

Meeting Thessaloniki 5 March 2011*

The organisational structure of the Network

The conclusions of the Working Group meeting (3 March 2011) were presented to the Network members. The Working Group was established in Athens last year and includes representatives of all the countries represented in the Network. The civil servants are not part of the Network, as far as the organisational structure is concerned. Only NGOs can be part of the initiative, but civil servants and policy makers will continue to be invited to attend Network meetings, as their advice is appreciated and the Network is keen to maintain a good collaboration with them.

The work plan for the Network was discussed in Athens in 2010 and most of what was planned has already been accomplished. The network had planned to produce two briefing papers of which one on harm reduction has already been published on the IDPC website (<http://idpc.net/publications/idpc-paper-harm-reduction-south-east-europe>).

The issue of how useful publications were and how they could be used more effectively to influence drug policy was discussed. It was suggested that the Network needed to use the publications to engage in dialogue with their contacts in government. The publications can be used to influence governments in the region as they provide evidence that it is not just one country but that there are several countries who are thinking in the same way. The Network needs to consider how the use of publications to influence policy can be implemented in practice.

The plan to visit Bosnia and Herzegovina, Montenegro and Slovenia was implemented. These visits were considered to be successful by those involved and provided the Network with the opportunity to share experiences between organisations. However, it could possibly be organised differently in the future to ensure the possibility for participation from each country represented in the Network.

The issue of Network membership was also discussed. The idea is to think about each country without being limited to organisations based in the capitals. Members need to provide suggestions as to how to expand the Network in their own countries. Three policy seminars have been held, the first was in Athens, the second in Ohrid and this constitutes the third. Further seminars will need to be planned in the future.

The problem of funding was also raised. The Network's current funding is through a grant awarded by the European Commission to IDPC. It is important that the Network finds a way to function autonomously. Discussions with the IDPC Secretariat and Diogenis will need to be held.

It was decided by the Working Group not to make the Network a formal organisation at this time. The model of the South Eastern European-Adriatic Addiction Treatment Network (SEANet) was explained by their President. According to European legislation, it is not possible to register a network internationally and can only be officially registered as a legal entity in one country. SEANet was registered in Slovenia and has an elected president and a board of directors. It was decided that the SEE Network would follow this model with Diogenis being the lead organisation with an advisory board made up from members of the Working Group to act as the managing body. The following five people agreed to be on the board:

1.

Andrej Kastelic, SEANet, Slovenia

2. Elena Yankova, Initiative for Health Foundation, Bulgaria

3. Genci Mucollari, Aksion Plus, Albania

4. Tijana Pavicevic, Juventas, Montenegro
5. Thanasis Apostolou, Diogenis, Greece

The members of the Network present were asked if they had any objections to this decision and none were raised.

The issue of how to secure the financial means to organise Network activities was discussed and the Network's vision, mission and policy principles were agreed upon. The vision, mission and policy principles will be distributed among the members of the Network for their comments before they are finalised. It was suggested that the Network needed a website but it was recognised that this would require someone regularly working on it and that the Network does not have the financial means to employ anyone at this stage. The Network was informed that the advisory board would share the work load for the time being.

IDPC Update

A short introduction was given by the IDPC Secretariat and the changes that will be taking place.

Governance update:

IDPC is going through a transition period. IDPC was set up in 2007 and for the past 4 years, the Consortium has remained „informal“ –this means that IDPC has not been a legal entity in its own right. The secretariat of IDPC has been hosted for the past three years at Release in the UK. The Consortium has now reached a level of maturity that has allowed it to become an independent and separate legal entity.

The secretariat is currently managing the transitional process and it is expected that by the 1st April 2011, IDPC will be operating as an independent UK -based charity, with three staff at the secretariat, and a number of consultants around the world. This change will not affect IDPC's relationship to its members or to the regional networks.

Work plan process:

The secretariat is currently collating the regional work plans to present to the IDPC Steering Group at their annual face-to-face meeting in Vienna at the end of March. On the basis of these work plans, the Steering Group will decide how to allocate the IDPC resources available across the various regions and thematic areas for the coming financial year. Given the limited availability of the resources, it is unlikely that IDPC will be able to fund all the activities envisioned and there may also need to be fundraising efforts within the regions to cover certain activities. In terms of work plan, the regional network needs to think about its priorities under three headings:

-Networking and communications: how to expand the network and identify new IDPC members; how to stay in contact with each other; how to use the IDPC website and alerts.

-Publications: what briefing papers or advocacy notes do you want to produce from the region?

-Advocacy: in which countries does the network want to try to influence national policy; and on what subjects –for example, drug strategy development, drug law reform, treatment, law enforcement strategy, prisons.

Introduction by Diogenis

The Diogenis Association has chosen the name of an ancient Greek philosopher as its distinctive title. The full name of the Association is: "Association Diogenis: Initiative for Drug Policy Dialogue in South East Europe". Diogenis was a Greek philosopher who emigrated from the city of Sinopi (at the Black Sea) to Athens. He was not afraid to challenge the establishment when he saw the situation there such as the plight of the slaves. He is well-known for walking around in the streets of Athens with a lamp, looking for a true man!

Diogenis has been registered as an organisation under Greek civil law. Diogenis is one of the members of the SEE Network but as the current lead organisation is keen to move the Network forward and maintain good collaboration between the organisations in the region.

There are currently two IDPC partner members from the South East European Region. SEENet is one and was one of 10 founding members of IDPC. The Andreas Papandreou Foundation (APF) was the other one but with their consent, Diogenis has taken their place as a partner member. This has been announced in the IDPC January 2011 Alert. IDPC is overseen by a Steering Group made up of eleven representatives from partner members who play an active role in the work of IDPC. Thanasis Apostolou has been appointed twice as a steering group member but has decided not to continue. Andrej Kastelic has agreed to become an IDPC steering group member to represent South East Europe which will take effect after the last steering group meeting of the financial year which will take place in Vienna at the end of March. The Network members were asked if there were any objections to this and none were raised.

Ideas and proposals for the strategy and action plan of the Network for 2011-2012

The participants divided into two working groups discussed the following topics:

- Relevant issues in the area of treatment and harm reduction (seminars, workshops, study visits, research)
- Advocacy work: Which issues in which countries are in discussion at the moment and how to support proposals for drug policy reform?
- Drug law developments in the SEE countries and NGO involvement.
- Harm reduction and National legislation (actions, research, dialogue with the authorities), other relevant areas.
- Representatives from each group presented back to the network what has been discussed and the conclusions that were reached

Relevant issues in the area of treatment and harm reduction.

It was suggested that policy could be influenced through advocacy more effectively as a network. The Working Group included country representatives from FYR Macedonia, Serbia, Montenegro, Bosnia and Herzegovina, Albania and Greece.

In Albania, there is a new strategy on drugs being developed and UNODC and WHO are in the process of facilitating communication. The UNODC has facilitated two working group meetings to discuss the development of a new National Drug Strategy, promoting harm reduction as one of its pillars. Professor Thomas Babor from the USA, Massachusetts led one of these sessions at the last meeting of the working group. Opiate substitution treatment (OST) is expanding in the country with support from the Ministry of Health. However, there are no guidelines for methadone at an official level yet. The regulations for cannabis are stringent and if someone is found with one joint, it can lead to imprisonment for 2 years. Reducing penalties for non-violent cannabis users could be an advocacy topic.

In FYR Macedonia, the Ministry of Health funds NSPs which have been included in the national budget. Approximately 30,000 syringes and 50,000 condoms have been provided. There is an emerging problem with Amphetamine-type Stimulants (ATS).

In Montenegro, the first law on drugs will be adopted in the near future.

There is a need for a national substitution treatment programme and preventing other-to-child transmission (PMTCT) treatment protocols to avoid future cases with pregnant mothers using drugs being denied treatment. There is also the problem of harm reduction services not being available in prisons. The introduction of buprenorphine treatment could provide the Network with the opportunity to influence political processes including international advocacy. For example, Montenegro has started negotiations for EU accession.

In Bosnia-Herzegovina, all harm reduction programmes are financed by the Global Fund. Buprenorphine and methadone are both available for treatment. The Republica Srpska is developing a new drug strategy. Treatment in prisons is an issue.

In Greece, a new law on drugs will introduce smaller penalties for drug users and ensure that drug services are provided in prisons. The process is ongoing (see also the paragraph below on changes in the Greek penal law in this report) In Romania, the main issue is the appearance of new drugs. Further information can be found in:
<http://www.harm-reduction.org/news/2046-romania-new-drugs-an-old-problem.html>

In Slovenia, the advocacy goal is to open safe injection rooms. More substitution treatment needs to be promoted. Alternatives to imprisonment could be another advocacy topic for the whole region.

In Serbia, the HIV/AIDS Strategy was adopted in 2005, and the National Strategy to fight drugs (2009-2013) was adopted in 2009. The law on drugs was adopted in December 2010 and a second law is being developed on drug dependence prevention, treatment and rehabilitation. State health insurance covers HIV/AIDS treatment and substitution treatment. The Global Fund is the main supporter of harm reduction services like NSPs, condom distribution etc. A network of NSPs in the capital and all bigger cities has been developed since 2004.

In conclusion, regional problems are:

- The lack of availability of drug services in prisons (Bosnia-Herzegovina, Montenegro, Greece and probably other countries as well).
- In the countries supported financially by the Global Fund, there is no public funding for harm reduction services with the exception of FYR Macedonia (but the amount is not considerable).
- Underage clients do not have access to needle exchange and OST services due to parental consent requirements. It was suggested that adolescents should be put on the agenda of the next meeting.
- Alternatives to imprisonment are not implemented in most of the SEE countries.
- New drugs are an upcoming issue. The new drugs phenomenon is already affecting EU countries in the region such as Hungary, Romania and Bulgaria and is expected to enter other Balkan countries.
- OST treatment is still hard to access and the coverage is low throughout the region.

Further to the above mentioned advocacy issues, the following suggestions for the Network strategy and action plan were made:

- Explore the possibilities of the action plan between the EU and the Western Balkans adopted in 2003 to undertake activities as NGOs in collaboration with the countries in the region. The active implementation of this action plan could provide an opportunity to strengthen cooperation between countries in the region.
- Explore the opportunity to be supported by the European Commission. The EU member states of the region (Bulgaria, Greece, Romania and Slovenia) may facilitate this. Slovenia, present at the meeting expressed its willingness to support this idea
- Submit a proposal to the European Commission for funding.
- Develop a relationship with the Head of the Unit–Coordination of Anti-Drugs Policy for the European Commission
- Source other avenues of funding with the aim of becoming financially more independent.
- Gather all the current legislation in the countries in the SEE region. For example, the law in Slovenia has already been translated into English and other countries have also made translations of their laws.

- Strengthen collaborations with other countries in order to gain more support to have a greater impact on influencing policy and legislation.
- Build on partnerships with other Networks.

It was decided that the advisory board will make a concrete proposal for a work plan for 2011-2012 taking into account the proposals made by the participants. The proposals will be sent to the members of the Network to comment on. If members are not in agreement, then further discussions would take place.

*This is an excerpt of the report of the Thessaloniki meeting on 4 and 5 March 2011