DIOGENIS

Drug Policy Dialogue in South East Europe

PROJECT "NEW APPROACHES IN DRUG POLICY & INTERVENTIONS"(NADPI)

Report

Expert Seminar, Thessaloniki, 5th April 2013

Hotel Olympia

The expert seminar on "Developments and trends in Drug Legislation in South East Europe" has been held in Thessaloniki, Greece on 4th and 5th February 2013. The aim of the seminar was to exchange opinions, experiences and ideas among policy officials, civil servants, academic researchers, and non-governmental experts in the field of illicit drugs and evaluate recent initiatives on drug control legislation in South East Europe (SEE). The seminar aimed also to substantiate concrete recommendations and to facilitate civil society participation in policy making at the national and regional level. Experts and researchers from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Former Yugoslav Republic of Macedonia, Germany, Greece, Italy, Montenegro, Romania, Serbia, and Slovenia, as well as an expert from EMCDDA, participated at the expert seminar.

The program of the seminar consisted of three sessions and of general discussion on developments trends in drug policy in South East Europe.

- Session I: **Decriminalization of possession of drugs for personal use** (Efforts to introduce decriminalization of possession of drugs for personal use into national drug legislation; analysis of successes and failures in introducing decriminalization into drug laws; threshold quantities, advantages and shortcomings; lessons learned).
- Session II: **Drug dependent people in big cities, harm reduction services and drug legislation, the issue of supervised drug consumption rooms, pros and cons**.
- Session III: **Cannabis policy initiatives in SEE in the light of current worldwide developments** (recent global developments on cannabis policy; drug trafficking and drug production in SEE; cannabis in legislation and practice in the countries of SEE).
- General discussion on **developments and trends in Drug Policy in SEE** (prevention, treatment, harm reduction and rehabilitation; public opinion and drugs; the economic crisis and developments in production and trafficking of drugs; national politics and drug policy; the influence of the EU Drugs Strategy; vulnerable populations, drug use and

petty crime).

The seminar was informal and held under the 'Chantam House Rule' which allowed the participants of the expert seminar to express their thoughts and exchange their ideas freely. Some participants had been requested to provide an input for each section of the seminar and so providing some remarks and ideas in order to start the discussion between the participants.

SESSION I: Decriminalization of possession of drugs for personal use

The recent change of Drug Legislation in Greece

An expert from Greece introduced the recently adopted legislation that brought some changes to the Greek drug legislation. The draft bill based on the report of the Special Legislative Committee that advised the government was submitted to parliament by the ministry of justice in January 2012. After an extensive discussion in the standing parliamentary commission for social affairs the commission adopted the bill by majority and the bill would be submitted in the plenary for the final vote. This has actually never happened due to opposition of the conservative parties who at that moment had become part of the government in an effort to overcome the economic crisis. Some of the provisions, especially the liberal regulation of the drug use were the main obstacle. Consequently, the bill has noy been discussed in the plenary. After one year, the new Minister of Justice submitted an amended bill and on March 12, 2013 the Greek parliament voted in favour of the Act on Addictive Substances and has been published in the Government Gazette (No Sheet 74 of 20 March 2013). The new law introduces some innovations in comparison to previous law on drugs. The main innovations are:

a) <u>Shift towards more flexible and proportional penalties</u>. All types of criminal offences for any kind of drug supply were strictly punished and the descriptions of the criminal offences were vague. In addition, strict legislation brought before the court even people who bought drugs only for personal use; consequently, the prisons got more overcrowded as the number of prisoners incarcerated for drug-related crime offences shifted from 30% to 50% in the last years (in Europe, the numbers are lower: 9-25%). Therefore, the change of the legislation which would include flexibility and rationality was required. The penalties are now more proportionate and the number of persons who received life imprisonment decreased due to the alternative sanction: 10 to 20 years of prison. The penalty of 8 to 20 years of prison remained because the proposition of changing the punishment on 5 to 20 years of prison was rejected by the parliament. One of the important changes is: if the perpetrator of a criminal offence is an addict, the penalties are lower (but still not minimal).
b) <u>Alternative sanctions</u>. The new legislation predicts some new alternative sanctions for different types of perpetrators and criminal offences:

- A therapy treatment for drug addicts if they commit a criminal offence of drug supply (the penalty is not registered);

- No penalties and no actions are taken against the drug addicts if they commit a criminal offence of possession of drugs for personal use, cultivation of drugs for personal use, or receiving the drugs for personal use (the penalty is not registered);
- No penalties and no actions are taken against persons who are not drug addicts if they are caught committing a criminal offence of possession of drugs for personal use, cultivation of drugs for personal use or receiving the drugs for personal use for the first time in their life (the penalty is not registered).

There are also some changes in the field of treatment of drug addicts. Treatment programmes used to help addicts to recover only outside the criminal justice system/prisons. The new Greek drug legislation now enables some alternative ways. Recognition of addictions before the court was very rare; consequently, only a few cases of treatment were recognized by the Greek courts. The legislation now provides the possibility that the addiction of a perpetrator can be recognized also before the court. The person can also be recognized as an addict in prison after the conviction – if so, and if the detainee applies, he/she has to follow the program of somatic detoxification and diagnosis which lasts for three weeks. After 3 weeks, if the diagnosis is positive, the person is put into another program, psychological program which tries to change the habits of the person (not just the drug dependency but also the criminality). The whole concept of the treatment is based on three levels: medical level (drugs, substitutions), psychological level, and social level. The psychological and societal approaches are a part of post-care-treatment. Many experts insist that those two approaches still have to be done outside the prison because it is better and easier for the prisoner, and the relations between the prisoner and the therapist can be better than inside the prison. If the treatment is successful, the court may issue a new decision on probation or release, only if the prisoner promises to continue the treatment outside the prison and if the prisoner passed 1/5 of the penalty. Persons who committed other criminal offences that are not drug-related criminal offences can also undergo this treatment, with exception of persons who committed murder, rape, terrorism, and some other crimes.

c) A new organisational structure for the coordination of Drug Policy. The decisive body for the Drug strategy and the action plan is the inter-ministerial committee chaired by the prime Minister. The new law establishes a new institution namely that of the National Coordinator who chairs the National Committee of planning and Coordination of the Drug Policy. This commission is the main advisory body of the government and monitors also the implementation of the action plan. The National Coordinator is present at the meetings of the Inter-Ministerial Committee, is responsible for the international relations and represents Greece in international bodies of the EU, the UN and other inter-governmental organisations.

The Special Legislative Committee that advised the government had a different approach to the issue of drug use than the parliament. The Committee believed that drug use should not be punished because the act of drug use is harming only the drug user. The committee proposed that low penalties should be prescribed for the possession or cultivation of drugs

for personal use instead of the penalty of imprisonment. The committee also proposed that police and other authorities should be allowed to process such cases. Greece has a category of petty crimes for which low penalties are prescribed and the offenders are not registered for committing such crimes. Perpetrators can be detained for up to 2 months for the possession of drugs for personal use or cultivation. It has been explained that the philosophy behind this was that the possession and cultivation of drugs for personal use presents a very small risk to other people and that the users do not present any risk to others. The only risk was presented by the possession of drugs for personal use, for which light penalties were prescribed. The new legislation provides the penalty of up to 5 months of imprisonment for drug use, possession of drugs for personal use, receiving drugs, and cultivation of drugs for personal use. Additionally, the new legislation does not provide any measures or penalties for drug addicts, but it does provide waiving prosecution if the person was caught using drug for first time in his/her life. Greece used to have a threshold of quantity of drugs for personal use but now there is no such threshold. The reason for not having it is that it did not help the police finding drug dealers.

The Croatian Experience with decriminalization of possession of drug for personal use

In Croatia, the situation regarding the illicit drugs policy has been very turbulent in the last 15 years. The Croatian parliament enacted the amendments of the criminal law in 1996 which criminalized the possession of drugs: if the drug was not intended for selling or putting in circulation, the person could be imprisoned for up to 1 year. In 1997, there was an opportunity to change this provision when a new Criminal Code was introduced but no changes occured. The Criminal Code from 1997 amended the probation and slightly changed provision for possession of drugs without the intention of selling the drug or putting it in the circulation: the penalty was lowered from up to 1 year of imprisonment to up to 6 months of imprisonment and it remained categorized as a criminal offence. Reasons for not changing the provision was said to be political. That Criminal Code offered the option to prescribe a fine instead of imprisonment if the offence was punishable by up to 3 years of imprisonment; instead of going to prison for drug possession, the convicted person had an option to pay the fine – such decision could be made only by the judge. Since 1997, the issue of criminalization of drug possession has been the topic of different discussions. A possible change of the provision had been taken into account by the working group which prepared the new Criminal Code. The idea was also to change the act of drug possession from *criminal offence* to *misdemeanour* but the provision remained the same as there were too many reasons in favour of not changing it. The NGOs wanted and demanded a change of the provision regarding the possession of drugs. As a result, the new Criminal Code was enforced in January 2013 and changed the act of drug possession to a misdemeanour. Another reason for decriminalization is the *ne bis in idem* principle – in Croatia, a person could be convicted before the misdemeanour court and also before the criminal court for the same act of drug possession. The European Court for Human Rights has processed two cases against Croatia and stressed out that such practice of the Croatian courts is against the *ne bis in idem*

principle. The third reason for decriminalization was the tendency to make legislation "more European". There is also a practical argument for changing drug possession from criminal offence to misdemeanour: Croatian courts are overloaded with cases; more than 70% of the drug-related cases were cases on drug possession. The overload of the criminal courts affected the public prosecutors who eventually decided not to prosecute the first-time offenders and offenders with small quantity of drugs. There were also some cases when the judges decided that the act was not a criminal offence but a petty crime, resulting in judgement of acquittal. It became clear that such practice does not work and that a solution is required to solve the problem of overburdened criminal courts and overcrowded prisons. Although the legislation changed, the political parties have still been debating the issue. It is believed that the political decision always prevails, no matter how good are the arguments for decriminalization of drug possession. The amount of "small quantity" has not been defined yet because the drafting committee believed that such decision is very hard to make – unofficially, the small quantity of drugs in Croatia is 3-4 "joints" of cannabis.

Discussion

The problem of possession is believed to be important because all drug users eventually have to deal with this issue. There is a consensus in society that criminals/traffickers should be punished but the main issue, what to do with the addicts, still remains: should they be punished or should we find alternative ways for their reintegration/re-socialization? This problem should be solved because many, especially young people are confronted with the criminal justice system – the majority of them are punished for drug possession, although they do not present any serious threat to society. In Greece, drug addicts who are prosecuted for drug possession are punished but they are not registered as criminals. Some people wonder why does not the government get rid of the prosecution of addicts and decriminalize the drug use as this would help the whole criminal justice system to get rid of the extra burden of drug-related crimes. The area of drug possession is vague because it is not always clear whether someone is punished/imprisoned for trafficking or for possession of drugs for personal use. Countries deal with this problem in different ways. Some of them have set the threshold of quantity for personal use and some of them have not, but most of the drug-related problems remain in both kinds of countries. The consensus of what is the best practice has not been found yet (at least in Europe). Participants believe this is an important issue that needs to be resolved.

Bulgaria has changed several times its approach to this issue. First, the small quantity of drugs for personal use was decriminalized. It is believed that this was done because of political reasons (elections) and the media, which played an important role in this process. When decriminalization was introduced, the other penalties got stricter. Meanwhile, the offence of possessing small quantity of drugs was removed from the Criminal Code and the other penalties became very severe. Once the possession of small quantity of drugs was again criminalized, the penalties did not change; the penalties for possession of small quantity of drugs and for quantity for personal use remained very low. This led to the

practice that the courts tried to avoid processing of such cases. One way of avoiding processing was using the provisions of Criminal Code that allowed the court to go below the minimum penalty set by the law if the circumstances were showing that the case was a minor case. The statistics revealed that in the majority of the cases courts used different provisions for penalizing offenders for drug possession. After the penalties had been revised, the possession of small quantity remained in the Criminal Code, the possession of quantity for personal use remained the criminal offence, and also the registration of the offender in the criminal record remained. The most used penalty was only administrative penalty. The perpetrator has to go through the whole criminal procedure in order to get convicted for drug possession and this affects every perpetrator. The question is whether it is really necessary to send the person through the whole criminal procedure just because of the possession of drugs. Bulgarian politicians say that possession (of drugs for personal use) itself is not a crime but they still believe that it leads to other criminal offences, such as thefts, assaults, robberies etc. Bulgarian prisons are overcrowded and do not have enough funds to help drug addicts with their problems. Only a few addicts manage to solve their problems; most of the prisoners have the same problems even after serving their sentence in prison. The solution to this problem is to convince politicians that addicts should not be treated the same as the other criminals/prisoners. This would especially help the addicts who had been undergoing treatment before they got imprisoned but cannot continue with it because of the isolation in prison.

In **The Former Yugoslav Republic of Macedonia** preparations are made for new legislation in close cooperation with the aforementioned Croatian drafting group. Croatia and Former Yugoslav Republic of Macedonia have very similar legislation regarding drug possession. In addition, both countries are trying to find the definition of the quantity of drugs for personal use. This is especially important for the Former Yugoslav Republic of Macedonia where the penalty for possessing a small quantity of drugs varies from 6 months to 3 years of prison – the reason for this is the different definitions of "small quantity of drugs" used by the Police (Ministry of Interior), public prosecutors, and courts. Former Yugoslav Republic of Macedonia believes this will not present any problem to the harmonization of its legislation with the United Nations conventions and legislation of the European Union, but the problem will be the implementation of the new legislation in practice. Regarding the drug use, participant from Serbia reminded that the conventions are very strict: drug users can produce harm to themselves and to society at large. He continued that the conventions are very rigid and also the people read the conventions very rigid. For him, depenalization process in SEE countries is a very good step forward.

Some experts believe that police officers should know the definition of the quantity of drugs for personal use as they start the criminal procedure. On the other hand, the scientific community thinks that the court is the only one who may define the quantity of drugs for personal use. In any case, they realize it is not always simple to decide whether the quantity of drugs is for personal use of trafficking, especially if the drug dealers pack bigger quantity

of drugs in many small packages. Therefore, an agreement on the definition of the small quantity of drugs and quantity of drugs for personal use should be made between the judges, public prosecutors, and police officers. Some participants from Greece oppose the idea that courts should set the threshold of the quantity of drugs for personal use because they are not the experts for illegal drugs. They propose that individuals should be treated individually by experts for illegal drugs who should take into account individual's history, characteristics, addiction, and personal needs, as well as the type and quantity of used drug, and the circumstances of a specific case when making the analysis and report for the judge. Therefore, they believe that it is of a great importance to know the background of the person and whole situation; hence the decision should not be based only on the opinion of the judge as he/she does not have the required knowledge on illegal drugs. The same experts also oppose the threshold of the quantity of drugs for personal use being set by the law because drug users should be treated individually. **Italy** had different approaches to defining and processing the issue of personal use. Participant from Italy believes that the discretion of the judge is a better approach to solving this issue than defining threshold of the quantity of drugs for personal use. Their main argument is that in case when the quantity of drugs is a little above the threshold of the allowed quantity for personal use, set by the legislation, the penalties get severe, although the difference between the possessed quantity and the allowed quantity is very small. In Italy, the penalties for possessing the quantity of drugs above the threshold range from 6 to 20 years of imprisonment. The Italian legislation does not have any provisions regarding drug dependency of perpetrators; therefore it can be considered by judges only as a mitigating circumstance and so shortening the penalty of imprisonment by one third. Participants from Italy believe that it is up to the judge to determine whether the drug is for personal use or not – it is more important to find out whether the drug is for trafficking or not than finding out whether the drug is for personal use or not. If the defendant/drug user has to prove that the drug is for personal use or not, the burden of proof is on his side which is against basic principles of democratic criminal justice system. Participant from Italy also stressed that the drug legislation mostly relies on the international conventions where production, sale, trafficking, and possession of drugs are mentioned in the same article. They suggest finding a way to distinguish between mentioned activities, especially between drug possession, drug trafficking, and drug dealing. In their opinion, it is better to have a flexible system (judicial discretion) because not all drug users are addicts; drug addicts are a minority of drug users. In addition, the Italian constitutional court probably would not allow making substantial difference of treatment between the drug users and drug addicts.

Some participants believe threshold is sometimes required to distinguish heavy from light cases of supply. Quantity prescribed by the law could then be used as an indication of an act. The threshold is of secondary importance when one tries to distinguish possession of drugs for personal use from supply; it is often presumed that an act is a crime only when it creates risk/harm to other people – what we have to find is if this risk/harm is really created. It is mostly created when a person is in a procedure of supplying and not that much when a

person is in a procedure to find or to possess drugs for personal use. The task of the judge should therefore be finding the final user or destination of drugs instead of finding perpetrator's personal needs or quantity. What legislation also needs is a separation of perpetrators of drug supply and perpetrators of drug use (addicts, users with developed needs, circumstantial users). From the perspective of the law, it is not enough to have only intention to sell the drugs in order to prosecute someone for committing drug-related crime. In order to prosecute someone for supply a person needs to commit a criminal act and the investigators (police, prosecutors, and judges) need to find the intention of the perpetrator. In most of the cases it is very difficult to find the real intention of drug possession. Investigations and researches need to be conducted in order to find out the true intentions. In such cases quantity of drugs is used as an indication of the real purpose of drug possession. In Croatian criminal law, a person must have an intention to commit an act, he/she has to be aware that he/she is possessing drugs, and he/she must have an intention of giving or selling drugs to another person. In Italy, when judges try to find the intention, several indicators (such as scales, lists of clients, large amount of cash, and other indicators of supply) are taken into account. Some participants think it is more difficult for drug users to prove that they are drug users and not drug dealers.

One participant expressed the request for EMCDDA to unify the terminology and definitions so the courts could use common terminology when dealing with the addicts. An expert from EMCDDA explained that EMCDDA is not working on harmonization of a common definition. From more epidemiological aspect, it has been working on a definition of the "problem of drug use" for a long time. EMCDDA is using a definition which is controversial and not accepted by all member states. Problematic drug use defined by the EMCDDA is "injecting drug use or long-duration/regular use of opiates, cocaine and/or amphetamines."

Another discussed issue was presence of **drugs in prisons.** It was mentioned by some participants that prison administrations usually try to hide or deny the presence of drugs in prisons. What happened was that wardens started processing prisoners for drug offences. In Croatia, if a prisoner has drugs in possession, the warden can process him for a petty crime and a procedure is done in the same way as for a disciplinary procedure. The same is done also in Italian prisons. Drugs are present in prisons for many different reasons; one of them is also imprisoning drug addicts who need drugs on a daily basis. Prisons are overcrowded, mostly because of the high number of people who got imprisoned for drug-related offences – the majority of them is imprisoned for drug possession and in some countries also because of drug use. Some participants see the source of this problem in the early stage of the whole criminal justice procedure when people, who possess or use drugs, get arrested. Police is overburdened with cases when they have to process people who possess small quantity of drugs and there is no other way to solve such situations.

One option is to enforce **alternative treatment instead of imprisonment**. In Italy, recidivists do not have the right to alternative treatment. The idea of alternative treatment is

rather new in Serbia but there is still a question whether this is voluntary or not. Serbia does not want to offer only treatment to the people but also resocialization reintegration, education, and help of other supportive services. Regarding the drug possession issue, some participants recommended decriminalizing possession of small quantity of drugs and so facilitating the police work. It is believed that the majority of people involved in drug-related crime are not drug users; therefore they do not possess small quantity of drugs that can be treated as quantity for personal use. In other words, there is a very small possibility that the person who possesses a small quantity of drugs is a criminal. Of course, not all participants see it in that way; In **Bosnia and Herzegovina** big dealers use addicts to sell drugs. Namely, drug dealers believe that police officers, prosecutors and judges will have a different attitude toward drug addicts because they are registered as addicts. In court practice, this does not change anything. It is difficult to determine the profile of a person possessing small quantity of drugs. Bosnia and Herzegovina has a complex structure of the state: two entities and one district. In one entity, the possession of drugs for personal use is decriminalized; this is also the case in the district. But in the other entity, possession of drugs for personal use it is still a criminal offence because police, prosecutors, and judges do not believe in the concept of "small quantity" – they believe that all quantities can be sold and that any bigger quantity can be sold as lots of smaller quantities. in Greece, the so called "micro dealers" do not carry around large amounts of drugs even though they are not users. The police cannot make the difference between the micro dealer and user/addict. Of course, it is easier to see whether a person is an addict or not, mostly because of the physical signs and characteristics. It has been proposed that a difference between dealers and occasional users, regular users, and addicts has to be made.

It was noted that there are more users than addicts and that the whole population of drug addicts represents a very small percentage of the users. Nevertheless, all of them are approached by society as criminals. The conclusion was that it is difficult to formulate unequivocal solutions on the issue of possession of drugs, especially about the threshold because there are so many dilemmas and issues, including definitions; It is. however, certainly useful to continue involving the threshold issue by the discussion on decriminalisation.

A proposal has been made to make a comparison and analysis of the legislation and best practice regarding the drug possession in the European countries. This has been already done by the Portugal 10 years ago for its own purposes and the results were very good. After the comparison, the list of best practices could be prepared and thus creating a tool to test what works and what does not work in practice. The comparison and analysis could also include the legislation and best practice of South European and SEE countries. This could help all European countries, as well as the other countries outside Europe.

SESSION II: Harm reduction services and drug legislation, the issue of supervised drug consumption rooms, pros and cons

Harm reduction policy and services in the Republic of Slovenia

The session started with a presentation about history of the harm reduction services in Slovenia. First predecessors of harm reduction services started operating in Yugoslavia. They started legally operating in 1991 when Slovenia became independent. At that time, no harm reduction or treatment services existed. In addition, Slovenia did not have any legal basis for treatment and harm reduction services – this enabled existing services to do anything they wanted because the state did not regulate those activities. The Slovenian situation used to be the same as now: politicians did not care about the drug policy. Harm reduction services started prescribing methadone in 1993 when project Stigma, which is now an NGO, began operating. Stigma was the first harm reduction service in SEE. It offered needle exchange programmes and later also started with outreach work. Stigma is still operating and is a part of a wider harm reduction network. Apart from the needle exchange, Stigma also offered night shelters (there was only one shelter in Ljubljana, capital city of Slovenia) and had vending machines for dispensing syringes and needles that were later destroyed by the community. Slovenia has also harm reduction programmes for stimulant users, organized by NGO DrogArt. DrogArt is also doing a lot on cocaine and other stimulants, mostly via electronic media to attract more people. The current task of Slovenia is to introduce supervised drug consumption rooms. Although people are not against them, those rooms have not ye been introduced; also, the basic actors on this issue are in favour of introducing supervised drug consumption rooms. The problem seems to be politics. In 1994, activists introduced substitution treatment – they do not call it harm reduction treatment because they believe substitution treatment can be treatment as well. People who are successfully included in substitution treatment have the same rights as others: they are allowed to drive cars or can even be prematurely released from prison. Being on substitution treatment and not using drugs gives clients of treatment the same status in any legal affair as people who are not using drugs. Many programmes are without waiting lists and there are no problems to get involved in treatment. Harm reduction and substitution treatment programmes were also quite successful in developing treatment programmes in prisons – around 20% of all drug users in treatment are imprisoned. There is a good cooperation between NGOs and prisons as well as between community services and prisons. The number of programmes developed by the prison system inside the prisons is decreasing due to the financial problems. There are no needle exchange programmes in prisons. Unfortunately, there has been no development on this field in the last 3 or 5 years. In comparison with other West European countries, the number of opiate users in Slovenia is decreasing and the number of drug users in treatment is nearly stabilized. The number of stimulant users is increasing but there are no adequate harm reduction programmes for them. This is a new emerging problem. Drug users either do not want to join the programmes or the services are not prepared to take them in and offer them an adequate care. In the field of comorbidity, a lot has been done; Slovenia does not have much HIV problems in comparison to the other SEE countries but has a lot of people with hepatitis. Because of it there are a lot of developed hepatitis treatment programmes, also for pregnant women and young people. The

legislation, *Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users*, is still from 1999. This act defines substitution treatment, the role of the services in treatment, financing of the activities by the government or by the insurance etc. A lot is written about harm reduction (which is officially recognized and supported) and harm reduction services. The act also defines financing of NGOs: most of them are financed by the government. In addition, NGOs also have options to apply for funds of the European Union. The main challenges that Slovenia has to face now are the supervised consumption rooms, more programmes for stimulant users, and programmes to decrease stigmatization. A study from 2008 showed that people support only therapeutic communities; all the other programmes are recognized as positive by less than 3% of the population. The public image of drug users and harm reduction treatment programmes is decreasing. Therefore it is necessary to change the image of drug policy and its implementation.

Drug dependent people in big cities: the case of Athens

Greece has different kinds of treatment. First therapeutic community was created in 1982 and the first substitution treatment facility was established 13 years later. Although the services offer different kinds of treatment they do not have a good coverage of the addicts' needs. By the middle of 2010, there were 25 units for substitution treatment. The waiting list was 7.5 years in Athens and 4 years in Thessaloniki and in other cities around Greece approximately 1 to 2 years. It is evident that the right to treatment was not fulfilled in Greece. In spite of a great opposition of citizens who were living near local hospitals, a very big step was made when the minister of health created smaller units inside all general hospitals (before that, treatment facilities were stationed outside hospital environment). Currently, there are 55 units and the waiting time in Thessaloniki and other cities in Greece shortened from 4 years to 10-15 days, and in Athens, the waiting time is now 3 years and 6 months – still, the services require 4 more units. Almost half of the problematic drug users and addicts are in Attica where also half of the Greek population lives. Therefore, additional units are required in Attica/Athens to cover the needs and to fulfil the right to treatment. If they succeed to acquire additional units, the coverage would then be around 45-50%, which is, according to the last EMCDDA annual report, the minimum coverage in most European countries. After the end of 2010, Greece was one of the European countries with the lowest HIV percentage among people who inject drugs. In 2011, there was a big increase of the number of HIV infected drug users who inject drugs (64 times higher than the previous year) and the same happened in the 2012. In 2012, people who inject drugs became the first category of HIV infected people. This data is a sign that new measures need to be taken, mainly in Athens where the increase happened. The coverage in Athens is very low. NGOs are trying to distribute more syringes and needles through the street work. According to the guidelines from World Health Organization, UNAIDS[1], and EMCDDA, the coverage must be 200 syringes per addict per year – in Athens, the coverage was 7 only syringes per addict per year. By the end of 2012, the situation improved: 45 syringes per addict per year. With

[1] Joint United Nations Programme on HIV/AIDS

the help of NGOs, it is expected that by the end of 2013 the coverage will be 200 syringes per addict per year. They will also try to arrange two places where addicts will have 24 hours 7 days a week access to syringes as well as to the special kits which include 20 syringes, needles, serums, condoms, and other things addicts require. A proposal was sent to the mayor of Athens to create two facilities for supervised drug consumption but there is no agreement on it (yet). Because of the expansion of HIV infection services do not ask for exchange of used material. Even if the addicts do not want to bring back used material or do not have it they should be given the treatment they need. In prisons, it was not possible to have methadone substitution treatment; it was only possible to have counselling or dry treatment. The new law gives the right to have any kind of treatment in the prison. With the acquisition of EU funds, the first pilot project of substitution treatment in prisons can be launched. The organisations that provide services hope that they will be allowed to distribute needles and syringes to imprisoned addicts who do not want to participate in any kind of treatment in prison. It was very difficult to create units for substitution treatment in the general hospital environment (outpatient clinics) because some people opposed the idea of creating such units. After operating of 33 units for more than a year, a questionnaire was distributed among directors of hospitals asking them what kind of difficulties or problems do/did they have and how does the treatment work in practice. Directors and other people used to be against those units, but now everyone agrees that addicts need such help.

Discussion

There is discussion whether substitution treatment is treatment or harm reduction. The annual EMCDDA report sometimes classifies substitution treatment as treatment and sometimes as harm reduction. It has been pointed out that this should be clarified.

There were some comments regarding **public opinion about drug users and harm reduction** treatment programmes. It is said that the opinion of the general public is important , but it was questioned whether public opinion must be decisive. It would be much more useful to make a study of the opinion of drug users or of the people who follow treatment programmes. In Slovenia there has been a survey about treatment and harm reduction among treating physicians, patients in treatment, and opioid users. The aim was to promote treatment because there is a lot of resistance; many patients do not enter treatment because of their relatives, friends, and doctors who have a strong opinion against treatment. The EQUATOR[2] survey has been mentioned. This European Quality Audit of Opioid Treatment (EQUATOR) started in 15 European countries and later expanded worldwide to East Europe, Indonesia, Malaysia, and South Africa, and deals with the opinion of the drug users about the treatment and opinion of the treatment providers about the treatment itself. The survey covers topics including treatment goals; knowledge about and experience of treatment; drug use, misuse and diversion; employment; and prison experience. Noted that harm reduction is treated cautiously not because of democratic

[2] European Quality Audit of Opioid Treatment

deficit, but because of fear of HIV/AIDS and the risk of infection by drug users. As an example, reference was made to the fact that the treatment is less available because of the fear of opiate drug addiction and methadone.

Another issue of discussion was the **age limit to enter opioid substitution treatment**. Age limitations vary from country to country. In Greece, nobody under age 20 (it used to be 22) has the right to apply for substitution treatment. There is a prerequisite to make an application: a person needs to be younger than 35 and must bring a certificate, proving that he/she has tried other kinds of treatment at least once – if he/she failed at the dry treatment, his/her application is accepted. If the person is above 35, he/she has the right to make the application immediately. For those bellow the age of 20, they have to go to the therapeutic community (drug-free). In the Former Yugoslav Republic of Macedonia, the treatment with buprenorphine and methadone is accessible for people over the age of 16, although there were cases of children between age 11 and 12 who could not get any other appropriate treatment. In Slovenia, buprenorphine is accessible for persons over the age of 15 and methadone is accessible for those above 16 years of age, but only in cases when someone cannot use any other kind of treatment. In 2011, there were only 8 people in Slovenia who were younger than 18. Criminal justice system in Slovenia considers substitution treatment as treatment that can be set by the court (as a mandatory treatment) – the convicted person does not have to go to a drug treatment or therapeutic community if he/she is already in a substitution treatment and if the physician believes that this is the adequate treatment. There are also no waiting lists for such treatment in Slovenia. In some centres, people can get the treatment right away and in other centres people have to wait for up to one week or more. In Serbia, Bosnia and Herzegovina, and Croatia, only people over 18 years of age can enter the treatment. The only exception is Albania which does not have age limits to enter treatment; anyone can come also with a close family member if the family member gives the consent for treatment. There are no waiting lists in Albania for treatment with methadone. However, also in Albania not everyone is completely entitled for treatment, also because there is not enough room for every addict, for example: out of 50 people who do gambling only 5 of them are entitled to enter therapy. An Australian expert James Bert prepared a report on methadone treatment in Albania. The report is based on the State and the NGO model. The results showed that the State model did not meet basic requirements: no high quality of experts, doctors and other staff do not treat clients in a humane way etc. For harm reduction services it was a good sign, enabling them to send a message to the government: methadone treatment should be more developed and should be provided even in prisons. It seems that in Albania harm reduction services are probably ahead of the law – they help other state authorities when they need their help (for example, when police stations have drug addicts under custody). The Albanian model of substitution treatment is also interesting because it offers yoga and meditation. In practice, clients are less aggressive and the staff is calmer, creating a positive atmosphere in treatment centres.

Participants share the opinion that age limits are very problematic. Scandinavian countries

had the same limitations and it was not productive: Norway had the highest percentage of overdoses, it was very difficult to get to substitution treatment, and the quality of treatment was very low. They have changed this in the last 2 years but there are no big differences.

The issue of **supervised drug consumption rooms** has been discussed. **Bosnia and Herzegovina** cannot introduce supervised drug consumption rooms because the Criminal Code prevents it. According to their Criminal Code, it is illegal to provide a person with a place or facility to use drugs. In addition, needle exchange is not allowed in Bosnia and Herzegovina but is still tolerated by police. Police thinks that needles can help to identify the drug dealers. **Serbia** is facing the same legal issues as Bosnia and Herzegovina. It was reminded that one thing is usually forgotten: who is responsible for the potential problems that can occur after the drug injection in the supervised drug consumption rooms? Some participants expressed a wish to find out how other countries successfully introduced supervised drug consumption rooms. Switzerland achieved the introduction of supevised drug consumption rooms with the referendum, while some other countries interpreted conventions in such way that they could introduce supervised drug consumption rooms without any consequences[3]. There are different approaches how a country can decide to implement supervised drug consumption rooms.

SESSION III: Cannabis policy initiatives in SEE in the light of current worldwide developments

Recent global developments on cannabis policy

Cannabis is the most used substance in the world. According to estimations of the United Nations Office on Drugs and Crime (UNODC) Drug Report 2011, there were about 125-203 million people (of estimated total of 250-270 million drug users) aged 15-64 who had used cannabis at least once in the past year. Approximately 8-10% of users are from North America, followed by the African countries, Australia, New Zealand, and Western Europe countries. Compared to the other regions, the cannabis use in Europe is decreasing. The most used form of cannabis is herbal cannabis; in North Africa, hashish is more popular. Around 25% of cannabis is produced in Morocco, South Africa, Nigeria, Kenya, and Tanzania, and 23% of cannabis is produced in North and South America. Currently, Afghanistan is emerging as production country of cannabis resin and produces more cannabis than Morocco. The indoor production is present all over the world, especially in Europe. In the United States and Mexico, nearly 70% of seized drug presents cannabis. In Africa, the seizures are very low (10-11%). In SEE region, all the countries are producing cannabis but most of the production and the export is from Albania.

Cannabis has been a controversial issue throughout history. In 1961, the Single Convention

[3] For more information, see the article "The limits of latitude" available at: http://www.countthecosts.org/sites/default/limits-of-latitude.pdf

on Narcotic Drugs put cannabis in 2 categories: schedule 1 and 4. At that time, the international community believed that the cannabis was the most dangerous substance. This was not proven with any evidence-based studies but it was more a decision which corresponded to the geopolitical relationships at that time. In 2002, the Canadian Senate published a report on illegal drugs[4], stating that the Single Convention on Narcotic Drugs (1961) "***reflects the geopolitics of North-South relations in the 20th century****. Indeed, the strictest controls were placed on organic substances - the coca bush, the poppy and the cannabis plant - which are often part of the ancestral traditions of the countries where these plants originate, whereas the North's cultural products, tobacco and alcohol, were ignored and the synthetic substances produced by the North's pharmaceutical industry were subject to regulation rather than prohibition*" (p. 465). The cannabis issue has been a subject of debate for about 100 years but the countries could not come to a consensus what to do; some of them were hesitant to forbid it and to prohibit it. Later, countries ratified the Single Convention (1961) and continued action to discuss the same issue in the same way as in the years before. At same time, when countries adopted new drug legislation, they also made comments on the convention. In the 60's and 70's, several committees from The Netherlands, United Kingdom, United States (U.S.), Canada, Australia, and other countries have been working on the cannabis issue and made recommendations. All of them came to nearly the same conclusions:

1. Cannabis is not a harmless psychoactive substance but, compared to the other drugs, the dangers are exaggerated;
2. The effects of criminalization of cannabis were excessive and the measures counter-productive.

So far, many countries like The Netherlands, Switzerland, and some U.S. states adopted less strict policy regarding the possession of drugs, and several countries decriminalized or depenalized the use of drugs. In some countries, penal provisions for cultivation of a limited amount of plants for personal use were abolished or softened. In 1996, California adopted the regulation on medical cannabis, making a big step towards different thinking about cannabis policy. There are currently 18 states in the U.S. that have decriminalized cannabis production and selling of cannabis for medical purposes. Of course, this shows that U.S. States do not follow the international conventions. The U.S. federal government is constantly imposing other countries to be very strict when dealing with cannabis policy; at the same time, they cannot do anything against their own decision-makers on the state level. Another well known case of decriminalization is the case of The Netherlands. Its policy allows buying 5 grams of drugs in a coffee shop without any consequence, and cultivation of 5 plants for personal use. The Dutch model has a serious shortcoming, namely the fact that it does not regulate the production for the supply of the coffee shops : you can buy cannabis but the

---

[4] "Cannabis: our position for a Canadian public policy. Report of the Senate Special Committee on illegal drugs. Volume III: Part IV and Conclusions". Available at: http://www.parl.gc.ca/Content/SEN/Committee/371/ille/rep/repfinalvol3-e.pdf

production of cannabis is illegal. This is not consistent. The Dutch are not satisfied with this policy, especially the municipalities and local communities are currently facing major problems with organized crime (illegal production). Most municipalities that have shops selling cannabis and their citizens are pushing the government to allow arrangements to make cannabis production legal. In November 2012, referenda have taken place in Colorado and Washington where it has been voted that production and use of cannabis are legal. The production is going to be possible only by companies that get a licence. Taxation will be done in similar way as the taxation of tobacco and alcohol. All these developments are clear signs that the current international drug control system cannot any linger continue to condemn new approaches to cannabis. UNODC has already stated in a discussion paper that "*there is indeed a spirit of reform in the air, to make the conventions fit for purpose and adapt them to a reality on the ground that is considerably different from the time they were drafted. With the multilateral machinery to adapt the conventions already available, all we need is: first, a renewed commitment to the principles of multilateralism and shared responsibility; secondly, a commitment to base our reform on empirical evidence and not ideology; and thirdly, to put in place concrete actions that support the above, going beyond mere rhetoric and pronouncement*"[5] (p. 13). News about important developments come also from Uruguay, one of the countries that has ratified the Single Convention (1961). Recently, a proposal to regulate production and use of cannabis was submitted to the Uruguayan parliament. If the proposal will be accepted, Uruguay will become the first country in the world that will regulate production and distribution of cannabis. It is not sure whether the parliament in Uruguay will admit this proposal but the governing party has the majority in the parliament and people expect that the proposal will be accepted.

This presentation has been concluded with a reference to a historic review of the Indian Hemp Drugs Commission from 1894 about cannabis. In 1894, the commission prepared a report[6] and recommended a policy of "control and restriction, aimed at suppressing the excessive use and restraining the moderate use within due limits" (Chapter XIV, paragraph 586). The conclusion of the commission was that the use of cannabis among most of the cannabis users is moderate. The commission stated that there are also people who make excessive use; therefore we have to be strict and exercise control. To achieve this policy of control and restriction the following recommendations were made:

1.Introduce adequate taxation, which can be best effected by a combination of direct duty with auction of the privilege of vend
2.prohibit cultivation, except under licence, and centralize cultivation

[5] Commission on Narcotic Drugs (2008), Report by the Executive Director of the United Nations Office on Drugs and Crime as a contribution to the review of the twentieth special session of the General Assembly: "Making drug control 'fit for purpose': Building on the UNGASS decade". Full report available at: http://www.unodc.org/documents/commissions/CND-Session51/CND-UNGASS-CRPs/ECN72008CRP17.pdf

[6] "The Use of Cannabis Drugs in India." Full report available at: http://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1957-01-01_1_page003.html

3.Limit the number of shops for the retail sale of hemp drugs and
4.Limit the extent of legal possession.

.

The same recommendations as in the 19th century are made today in order to change the current policy on Cannabis. Today, two different terms are used in the direction of a solution: legalization and regulation. Legalization is a term that has libertarian cconnotations that can go as far as a free market and free availability that can regulate itself. The term regulation sets more strict rules and is proposing state control of the production and availability.

Drug trafficking and drug production in South East Europe

According to the Serious Organized Crime Threat Assessment (SOCTA) report the ex-Yugoslav and Albanian groups are mainly operating on the Balkan route. There was a wave of drugs and drug-related crime from Central and South America that came to Europe through The Netherlands and Belgium. This has been stopped with the help of custom officers, with regulations, and with pre-arrival information of the ships. Therefore the route of drugs changed – the drugs then started coming to Europe from Africa through Italy (involvement of Italian organized crime: La Cosa Nostra, 'Ndrangheta) and Monte Negro (in some part also 'Ndrangheta). It is expected that the "tsunamis" from Asia will also change the route: through Turkey or even through Russia and the ex-Soviet republics. The Balkan route will play more important role in the future. The main actors on the Balkan route are Serbs, Montenegrins, Albanians, and Turkish groups (it depends on the drug).

On the Balkan route, drugs are going in one direction and the precursors are going in another direction. Discovering transport of precursors is one of the main goals of the police; in addition, the priorities of police also include cooperation with the law enforcement agencies in other countries, searching for wanted criminals, traffickers etc. This is done with the help of prosecutors. Their knowledge about fighting drug-related crime is weak; they are not prepared to lead the whole procedure and are overburdened with other cases. It should be the task of the prosecutors to lead also the other institutions (e.g. custom officers) and closely cooperate with the police. Countries do not have enough educated judges, who are mostly overburdened, the regulations are different between the countries, and there are no investigative journalists who would help the police. The role of investigative and other journalists should be reporting on drug-related crime and the current situation on the drug market as well as reporting on activities and attempts of NGOs. Even that would be difficult, because NGOs are usually not willing to cooperate with the journalists to disclose what is really happening on the drug market.

Many are of the opinion that drugs should be either regulated or legalized. The U.S. history showed that prohibition only expands illegal activities – the same is happening with drugs. Another issue of concern is the secondary crime that derives from drug dependency or drug use. In the future, the issue of doping will be a central issue of discussion. Doping production is not illegal in most of the countries.

Drugs can be fought on three different levels: lower level, higher level, and the highest level. Drugs on the lower level – on the street – can be fought by the law enforcement agencies and prosecutors. The drugs on a higher level can be fought only with tax bureaus/offices and other financial institutions. The key instrument to fight the drugs on higher level is the burden of proof in tax procedures and other similar procedures. On the highest level, fighting the drug-related crime is extremely hard, mainly because it is committed by elite organized crime, politicians, or even governments. It has been recommended that countries should establish a powerful and independent state institution that would investigate crimes on highest levels. That can be done with proper legislation. The Balkan countries adopted too many laws which were suggested from "outside" the country and because of that, people did not want to obey the laws. In addition, Balkan countries implemented too many "state-capture"* laws, probably because of the demands/pressure/needs of social elites and organized crime. People should also realise that some of the laws are proposed even by organized crime.

Discussion

The presentation on organized crime revealed that the situation is so "schizophrenic" that we need to ask ourselves: what do we want to achieve with policy reform?; why do we advocate changing the law?; what do we want to get as a result? Some participants believe that we have to support partners of moderate use, as stated in the Indian report. Some decisions about drug policy are political decisions and that cannot be easily change. The original concept of decriminalization of cannabis was to reduce criminalization and stigmatization of drug users, said one participant, because with marginalization of drug users the number of marginalized drug scenes increases. The problem is that cultures of drug use are different and the drug scenes are different. For example, the drug scene of heroin is more connected to marginalized life styles. With decriminalization of cannabis use, people will not be pushed to the same kind of drug scene as heroin users because there will be no stigmatization. This can be only prevented with increasing a practice of moderate use that is also a kind of harm reduction and an instrument of control over the drug use.

With decriminalization, the question of "what to do with the UN conventions?" is still not solved. This is a political problem that has to be addressed by the governments and international institutions. But one dilemma still remains: who decides what is legal and what is illegal? Participants believe that the decision is usually made by the market, and the importance of evidence-based data and scientific opinion is extremely diminished. One participant pointed out that companies usually use scientific pre-texts to acquire the arguments for their campaigns/marketing and to achieve the purpose of their advertisement.

---

*The term "state capture" refers to efforts of enterprises to shape the laws, policies, and regulations of the state to their own advantage by providing illicit private gains to public officials

The role of science could be fighting against such scientific proofs which are biased, incomplete, misleading, and used by companies as a basis to make their purpose work. It is not clear what will be decided for the new psychoactive substances and who will decide which substances will be placed under the control regime.

Another issue is the time frame in which a substance becomes defined as illegal; it takes around 3 years to put a substance in any kind of convention. Meanwhile, hundreds of new psychoactive substances are produced and when the substance becomes defined as illegal after a long period of time, that same substance does not exist anymore or even a new substance is produced. On the other hand, in Croatia, for example, the list of illegal substances is constantly changing; the group of experts even incidentally found out that certain painkillers are treated as illegal and people did not know about this. From that point of view, it is important to clarify who decides what is legal or illegal and why, what kind of approach is required to decide which substances are harmful, and to create the criteria how to categorize substances. Such changes are hard to achieve because the conventions are usually a product of negotiation of interests and, especially, economic power. One participant expressed his opinion that the only thing we can do is not more than just to question the power. Nevertheless, all participants believe that more concrete actions have to be taken in the future, especially by approaching those who are near people with influence, money, and power. Although these people have a bigger say than the others, others can also achieve changes of the system if they step together and organize something.

Another point that has to be clarified is the role and the task of the state/government, regarding the Single Convention (1961). The state is the entity that has to protect the interests of the citizens. In the current situation, the notion of the state as "guardian" of the citizens, is identical to "guardian" of the conventions. In this framework it is very hard to break the concept that cannabis should be decriminalized or legalized. The cooperation, however, between civil society and scientists can make in this respect some progress. People need to hear an explanation on this issue so that they can see the main goals. If society becomes convinced that change it is good for them, it can demand changes of the policy, giving directions to the politicians and decision-makers. It is pointed out that the opinion of the regular citizens is usually forgotten or put aside. Governments have to gain the support of citizens if they want to change the drug legislation; government cannot just implement the legislation because it believes it is the best option for the country – it needs to convince people that such policy is wise and good for them. In Bulgaria, the last survey about cannabis showed that around 80% of people want cannabis to continue being criminalized because they believe it is dangerous. Some participants pointed out that the opinion in Bulgaria has to do with the influnce of the media. Cannabis was legalized in Colorado and Washington because campaigns changed the way of advertising on the issue. People have been convinced that there is too much criminality around because of drugs, and started looking at this issue as a problem of the society. Campaigns in Washington and Colorado presented legalization to the people as a solution for problems regarding drug-related crime.

Consequently, the majority of citizens of Colorado and Washington voted for the legalization of cannabis. The U.S. will play a very decisive role in the process of legalization. If the federal government does not do anything about Colorado and Washington, the way is open for also other models of regulation, not only for the U.S states but also for the rest of the world.

An issue that has been discussed referred to the accessibility of drugs for young people. Policy-makers have to think about the teenagers who are in a biological process that can affect functions of their brain. Drug use in those years can cause serious psychological problems. It is of great importance to try to find ways that will protect young people from such negative consequences. In addition, countries are also trying to implement different policy models that would allow drug use and would also discourage or distract young people from drug use. When using a specific model, it is very important to have in mind the cultural context of the country. or the region.

SESSION IV: General discussion on developments and trends in Drug Policy in South East Europe

The last session dealt with developments and trends on the national and global level. Participants brainstormed on seven topics, concerning positive and negative developments.

a) Prevention, treatment, harm reduction and rehabilitation

Prevention is one of the most important pillars of drug policy and practice. In The Netherlands, a lot of research has been done on the issue of prevention. One of the main finding was that people should be approached in a situation that they can be influenced. Just information and publications about drug prevention is a too general approach and does not help changing the behaviour of people, therefore specific approach is recommended. The UNODC published International Standards on Drug Use Prevention[7] which are too general for some participants. They believe that people who work in prevention should be focused on more indicative or more selective preventive methods. Many countries do not focus exclusively on drug prevention but speak about prevention on a broader scale related to dependence of addictive substances or even behaviour (Internet, gambling); consequently, they have a more global/general approach to these issues. Some participants believe that it is probably better to firstly discuss about the healthy life style and not to concentrate on drug prevention, and then to discuss about the drugs, tobacco, alcohol, gambling, Internet, and other issues. Albania is implementing a program, supported by the Swedish government: police officers from the section on drugs visit high schools and give lectures on drugs. Participant from Albanian believes that this is a better approach than sending doctors or NGO members to schools. In addition, members of NGOs also visit school as members of centres

[7] Available at: http://www.unodc.org/unodc/en/prevention/prevention-standards.html

which provide treatment for drug users. Their goal is to show the models to the young people how drug users are affected by drugs – they believe that this is much more effective than only just telling them "drugs are bad".

As far as **harm reduction** is concerned, most of the countries of SEE region are currently facing a very unpredictable future about financing of harm reduction programmes. A lot of countries are (or were) funded by The Global Fund but most of them are no more eligible to receive the funds. After two years, harm reduction programmes in countries funded by the Global Fund have to try to find other resources, probably some national or international funds but most of the programmes will probably stop operating if the national governments will not take over the financial responsibility for the projects. Several participants expressed their concern about the continuation of the Harm reduction activities, because most of the people got used to the idea that financing harm reduction activities is not their problem, but a problem of international and European bodies. This problem has to be solved as soon as possible.

It has been pointed out that treatment is a basic human right, just like the right to treatment of the cancer, communicable diseases, and other health-related problems. If people believe that the government is obliged to offer help and treatment to people with diseases, the same way of thinking should be used for drug-related problems. It is also said that treatment needs to be accompanied with rehabilitation and social integration. If we want to prevent users who follow treatment programmes to return to the old habits, something that is very possible (even after a successful treatment), we have to connect treatment with rehabilitation. It is easier if the user has the support of a family, has a house, or has a job, but if the user has no support or nothing in his life, then such difficult circumstances can bring many young people back to start using drugs again.

b) Public opinion and drugs: attitude towards users; users and human rights

As already pointed out in previous sessions of the seminar public opinion is an issue of concern in the countries of SEE. It has been suggested to involve journalists and media in General who are willing to report also about positive things, especially about people who help the addicts. The only way to make journalists publish something positive, is to become partners with them. Several suggestions have been made for successful cooperation with the journalists. In 2012, the United Kingdom Drug Policy Commission published a guide for journalists[8] on how to deal with stigma and drugs. The mentioned guideline could help journalists by reporting on drug issues. It is good to take into consideration that journalists have often to report on news that increase the sale of media. Their interest in drugs is thence limited. Cooperation with journalism students, ("fresh" journalists), can open opportunities. Offering them lectures at the faculties/colleges/universities about drug issues,

[8] Available at: http://www.ukdpc.org.uk/publication/dealing-with-the-stigma-of-drugs/

inviting them to discussions and organising trainings is a good investment. The largest coalition of NGOs in Italy has been organizing seminars for journalists for years. Also the use of websites and social media have been mentioned as possibilities with great public impact.

Use of cannabis, heroin, cocaine, synthetic drugs, alcohol and the new psychoactive substances, and **The economic crisis and developments in production and trafficking drugs**

The heroin is no longer popular drug between drug users in northern Europe and is labelled as a "drug of the losers". The number of heroin users stabilised, because the majority of them are middle-age people and new cases of addiction are limited. On the contrary, the synthetic drugs are becoming more popular, especially between the younger drug users. Through the use of internet the distance between place of drug production and final destination is becoming shorter. Internet allows people to buy drugs online, drugs are cheaper, easy to access, there is a great variety of drugs, buyers can order greater quantities, and the quality is supposedly better. The economic crisis will cause more problems to normal people, unemployment, insecurity. Hence, organized crime may become the "Robin Hood", providing jobs, money, and security to the poor people. Allegedly, there will be a competition between the organized crime and the state – between legal and illegal markets. "If organized crime wins this competition, the rules and laws will be much stricter than they are now". Eventually, the prices of illicit drugs will decrease because organized crime will be more market-oriented than the state. At the same time, drugs will also become more accessible, increasing drug use.

Some results of the global economic crisis can already be seen: in Athens, a new drug similar to heroin appeared on the market. The new drug is very dangerous and much cheaper than heroin. This is a result of the crisis that brought much cheaper drugs and also synthetic drugs to the market. Cocaine became very expensive and some cocaine users switched to amphetamines, which are cheaper. In Bulgaria, the price of cocaine has been increasing in the last 5 years before the crisis. People will start searching for cheaper drugs and substitutes for drugs they used before. Because of the high prices, people are buying the drugs and substitutes from the black market, where, for example, methadone is five times cheaper than on legal market.

e) National politics and drug policy

In most of the countries, the Ministry of Health is responsible for preparing national drug policy. The issue of drugs is ,however, not only a health issue and most governments created inter-ministerial commissions to coordinate the actions plans. Good organisational structures and coordination are important but if there is no motivation and real commitment implementation of the policy will be difficult. It is important to try to create good contacts with influential politicians and decision makers. Contacting also people who are very close to

decision makers may help persuade them to put drugs on the political agenda and take decision for a mere effective policy.

With regard to the national drug policies it has again been pointed out that two main issues have to be a priority of the future agenda. The first is the establishment of national evaluation mechanisms. In most of the countries there is no appropriate monitoring and assessment of the implementation of drug policies. Changes in strategy or drug laws are in the rule not based on any evaluation but are a "blind shot". NGOs can advocate for setting up such national evaluation mechanisms. The second is the response to populist politics. Illicit drugs are becoming more and more a populist topic. The political debates are not based on facts/evaluations, allowing people to be manipulated by media. The result is misinformation and stricter measures against drug uses.

f) The influence of the drug strategy of the European Union

In December 2012, a new EU Drugs Strategy (2013-2020)[9] was adopted. There have been discussions about its influence, role in the international and national drug policy, and the effectiveness of the new strategy. The Strategy mentions that there is a possibility to extend the mandate of EMCDDA to licit substances (e.g. alcohol) as well. A challenge for the coming years is to make the balanced approach, that is proposed by the EU strategy, but also by the United Nations, more concrete as far as the financial resources is concerned. It has been noted that more than half of over 70 actions of the Strategy are on supply reduction, for which most of the money and actions are planned. Less than 40% of the actions, and money is intended for the other pillars (coordination, demand reduction, international cooperation, and information/research/evaluation). The EU Drugs Strategy is however a useful framework for most of the countries. National strategies and actions plans can be used to harmonise strategies and national priorities to the EU drug strategy and action plan.

The new EU Action Plan on Drugs (which is being prepared under the Irish Presidency of the Council of the European Union) has some good points about the role and actions of civil society, especially that the states must involve civil society in policy-making; the organizations should make use of this provision to more closely cooperate with the national policy-makers. The action plan between the EU and the Western Balkans is in this respect of importance. Civil society organisations can cooperate with National Governments for the implementation of projects. The action plan between the EU and the Western Balkans will be on the agenda of the next Informal Drug policy Dialogue to be held in Kalampaka-Greece in June 2013.

g) Vulnerable populations and their organisation

[9] Available at: http://eur-ex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2012:402:0001:0010:en:PDF

There have been several initiatives of self organisations of users. Several NGOs are supporting users organisations and during the last years more initiatives of users are emerging also in countries in the region of South East Europe. The continuity of users organisation is very must depended on financial support of donors. Several examples of zef organisations have been mentioned who after a certain period of functioning stopped their activities or changed focus.

It is important to involve users organisations when looking for alternative sources of financial resources for their activities and the activities of NGOs.

Gašper Hribar
June 2013