

REPORT
Regional Conference
“Socio-political developments and drug policy in South East Europe”
Thessaloniki 7-9 June 2018

The 8th annual regional conference on drug policy in South East Europe has been held in Thessaloniki from 7-9 June 2018. The annual regional conference brings together policy makers, experts and practitioners in the field of drugs in order to discuss, in an informal setting, relevant trends and developments in drug policy at the national, regional, European and international level, to exchange information and ideas about shortcomings of current policies and practices and make suggestions for new ways to tackle new arising problems. The regional character of the conference creates possibilities for co-operation between scientists, policy makers and professionals in the field and for networking on bilateral and multilateral regional activities and projects. Our intention is to further work on the quality of these meetings with participation of high level representatives from the countries in the region and participants from other parts of the world.

The issues discussed at the conference were:

- a.** Refugees and migrants in the countries of South East Europe and the drugs issue. The involvement of NGOs and the National authorities.
- b.** Youth culture, festivals, drug use and harm reduction in South East Europe: Policy implications for the competent authorities, the organisers of the festivals and harm reduction services.
- c.** The evaluation of the Political Declaration 2009-2019 in relation to the UNGASS outcome document. What are main issues of discussion and what can be the contribution of NGOs?
- d.** Evaluation and follow up of the Harm reduction project in SEE
- e.** Current topics of importance: -The regulation of cannabis for medical purpose - the current regional project in the western Balkans and the way forward.

The conference was part of the regional project “Strengthening NGO capacity and promoting public health and human rights oriented drug policy in South East Europe”, supported financially by the European Commission and co-financed by the Open Society Foundations. Forty (40) participants from 10 countries (Albania, Bosnia and Herzegovina, Former Yugoslav Republic of Macedonia, Greece, Kosovo, Montenegro, Romania, Serbia, Slovenia and the United Kingdom) attended the conference.

SESSION I

Thanasis Apostolou, director of Diogenis, Drug Policy dialogue welcomed the participants and made some introductory remarks on the programme and the method of work. He pointed out that at the

six sessions of this meeting, current issues of importance for the region will be discussed. He thanked the persons who accepted to introduce the item of each session, as well as those that will comment of the issue and will trigger the general debate.

Refugees and migrants and the drugs issue. Policy of competent authorities and the involvement of NGOs.

The wars in Afghanistan, Iraq, Libya (?), Syria and elsewhere in recent years caused the move of thousands of citizens and their families from these countries who sought shelter in the neighbouring countries, and other parts of the world. Since 2013 large numbers of people from Africa try to reach north-west European countries travelling across the Mediterranean Sea and overland through South European countries. Refugees and migrants as all population groups in society, come into contact with drugs and face drug problems. This session aimed to discuss the topic of drugs in relation to refugees and migrants.

The session started with a presentation of Mariannela Kloka, advocacy officer working at NGO PRAKSIS in Greece. She gave an overview of the developments since 2015 when a big influx of people fleeing wars and seeking international protection and informed the meeting about the distinct groups of migrants and refugees, about trends and current developments, initiatives of the local authorities and NGOs on drug issues and closed with recommendations and suggestions for possible actions in the future. Mariannela invited in particular the lawyers in the room to intervene in the discussion and provide additional information on the issue.

About the used terminology.

A refugee is someone who is fleeing armed conflicts or persecution because of race, religion, nationality or political beliefs. A refugee seeks safety in nearby countries or elsewhere and can get a permit to stay in these countries if through a procedure is recognised as refugee

An asylum seeker is someone who claims to be a refugee, but whose claim has to be recognised. Someone is an asylum seeker for so long as his/her application is pending. Not every asylum seeker will be recognised as a refugee, but every refugee is initially an asylum seeker.

Migrant is someone who chooses to move not because of a direct threat or persecution, but mainly to improve his/her life conditions like find work, better education etc. Migrants can return home if they wish.

It is useful to make these distinctions because there is a lot of confusion about the use of these terms.

The refugee and migration crisis 2015-2016 in Greece

The Greek government used in 2015 the word refugees for the massive influxes approaching the Aegean islands. The policy was to open a kind of a safer passage through the Greek mainland and let the influxes move towards the European country they wanted to settle. Greece considered itself as a transit country towards the so called Balkan route.

The reaction of the central European countries and the difficulty to find consensus in the EU had as consequence that the Balkan route closed beginning of 2016. The EU reached in March 2016 an agreement with Turkey aiming to stop the flow of irregular migration via Turkey to Europe. According to the EU-Turkey Statement, all new irregular migrants and asylum seekers arriving from

Turkey to the Greek islands and whose applications for asylum have been declared inadmissible should be returned to Turkey. For every Syrian that Greece would send back to Turkey, 1 Syrian would be resettled from Turkey to an EU member state. There is a big wave of opposition from civil society organisations towards this arrangement, mostly because a number of European and International Treaties are violated & the rights of people asking for international security are questioned, as Turkey is considered a safe third country.

By closing of the borders the people who were waiting at the Northern border of Greece to get access to the Balkan route have been transferred to other places in the country (some of them in military camps and some other in old factories) About 35.000 to 40.000 people are living today in centres for refugees and immigrants spread across the main country and the Greek islands. The conditions in these centres (hotspots) are rather problematic. Overpopulation, bad hygiene – bad lighting, limited privacy and uncertainty about their residence status, create tensions and violence based, among other, on religion, nationality, gender or sexual orientation. The use of substances is also related to these conditions.

Interventions concerning Drug Use

Concerning drug use, reports about the situation in the centres of refugees referred initially to use of cannabis. Outreach workers report that in the centres there is a small increase of heroin use.

The International Organization for Migration (IOM) and the Centre for the Treatment of Dependent People (KETHEA) started recently the program “Responding to Emergency and Fostering Refugees and Migrants Empowerment” This is a first systematic and long-range intervention in the refugee population for the prevention and treatment of addictions. This intervention has been implemented in the open hospitality centres coordinated by IOM, while it gradually extends to hostels of unaccompanied minors of IOM in Athens. KETHEA does also outreach work to identify the needs and trends concerning alcohol and psychoactive substances, providing counselling and treatment. OKANA (Organisation Against Drugs) doesn’t intervene, up to now, in the centres for refugees and migrants. There are plans to be involved in the future by opening 4 OST units.

NGOs as MSF (doctors without borders), MDM (doctors of the world) and PRAKSIS (Programmes of development of Social Support and Medical Co-operation) are also involved in activities for refugees and migrants related to drug issues. NGOs of the informal NGO Platform for Psychoactive Substances are active in advocacy work concerning drugs. No official assessment or drug policy is implemented for the moment.

Other aspects of the refugee and migrants issue

Important issues related to the refugee and migrant issue is the large number of **Unaccompanied children** (more than 2.500) and **adolescents** in different settings: (Safe zones in the reception centres, “protective” custody (police stations), homeless, and hotels). These groups are facing many and complicated problems. Several lost their families or wait to be re-united, several are sexually exploited, do forced labour, do not attend school, do not speak the language of the country and often are involved in drug related and other criminal activities. It is obvious that they need protection and health care.

Proposals

The presentation closed with a number of proposals about how to address the issue of refugees and migrants in particular regarding the drugs issue.

- It is important to recognise that the people who get the status of refugee or get a permit to stay, are future citizens of the countries where they have been accepted. This requires a change in mind set and that governments and society have to start already now designing "the day after".
- For the drugs issue it is necessary to elaborate a strategy for the next years and a 2 years action plan with a special chapter on asylum seekers/refugees and migrants.
- Harm reduction interventions that are in discussion must be part of the legislation on drugs (harm reduction in detention centres, syringe exchange, supervised consumption rooms, decriminalisation of drug possession for personal use)
- Co-ordination and synergies in the field must be improved and consolidate
- It is good to make use of European and International practices in the field of refugees and migrants and learn from their experiences.
- Enable refugees/migrants to integrate in society (shelter, job, education, health/welfare).
- End the geographical restriction on the islands, secure human conditions to those applying for asylum till their claim is proceeded by the Asylum Service.
- Educate health staff and public servants on cultural issues.
- promote peer involvement (refugees, ex or active drug users).
- Monitor influxes in the SEE and establish a common approach on issues concerning risk factors, integration and drug/alcohol use.

SESSION II

Discussion

The discussion started with an intervention of Tassos Smetopoulos co-ordinator of NGO STEPS-standing for people that has a long experience with Street work in the city of Athens. He referred to some characteristics of the situation of people living in the streets (street connected people) and their needs. He stressed in particular the fact that there is a big gap between the formal structured institutions or services for health and social work and the needs of the people in the streets. They are two parallel worlds. The way of approaching each other is different. The expectations of the people in the streets and the structured work of the services are not matching. People want an immediate answer to their need at a certain moment. Making an appointment and planning to meet after some days means that you lose the moment to make a connection that could have a sequel. The irregular and continuously changing situations of the people living in the streets makes it difficult to build up a relation as help require and help provider. There is no reliable estimation of the numbers of people living in the streets. In the drugs scene in the streets of Athens there are many people from Afghanistan, Pakistan and Iran, but also from north and sub-Sahara Africa. Street work is not easy, there is a challenge for the responsible authorities, the established institutions and the NGOs to create conditions in order to address the problem. Being available to these people, and giving them the feeling that they can ask for help is a primary and basic provision.

The discussion continued with experiences from other countries. **Serbia** is a country on the Balkan route. Despite the huge numbers of people moving towards central and North-West Europe Serbia

did not experience serious problems in the period before the closing of the borders in Hungary and Croatia. Problematic situations appeared after the closing of the borders. The drug issue was not a significant problem. Serbia provided health care where needed, but special care for drug use was not provided due to limited resources and because the influx of refugees and migrants was temporary. The police had tried to monitor drug selling and use in the centres and prevent local dealers to be active in the centres. Looking back to the period 2015-2016 it is obvious that lack of co-ordination has to be improved. Exchange of information and an agreed common policy will be of great importance to address such emergency situations.

In **Slovenia** the influx of nearly half a million people in a country of a population of two million was a big issue for the first 3 to 4 months. In the meantime the majority of the refugees continued their journey to other countries. It has been, however, panic about the arrival of so many people in such a short time. The ministry of health was responsible for their reception and care. As far as health provisions is concerned the ministry applied the same rules to the refugees and migrants as for its citizens. Drug use among refugees/migrants has been occasionally reported in Slovenia.

In other countries in the region, (Romania, FYR of Macedonia, Albania, Montenegro) refugees were not a major problem either because the country was not on the Balkan route (Romania) or the numbers were smaller.

In all countries the issue of **coordination** is considered very important. Immigration in general and people seeking shelter because of wars, will continue to be an issue in the future. Countries have to be prepared to address the issue. It has been pointed out that it must be underlined, that programmes and activities have to be based on data **research and needs-assessment**. If data are not available, it is not possible to design programmes and plan activities. We must exercise pressure for more research and data collection.

The issue of **solidarity** among countries of the EU and among NGOs has been discussed. All countries are not the same, there are countries that show solidarity and other that prioritise national interests. Slovenia had support from some European countries that helped with exchange of information and advice. NGOs from other European countries were and are present in Greece. These are good signs. In the region of South East Europe it is worthwhile to work on exchange of good practices, data research and advocacy for policy coordination.

SESSION III

Youth Culture, festivals, drug use and harm reduction in South East Europe. Policy implications for authorities, the festival and party organisers.

This session was aiming to discuss the issue of drugs in the context of youth culture, drug use in festivals and parties and the provisions that authorities are taking to address problematic situations. The importance of this issue has been subject of discussion at the 2017 regional conference on drug policy in South East Europe. The chair of the meeting thanked in particular Irena Molnar for her co-operation by the preparations of this meeting as well as the other participants at the panel for their willingness to contribute to the discussion. Irena Molnar made some introductory remarks, pointing out that there is a need to talk openly and honest about young people who participate in festivals and parties and make use of psychoactive substances and alcohol. The issues of safety, prevention of situations that are harmful for users and that result even in cases of death, are serious problems

that have to be addressed. Informing young people about drugs, alcohol, sex and new psychoactive substances is necessary in order to protect them from risky behaviours.

Dragana Dobric from **Drugstore Belgrade** explained what she is doing with drugstore in Belgrade. She pointed out that drugstore is a club and organisation of people interested in music, dance, arts and theatre and not simply a place where people meet to drink, use drugs and dance. The people who are coming to drugstore form a community, share certain values and care about each other. They organise different activities like fashion shows, exhibitions in cooperation with the faculty of architecture of the university of Belgrade. Of course organising parties is the main activity. Drugstore has contacts with similar clubs in other cities in Europe and exchange information about the activities. She showed in a video the theatre in their place and facilities where they inform young people about the risks of using drugs. The main issue, however, that they are worried about is the use of alcohol. Many young people who come to their place drink at home, because they do not have enough money and actually use just one or two drinks in the club. As far as drug use in the club is concerned they usually do not have any serious problems. However, they find it difficult that they do not get permission to do drug testing. This is not allowed by Serbian law. The reality is that the market of drugs is very diverse and it is not known what is sold in the market. Testing would help protect young people by warning them for risky substances and prevent overdose. They are cooperating with NGO regeneration and have taken some harm reduction measures, such as availability of water, air condition etc. They also distribute in cooperation with regeneration-materials with information about drugs.

NGO DrogArt, Slovenia: Implementing harm reduction in nightlife settings

Simona Sabic, coordinator of harm reduction at DrogArt, in Ljubljana, Slovenia presented the work of the organization. DrogArt was founded in 1999 with the aim to reducing the harmful effects of drug use among young people. The organisation is active in prevention activities, provides information about parties, has an info point in Ljubljana and has several international contacts. At the beginning the main focus of activities was on drugs in night life settings, outreach work and harm reduction. The organisation provides counselling about drugs, organises workshops on drug issues and implements projects. DrogArt tries to connect with young people, listen to them and discuss with them about use and risks of drug use. The approach is not judgmental. They provide reliable and objective information to young people about drugs and alcohol and let them make their own choices. In the course of time they have implemented several projects like the project dance smart, which was one of the main projects with activities on providing information, raising awareness, and counselling of young people about the effects of drugs used in raves, dancing etc. Other project were: The project "Choose Yourself" focussing on use of alcohol, the projects, cocaine use in nightlife, "safe coast", drug checking etc.

The presentation continued with information about the way that the organisation worked with the **authorities, the police, the organisers of rave parties, the schools and peer-groups. The peer work** is a very important aspect of the work because peers exchange more easily information, experiences and knowledge among themselves. Special attention was given to attractive, useful information materials that people can take with them and to the use of internet and social media. In order to connect the party community, DrogArt has provided in its website a user forum where young people exchange experiences and information about drugs, music and events that take place.

The **relationship with the organisers** of parties was at the beginning difficult because DrogArt was criticizing certain shortcomings related to safety measures and other provisions in the facilities where the parties were organised. The contacts have helped to improve the safety conditions and in consultation with the authorities various measures are implemented consistently. Measures that have to be taken by the organisers are regulated in a law and these measures include medical provisions like the provision of an ambulance, medical assistance, first aid and safety personnel.

Another important aspect is **the financial support** from governmental bodies (ministry of Health and other ministries), municipalities and private funds. The support is not limited to financial means, but there is also support for the policy of harm reduction. Slovenia has included Harm reduction in its National Strategy on drugs.

On the specific topic of **drug testing** there is an intense debate in Slovenia since 2001. Drug testing started in 2001 in co-operation with the National Forensic Laboratory. It was at the time related to xtc. Later the testing activities have been more structured and also other organisations working with intravenous drug users (the NGO Stigma) started testing bringing samples to the laboratory. Drug testing in Slovenia is now part of the Early Warning System (EWS). The European I-SEE project had a positive impact in the discussion about drug-testing and gave the opportunity to connect with other European countries. The drug checking practice has been more formalised and a discussion about on site checking started with the police and the National Institute for public health. An evaluation of the drug checking practice in Slovenia showed that drug users in night life settings as well as intravenous drug users are positive about drug checking, they are willing to bring samples and they see drug testing as an important part of harm reduction. In the framework of another project there was a request for a legal opinion of institutes of criminology whether on site testing is legal. The legal experts suggested that if the purpose of testing on site is to protect health it may be accepted. The law is not clear on this point and clarity is needed. Slovenia is still discussing several points on the drug testing issue. An initiative of mobile units is introduced by the ministry of health, the testing on site discussion continuous. Making test results available more quickly and the quantitative analysis of the substances in the pills must be improved.

Suggestions for measures to prevent unintended risks

Sagor Meskovic chief communication officer at EXIT Festival presented the **EXIT festival** history and current practice. The Exit Festival started as a social activists initiative in the late '90s. Students/young people organised in 2000 a protest, against the then Serbian political situation, which lasted 100-days. This protest is considered as the first edition of the Exit Festival. The following year 2001 the festival moved to its current location, the Petrovaradin Fort in the Serbian city of Novisad. The exit festival became an annual music festival, while social activism was an important motive for the organization. The exit festival lasts 4 days, is held every year in the first week of July and is one of the big festivals in Europe and worldwide with an attendance of 200.000 people. The festival won three times the European Festival major award, a prestigious prize that a European Festival can win. Currently the focus of the festival is electronic music. The visitors are divers as well as the programme and the approach to substances (alcohol and drugs). The festival avoids selling strong alcohol. At the festival there are areas where you meet people that use alcohol, areas with people who use drugs and areas where substances are not used. The festival has well developed provisions with medical and security teams. The drug related emergencies are not a main

problem. The festival has a good track record on drug related emergencies. Problems are mostly related to not eating enough not sleeping enough and too much alcohol drinking. This reflects the music culture that is developed the last decade. The harm reduction approach and legal measures concerning the organisation of festivals are similar to those in Slovenia.

The importance a **changing culture** was stressed. In the drugs scene the use of heroin is much less than some years ago and the whole culture of electronic music is driven by the notion of being healthy, being successful and looking good. People are more sensible, more careful, take less risks.. At the same time there is an exponential growth of usage. That is worrying and has to be addressed. Non stigmatisation is good in order to protect the health of people and to prevent that use of substances goes underground. Radical, risky use is less but there are more people using. Non-judgmental and objective information must be a priority. What will also help is the change of the perception that electronic music goes together with the use of drugs. There is a big change in this respect. More and more DJ's do not take drugs as was the case a decade ago. Music can go together with drugs but it is not necessary. The EXIT experience is that nearly no DJ is user any more. What remains a problem is the peer pressure. Organisers of festivals, health organisations, NGOs and authorities have to work on this with education and presentation of role models. Drug testing and the early warning system is needed to be intensified. The fentanyl epidemic as well as the fact that more and more synthetic substances are produced in other parts of the world make testing and the early warning system necessary.

Policy aspects concerning festivals and health protection: Development and upgrade of the Mobile Units in Slovenia

The Mobile Units in Slovenia are a new project that covers different aspects of drug policy implementation, prevention, treatment, harm reduction, drug testing and drug policy in general. Harm reduction started developing in Slovenia beginning of the '90s. It was initially an initiative of the drug users who after a visit to the Netherlands where they saw in practice drug harm reduction practices claimed to introduce such practices in Slovenia. The establishment of the NGO Stigma took place in this period starting harm reduction services. The concept of harm reduction gained soon support of experts, academia and some policy makers and in that context also DrogArt started its work. In 1999 national drug legislation has been adopted. There are two laws about drugs, one on drug production and trade in illicit drugs and the other on drug prevention and treatment of drug users. The most recent National Drug Strategy is adopted in 2014 and covers the period 2014-2020. The action plan 2014-2020 includes drug testing as an activity. This was the basis for the new project of the Mobile Units. In late 90s an NGO in the coast City of Kotor in Slovenia bought a van and started with mobile outreach work. The ministry of health has approved this practice and has prepared a nationwide project with some European funds and bought 6 vans which have been delivered to NGOs in the country. This mobile network was focussed on harm reduction and prevention activities. Since 2006 many new needs were expressed and one of them was a proposal to employ nurses for the programme, new staff and new vans and extend the activities to substitution treatment and drug testing. The new project made possible to buy 10 vans and distribute them to NGOs and public institutions in the country. The project encouraged cooperation between NGOs and public services. In the framework of this project DrogArt and the National Laboratory for food, health and environment started cooperation on drug testing. DrogArt received a van and the

National laboratory received resources to appoint an expert on chemistry. The expected results of the project are: to reduce infections, increase the level of patients with prescription of substitution treatment, reduce problematic drug use, increase the level of social inclusion and employment and increase health and social services at the national and local level.

Drug testing dilemmas

The session closed with a short discussion about Drug testing dilemmas. Testing either in a laboratory or on site is a continuous discussion. It is difficult to make a choice. It is important to notice that where incidents of death occur the direct involved parents and family are in favour of harm reduction services, objective information and drug testing. The data available about the effect of testing are limited. It may be that after some years of testing practices it can be clear what best choices are. For both possibilities are pros and cons. A suggestion was to make both, the laboratory an on-site testing, possible and depending on the situation make a choice.

SESSION IV

The evaluation of the UN Political Declaration 2009-2019 and its relation to the 2016 UNGASS Outcome Document.

The presentation of Jamie Bridge focussed on the current discussion on drugs at the UN level, the involvement and contribution of civil society. He explained that the presentation was in two parts – one from his role as the Chair of the Vienna NGO Committee (VNGOC), and one from his role as Chief Operating Officer for the International Drug Policy Consortium (IDPC).

The VNGOC is a committee consisting of more than 200 organisations from all over the world. It represents organisations with different views, including those that are in favour of the current drug control system and those that are of the opinion that the current system has to change. In his presentation he referred to a brief timeline of recent important milestones in international drug policy: The 2009 Political Declaration on drugs, the 2016 UNGASS Outcome Document, and the perspectives of the High Level Meeting of March 2019.

International drug policy has a long history starting in the 19th century. The current drug control system is based on three international drug conventions that have been adopted in 1961, 1971 and 1988. These three conventions talk in their first paragraph about the concern of the member states for the health and welfare of mankind. Over time, however, they became more and more repressive, and have been interpreted to justify a kind of war on drugs. In 1990 the first UN General Assembly Special Session on Drugs (UNGASS) was held, followed with another UNGASS in 1998. The UNGASS is the United Nations highest level of debate on any issue. The UNGASS on drugs in 1998 adopted a 10 year action plan with the aim to achieve in 2008 a drug free world. Obviously that has not happened. In 2009 another high level meeting (not an UNGASS) took place, where another 10 year plan was adopted. This meeting adopted the 'Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem'. The statement has 64 paragraphs on three main issues: demand reduction, supply reduction, and countering money-laundering and promoting judicial cooperation to enhance international cooperation. UN member states decided to set 2019 as a target date to eliminate or reduce significantly and measurably the cultivation of drugs, the demand for drugs, drug related

harms, the production, manufacturing and trafficking of drugs, the diversion of precursors for drugs and money laundering. The year 2019 is interesting, just because the UN member states will have to evaluate the 10 year plan and its achievements. A group of countries (Mexico, Guatemala and Colombia) then proposed in 2012 to hold a new UNGASS. This proposal was adopted by the UN General Assembly and the meeting took place in 2016 – leading to the adoption of a new “UNGASS Outcome Document”. The Outcome Document has a new structure consisting of 7 chapters with “operational recommendations”:

1. Demand reduction and related measures / health
2. Availability of controlled substances for medical/scientific use
3. Supply reduction and related measures
4. Cross-cutting issues: human rights, youth, women...
5. Evolving reality, trends persistent challenges [such as NPS]
6. Strengthening international cooperation
7. Alternative development.

The Outcome Document includes drug treatment and harm reduction services (although the term harm reduction is avoided), the availability of controlled substances, human rights, the SDGs and alternative development as priority areas.

The 2019 High-Level Ministerial Segment

The discussion is now about what is the next step after the UNGASS 2016. Despite the fact that the Outcome Document reaffirms the commitments of the 2009 Political Declaration, several member states do not feel comfortable with the Outcome Document as it moves further on health, medicines, development and human rights, etc. There is a clear tension between some member states that would like to return to the 2009 Political Declaration instead. The Commission on Narcotic Drugs (CND) adopted in March 2017 a resolution where it stated that the 2009 Political Declaration targets “end” in 2019. But at the CND in March 2018, there was no agreement on plans or outcomes for the next ten years. There were several questions where the member states could not agree on. Questions that were raised and could not be agreed on were, among other: What will happen with the evaluation of the last ten years? Will targets of the 2009 Political Declaration be extended to 2029 or will the states focus on implementing the UNGASS Outcome Document and agree to combine this document with the SDGs? Or will a new Political Declaration be negotiated? At the end of the CND 2018, the only two points that the states could agree on were: 1) there will be a High-Level Ministerial Segment in March 2019; and 2) there will not be negotiations on a new substantive document.

The High Level Ministerial Segment that will take place at the CND (in Vienna in March 2019) is important for the next decade of drug policy. Member states and civil society have to have their voices heard. Civil society organisations can contribute through the **Civil Society Task Force (CSTF)**, as has happened with the UNGASS 2016. The CSTF consists of 35 representatives selected through an open call process. It has a Steering Committee of 7 volunteers (co-chaired by the Chairs of the VNGOC and NYNGOC), 18 regional representatives (two from each of nine regions of the world), 5 representatives of “affected populations” (farmers, recovered users, families, people who use drugs, and youth), and 5 representatives of “global issues” (alternative development, criminal justice, harm reduction, palliative care, and prevention). The activities to be undertaken are Civil

Society Hearings in New York and Vienna, a global online civil society consultation, the development and presentation of civil society positions, the selection of speakers for the UN preparatory meetings, and coordinating and supporting participation at all CND meetings and the Ministerial Segment itself. The CSTF aims to ensure that an open discussion between member states and civil society will take place about what is going on and what, if anything, needs to change. It is important to present the everyday reality, developments, failures and successes by those who work in the field. For more information about the CSTF visit the website www.cstfondrugs.org

“Asks” for 2019 from the IDPC Network

In the second part of his presentation, Jamie presented the views of IDPC, a global network of about 170 organisations, in his capacity of Chief Operating Officer. IDPC and its members have talked a lot about what they would like to be the results of the 2019 High-Level Ministerial Segment. There are four (4) main goals that IDPC and its members would like to be achieved:

1. Move away from ‘drug-free world’ targets

IDPC would like to end the “war on drugs”. A “drug free world” is an unrealistic but also harmful and dangerous target. In the United Nations member states speak often about a world free of poverty, free of tuberculosis, free of AIDS, etc. All these goals are aspirational to a certain extent. The difference with the “drug free world” as a target, is that in reality there is no reduction of production and use of drugs. According to UNODC itself, the drug market “is thriving” – and IDPC is preparing a “Shadow Report” to show the missed targets of the current policy. In addition this target is used as a justification of a repressive policy and policies with a lot of negative consequences. If the target of “a world without HIV/AIDS” would be used as a reason to imprison people who live with HIV, then we will straight away stop speaking about “a world free of HIV/AIDS”. It is, therefore, unacceptable that we do this for drugs.

2. Meaningfully reflect the UN goals of promoting health, human rights, development, peace and security

The overarching priorities of the UN are centred on protecting public health, promoting human rights, advancing development and consolidating peace and security. Going forward, member states should ensure that drug control policies and programmes reflect these broader UN objectives and do not undermine or run counter to them. In particular, drug policies should be aligned with the 2030 Agenda for Sustainable Development.

3. Reflect the realities of drug policies on the ground, both positive and negative

The drug policy situation has changed drastically since 2009. Harm reduction service providers have developed and scaled up interventions such as drug consumption rooms, heroin-assisted therapy, and drug checking. About 45 countries have removed criminal sanctions against people who use drugs, alternatives to incarceration have been introduced, medicinal cannabis reforms have been part of national drug legislation. The creation of regulated markets for certain substances is a reality, like in Bolivia for the coca leaf, and for cannabis in Uruguay, a large number of states in the USA and recently in Canada. These issues are “elephants in the room” as they are rarely discussed at the UN in Vienna, due to the lack of agreement between governments – yet member states must

acknowledge and reflect upon these realities of experimentation and innovation and engage in a frank discussion on solutions for the way forward, especially with regards to the resulting tensions with the international drug control system.

4. End punitive approaches and put people and communities first

Member states should support the “Support. Don’t Punish” campaign (<http://supportdontpunish.org/>), embrace a social justice approach to drug policy, promote strong civil society and community involvement and strengthen meaningful participation of most affected groups (such as people who use drugs).

Concluding this session, it has been suggested that NGOs can in their countries discuss about these issues. IDPC will provide a guide that can be used by the organisations. Discussions can also take place with the delegations of the countries that will participate at the CND.

Saturday 9 June

SESSION V

Evaluation and follow up of the Harm reduction project in SEE

Sofia Galinaki, working as advocacy officer at Diogenis, Drug policy dialogue presented the research project “Harm reduction in South East Europe”. Harm Reduction is an area of extreme interest and utmost importance for the countries of South East Europe. They face extreme difficulties in this area during the last years. The majority of Harm Reduction services in the region, operating to their great extent by non-governmental organizations, are threatened to close down (several organisations have closed down and the operation of several others has already been interrupted) due to insufficient funding after the withdrawal of Global Fund and the inability of transition to national financial resources.. Countries that took part at the research were: Albania, Bosnia and Herzegovina, Former Yugoslav Republic of Macedonia, Greece, Montenegro, Romania and Serbia. The basic aim of this study was to: a) examine and evaluate the coverage of Harm Reduction interventions across the region of South East Europe; b) do a stocktaking of the available services; c) identify the most significant challenges and barriers, compromising the effective coverage of harm reduction; and d) propose suggestions and recommendations for advocacy work initiatives towards a coherent and comprehensive.

The data collected revealed important implications including common barriers and challenges in the region:–

- Funding is inadequate, or available only through international sources
- There is absence of political will and relevant legal framework is missing
- There is lack of human resources (staff) due to the economic crisis, the knowledge about the latest developments in the field of harm reduction is inadequate, and training for the staff is needed
- There is stigma and discrimination from healthcare professionals towards people who use drugs
- Access to accurate information and data is difficult

- Coordination and cooperation among competent authorities and organizations is inadequate.

These challenges, are difficult to be addressed without secure and sustainable sources of funding. In the next presentations reference was made to efforts that have been undertaken by organisations to improve the financial situation of NGOs.

Sanja Sisovic Program Manager of NGO Cazas in Montenegro presented a **cost-benefit analysis** conducted by NGO Cazas. She referred shortly to the withdrawal of the Global Fund in 2015 from Montenegro and the plan towards the government to secure funding for Harm reduction activities implemented by NGOs. The aim of the analysis was to compare the expenses made on different levels by NGO organisations and public services and compare the amounts of money spend with the benefits for the people reached per year. She stressed the complexity of this exercise, because of the diversity of the needs of the different group-populations and the services they receive. The findings were, according to this analysis, that prevention activities are much cheaper than treatment for example of HIV or Hepatitis C. It is important to notice that even the availability of this costs-benefit analysis and clear statistics are there, still the government will financially support one third of the costs. The conclusion was that if we want to advocate for harm reduction we have to start talking about numbers of people who will profit and the budget needed. The analysis report will be published soon in the website of Cazas (also in English)

Experience with efforts to get funding was the issue presented by Milutin Milosevic, director of DPNSEE. He referred to his experience in the two years of existence of the DPNSEE. The organisation approached governments, the business sector, international organisations (the Global Fund) and private funds (OSF). It was difficult for a new organisation which just started implementing activities, to get funding. Applications submitted to governments where not answered. Drugs is in general not a priority for governments. Applications for drug activities related to HIV have more chances to be supported. There has been a good contact with the German/Serbian chamber of commerce. A first discussion with a representative of the chamber was rather promising, when the meeting with the director took place the offer was to ask pharmaceutical companies to give some equipment and materials, but no support for programmes on drugs and harm reduction. Contacts with the Eurasian Harm Reduction Network and the Regional Multi Country Coordination Mechanism created the possibility to be involved in the discussions with the Global Fund. The increasing numbers of HIV cases in Eastern Europe and Central Asia is for the Global Fund an issue of concern and they are going to support programmes in this region. South East Europe is a sub-region of Eastern Europe. Eight (8) countries from SEE who have been supported by the Global Fund in the past, established anew the Regional Multi-country Coordination Mechanism, which submitted a project proposal. NGOs from the SEE region participated in this procedure. There is no decision yet about this project. The other two donors who are of importance for financing harm reduction in the SEE and in particular the Western Balkans are France and the Open Society Foundations (OSF). States and organisations are in consultation with France about projects that they have submitted. Also for this possibility there is not yet a decision. The other possibility is the Open Society Foundations that has supported in the past Harm reduction projects. OSF is willing to support a project in budget advocacy and budget implementation and a project on quality assurance. The advocacy project can be implemented this year. In the past period there has been discussion about accreditation of NGOs as this has happened in Bosnia and Herzegovina with the NGO Margina. The accreditation was

obtained by Margina but the organisation did not receive yet the expected financial support. It was a promising step for the provision of medical services in a nonmedical environment. Actually the State that recognises accreditation must guarantee that resources will be available for implementation of activities of the organisation.

The above mentioned opportunities for funding are an indication for the NGOs working in harm reduction, that they have not to limit themselves to the area of health care, but must promote more their profile in the area of human rights. Broadening the scope of harm reduction may make chances for financing more successful. This is something that has to be considered more thoroughly.

SESSION VI

Exchange of information about current developments in drug policy in SEE

Important development was the **legislation on medicinal cannabis** in Greece. The parliament adopted an amendment of the drug law that makes possible the legal production of cannabis for medical purposes. The amendment was supported not only by the parties of the current government but also by opposition parties. Greece had already legalized the production of cannabis for industrial purposes in 2013.

A meeting between **NGOs and the drug policy co-ordinators of the countries in SEE**, took place in Belgrade, Serbia on 10 May. It was an initiative of Diogenis, Drug Policy Dialogue in co-operation with DPNSEE and the office on drugs in Serbia to discuss the relationship between national authorities and NGOs, the existing co-operation structures, the support of NGO projects by governments and the exchange of information and ideas about the current trends in drug policy on the European and international levels (the UNGASS 2016 and the implementation of its recommendations). The participants at the meeting were in favour of organising such meetings in the future.

The regional project “Strengthening NGO capacity and promoting public health and human rights oriented drug policy in South Eastern Europe” expires at the end of 2018. The NGOs would like that the European Commission continuous to support the regional co-operation of NGOs and asked the commission to provide information about future co-operation. The EC did not answered yet this question. Since this regional meeting is part of the above mentioned project, it is important to know whether the EC will extend its support.

Following the discussion on cooperation between authorities and NGOs and the exchange of information and ideas between NGOs and authorities about trends and developments in drug policy, it has been noted that several countries include **representatives of NGOs** in their delegation **at the annual session of the Commission on Narcotic Drugs (CND)**. This practice could also be applied by the governments of the SEE countries. NGOs can raise this point in their own country and ask for the inclusion of NGO representative in their delegation. Attention was also asked for the participation of the drug users’ community in consultation structures. See also: <https://idpc.net/publications/2017/01/lessons-learned-from-ngo-participation-in-government-delegations-at-the-ungass>

Several documents, relevant for the developments in drug policy at the international level, are translated in languages of the countries in the South East European region. Translations in the

languages of the countries in the region are important because they can be disseminated among policy makers, politicians, professionals in the field of drugs and the broad public.

The conference was closed by the chair thanking all participants for their participation and contribution to the discussions and expressing special thanks to the participants who introduced the subjects of each session with their presentations.

Thanasis Apostolou

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