the European Council. Under the leadership of the rotating presidency the HDG elaborates EU statements on drug-related issues to be presented at international fora, such as the UN Commission on Narcotic Drugs. Among the items of the agenda of the meeting of the HDG on 28th and 29th of April 2015 was the discussion on the "Preparation for UNGASS 2016".

The Civil society Forum submitted its statement as a contribution to the discussion. The CSF proposes that the EU member states support the public health and human rights approach; recommends that the WHO lead the development of a public health framework on drug policy; calls for the decriminalization of people who use drugs and supports the elimination of the death penalty; highlights the significance of the proportionality of sentencing for drug-related offences and alternatives to incarceration. (see the statement of the CSF page 7)



STATEMENT CSF Enhancing the public health approach

1. The EU should promote the scaling up and address the funding crisis for drug demand reduction interventions, with a special focus on those implemented by civil society. This should include drug prevention, harm reduction (including but not limited to the comprehensive package of 9 interventions promoted by the UN), treatment, rehabilitation and social integration. In particular in middle-income countries the EU should support the prioritisation of resources to respond to the growing treatment demand and the growing risk of HIV and HCV infections among injecting drug users. This should also include on-going robust evaluation and reporting of outcomes.
2. The EU delegation should recommend that the WHO lead on the development of a public health framework on drug policy
3. The EU should call for the decriminalisation of people who use drugs
4. The EU should promote the implementation and scale up of services for drug users in custody, detention and prison should be evidence-based and mirror, as well as work with, those available in the community.
5. The EU should express its concern that too few drug dependent people receive evidence based treatment globally, and should seek to set targets towards a scale up of evidence based human rights compliant treatment including opioid substitution therapy (OST).
6. The EU should ensure coordination between the UNGASS and High Level Meeting on HIV processes including but limited to on drawing lessons learned to inform future drug policy that works towards ending the AIDS epidemic.

Human Rights

1. The EU should call for an end to the compulsory detention of people who use drugs
2. The EU delegation should strongly support the following themes in human rights discussions throughout UNGASS 2016, all of which are enshrined through international human rights law: the right to life (i.e. elimination of death penalty); to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances; the right to a fair trial and proportionate sentencing; the right to non-discrimination and the right to healthcare and treatment
3. The EU delegation should support the creation of a mechanism with a set of indicators for the a systematic monitoring of the human rights of people who use drugs and other communities affected by drugs,
4. The CSF would request special attention to be placed on the following issues: elimination of the death penalty; proportionality of sentencing for drug-related offences, alternatives to incarceration for people dependent on drugs having committed non-violent crimes non-discriminatory access to health care services and drug demand reduction outside and inside closed settings.
5. The EU should strongly advocate for access to essential medicines for palliative care and drug treatment.

Improved adherence: combination of HAART and OST.

A new study was recently published in the online edition of AIDS relating adherence to HAART with OST. The scientists reported 68% increase in adherence among 1852 people who were monitored on average for 5 and half years. The study was designed to allocate whether a causal effect exists in combination therapy with OST and HAART, a position which has always been supported by the civil society though the scientific evidence was scarce up till now.

Furthermore, the study was conducted in British Columbia, Canada where both HAART and OST is available in an office setting. 39% of the participants had had a previous experience with OST while 34% were women. As the research state: "The primary outcome was 95% HAART adherence, according to pharmacy refill compliance. Exposure to OST was defined as 95% of OST receipt, and we controlled for a range of fixed and time-varying covariates."

In conclusion, as the researchers state "This study demonstrates the substantial benefits of OST in linking HIV-positive opioid-dependent individuals into HAART in a universal healthcare setting with freely available HAART".

That might not be the case though. Even in western countries, the EU countries etc. healthcare is not always available to everyone nor is universal access to medication. What's more, OST treatment is not available in some countries at all (like Russia) or for some people due to great waiting lists (like Greece). In the Balkans, OST in prisons is available only in FYR Macedonia, Montenegro, Romania, Slovenia, Croatia and recently through a pilot program in two prisons in Greece.

At the same time even though HIV rates remain generally low in IDUs, Greece and Romania faced two simultaneous outbreaks that raised the prevalence. Given that IDUs are highly marginalized with limited or no access to health care services linkage to care is crucial and the previously mentioned study already proved better linkage, retention and adherence for the specific target group. The researchers attributed this effect to the stability OST treatment provides to the individual.

Finally, OST, which is usually Methadone or Buprenorphine, can be combined with HAART regimens providing very few side effects, if any, and therefore increase adherence to treatment, while illicit substances bought on the street can have various drug-drug interactions and side effects since the quality of the substances is not controlled or monitored.



Supervised Injection Sites (SISs): The paradigm of France.



Supervised injection sites (SISs) are 'legally sanctioned, low-threshold facilities, which allow the hygienic consumption of pre-obtained drugs under professional supervision in a non-judgemental environment' (Kimber et al., 2003). SISs are an innovative and pragmatic intervention based on the harm reduction model of addiction. Based on scientific evidence these facilities can: save lives by preventing drug overdoses (ODs), reduce the spread of blood-borne infectious diseases (such as HIV/AIDS and Hepatitis C), serve as a linkage for drug users' access to healthcare and drug-treatment services, reduce public disorder and be extremely cost-effective for the health care system.

The first SIS emerged in 1986 in Switzerland and since then they have been widely spread around the world. As a result, nowadays there are more than 90 facilities operating in more than 60 cities in Norway, Luxembourg, Germany, The Netherlands, Spain, Denmark, Canada and Australia.

France, after many struggles and barriers seems ready to follow the aforementioned countries in establishing supervised injection sites. On April 7, the National Assembly voted the Article 9 of a draft health law (by 50 votes against 24), that allows the opening of SISs in the towns of Paris, Bordeaux and Strasbourg for a 6-year pilot period. This development is considered as a great success, as the French government had to face both the objections of the conservative opposition party – UMP – but also those of public opinion; with their main argument against the operation of these sites being that by adopting this intervention drug use would be promoted and legalized. Representatives of the Ministry of Health, on the other hand, stated that this is a realistic response in order to moderate harms associated with drug use.

The establishment of SISs is, also, strongly supported by service providers and a significant part of the public in South Eastern Europe as a harm reduction strategy. However, the current legislation is a major obstacle, when it comes to the adaptation of this measure, as the medical and psychosocial effects are still questioned by the governments. The case of Greece could be mentioned as an example when referring to political and legal impediments to such efforts. More specifically, the Hellenic Organization against Drugs opened the first SIS "ODYSSEAS" in 2013, as a pilot project. Unfortunately, the site was closed after 10 months of successful operation. Lack of adequate legislation was the argument of the judiciary to shut down the site. An amendment proposed to parliament by the deputy minister of health of the previous coalition government, to allow Supervised Injection Sites was some hours before the vote in parliament stopped by intervention of the minister of health. It is expected that the new government will submit again to proposed amendment.

Despite the progress made to date, there is a long way to go since the implementation of innovative strategies is still marked by prejudice. Harm reduction is based upon evidence and research data which has already proved that supervised injection sites contribute significantly to reducing drug-related harms. Specifically when it comes to matters of life and death, scientific knowledge should be incorporated in our strategic design. Future advocacy should definitely be focused on spreading this knowledge so as to extend the development and interventions of harm reduction programmes.

Organisations of the SEE Drug Policy Network

ALIAT – Alliance for the Fight Against Alcoholism and Drug Abuse, Romania

NGO Veza, Serbia

Romanian Harm Reduction Network (RHRN), Romania

Aksion Plus, Albania

Initiative for Health Foundation (IHF), Bulgaria

Healthy Options Project Skopje (HOPS), Former Yugoslav Republic of Macedonia

Juventas, Montenegro

The “South Eastern European and Adriatic Addiction Network”, SEEAN, Slovenia

Udruga Terra Association, Croatia

NGO Victorija, Banja Luka, Bosnia Herzegovina

Association Margina, Bosnia and Herzegovina

Association Prevent, Novi Sad, Serbia

Association DIOGENIS, Drug Policy Dialogue in SEE, Greece

Centre for life, Greece

Positive Voice, Greece

NGO 4life, Montenegro

The quarterly newsletter is aiming to inform and keep updated organisations, institutions and individuals on drug policy developments along with news in the website and social media of the network. Our plan is to actively involve member organisations to report about their activities and about developments in their countries.

The Newsletter is prepared and published by the Association Diogenis, Drug Policy Dialogue in South East Europe.

Members of the drug policy network feed into the Newsletter following on topics related to criminal justice, social and Health programmes, human rights and events of interest.

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