Meeting Report

Drug Policies in South East Europe: Towards regional cooperation
19th – 20th March 2010
Athens, Greece

The International Drug Policy Consortium (IDPC) and the Andreas Papandreou Foundation (APF) organised a conference on Drug Policy in South East Europe in Athens, Greece on 19th and 20th March 2010

The aim of the conference was to examine the possibilities of cooperation and coordination in the field of drug policy among non-governmental organisations (NGOs) from the countries of South East Europe (SEE) and the possibilities to establish good relationships with policy makers in the region. In SEE, as in other parts of the world, there is a growing involvement of civil society and NGOs in particular in formulating and implementing drug policy. NGOs develop and implement activities in prevention, treatment and harm reduction as well as innovation in several areas in the drugs field.

A group of 35 NGO participants and policy makers from Albania, Bulgaria, the Former Yugoslav Republic of Macedonia, Greece, Montenegro, Romania, Serbia and Slovenia participated in the meeting. This was the first regional conference of its kind in SEE. APF has held such conferences since 2004 in cooperation with the Transnational Institute in Amsterdam. The informal character of the meetings gave the participants the opportunity to express their personal ideas and experience as they took part in the discussions in their personal capacity. The idea was to identify priorities for the region and help support future work in the drugs field.

The programme consisted of two parts:

The first day was a seminar on issues related to “Drugs and Criminal Law”. The issues discussed included: drug dependent people and penal law, prison situations and services in prisons, and law enforcement strategies. On the second day a discussion took place about the creation of a network for cooperation between NGOs and their contacts with the local and national authorities in SEE. The main agenda items concerned the network’s structure and suggestions and proposals for a work plan for the SEE network.

In preparation for the meeting, the participants had received excerpts of chapters of the IDPC Drug Policy Guide relevant to the issues on the meeting’s agenda. The Drug Policy Guide contains the principles, analysis and policy recommendations of IDPC on comprehensive, consistent and effective drug policy. It was first published in English (March 2010) and Spanish (April 2010) and will be soon available in electronic and hard

copy form in several other languages. IDPC members and experts work with policy makers and agency officials to address the complex challenges arising from drug use and drug markets, in order to find the most effective set of policies and programmes that is appropriate to their national situation.

Friday 19 March, 2010

Day 1 - Session I

Drugs and Criminal Law

In the introduction to this subject, several aspects of the penal law, its characteristics and impacts were discussed. The situation in Greece was taken as the point of departure for observations and comments.

The foremost issues and the debate in recent years focus on three main issues:

1. The effectiveness of criminalisation and penalisation of drug possession for personal use;
2. The proportionality of sentences for drug offences in general and trafficking of drugs in particular;
3. The treatment of drug users in the penal system.

Incarceration is counterproductive and not effective

It was noted that the issue of criminalisation/penalisation of drug possession for personal use and the severe penalties for serious drug offences are less of an issue (speaking from the Greek perspective). Penalties for possession of drugs for personal use have been gradually reduced, with the current sentence applied of between 10 days and one year of imprisonment. The convicted individual may alternatively opt to buy off or even, given the circumstances, benefit from a reprieve. In addition, if the defendant is found to be a drug user, he is declared innocent and no penalty is inflicted upon him/her but only measures are provided. However, the judge can decide to impose alternative measures on the drug user, such as drug treatment. Even if the defendant is found not to be a drug user, the court is granted with judicial power to abstain from any reprimand if the perpetrator is a novice in such conduct.

The strict and severe punishment of drug trafficking for any type of supply (even donation), however, continues to be applied. The Greek Code for Drug Offences calls for a penalty of incarceration of between 10 and 20 years for common cases, and imposes a life sentence for aggravated ones. The implementation of these provisions has burdened the already over-crowded Greek prisons by over 40-50% of recommended capacity.

The most important problem regarding law enforcement against drug offences is the way that law enforcement deals with drug users who commit several offences (except for personal drug use). It is necessary to change the current regime on this issue for the following reasons:

1. The high proportion of dependent drug users in prisons. The total of all prisoners in Greece amounts about 12.000 while the maximum capacity is 8.000. Prisoners who are drug dependent are estimated to be 50% of the total number with most of them convicted for theft, burglary or similar offences in order to obtain money for purchasing drugs.

2. In addition to congested prisons, the high rates of recidivism prove the ineffectiveness of this policy and bear a negative impact on prevention.

3. Treatment programmes, on the contrary, contribute substantially to a reduction in substance use and have a positive effect on the individual and the social consequences of problematic drug use. A research study on the effectiveness of therapeutic services (conducted by the department of Sociology, National School of Public Health between 1999 and 2002, and made available by the Therapy Center for Dependent Individuals – KETHEA – in Greece) provided clear indications for the effectiveness of treatment not only with regard to health and drug use reduction but also abstinence. This approach also demonstrated positive changes in relation to criminal activities.

The conclusion is that incarceration results in recidivism (and a number of other negative consequences), in contrast to therapy which reduces criminality and works as a form of drug prevention.

Treatment of dependent drug users in prisons

It is widely accepted that in open settings dependent drug users have a choice over treatment models like harm reduction via substitution or drug therapy, recovery and rehabilitation. The speaker of this introduction was of the opinion that substitution treatment in prisons was inappropriate. The setting is different, there is no free choice, confinement, depression and the sensation of time standing still, all puts extreme pressure towards the need for substances. It is for these reasons that the demand for, and consumption of, pharmaceutical substances is already peaking. And then, there is always the risk that detainees be introduced to substances while in prison. The proposed alternative measures to law enforcement were:

- Alternative measures of addiction therapy instead of standard-type punishment.

- Diversion of prisoners towards therapy treatment after a short period of imprisonment.

The Greek Code of Drug Offences (articles 31 and 32) provides various diversion mechanisms. The most important, according to the speaker, is the choice for a drug dependent prisoner to follow a preparatory programme inside the prison and then be released under the condition to continue the started therapy procedure in structures operating outside the prison. The problem is that these measures are rarely implemented by the Greek courts, because:

1. The means and procedures provided by the Code for the diagnosis of addiction are not reliable. They include forensic attestations based on self-reports as well as reports of recent use, which masks issues of addiction. This makes judges suspicious.

2. An important number of crimes which are usually perpetrated by drug users are excluded from the list to qualify for the diversion provisions

3. There is a lack of special education for such cases by the judges. It is obvious that the establishment of special drug courts could possibly contribute to a fair and reasonable implementation of existing provisions.

Conclusions

- The Greek penal law has the flexibility to deal with drug offences in various ways, but courts regularly choose the most punitive approaches, neglecting diversion and therapy measures.

- The effectiveness of alternative therapeutic measures is well documented. This is of independent value as it promotes health and reduces pressure on judicial and penitentiary systems.

- Despite its significance, this effectiveness is not well known amongst the penal judges. Future action plans and law reforms should consider the effectiveness of these options.

Discussion

Methadone Maintenance Therapy (MMT) in prisons

The statement that substitution treatment in prisons should be considered as inappropriate was disputed by several participants. Reference has been made to the guidelines of the World Health Organisation (WHO) on the issue. Greece seems to be one of few countries in Europe without methadone maintenance therapy (MMT) programmes in prisons. Relapse rates are high without MMT and newly released prisoners are at high risk of overdose (50% more likely than other drug users). The Greek approach therefore goes against the evidence base. In Europe, the majority of drug users in prisons are injecting drug users. There is a high risk of HIV and Hepatitis C in prison settings. The WHO has documented MMT in prisons as a way of reducing HIV and hepatitis C transmission. Needle and Syringe Programmes (NSPs) can also reduce this risk. There is a lot of needle sharing in prisons and needles become blunt. Despite this, many countries do not allow the distribution of clean needle and syringes in prisons.

There is a need to combine public health and criminal justice perspectives. Cautiousness with MMT in prisons is based on the assumption that prisons have to fulfil their mandate with regard to incarceration. “We do not want judges to see prisons as a ‘treatment’ alternative” was the explanation. On the other hand, the reality is that there is widespread drug use in prisons, and many prisoners die because of overdose, or become infected with HIV in prisons. We have to be practical. If these risks can be prevented by MMT, it is a necessity to make use of such practices. “Of course all options should be available for all”, stated another participant, “but we have limited resources so have to maximise impact for all... I have to do drug-free treatment, but I see it does not work for 75 to 80% of my patients”. Another important point concerning MMT was the quality of implementation of such programmes. Authorities are often not ready to run good treatment programmes. In these cases, it is better not to open poorly run MMT programmes.

The discussion on the above mentioned dilemma indicates that there is a need to discuss this issue in more depth. In particular, to look at the different approaches of how treatment is provided in prison settings in the countries of the region.

Sentencing for possession for personal use

Notwithstanding the assertion made in the introduction that the possession of drugs for personal use is not a real issue because the respective penalties have been gradually reduced, the picture in the countries of the region shows that authorities are still searching

for measures to tackle the problem of quantities and thresholds.

For almost all countries in the region, thresholds are not defined. In Romania, a debate has been recently initiated on this issue. An important point is that when drug use is mentioned, individuals have the instinctive attitude of leaning towards criminalisation. The law provides that drug consumption is a crime, but consumption is rarely punished. In the Former Yugoslav Republic of Macedonia, possession for sale is punishable with 3 to 10 years imprisonment. There is no provision defining a small amount, but there is debate on this issue. In Albania, 1,9g of hashish for personal use is not punishable, but more that 1,9g leads to imprisonment. There is no clear threshold for heroin. Courts decide on advice from local experts about whether it is for personal use or dealing / trafficking. In Slovenia, Article 33 imposes fines of up to 200 Euros. Prison sanctions have been excluded under misdemeanour acts. Quantities are still not defined. In 2007, Italy introduced a depenalisation practice for all drugs without a threshold. The judge had the power to decide. This seemed to be better because not only quantities are considered, but the whole situation is taken into consideration. However, a more recent law reintroduced a system of threshold, which means that in any case, a person may be arrested for personal use and that the drug user has to be sent for testing, after which it may be decided whether possession is for personal use or not. The threshold for alternatives to incarceration has been raised. Alternative treatment is offered if the penalty is less than 6 years but it used to be 4 years. Depenalisation is only offered if the sentence is less than 6 years. This has resulted in a higher number of drug users in prison. If treatment fails, they automatically go back to prison; but even if treatment is successful, they may have to return to prison if the treatment finishes before the prison term ends. Probation for drug users is more difficult than for other prisoners.

The question was raised as to why it is so difficult to reform penal law, while all indicators point to a failure of current policies concerning drugs. Some stated that this happens because the distinction between traffickers and users is very difficult. Another reason is the current social climate and international situation (terrorism). It is not a good time politically to propose lighter penalties. The alternative to incarceration is to develop a system with options that leads to less people in prisons. Drug users must be treated as patients. In this respect judges can play a decisive role. Voices from within the judicial system must be supported in order to make changes in the direction alternatives for treatment instead of punishment and incarceration.

Conclusions

- Public opinion is an essential factor in supporting positive change. Public support is needed to adopt a different approach for treating drug users as people with health and social problems. The current approach of social marginalisation and criminalisation is a big obstacle to reform. From a law enforcement perspective, police officers' job will be the same regardless of provisions in the law. The difference is around public perception: the fact that drug use is a crime is deeply rooted in public opinion.

- It is important that alternatives to incarceration are supported from within the judicial system. Drug courts may reduce the marginalisation of drug users and may put pressure on authorities to create alternatives to prisons.

- Cooperation between treatment institutions and the judicial and law enforcement authorities has to be intensified. Treatment institutions are already involved in training and education with judges and the police. But the issue of drugs is very

much tied up with the issue of crime. This can change through the exchange of information and experience sharing.

- There are doubts as to whether thresholds are helpful as a means to avoid incarceration of dependent drug users. The debate on this issue continues.

Day 1 - Session II

The situation of Drug Users in prisons
Some of the problems and dilemmas discussed in the previous session were illustrated in two country examples in the region.

Former Yugoslav Republic of Macedonia

Statistics
In the Former Yugoslav Republic of Macedonia the number of people with "problematic drug use" is estimated at between 2,763 and 13,813. There is no national drug centre in the country. According to the National Drug Strategy there are about 6 – 8,000 drug users (mostly opiate users) with serious medical, social and psychological problems related to drug use. 95% are intravenous drug users. According to the Global Fund for TB and HIV project data, 1,200 of registered drug users are in substitution treatment in 9 cities and over 5,000 use NSPs in 13 cities. The police have registered 8,619 drug users.

Inadequate treatment services
Treatment services are generally inadequate. In the city of Skopje, the existing substitution programme is badly managed and cannot admit every applicant. As a result there is a long waiting list to attend the programme. A new programme providing buprenorphine substitution treatment has been established for 85 people. However, lack of treatment remains the main problem. There is a trend among drug users to deliberately engage in petty theft or small crimes in order to be convicted and sent to prison to be enrolled in methadone treatment, since methadone is readily available in prisons (two prisons in Idrizovo and Shuto Orizari). The prisons end up being overcrowded. The prison in Idrizovo has an official capacity of 850 male and 50 female prisoners, but usually the number of prisoners exceeds the 1300. The Organisation for Security and Cooperation in Europe (OSCE) project found that more than 30% of the prisoners use drugs. According to the National Health Institute, 20% of surveyed prisoners are injecting drug users, 68% of them shared already used injection equipment, and 27% of them had never used sterile injection equipment while in prison – one needle is used until it gets blunt. A needle in prison costs around 9 euro.

Problems
- It is difficult to assess who is responsible for identifying who is or not a drug user: the doctor during admission, the prison management, or the prisoners themselves.

- There are drugs in prisons, there is pressure on the prison management, but the doctors believe that they will cure addiction with abstinence and counselling.

- Prisoners faced with illicit drug use lose privileges and suffer from segregation and condemnation. There are no prevention, counselling, self support-groups or other harm reduction programmes except for methadone, and there are no pre-release programmes.

- Both NGOs and the Government support HIV treatment, counselling and testing, brochures and condoms. In the near future, a pilot project for psychosocial support for drug users in prisons will be initiated by the Healthy Options Project Skopje (HOPS) and the OSCE.

- The situation in the country is quite chaotic in small towns and cities, in some smaller prisons the guards distribute methadone because there are no medical staff available.

- Outside of prisons, MMT can be continued in the frame of the public healthcare system.

Discussion/conclusion
This information brought up some observations from the participants: It is said that Methadone should not be considered as "cheap" treatment. It must be supported with other services such as psychosocial support. Some others said that the cost of providing methadone is much cheaper than HIV or Hepatitis C treatment. If you look at cost-benefit studies, low threshold MMT is still worthwhile. It is effective as a harm reduction measure, with or without psycho-social support.

Albania

The total number of all adults in Albania (aged 15 to 64 years) who have ever tried any kind of illicit drugs has been estimated at around 5,000 in 1995 and 20,000 in 1998, while the current estimation figures oscillate between 40,000 and 60,000 (lifetime prevalence between 2.0% and 2.8%), thus demonstrating an increase compared to the 1995 figures.

Moreover, as Albania is not only a drug producing country but also a major drug-trafficking one, it is only logical to assume that the problem of drug addiction will grow further. The problem extends all over the country, but is more acute in Tirana.

Heroin is the most popular and accessible drug to inject. Many drug injectors share their needles/syringes and do not know how to sterilise them with bleach. The increasing percentage of injecting drug users, long years of abusing heroine and repeated failed detoxification makes MMT indispensable as the only efficient treatment for the population. In Albania, harm reduction services are mostly provided by NGOs. In 2000, the NGO Aksion Plus started the first harm reduction project, and in 2005, MMT was introduced for injecting drug users in Tirana. Further MMT programmes are now available in Durres, Korca and Vlora. At present, 3 NGOs, namely Aksion Plus, Stop AIDS and the Albanian Community Health Organisation (ACHO), along with harm reduction programmes, are providing secondary prevention to targeted high-risk groups (school dropouts, Roma, etc).

The estimated number of drug users in prisons is 175 persons (among approx. 5,000 inmates, or a proportion of 3.5% of all prisoners). Training and capacity building is delivered by the General Directorate of Prisons. Aksion Plus provides training on harm reduction, human rights, psycho-social support and MMT to prisons in four cities, as well as in pre-trial settings (police stations). The association Stop AIDS provides training, condoms, publications, HIV prevention and education. The Helsinki Committee is working on human rights, publication of guidelines, brochures and capacity building for prison staff. In three prisons, Durres, Fushe-Kruje and Prison 325, a pilot project is taking place to

establish special sections of care and services for drug users (drug free zones). In the following phase, this intervention will be scaled up to other prisons.

Raising awareness and building the capacity of prison staff regarding substance use and addiction, and the need for a differentiated approach for drug user inmates are the main concerns. A project financed by European Commission, the European Instrument for Democracy and Human Rights (EIDHR), is being implemented. The overall objective of the project is to support the Albanian Probation Service on implementation of alternative sanctions, which offers treatment programmes for the offenders in the community, to assist the Probation Service in finding, enhancing and using effective partnerships within the community, and to improve public confidence on the effectiveness of community sentences.

Discussion/conclusion
Some participants queried the number of drug users in prisons in Albania. There are different methods to estimate which prisoners have drug problems. Urine testing shows that around 7% of prisoners are drug users, but surveys show up to 50% to 60%. There may be 'hidden' reasons for this, with Albanian authorities suppressing figures, or the stigmatisation of drug users themselves.

With respect to questions about external funding for harm reduction programmes and in particular MMT, it is said that USD30,000 can maintain 100 clients on MMT. The projects are very small-scale with 2-3 staff for 50 clients, so it is a very cost-effective model.

Day 1 - Session II (continued)

Law enforcement strategies: A new focus for Drug Law Enforcement.
The presentation focused on how law enforcement agencies (for example police, customs, and drug enforcement agencies) can develop a new and more effective role in contributing to reduce drug markets and the associated harms. The analysis shows that many of the traditional strategies and tactics have had limited success. This does not mean that law enforcement agencies should not maintain a critical role in drug policy and programmes. It is recommended to refocus law enforcement objectives in this area, and to make a commitment to more partnership with health and social care agencies.

For decades, international and domestic drug policies and programmes have been dominated by the idea that strong law enforcement, backed by heavy punishments, would be the best way to reduce problems, by stifling supply – stopping the production, distribution, and retail sale of controlled drugs, so that potential users find it hard to get access to them – and by reducing demand through deterrence. 'Discouraging potential users through their fear of arrest and punishment'.

We have to admit that these strategies have not met their objectives, despite many years of strong political commitment and heavy investment of public funds. Operational successes (such as major seizures, or the break up of particular dealing networks) have not led to a sustained reduction in the availability of drugs, and the principle of deterrence has been largely disproved – the threat of arrest and punishment does not figure highly in an individual's decision whether or not to use drugs, and increasing arrests and punishments do not lead to reductions in the levels of drug use. There is also a growing realisation that these strategies have created a number of serious unintended negative consequences, that have been enumerated by the United Nations Office on Drugs and

Crime, including:

- Greater power and profits for organised crime groups, and incentives for them to become more violent and ruthless.

- The criminalisation and exclusion of poor and marginalised communities, driving them away from health and social care services.

- The misdirection of scarce government resources into ineffective programmes, while other more successful programmes are starved of resources.

As law enforcement managers are forced to look for reasons why they haven't met the public's expectations to 'solve' the drug problem, there are increasing calls for governments to divert drug strategy funds and responsibilities away from law enforcement. While IDPC agrees that there should be some realignment of resources away from traditional 'war on drugs' approaches, IDPC does not agree that this means a significantly diminished role for law enforcement agencies in this field. On the contrary, law enforcement is a key partner in shared efforts to reduce the crime, health and social problems arising from drug markets and drug use. This can be achieved through a realignment of law enforcement objectives, and a focus on managing a problem to minimise the associated harms, instead of engaging in an unwinnable war to create a drug free society.

In terms of objectives, law enforcement agencies should focus more on outcomes, such as a reduction of violence and petty crime associated with drug markets, and the promotion of better health and social inclusion of users. Process indicators, such as numbers of arrests or amount seized, are no longer a sustainable measure of success – they do not indicate problems solved, just levels of activity.

In terms of practical actions, there are several areas of policy where law enforcement agencies can have a much more positive impact:

- *Tackling organised crime*. The focus here should shift from drug seizures to measures that reduce the long-term power of criminal networks, and that create the conditions where drug markets operate in private and with the minimum of violence, intimidation and corruption, so that law abiding citizens are unaffected.

- *Managing retail markets*. Instead of trying to fight every aspect of the drug market that comes to their attention, law enforcement agencies should develop a deliberate strategy to mould the market into the least harmful form – one that minimises the opportunity for drug profits to fuel other forms of crime, and that avoids any negative impact on community life (such as violence and intimidation, or 'no-go areas').

- *Supporting drug dependence treatment*. Law enforcement agencies come into regular contact large numbers of dependent drug users. They are therefore well placed to identify and refer them on to agencies that can offer to help them address their problems. In many countries, the police are key partners with health and social services in encouraging drug users to escape from the cycle of drug use and petty crime that is so harmful to themselves and those around them.

- *Supporting public health programmes*. Health services need to have positive access to drug users in order to deliver infection prevention, overdose prevention, and general medical services to a population that is rarely seen in formal medical

settings. In too many cases, law enforcement agencies act as a barrier to the delivery of essential health programmes, by threatening to arrest the users (and sometimes even the providers) of these services. There are a range of proven strategies for the reduction of HIV infection and overdose deaths that all governments have a responsibility to pursue to protect the health of their citizens. Law enforcement agencies should be key partners in promoting these strategies, and ensuring that they are integrated into drug control strategies and programmes.

It is no longer sustainable for law enforcement managers to claim that drug problems can be solved through more arrests and harsher punishment. Through a commitment to smarter strategies and partnership with health and social care agencies, it is possible for law enforcement to make a significant contribution to reducing the crime and social problems associated with drug markets and use.

Discussion/ conclusions

Partnerships

There was general agreement about building up partnerships. All efforts towards a multidisciplinary approach must be supported. It has been pointed out that efforts must be made to organise seminars like this regional meeting with participation of the judiciary, prison personnel, lawyers, social workers, policy makers and researchers. It is necessary to understand each other's perspectives. There is a need to create institutional requirements for NGOs and authorities to spend time together. In the UK, there are multi-disciplinary "Drug Action Teams" where people from different sectors meet to agree what to do. In the session about co-operation between NGOs and government authorities, this issue was discussed more extensively.

The International drug policy regime and national legislation

The point was raised about how far the international drug conventions should be used by governments to provide balanced legislation and policy. What is the role in this respect of the INCB and CND as the guardians of the conventions? It was said that bodies like the UNODC and the INCB represent the UN and advise Member States on how to implement the global drug control regime. They are confronted with a number of obstacles to give pragmatic and balanced advice. The 13 members of the INCB should play a technical role, but they play too political a role. The INCB promotes the vision of law enforcement triumph over drug control and have criticised Member States for straying from this approach.

An example of selectivity in the INCB comments on member-state policies are the recent criticism on the depenalisation/decriminalisation law changes in Mexico and other Latin American countries. The INCB neglects the flexibility provided by the conventions while this was originally the spirit of the conventions. There are, however, signs that they might be modernising, but their advice up to date has not been nuanced and balanced. UNODC is moving much faster than the INCB. Recent papers of UNODC show more openness for discussion and propose new ways to tackle the problems and dilemmas of our time. But their legislative affairs unit is very behind and out-of-date on the real issues. Members of IDPC and the NGO Vienna Committee are pushing for a regular dialogue with the INCB and UNODC. This year, there was for the first time an NGO meeting with the president of INCB at the CND. It has been agreed that these meetings will continue. There have also been several meetings between NGOs and the UNODC Executive Director, but they were not as constructive as expected.

EMCDDA and law enforcement reform
On the question "what about the EMCDDA and the promotion of best practice?" it was said that the EMCDDA is meant to be a repository of good science but also a support to policy makers. Several people involved in the work of the EMCDDA encourage this institution to be more vocal and provide guidance. The fact is that the EMCDDA is very closely managed and is subject to political control, since the EMCDDA depends on the European Commission and the European Parliament for approval of its budget.

Saturday 20 March 2010

Day 2 - Session III

Objectives, principles and activities of the International Drug policy Consortium (IDPC)
IDPC is a global network of NGOs and other professional networks who work together to promote open and objective debate in drug policies. Currently, we have 53 members around the world – this has been more than a 50% increase in membership since this time last year. We still do not have members in Sub-Saharan Africa or the Middle East North Africa Region, and in 2010/11 we will be seeking engagement from civil society organisations in those regions where the drug policy debate is still nascent.

IDPC takes a very pragmatic approach to advocacy around drug control issues, understanding that this is a very complex field of social policy. What is required is a nuanced and balanced strategy. IDPC seeks high level engagement with policy makers and those with influence to create an enabling policy and legal environment that supports the scale up of evidenced-based harm reduction and drug dependence treatment programmes that are based in the principles of human rights and public health. IDPC advocates for the meaningful involvement of civil society and aims to build the capacity of civil society groups to better engage with and influence policy making processes that can be very opaque and complex. IDPC facilitates communication and cooperation amongst its members and others to widen the space for honest dialogue about drug control policy.

One of the most important principles is that policy makers and civil society build open and constructive relationships. In many parts of the world and also at the CND in Vienna, IDPC members have had to work hard to get policy makers and government officials to engage with NGOs. This may have to do with the sensitivities of the drugs issue and sometimes NGOs have been seen as a problem to be avoided. IDPC tries to reinforce the positive role of civil society in supporting appropriate policy formulation and priority setting for governments and asks that civil society organisations be seen as partners in this area of policy making and programme implementation.

Work Plan 2010/11
For 2010/11 IDPC has four main streams of work within which there are priorities in terms of regions and thematic areas. The four work streams are:

1) Networking and communications
2) IDPC publications, advocacy and briefing materials.
3) International advocacy

4) National level advocacy (Regional structure and priority regions)

Networking and Communications

- *Website:* The website is the first port of call for drug policy issues. It is predominantly in English. However, in the last eight months all the static content is available in Spanish, French, Portuguese, Russian and Italian. There are still some improvements to be made to make the site truly multi-lingual and we are working hard towards that goal. The IDPC Steering Group is discussing what would be the appropriate languages that should be considered to support the work in the region of South East Europe. The website has large publications library of over 300 publications relevant to drug policy. Again most of them are in English although a significant number of IDPC publications is translated into Spanish to support IDPC's network in Latin America

- *Alerts:* IDPC provides a monthly Alert – like an email newsletter – which links to the latest news in drug policy, upcoming events, and key reports that have been released and are relevant to the drugs issue. Each month, the members are asked to submit items for the Alert to share experiences and developments from their own countries with the rest of the network and beyond. Currently there are about 3,500 subscribers to the English Alert and a few thousands more recently subscribed to the Spanish version

IDPC publications, advocacy and briefing materials

During the next work plan period IDPC has planned a number of IDPC publications. Some of the bigger reports will include the proceedings document of the recent CND meeting in Vienna, a response to the World Drug Report (if it is published this year) and also a response to the INCB report. IDPC will then produce smaller briefing papers and advocacy notes. The topics of these other papers are agreed in consultation with the membership depending on their priorities and what they feel could be useful to support their advocacy work. Other papers will focus on the three key thematic areas that are the advocacy priorities for this next work plan which are: better drug laws, refocusing law enforcement and reforming treatment environments. For example, under the Law Enforcement project, IDPC is planning a paper that collates any examples we can find of good practice in law enforcement from around the world.

International advocacy

A large part of IDPC's work has been focused on promoting and facilitating the involvement of civil society with the UN bodies that govern drug control. IDPC will continue to build on this work and support NGO engagement with both the CND and UNODC.

For the CND, IDPC does this through distributing relevant materials and information to partners and members. IDPC helps with practical arrangements NGOs wishing to attend the CND meetings. In the lead up to the next CND meeting in 2011, IDPC is planning an advocacy campaign around reform of the UN conventions which centres on the 50th anniversary of the 1961 Convention.

IDPC has also been building relationships with other parts of the UN system where the drugs issue should be more prominent on their agendas. IDPC has been talking to UNAIDS and the Global Fund to encourage them to be more active in addressing the political barriers to effective HIV prevention, treatment and care for drug users. IDPC will also be working with the WHO to ask them to take a greater role in drug policy debates. This year, IDPC is also planning to start talks with UNDP to encourage them to develop

some work on the impact of drug markets and policies on development objectives.

National advocacy
Advocacy with national governments is organised through the IDPC regional members. In each region, IDPC has a lead member who takes responsibility for consulting with the other regional members and partners to identify priorities and opportunities for influencing policies and programmes. For 2010/11, IDPC has identified 3 priority regions: South East Europe, Latin America and South East Asia. In the other 7 regions (Western Europe, Eurasia, North America, Caribbean, Middle East-North Africa, Sub-Saharan Africa, and South Asia) IDPC will continue to build up government contacts and seek opportunities, but will not be as proactive due to limited resources. IDPC is currently defining the regional work plans and priorities for the three proactive regions through consultation with the regional members.

Day 2 - Session III (continued)

The regional network of NGOs in SEE and its relation to national competent authorities
At this session, a discussion took place on the situation related to the contacts, cooperation and coordination of activities between authorities, specialised agencies and NGOs in the field of drugs.

The discussion started with a presentation of the role of a National Focal Point to a Regional cooperation in South East Europe. National Focal Points are the main information interface between the Member State and the EMCDDA and they have a double role, being the national authority at country level, and a member of the REITOX network at the EU level. National Focal Points implement the methodology of a Drugs Information System collecting, and analyse national information on all aspects of the drugs problem through monitoring and analysing national legal and policy developments; coordinating and animating the national drug information network(s); and ensuring the production and dissemination of National Focal Points' outputs nationally.

The EMCDDA drug Information System uses five epidemiological key indicators:
1. Treatment demand (Prevention, Treatment, Harm reduction, Rehabilitation)
2. General population surveys
3. Drug related deaths
4. Prevalence of infectious diseases in Intravenous Drug Users
5. Prevalence and patterns of problematic drug use.

The Early warning system introduced by the "2005/387/gha Council Decision", aims to create a network for rapid exchange of information on new synthetic drugs and assess their risks, for the application of measures of control by Member States. The sources used for this information are toxicological laboratories, the police and the National Chemical Laboratory.

The information about the penal justice system concerns: drug seizures, arrests for drug related offences, price and purity, convictions for drug related offences and imprisonments for drug related offences. This information is disclosed by all national DPAs.

A systematic dissemination of publications is provided by the EMCDDA, the focal point and other collaborating international organisations. The electronic databases provide

information to professionals in the drugs field and facilitate the dissemination of their publications and presentations to the focal point.

The Greek focal point also provides an Inventory of Drug Prevention and Treatment Services in Greece. An online updated version of the inventory was first published in 1996 and was re-published in 2009. It contains information on every demand reduction service in the 13 health districts of Greece (www.ektepn.gr).

Relationship between NGOs and state agencies

Speaking about the experience of the Coordinating Drug Policy Agency in Romania, it has been pointed out that since the establishment of the agency there have been close contacts with NGOs in the country. The big advantage of these contacts is that governmental agencies stay in close touch with the reality in the field. in addition, the relationship between NGOs and drug users is an advantage since drug users do not see NGOs as a threat.

There are, however, some tensions regarding the relationship between NGOs and authorities. Sometimes, NGOs have higher expectations of the state agencies than they can deliver. In Romania, there is currently a debate to find the best way forward on how to coordinate activities of all the parties involved. Referring to previously mentioned “Drug action teams” in the UK, it is said that in Romania specialised agencies have worked to create “community-based focal points”. Every officer has had training on how to work with local authorities in local areas (priests, mayors, teachers etc.). Some of the established community- based focal points have worked well, whereas others did not due to lack of ownership of their own problems. It is important, in this respect, to determine who takes the initiative.

In the discussion that followed, experiences from several countries were exchanged. The coordination structures are different per country.

In Romania, the National Drug Agency is embedded in the police department. There is a good relationship between the national agency and NGOs. The Health Ministry is struggling to create a separate body for mental health issues. NGOs are concerned and would like to ensure more coordination between the Health Ministry and the national agency. This is also of importance in relation to external donors. The experience with the Global Fund has not been satisfactory – Ministries managed the budget in a way that was not meeting the needs of the NGOs who had to do the work in the field.

In Turkey, the focal point is situated in the police department, a similar situation as in Romania. There exist problems between NGOs and the Health Ministry, but things are slowly improving.

In Greece, the drugs coordinating body (OKANA) is situated in the Health Ministry and is responsible for coordinating drug policy and implementing demand reduction efforts. It is the only authority to implement substitution programmes. It has 18 centres and substitution units where methadone, buprenophine, naltrexone and naloxone are provided. OKANA also has drug free programmes for adolescents and 71 prevention centres.

In Slovenia, there is a government drug commission that co-operates with NGOs. NGOs are organised in a National Network and participate actively in the formulation and implementation of drug policy. On 6 May 2010, there will be a conference with NGOs to prepare the new drug-strategy in Slovenia.

The Government of Montenegro accepted the action plan on drugs and proposes a "Council for Drugs" but NGOs were not consulted about this. In Montenegro, there is poor civil society engagement.

In Serbia, there is a national commission of experts with some financial support from the Ministry of Health, but it is not clear what the final coordination structure will be.

In Albania, the Global Fund Country Coordinating Mechanism is the only structure which is coordinating the drug issues between stakeholders. Every issue is discussed at the Country Coordination Mechanism. It is not clear whether government initiatives are to be expected at the moment, with regard to coordination.

In the Former Yugoslav Republic of Macedonia there is a good working coordination structure in the city of Skopje.

Conclusions

- There is diversity in types of cooperation between NGOs and state institutions or agencies responsible for drug policy. NGOs and state authorities can use their capacities and knowhow for the improvement of the work in the field and have a better understanding of the problems related to the drugs issue. Often, state authorities formulate drug policy in policy papers like the National Drug Strategy and the action plans, and need to cooperate with civil society organisations to ensure that such policies are appropriate and effective. NGOs should, however, organise themselves and claim a say, rather than to wait for others to give them the opportunity to do so.

- Global Fund and other external donors' support has had a positive effect on the work of NGOs in most of the countries in the region. The problem is that the responsible state authorities do not take over the task of financing the activities. In the long run, this is a danger for the continuity of the work already undertaken. In the coming period, NGOs have to find ways to convince the authorities to guarantee the continuation of their work.

<u>Day 2 - Session IV</u>

The South East Europe NGO Network

At this session, the possibilities of cooperation among NGOs and proposals for an organisational structure for the region were discussed.

Since 2003, there has been one functioning regional network, the "South East Europe Adriatic Addiction Network" (SEEA).

This network is an informal organisation of experts on addiction treatment and harm reduction from all over South East Europe and the Adriatic coast. The network aims to play an important role in the creation of new strategies and approaches for drug dependence treatment in the region.

The key objectives are:

- ⇨ To inform organisations and groups throughout the region about the extent of harm reduction issues and to share information and experiences on good

practices.

- ⇨ To develop the capacity of organisations to plan and carry out responsible and effective programmes in response to the needs of vulnerable people. The work of the SEEA and a series of conferences since 2003 have been presented to the participants and an invitation was extended to all to take part at the 5th SEEA symposium on addictive behaviours to be held from 30 September to 2 October 2010 in Ochrid, Former Yugoslav Republic of Macedonia (see www.seea.net).

Regional Working Group
The participants agreed to establish a Regional Working Group with one representative per country. The agreement was to keep this initiative, for the time being, as a loose network, and examine carefully the possibilities for a more formal structure in the future. The main principle is to further strengthen the organisations in each country rather than to build a strong umbrella network. The network will also try to find ways to generate resources for local level activities.

Website
An easy and effective communication among the network's organisations will be facilitated by the internet. IDPC has a website which can be used for the initial structure. There are 8-9 official languages in the region. A website with so many languages seems difficult to realise at the moment. It has been agreed to keep the webpage in English and have links to the different organisations on the webpage from the IDPC website.

Work plan suggestions
The following suggestions have been made for the network's work plan:

- Consultation on priorities, agree on the "core principles", mission and vision.
- Strengthen mechanisms of collaboration with governments, responsible Ministries and state agencies working on drug policy. Document experiences of collaboration with governments, share lessons learned and see how to support each other. A short questionnaire among NGOs can be useful for this purpose.
- Publish joint reports on different issues with conclusions and recommendations.
- Contact regional political organisations.
- Explore possibilities for fundraising and grants, including for the activities of local organisations.
- Support drug user organisations in the region.
- Organise country visits in order to exchange experiences and best practice.

These suggestions will be worked out and discussed by the working group.

The working Group will have a next meeting in autumn, probably during the meeting of the SEEA symposium from 30th September to 2nd October in Ochrid.

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