

Economic crisis and Drug Policy in South and South East Europe

Thanasis Apostolou*

The economic crisis had serious consequences for the drug prevention, treatment and harm reduction services, leading to cuts and reductions of available funds for drug policy implementation. Similarly to other periods of economic recession, respective phenomena have occurred, also, this time: increased rates of unemployment, poverty, mental health problems, infectious diseases and marginalisation of several vulnerable groups of the population. This briefing paper is part of the activities of the project “New Approaches of Harm reduction Policies and Practices” (NAHRPP). It focusses on the developments and challenges concerning treatment and harm reduction services in the context of the recent economic crisis. The purpose of this activity was: (a) to provide knowledge about the way that drug policy makers, service providers, NGOs active in the field of drugs and people who use drugs faced austerity measures and (b) to reflect on initiatives, undertaken to address the adverse consequences as well as on proposed innovative approaches.

This briefing paper is based on data of a survey in nine (9) South and Southeast European countries that took place during the first year of the project (2017). The following countries took part in the survey: Romania, Bulgaria, Former Yugoslav

Republic of Macedonia, Bosnia Herzegovina, Albania, Greece, Cyprus, Italy and Portugal. The findings of this survey have been subject of discussion at the regional Conference on Cyprus in October 2017. National meetings in six (6) countries (Romania, Bulgaria, Greece, Cyprus, Italy and Portugal) have been organised in 2018 in order to discuss in more detail aspects of the current drug policy and make recommendations for future co-operation and joint activities.

The economic crisis and the effects on drug policy

No substantial difference in drug policy implementation

The overall situation concerning main shortcomings of the competent authorities and the responsible service providers is very diverse among the nine countries of the survey. In countries of South East Europe, such as Bulgaria, Bosnia and Herzegovina, Albania and Romania, the economic crisis did not substantially marked a special period for the provision of drug prevention, therapeutic programs and harm reduction services. In these countries, the situation was problematic in the period before the financial crisis and continued being problematic afterwards.

Characteristic is the existence of strategic documents and action plans without a systematic approach to prevention, treatment and harm reduction and absent or insufficient financial coverage for their realisation. In the aforementioned countries, the period before the economic crisis was even better due to funding of drug related programmes by the Global Fund. The transition from the Global Fund to domestic resources for drug related programmes was not successful in the countries that participated in this survey. An exception is the Former Yugoslav Republic of Macedonia. Due to some specific characteristics of the country, such as the small number of population (around two million) and a good developed civic society and NGOs implementing harm reduction programmes, services were increased. The grants of the Global Fund have been used in this period to establish 13 harm reduction programmes and 12 new replacement therapy programmes. This is a good example of use of available financial resources.

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In Romania, the co-ordinating National Anti-Drug Agency (ANA) had taken a special decision to make available 3 million euros for the NGOs that were active in harm reduction. Despite the fact that a corresponding budget was approved, this intention was not actually realized, because the legal framework needed to allo-

cate the budget has not been set up.. This delay in decision-making and the inertia of the competent authorities has seriously affected the life of people who use drugs.

Large cuts have led to institutional changes and have shrunk vital services

In Greece, Cyprus, Portugal and Italy the consequences of the economic crisis were clearly tangible in the drugs field through rigorous cuts in available budgets. Although these countries belong to the Eurozone, their political and economic situation led to a social and economic crisis with harsh consequences for the citizens. Cuttings in income, social security and pensions, unemployment, health care, uncertainty for the future and debt, had a tremendous impact on health and social wellbeing. In the field of drugs, the economic crisis had as consequence reductions in funding of prevention and treatment programmes. Job opportunities became less and social exclusion indicators, such as poverty, homelessness and mental health issues have increased. Coherence and continuity have been interrupted and certain positive developments have lagged behind.

At institutional level, changes have taken place. The Memorandum of understanding (MoU) between the Portuguese government and the European Commission (EC), the European Central Bank (ECB) and the International Monetary Fund (IMF) (the Troika) has led to the elimination of the Drugs and Drug addiction Institute (IDT) and its replacement by the "Intervention Service on Addictive Behaviours and Dependencies" (SICAD). "The IDT's replacement" according to the report on Portugal "is still considered a major loss, caused by austerity policies; the main and most serious consequence was the end of the idea that the drug use phenomenon should be managed through an "integrated and flexible entity/body". In fact, according to this point of view, the hope that Portugal could lead an innovative approach to address

drug related stigma, disappeared with the end of the Drugs and drug addiction Institute.

In Greece, the government did not implement substantive provisions of the Greek law 4139/2013 on psychoactive substances adopted in 2013. The promised National Drug Strategy and the Action Plan on drugs -has not yet been adopted. In addition, the Inter-ministerial Committee for the action plan on drugs has never met nor being installed. Consequently, Greece is an EU country without an adopted by the government and the parliament drug strategy and action plan on drugs. The priorities were clear in other areas. The supervised Drug Consumption room was closed, after a successful functioning of ten months, by intervention of the public persecutor who considered the availability of premises for the use of drugs as well as the provision of clean equipment, a criminal offense which, under the current legislation can be seen as an act of trafficking". There is often repeated publicly and in the parliament by the responsible minister of health that the necessary legislation for supervised drug user rooms will be submitted to the parliament, but no action is undertaken in the past 4 years. A positive step was, however, in 2011-2012 the substantial reduction of the waiting list for the Opioid Substitution Treatment programmes in Athens and Thessaloniki. The main organisation for the Opioid substitution Treatment (OST) OKANA, opened a large number of new units for OST in cooperation with the public hospitals. This move has countervailed the rigorous cuts in the budgets for treatment, harm reduction, and has in addition placed drug treatment nearer to the general public health institutions.

In Italy the National Health Fund has been steadily been underfunded since 2008. In 2010, a correct and in principle desirable change was made with the abolition of the Special National Drug Fund, established in 1990, and the transfer of the responsibility

for the financing of drug actions to regional health funds. However, due to national cuts, the regions are unable to guarantee a fixed amount of funding for the drugs sector. In general, it can be said, that in all the above-mentioned cases it is obvious that the issue of drugs is not a priority for the government. It is true that cuts have a negative impact on the health sector in general, but in Italy priority has been given to hospitals and less to local health services and to drugs.

In Cyprus, the cuts in the budget affected the availability and accessibility of both preventive and treatment services. Employment opportunities were significantly limited. The services of NGOs have encountered problems due to cuts of funds. The general picture in Cyprus is that despite the difficulties the work in the drugs field has not been interrupted.

The crisis has most affected Harm reduction

The positive approach of harm reduction in recent years, in policy papers of international organisations, the European Union and the National states is not reflected in their everyday practice. The available funds are still distributed among the established institutions and services for prevention and treatment and the drug law enforcement authorities. It is not surprising that the austerity measures during the economic crisis had a very negative impact for harm reduction services. The weak organisational structures of harm reduction services and their exclusion of public financial resources made their work more vulnerable. NGOs could not develop the

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actions needed to advocate for the harm reduction services. Even in the cases where governments supported harm reduction services, the cuts have affected these services first. Their dependence on funds coming from foreign donors and the inability of the responsible domestic authorities to make use of the financing of foreign donors in a way that would guarantee the continuity of the work, resulted in a rigorous reduction of the harm reduction services first.

Main Shortcomings in facing the crisis.

a. Lack of national co-ordination

The economic crisis has brought to light several points that need to be settled for a more consistent and effective reaction in addressing crisis situations. An issue that was common for all countries that participated in this survey, is the lack of co-ordination among the main stakeholders. The existing National co-ordination mechanisms have not acted as such in this problematic period and generally did not provide leadership in the process to adequately face the austerity measures. In addition, the lack of political will to prioritize the issue of drugs aggravated the situation.

The projects implemented by NGOs, have been maintained either with own resources or domestic and foreign grants. In many cases, professionals who were involved in harm reduction activities continued their work on a voluntary basis.

The responsible institutions and services were not directly willing to share responsibilities, avoid overlaps and be involved in joint actions. However, cuttings in budgets had in some cases a positive effect, by bringing together institutions and

services that worked alongside each other. The pressure to seek ways to continue the work with less financial resources was an incentive to consider alternatives.

b. NGOs faced the most drastic consequences in their work

In practice, the weakest partners experienced most of the consequences. The vulnerable population of people who use drugs, such as homeless users, injecting drug users, users living with HIV and Hepatitis and women have mainly experienced the most drastic consequences of the budgetary cuts. The NGOs that mainly worked with the users in the harm reduction services and had some support from the state or regional governments faced cuttings of their budgets, and had often to continue their work on a voluntary basis. In Cyprus and Portugal, the state supports the NGOs active in Harm reduction services. Austerity measures resulted in cuttings of their budgets and they sought alternatives in European funds and domestic donors. The projects implemented by NGOs, have been maintained either with own resources or domestic and foreign grants. The advocacy work towards the governments to pursue the continuity of service provision was consistent and continuous. In many cases, professionals who were involved in harm reduction activities continued their work on a voluntary basis. One difficult point for the financial aspect of the NGOs active in Harm reduction services is the issue of co-financing. Usually donors ask often more than 20% co-financing of the grants they award. In Portugal, the services of NGOs are funded only for 80% by the state. This has a negative effect for the continuous provision of services. In countries where the NGOs are excluded from any state-financing the difficulties are more serious. This is the case in Greece where only the recognised organisations OKANA and KETHEA, the drug prevention centres, the independent Unit for drug dependence of the Psychiatric Hospital of Attica and the corresponding

departments at the General and Psychiatric Hospital of Thessaloniki get financial support from the state.

Despite these problematic aspects for the NGOs, they still are, to a large extent, providers of outreach work and harm reduction services. They are also main actors in advocacy work towards the responsible authorities and have close contacts with vulnerable people who use drugs.

c. Developments in the drug market with the spread of NPS worsened the situation.

The economic crisis coincided with essential developments on the drugs market and in particular the emergence of new psychoactive substances (NPS). The country report on Romania refers to this phenomenon by pointing out that “the NPS were sold in so called “spice shops” under the name of ethnobotanical substances. The compilation of the word ethno (folk) and botanic was used just to create an idea in the mentality of people that they are not dangerous for their health. Both, their availability and especially their low price, shifted the heroin consumption pattern to NPS with a range of related problems regarding number of daily used doses and infectious diseases. The problematic situation was due to the slow reaction of the authorities regarding this new phenomenon. There was no full control of the «spice shops», not enough prevention measures, no accurate monitoring of the HIV, B and C hepatitis infections among drug users. At the same time, the distribution of sterile paraphernalia and the possibility to hire specialists in drug users’ assistance was drastically reduced. The NPS in other countries had similar effects in drug use.

With the introduction of the early warning system in the EU the detection, both the exchange of information and risk assessment of new psychoactive substances were improved.

d. Slow reaction of the responsible authorities and institutions

The phenomenon of timely reaction on developments and trends in the drugs field is important for drugs strategy and action plans. This is related to issues like co-ordination, the absence of a culture of synergies and co-operation between institutions, civil society organisations, the scientific community and the community of the people who use drugs. The illegal drug market, dark net and the internet in general are a challenge for states and policy makers. The above-mentioned example of the NPS in Romania, appeared in other countries in a slightly different form. In Greece the epidemic of HIV in 2011-2012 is related to the increased number of intravenous drug users. The HIV epidemic in Greece brought together the state recognized institutions and organisations and the NGOs working in the field of HIV/AIDS and drugs. This joint effort was a good exercise in co-operation among the main stakeholders, despite differences among institutions and organisations about the methods to address the problem. The unstable political situation, with several changes of the leadership at the ministry of health and tensions caused by the public debate regarding the causes of the outbreak of the HIV epidemic made the situation complicated. The contribution of civil society organisations in Greece and international entities played a decisive role in this public debate about the causes of the epidemic by pointing out continuously that information based of evidence is necessary in order to avoid prejudice concerning vulnerable groups in society and false accuse them of situations that do not correspond with the reality.

Policy changes in a time of crisis. The model of the Law Enforcement Unit of the Cyprus Police.

At the regional conference held on Cyprus, the representative of the Drug Law Enforcement Unit (DLEU) of the Cyprus po-

lice, presented the way that they have addressed the challenges of the economic crisis. The starting point was the idea that crises often constitute a good opportunity to evaluate existing practices, rethink certain policies, elaborate efficiency measures and reinforce cooperation. In this context, the police reorganised its services and made some choices with the aim to make the presence of the police visible in everyday life of the citizens, and increase the sense of public safety and security.

One of the austerity measures imposed was the freezing of the recruitment of new personnel by the police. At the same time, an early retirement of police officers took place. This created serious problems, especially with respect to the numerical adequacy of human resources at the forefront. A restructuring plan concerning the reorganization of the police was implemented by restraining administrative tasks, officers, departments and services. The target was to strengthen the operational task of the police by increasing the number of first line police officers. This was accomplished through the reduction of the number of police officers performing office duties. A policing model with increased cost in human resources contributes, with no doubt, to short, medium and long term positive results in terms of reducing criminality and offending behaviours. Particular emphasis, in this model, is given to juvenile delinquency, putting “people” in the centre of its interest. Cooperation with other stakeholders is necessary in order to achieve the ultimate goal of reducing the likelihood of criminal development behaviours in adulthood.

A main challenge of the police is the reduction of trafficking of illicit substances. According to the statistics, it appears that the large quantities of illicit substances are imported from legal entrances. Cyprus police has strengthened its cooperation with European partners, international bodies who are involved in reducing supply such

as Interpol, the Europol and associations of various European and third parties countries. The continuing education and training of members of the Drug Law Enforcement Unit has a high priority in order to improve the efficiency of its duties.

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In the field of prevention, the office of the Drug Law enforcement Unit introduced a new concept of prevention regarding the vulnerable groups of the population. For this purpose a memorandum of cooperation is agreed between police (DLEU), the National Guard, the Ministry of Education and Culture, the Youth organization and the mental health services. In the area of indicated prevention, the DLEU having European best practice in mind, moved a step forward and established a special social service within the unit staffed by highly trained and educated personnel. The police social intervention officers who have academic background on social sciences offer initial guidance to those who seek counselling and treatment for drug dependence. Their aim is to motivate people who have problems with drugs as well as their families to seek help from experts. These changes have had a positive impact in for the programme of juvenile delinquency.

The contribution of NGOs and their relation to the state and public institutions and services.

In all country reports as well as the discussion at the regional conference on Cyprus and the national dialogues that took place in six (6) EU countries reference was made to the position of NGOs as active

partners in drug policy and harm reduction services. We summarise some of the items discussed.

a. Advocacy, innovation, synergies, building up alliances

In the field of drugs, NGOs are active in advocacy and initiation of activities that are mostly new and evidence-based approaches of dealing with existing problematic situations. Innovation is one of the aspects that contributes to policy development and change of attitudes towards users. The role of NGOs is to advocate for the rights of affected communities in cooperation with them and critically follow the measures taken by the competent authorities to resolve citizens' concerns. Their work is complementary to the activities of the responsible institutions and services of the state. It is pointed out that the role of NGOs is not to substitute the work of the competent institutions and services of the state, but to contribute to improvement of the services in order to effectively meet people's needs. In this framework allocating state funds to civil society initiatives is important because they are flexible, can react on time to situations that need an immediate response, as they are not bound on bureaucratic and time consuming procedures.

What can make the work of NGOs more substantial is their close contacts with people and community-based organizations. Broad synergies with a variety of partners, establishment of alliances, and building bridges with a wide audience make advocacy actions more effective.

b. Involvement of the community and drug users' organisations

It is important that community-based organisations and organisations of people who use drugs (active and ex-users) stand up for their own interests. Their voice must be heard and they should persist in actions that improve their situation. In their attempts to organize themselves and stand up for their interests, they can ask

for help from the local authorities and seek cooperation with other NGOs. Advocacy organizations must, also, create opportunities for paid activities carried out by drug users. Employment opportunities are essential for their rehabilitation and a life where they can function independently.

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To work consistently on this, it is necessary that a number of conditions are fulfilled. An opportunity for NGOs and for the involvement of the community must be well coordinated to achieve results and, to continue the activities where necessary. In the countries supported by the Global Fund, NGOs and drug users' organisations could have done more to influence the local authorities to take responsibility for the continuation of their work. At the same time it must be said that there is lack of political will to implement policies that could respond to needs of the affected populations. N.G.O.s and communities cannot act alone if there is no political will. Strong joint advocacy efforts are needed for this. There is, also, lack of specific priorities and realistic targets. N.G.O.s and communities can help governments and competent authorities to set priorities. The authorities have to listen to the voice of the community and engage organisations and active individuals in the planning and implementation of actions. The Community and drug users' organisations must also work on more visibility.

Presenting their requests to the competent authorities and to the broader public is essential for the promotion of their actions.

Also the co-operation with the institutions and organisations recognised by the state to implement drug policy is important. These institutions see the NGOs often as their competitors, while they must be recognized as their partners.

c. Sustainability of civil society initiatives

The way authorities are facing the involvement of NGOs and in general civil society initiatives is one of temporary, incidental and project-based approach. Good results of projects implemented by NGOs have little or no follow-up due to this approach on behalf of the responsible authorities. You get some funding, do some really good work, you are reporting and the action is finished. There is no continuity. Actually the funders (either the state, the EU or private donors) should be, from the beginning, interested and be thinking how to secure the continuity of good projects. Just mentioning the wish that the local authorities will take over the responsibility to support the activities initiated by the project is not enough. Most of the NGOs that participated in the survey are operating in countries that have no legislation on co-operation of the State with Non-Governmental Organisations. They are asking for a legal framework through which the NGOs could get funding. The legal framework has the advantage that the state can set qualitative conditions for personnel, accountability obligations, democratic governance, transparency and financial management.

Another important issue is the specialisation of the staff that implements projects. The drug phenomenon and the treatment and harm reduction methods and programmes are subject to rapid changes. Training of the staff is necessary. There is a lack of systematic and permanent training and education opportunities for staff

working in Non-Governmental Organisations. This is due, among other things, to the fact that states and local authorities do not recognize the work of NGOs as an integral part of their drug policy. Policy documents of international and intergovernmental organisations (UN, EU) speak about the valuable contribution of civil society organisations, but on the national and local level the reality is, to a great extent, contrary to the declarations on paper. This issue needs to get proper attention of the responsible authorities.

Suggestions for the way forward

To address the above-mentioned shortcomings several proposals have been discussed. NGOs can use the following suggestions in their contacts with national and local authorities, international and intergovernmental organisations, institutions and services for treatment and harm reduction, private donors and other relevant entities.

1. Inadequate funding

One proposal is to request a re-allocation of money for drug policy. Rearranging of budgets can be achieved by using the existing evidence with regard to the current costs and their results. Sharing available budgets and assessing the positive effects of the reallocation of money to harm reduction measures and how this will affect drug policy in general should be presented to politicians and the national and local governments.

Most of the countries spend 70% of their budget to supply reduction, policing and the judicial system and 30% of their budget to demand reduction. Reshuffle the budget and make the percentage for supply and demand more balanced is a logical question. The shift in policy change from repression to public health and human rights requires this balance.

Possession of drugs for personal use must

not be any more subject of the criminal law. Drug users must not be approached as offenders in the framework of the judicial chain being subject of police arrests, brought before the public prosecutor and be taken to the court.

If the budgets available for these activities will be spend for treatment and harm reduction, the balance between supply and demand reduction will be more realistic.

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Avoiding overlapping activities and promoting a spirit of synergies and co-operation is a good contribution to sharing resources and promote effectiveness.

In some countries NGOs have proposed to governments to spend part of the money from the proceeds of financial sanctions or penalties for violations of the law on drugs as well as confiscations, for the support of harm reduction services.

It is necessary that the funding of NGOs' working in the field of drugs is regulated by law. NGOs should meet eligibility requirements.

2. Absence of political will

One way of pushing for more commitment of politicians to promote a policy that prioritises health, respect for human rights

and more activities for rehabilitation, access to education and the labour market is the creation of networks. NGOs, lawyers, public health and human rights' professionals, user's organisations and community action groups can organise joint activities in order to manage to make drugs a mainstream issue. Collaboration with groups who are working for the realisation of the Sustainable Development Goals (SDG) is good for the attention that must be given to the drugs issue by wider social groups. Representatives of parliaments, local decision-makers, journalists, sportsmen, artists and other people who are involved in social action, can be invited on the spot to get acquainted with project activities and be informed about their importance.

Alliances should be established with experts and researches in order to provide good documentations and help politicians to be informed about the available evidence of how effective Harm Reduction measures are. In order to succeed the aforementioned, effective cooperation is needed among civil society organizations and communities. A common agenda can be created and be presented to politicians, before elections, asking for their commitment.

3. Legal framework for harm reduction

In the current laws on drugs there is little or no reference to harm reduction. We have to push for incorporation of provisions for harm programmes and activities. For this we can make use of the EU strategy and Action Plan, the UNGASS 2016 outcome document, relevant texts of the World Health Organisation (WHO) and other fora. There is a lot of useful information in websites of Harm reduction organisations that can help the initiation of campaigns for the inclusion on Harm reduction in national legislation. The involvement of Drug user's organisations in this is very important. Meetings of people who use drugs and ex-drug users with pol-

iticians are very important especially when the politicians are asked to commit themselves for the realisation of law provisions and measures.

4. Stigma has to be addressed

Stigma is a one of the main problems for drug users. It is a broad societal issue that affects in many ways people who use drugs. Access to health services is, often, a problem because of prejudices of the employees, among them also health care professionals. It is a responsibility of the state and the health care institutions to provide in-service training. Universities should include curricula about drugs for students of medicine. Anti-stigma campaigns to raise awareness have to be planned and implemented making use of the social Media, TV, radio, posters etc. Active user engagement and employment opportunities can contribute to tackling stigma through contacts and co-operation at the workplace.

Authorities, organisations and each person individually have to realise that language that describes a person who uses drugs is important. Language can lead acceptance and appreciation but also to discrimination and stigma. Therefore it is necessary to promote the use of non-stigmatizing language. Health-care and social services for people who use drugs, have to work on this in order not to further burden people who use drugs.

5. Co-operation and coordination among competent authorities and health and harm reduction organisations

Competent authorities and health and harm reduction organisations have to promote a more holistic approach on drugs. Primary concern and message that they have to convey is that they work for people, for users, or for people who are in danger of becoming dependent. It should also be useful to communicate good practices among Europe to the member states. Concluding, harm reduction programmes and services should engage in self-criticism in order to bring other organizations closer, so that cooperation can become a reality.

*Thanasis Apostolou is Director of DIOGENIS, Drug Policy Dialogue

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Drug Policy Dialogue

The current system of global drug control is based on the three international UN Conventions: the Single Convention on Narcotic Drugs (1961) as amended by the 1972 Protocol, the 1971 Convention on Psychotropic substances and the 1988 Convention on Illicit Drugs and Psychotropic substances.

The legislative scheme developed after the 1960s followed the repressive approach and is characterized by a restrictive interpretation of the UN Conventions which is often an obstacle for the development of innovative practices that meet the needs of our time and are constantly evaluated as to their effectiveness. Decades of repressive drug policies have not reduced the size of illegal drug markets instead they have led to violations of the human rights, caused a crisis in the judicial and prison system, stabilized organized crime and marginalized vulnerable drug users, the small traders and producers of illicit crops.

The Drug Policy Dialogues of DIOGENIS aim to promote a more humane, balanced, and effective drug policy that takes distance from the repressive approach and approaches the subject from the perspective of public health, human rights and harm reduction. DIOGENIS aims to reform legislation by highlighting good practices and lessons learned from experiences in areas such as decriminalization and depenalization, proportionality of sentences, alternatives to incarceration and harm reduction.

The series of publications of DIOGENIS aim to encourage a constructive dialogue between, civil society organisations and competent state authorities responsible for drug policy, agencies, services and relevant institutions and services that implement the policy.



Fokionos 8, 10563 Athens, Greece

Tel. +30 2103255326

E-mail: info@diogenis.info

www.diogenis.info