

Report

Regional Conference

“Drug policy challenges and implementation in South East Europe”

Thessaloniki, 8-10 June 2017

The Annual Regional Drug Policy Conference in South East Europe 2017 is organised in Thessaloniki from 8-10 June 2017. The Conference is held at Holiday Inn Hotel, Monastiriou 8, Thessaloniki, Greece. The Regional Conference aims to: ***bring together NGOs, policy makers and researchers active in the field of drugs across the region of South East Europe, in order to discuss drug policy developments and trends, exchange experiences and best practices in the region, Europe and the United Nations.*** Invited are members of NGOs active in the field, members of the Drug Policy Network in South East Europe (DPNSEE), policy makers and academics. This regional conference was part of the regional project “*Strengthening NGO capacity and promoting public health and human rights oriented drug policy in South East Europe*”, supported financially by the European Commission and the Open Society Foundations.

At the last Annual session of the Commission on Narcotic Drugs (60th CND) has been decided that countries will implement the outcomes of the UN General Assembly Special Session on Drugs (UNGASS) and report to the CND. This was the 7th Regional conference on drugs in South East Europe organised by the Association Diogenis, Drug Policy Dialogue. Forty Five (45) participants from several disciplines and countries of South East Europe took part at the conference. The discussion focussed on items that have been subject of deliberations during the 60th session of the Commission on Narcotic Drugs in March 2017. The UN member-states committed themselves to implement the outcomes of the UN General Assembly special Session and so contribute to the realisation of the aims of the UNGASS. The states decided, also, to invite civil society organisations, the scientific community and grassroots organisations to actively participate in the dialogue and contribute with their experience and knowhow in shaping drug policy at the national and international level.

In this context, the programme of the conference consisted of six sessions to discuss the following issues: (a). Initiatives undertaken in the countries of the region in order to implement the outcomes of the UN General Assembly Special Session on Drugs and the role of civil society, (b). The Sustainable Development Goals 2030 and the future drug policy, (c). The issue of drugs and women, (d). The role of Internet in drug policy issues, opportunities and threats. The programme included, also, discussions about ongoing projects which are implemented by organisations of the Drug Policy Network in SEE (DPNSEE). The harm reduction research project in the countries of South East Europe, the discussion on cannabis for medical purposes and the changing youth culture concerning drug use, including new psychoactive substances (NPS), were relevant issues that have been part of the programme.

The chair of the meeting opened the conference welcoming the participants. A short round of presentation of the participants followed. A representative of the municipality of Thessaloniki welcomed the participants on behalf of the Mayor of Thessaloniki and wished the meeting success with the deliberations. The chair noticed with pleasure the participation at the conference of several national drugs co-ordinators, the United Nations Office on Drugs and crime (UNODC), researchers and scientists and representatives of Non-governmental organisations active in the field of drugs. Subsequently he gave the floor to Mrs. Jo Dedeyne-Amann, Chief Secretariat to the Governing Bodies, Division for Treaty Affairs, UNODC to present recent developments on drug policy at the level of the United Nations.

Session I: “The Sustainable Development Goals 2030 and drug policy”

Jo Dedeyne-Amann started her presentation by thanking for the invitation. She explained that a lot of the information about the relationship between the Sustainable Development Goals (SDGs) and Drug policy is provided by the research department of UNODC in the report that the participants have received with the invitation for this conference. This document of UNODC has shown that there are interlinkages between drug use, drug production and drug trafficking and social and economic development, environmental sustainability and peace, justice and governance.

There is a commitment of the member-states to report to the CND about the progress of the implementation of the recommendations of the UNGASS outcome document. The outcome document notes, also, that efforts will be made to achieve the Sustainable Development Goals. The UNGASS document and the SDGs are complementary and reinforcing each other.

In order to be development-sensitive, it is important that measures taken need to be based on scientific evidence, be in line with the requirements of the international human rights instruments, be gender-sensitive, environmentally friendly and ensure that “no one is left behind”.

Reference has been made to three important areas that deserve special attention.

First area is the demand for drugs in relation to SDG 1: end poverty in all its forms everywhere and SDG 3: ensure healthy lives and promote well-being for all at all ages. Research has shown that drug abuse is often related to poverty, unemployment, poor education and social disadvantage, vulnerabilities that can be conducive to drug abuse. This means that efforts must be made to improve the situation in these areas in order to avoid problematic drug use. On the other side drug use itself can lead to further poverty and marginalisation. The outcome document stresses the importance of special attention for vulnerable groups, youth and women. Therefore measures are proposed to promote healthy life style, provide treatment and harm reduction services in order to prevent drug users from further negative consequences for their health and wellbeing. A continuum of care is needed to protect and save lives. The outcome document refers, also, to prison settings, where treatment and harm reduction must be available and end the AIDS epidemic and hepatitis C, including people who use drugs.

Second area is the illicit drug cultivation and alternative development related to SDG 1. One important item in the field of drugs is the cultivation and production of illicit drugs by small farmers, due to lack of income and bad circumstances related to rural development in their countries. The SDGs propose an approach, that maintains specialised drug interventions in synergy with general development investments of the countries concerned. The UNGASS outcome document has embraced this concept of the overall rural development linked to specialized drug interventions. The policy of alternative development and alternative livelihoods is related to strengthening rural development, improvement of the infra structure, cultivation of alternative products and promotion of marketing of these products in a way that secures income for the farmers and their families. One further important link with SDGs in this context is to make sure that all these initiatives are environmentally friendly so that they do not cause deforestation or any other environmental damage.

Third area is: drug production and Trafficking related to SDG 16. Illicit drug production and trafficking is a threat to peaceful, just and inclusive societies. SDG 16 proposes strengthening the rule of law, promotion of peaceful and inclusive societies, access to justice and to building effective, accountable and inclusive institutions at all levels. It is often said that demand is fuelling supply, but creation of new drug markets by drug traffickers increase demand. It is necessary to make sure that people are not becoming prey of transnational organised

crime. Organised crime often hampers economic development causes corruption and creates insecurity. Therefore, rule of law is important. Access to justice must make sure that measures that states are taking are complying with international norms and standards when it comes to the use of force, protection of victims and treatment of offenders.

The way forward

All stakeholders (member states, UN agencies, international organisations, Civil Society and in particular the scientific community and NGOs) have to contribute to this process. It is pointed out that in order to monitor the implementation of the recommendations of the UNGASS and the progress in achieving the SDGs, we need reliable and objective data, reports about implemented actions, good practices and experiences on the ground. This can only be achieved through partnerships and cooperation.

Reports of the member-states and all the above mentioned stakeholders will be compiled by the commission on narcotic drugs and submitted to the SDGs high-level political forum the body of the UN that is responsible for monitoring SDGs agenda

The CND is organising in the autumn of 2017 intersessional meetings to discuss the progress of the implementation of the UNGASS recommendations. Stakeholders can take part at the meetings, but can send Video messages with their experiences on the ground.

Those interested in the CND contributions to the implementation of the 2030 Sustainable Development Agenda can visit the webpage of UNODC dedicated to the SDGs 2030:

www.unodc.org/unodc/en/commissions/commissions-2030.html

Sustainable Development Goals, Drugs and Local governments. The experience of two local meetings

Nikos Stergiou, communication officer of Diogenis, presented the activity: *"Drugs and SDGs Policies for development and harm reduction"*, organised by Diogenis and funded by the EU through the LADDER (Local Authorities as Drivers for Development Education and Raising awareness) project. In May 2017 two (2) interactive seminars have been organized in Athens and Thessaloniki, the two biggest cities of Greece with around 6 million inhabitants (in total population of about 11 million). The seminars were organized under the auspices of both Municipalities. The general objectives of this project were: (a). to raise awareness regarding the strong relationship between SDGs and drug policy, (b). to inform Local authorities' staff, NGO members, academic community (teachers, professors, etc.) on all the latest developments and new, evidence-based approaches in the field of drug policy and harm reduction.

In both seminars information is provided about the SDGs with the support of the UN Regional Information Center in Brussels. Diogenis invited also a representative of the Drug Users Peer Network to present their point of view. About 60 people participated totally in both seminars. Also, the same period, highlighting the International Harm Reduction Day (May 7th), an internet campaign took place through the social media, aiming at people in the age of 18 – 50 years old, as a mean to inform them about the connection of drug-related issues and SDGs. Diogenis produced written documentation for this project with information on harm reduction and for the SDGs. The documentation is available and can be used for follow-up activities.

The results of this activity were positive as far as the documentation is concerned. The activity gave the opportunity to local managers and staff to be informed about SDGs, a thematic area not familiar to them. Making personal contacts and raising awareness were important results of the meetings. The number of the participants at the meetings was small, despite our attempts to engage more of them. This is an indication that

much more attention should be given to inform the local governments about the SDGs. Municipalities include prevention and care services in their social care strategies and as we see it, there is a necessity to cooperate with NGOs with experience in the field of drugs, trying to reach as many citizens as possible, with a new human-centered approach. The importance of the local governments is obvious, when we take into consideration that they are more close to everyday practice and know the needs of their citizens.

Discussion

Several participants took the floor after the presentations. In summary the following two points have been raised:

1. How can the goals of sustainable development be realized in the overall political and economic situation in countries, where citizens have to face economic crisis, austerity measures, unemployment and socio-economic insecurity. This is not an easy question to be answered. Indeed change cannot just come only by adoption of promising documents. The implementation is –as indicated in the presentations- the most important part of the work to do. Therefore it is of importance to provide feedback reporting for the everyday life.
2. The collection of data is of course important and must be improved. The question is, however, how the data are going to be used in policy developments. There is sufficient information about the situation. The point is that choices have to be made and implemented. It is known that nearly 70% of the budget on drugs is being spent in supply reduction measures and 30% in demand reduction. This is not a balanced approach. Since decades now, the balanced approach is repeatedly included in UN documents. The shift in drug policy that is described in documents has still to be transformed in real shift of priorities and resources. This is true, but we have to recognise that some changes have been made the last decades. In the past the CND agenda was focussed primarily to supply reduction. That is changing slowly. The new steps that must be taken are more and more in the direction of health

Session II: Initiatives undertaken in the countries of the SEE region related to implementation of the outcomes of the UNGASS and the role of NGOs

During this session the drug co-ordinators, who were present at the conference, have been asked to make a short presentation about the priority issues in drug policy in their country for the coming years and to inform the meeting about how they are planning to work on the implementation of the UNGASS outcomes.

Sorin Oprea (drug co-ordinator **Romania**), firstly, made a reference to drug prevention. Romania has a wide range of approaches to this issue. Universal prevention is primary for schools and for the general population. Selective prevention is mostly targeted at youngsters in recreational and festival settings, Roma groups and the prison population. Community prevention is focussing on illicit substances. Standard information plays a significant role. The prevention activities are implemented by the 47 drug prevention centres that cover all departments of the country. Non-governmental organisations are key partners in the implementation. Treatment is funded from public resources, there are 3 therapeutic communities in prisons and harm reduction services for drug-related infectious diseases (e.g. HIV/AIDS) are implemented. NGOS implement outreach programmes providing needles and syringes. For the availability of controlled substances there are national regulations. Romania is strengthening its contacts with the INCB and WHO for better implementation of the access to controlled substances. Supply reduction remains a priority. Romania wants to strengthen the relation with NGOs. The new patterns of drug consumption due to the appearance of NPS, is an issue of concern and Romania is supporting all efforts for a common European policy on drugs.

Radivoje Popovic (drug co-ordination office, **Serbia**) presented the work of the office for drug co-ordination in Serbia. The National office on drugs in Serbia was established in 2014, but became operational in 2016. This is the reason that the implementation of the Drug strategy and action plan is delayed. In the short time of its existence the small team of the office (4 staff members, including the director) has established good contacts with the ministries responsible for drug policy issues and has good contacts with the NGOs in Serbia. NGOs play an active role and the office is working, in co-operation with CSO, on a formal memorandum, where tasks and responsibilities regarding the co-operation are defined. In February 2017, a meeting with representatives of several ministries and Civil Society Organisations has been held, in order to inform each other and make plans for future co-operation. The Office on drugs, with the assistance of the Drug Co-ordination Office of Croatia, will evaluate the current drug strategy. The report will be ready at the end of 2017. All these activities will lead to a new action plan 2018-2021. Serbia is, also, working in order to meet the requirements in the framework of the pre-accession procedure. The issues of Harm reduction, decriminalisation of drug possession for personal use, access to controlled substances and regulations of cannabis are part of the new action plan.

Zeljko Petkovic (National Drug Co-ordinator, **Croatia**) referred to the progress of activities with regard to the implementation of the UNGASS outcome document. Most of the recommendations in the outcome document are already part of the existing drug policy in Croatia. In the coming years, Croatia will work to further improve several of the priority issues of the drug policy in the country. The issue of decriminalisation of the drug possession for personal use is incorporated in the law and the results are positive. There is a regulation for cannabis for medical use, which allows people to buy cannabis for medical purposes, but the costs are not covered. The patients have to cover the costs themselves. The co-operation with NGOs is satisfactory. The office has a budget for activities to be implemented by NGOs, but there are not enough proposals from NGOs that meet the quality requirements and the budget is not used to the extent possible. This is an issue of concern and NGOs have to improve their proposals. The issue of New Psychoactive Substances and, related to that, the treatment of non-opioid drug users is a challenge for the coming period. Another challenge is the coherence policy. Croatia would like to incorporate in the new drug strategy, also, alcohol and tobacco, as well as other addictive activities. This issue has to be discussed, also, at the European and international level, because there are different regulations, conventions etc. on addictive behaviours.

Manina Terzidou (Head of national focal point, **Greece**) referred to the HIV/AIDS epidemic in 2011. Through concerted efforts, the situation was managed successfully and in 2014 HIV cases were contained. New HIV cases have been substantially reduced. The number of Opioid Substitution Treatment facilities has increased and the number of drug-related deaths decreased. EU funding was essential for the successful scale-up and implementation of interventions. Opioids use remained stable. Issues that are under discussion are: the drug consumption rooms. Amendments to the existing legislation are in progress to legalise drug consumption rooms. The existing law governs use and possession for personal use (misdemeanour). Dependent users are not imprisoned and there is access to treatment for imprisoned dependent individuals. Regarding the medical use of cannabis, a specially appointed Committee by the Ministry of Health reached a positive conclusion to the legalisation of the medical use of cannabis. A law is being drafted. New approaches in Drug policy are mainly delayed not so much by the politicians and/or the government, but by the differences that exist among the responsible drug agencies. NGOs are active in advocacy work and harm reduction. Their role is upgraded in the last years. The recognition of NGOs as partners in shaping drug policy and possibilities for financial support from public resources is a problem, since there is no legislation on NGOs. There is discussion about a legal framework for NGOs, but there are not concrete plans. Three years ago, the ministry of justice has adopted a charter on human rights of drug dependent people. Drug users can make use of this charter. An issue of

concern is a large number of hidden population, that does not has access to services. They have to be brought closer to services in order to avoid negative consequences like the spread of infectious deceases.

Discussion

In the discussion that followed, is pointed out that some important initiatives have to be discussed further:

- (a).** The co-operation between Serbia and Croatia on the evaluation of the Serbian Drug strategy and action plan is a good example of partnership and use of the experience that exists in the region. Such partnerships can be developed using the existing expertise and exchanging best practices.
- (b).** There are common challenges and concerns that can be addressed jointly. The issue of coherence and the incorporation of alcohol and tobacco in drug policy is a suitable example in this respect.
- (c).** The current topics of cannabis legislation for medical purposes, the cooperation between governments and NGOs or the drug consumption rooms are also issues for common dialogue and exchange. Such initiatives have to be developed at the regional level.

Following the Croatian example that existing budget for NGOs cannot be used because of lack of qualitatively good proposals, a lively discussion emerged about the cooperation of governments and NGOs. Several participants made interventions on this point:

- (1).** The term Non Governmental Organisations (NGOs) is problematic because it places civil society initiatives that provide services opposing to public services. The civil society organizations are organizations of citizens that pay taxes. Government money to civil society organizations is money from taxpayers and they have as many rights to be financially supported as public services. It is odd that the funding of civil organizations by the government is considered as a problem. Public services and institutions and civil society organisations criticize each other while they have to look jointly for solutions.
- (2).** Another comment was about the cost-effectiveness. Civil society organizations deliver work that cost much less than work in a setting of larger organisations funded by government. Financial support of CSO ultimately results in an economic advantage of public expenditure.
- (3).** Reacting to the above arguments is said that it is better to focus the discussion not on the distribution of public expenditure between public and civil society services but on a shift of money from repressive and ineffective measures in favour of health oriented activities. The detention of drug users in prisons, for example, costs 10 times as much as programs of harm reduction and treatment. It is obvious that this discussion is important and has to be addressed in a more structured agenda.

SESSION III: Women and Drugs

Meni Malliori, Professor of Psychiatry at the University of Athens, presented a general overview of the subject ***“Facts and special characteristics for Girls and women who use drugs”***. She stressed the importance of understanding gender issues in drug use and drug addiction. This is an essential requirement for effective responses. One fourth of the people worldwide who have developed serious problems related to drug abuse are women. The issue gets now more serious attention internationally, although in Europe we had already in 2005 and 2006 publications of the EMCDDA on the issue of gender and drugs and later in the USA. Recently the issue has been included in the annual report 2016 of the International Narcotics Control Board (INCB).

In the international literature, women are identified as a high-risk group; women face different problems regarding the use of drugs. Special characteristics and risks for girls and women are disorders like depression,

anxiety and post-traumatic stress disorders. Girls and women are more affected by family problems. Divorce, loss of children and relatives are reasons for maternal alcoholism, maternal drug addiction, smoking during pregnancy and low parental attachment. A stronger risk factor for women and girls is sexual abuse and violence and high victimisation. A large percentage of women are in treatment because they have been sexually abused during childhood.

The INCB included in its report (2016), a thematic chapter on women and drugs, the specific needs of women who use drugs and the harms connected to drug use and addiction. The report points out that the one third of the people who use drugs globally are women. Women start using drugs later than men, but their rate of consumption progresses more rapidly than among men. Women in high-income countries have a higher-level of drug use, than women in low and middle-income countries. The prevalence is, also, higher among women who have sex with women. There is a significant gender gap in drug abuse. Men have a significant higher rate of drug use than women. The last decades more women are using drugs and the gap in this regard is narrowing. Misuse of non-medical prescription drugs is higher by females. Methamphetamines are the primary drug of abuse by women and females are more prone to cocaine as men. The exact reason for these differences remains unclear.

As far as care and treatment is concerned, it is pointed out that mix-gender programs often fail. Often addicted mothers, avoid treatment because they are afraid that they will lose custody of their children. Drug dependent girls and women, are involved in sex work, in order to support their addiction. An important issue that needs to be addressed is the hostile attitude of professionals, in particular men towards women. We need more women professionals in treatment, more research on gender specific interventions and more specialisation.

In conclusion, it is pointed out that we need more research on the topic of “girls & women who use drugs” in order to assess better the gender dimension in addiction disorders. It is important to focus on early prevention & gender specific intervention and to develop specialised treatment programmes and facilities for girls & women with addiction disorders.

Suggestions for further actions:

- Foster gender based research;
- Seek collaboration with other EU agencies FRA/ EU agency for fundamental rights)
- Maintain collaboration with partners (UNICRI, PG)
- Develop best practice portal and
- Review gender specific interventions.

Georgia Aslanidou, Psychologist at OKANA (Hellenic Organization against Drugs) in Thessaloniki, presented a case of drug dependent mothers, which is part of a pilot project on family counselling in a group therapy for addicted parents. The specific project is: primary care for women and in particular counselling support services for pregnant women, in cooperation with theatres and cultural operators. She referred to methodological issues concerning the treatment of mothers and the problems that dependency from drugs can cause to the mother, the child, and the family (in this case the parents of the addicted mother). The treatment of the mother did not take place in a separate group. A mixed group seems to be more beneficial, because the mother can learn from the experience of other women.

Consequently, a case is presented in the form of an interaction among the mother, the father, the daughter and the parents of the mother referring to situations that play a role in the process of treatment. She referred to the ambivalent feelings of relief and gratitude versus anger, desires or fears connected to the maternal role and the position of the mother in the family system.

The presentation concluded with some observations concerning the difficulties encountered in the case presented. Georgia Aslanidou closed her presentation with the following quotes *“in our age and culture more than ever, there is a general feeling of insecurity and helplessness towards a world dominated by instability. In our everyday life two elements are present: the urgent and the temporary. Everything has to be done immediately because there is never enough time. Everything (feelings, relationships) seem like they have an expiration date. At the same time, personalization, self-centeredness and alienation are promoted as a life style”* and *“One has to have in mind that, for most, the journey to a drug-free life or stability is a rocky one with many hitches and slips along the way.”*

SESSION IV: Drugs and internet: experiences, opportunities and concerns in the use of online counselling tools

Ilias Paraskevopoulos, consultant for addictions at KETHEA ITHAKI in Thessaloniki, presented the issue of drugs and internet. He referred to internet use and in particular, internet-based tools in the drug demand reduction field for active drug users (especially for NPS users).

There are four main categories with an increasing level of intensity and which seem to be also highly recommended for NPS users:

1. Information-tools exists in different ways, especially for NPS-users – not only about the negative consequences (common called “scare tactics”), but also about the effects, side effects and harm reduction. The more creative and near to the need of the user, the more likely the user will use this category of tools. e.g knowledge quiz, “did you know that ...” etc). Also effective are links or cooperation (e.g. through translations) with sites with high reputation in the scene (e.g. psychonautwiki, erowid, etc.)
2. Self-assessment-tools with automated personalized feedback and without direct intervention of any counsellor. These tools are usually called “click and read”- tools – These tools require very low commitment of the user.
3. Multi-session self-help-tools. Some of these self-help-tools, also, involve the intervention of counsellors (some are automated). Also, “click-read and write” tools as well.
4. Individual “online-counselling tools” is a category that is chancellor guided. This requires a quite high commitment on behalf of the user (but also from the side of the organization). Online-counselling is a multi-session- personalized counselling process (mostly) in text-form. They are also called “write-read-act-react”-tools. Online counselling needs staff that must be specifically trained and supervised.

All these kind of tools are mostly based on CBT (Cognitive Behavioural Therapy) and motivational therapy and are (should be) also evidence based. The main purpose of all these online- tools is to increase self-awareness through self- observation and to challenge or to mobilize people to change.

Video-chatting is a (so called) “real-time tool” and experience shows that you need clients with a high sense of responsibility for this. This is the reason why videoconference (or video-chat- counselling) is a good tool to use during the rehabilitation phase in addiction-therapy. But when we want to use online - tools for active drug/ NPS - users and not for addiction therapy, video-sessions do not seem to be very attractive to the clients. Nobody wants to be stigmatized by showing their face and talking about such a sensitive topic. And of course, video-chatting would not be considered suitable for a first contact with the client, due to its non-confidential or discreet character. Video-chatting is therefore not used by active users

Most online-tools are text based. These online text-based tools are particularly attractive for NPS-users and generally for drug users because they prefer to seek for help, while remaining totally anonymous (see also darknet / high connection to NPS users). They fear, of course, the potential negative consequences, and they are often ashamed, since they don't want to get stigmatized. Through writing down their reflective thoughts, their emotions and their drug related behaviour, the users slowly acquire an external look of their life-situation and so they are able to recognize behaviours that they may like to change in the future. A better self-image helps the promotion of self-awareness and change.

Moreover, Mr. Paraskevopoulos informed the meeting about the asynchronous way of written communication and why the asynchronous communication is the way in which most online-counselling- forums work; the text-bases tools; the idea of E-mail counselling and the web-based solutions. In addition, he explained the importance and difficulties of anonymity and Internet. Anonymity across the internet is an important security issue for working online with NPS users. On the one hand, the user feels secure enough to talk, or in our case, to write about their drug consumption, but on the other hand, you never know how valid the information he/she gives, is. Even basic information like gender, age etc. is not guaranteed to be real. One needs to deal with virtual identities that are not always identical with the real- life identity of the drug user and so, the professional can never be entirely sure of the whole picture. So there is a great risk that situations or behaviours are presented minimized or dramatized. Because of the anonymity, it is not easy for the professional to build a tight relationship with the NPS user, which often can be one reason why active drug users stop the cooperation more often or more easily in high commitment-online-tools.

Online-tools are an additional help. All these online self-help interventions seem to provide important support and help in the drug demand reduction, but they cannot replace traditional treatment. Nevertheless, they can give drug users the opportunity to contact addiction experts without exposing themselves publicly and promote the reference to the traditional treatment programs in a more discreet way. Moreover, some of the users do not need traditional treatment and will just use the online tool and live satisfied by reducing or quitting their drug use.

SESSION V: The Harm reduction research study in South East Europe.

Developments and next steps.

Sofia Galinaki, working as advocacy officer at Diogenis, Drug policy dialogue presented the research project "Harm reduction in South East Europe". This research is an activity within the framework of the project "Strengthening NGO capacity and promoting public health and human rights oriented drug policy in South East Europe", financially supported by the European Commission and Open Society Foundations. 'Diogenis' is the responsible organization that carried out this research. The basic aim of this study is to: **(a)**. examine and evaluate the coverage of Harm Reduction interventions across the region of South East Europe, **(b)**. do a stock-taking of the available services, **(c)**. identify the most significant challenges and barriers, compromising the effective coverage of Harm Reduction and **(d)**. propose suggestions and recommendations for advocacy work initiatives towards a coherent and comprehensive Harm Reduction policy in the region.

Harm Reduction is an area of extreme interest and utmost importance for the countries of South East Europe, which face extreme difficulties in this area during the last years. The majority of Harm Reduction services in the region, operating to their great extent by non-governmental organizations, are threatened to close down (several organisations have closed down and the operation of several others has already been interrupted) due to insufficient funding after the withdrawal of Global Fund and the inability of transition to national financial

resources. Sofia Galinaki informed the meeting about the background of the research project, its aims and objectives, the methodology that has been followed, including data collection on the basis of a questionnaire and presented some important preliminary results, conclusions and implications that were a fertile ground for discussion. Countries that took part at the research were: *Albania, Bosnia and Herzegovina, Former Yugoslav Republic of Macedonia, Greece, Montenegro, Romania and Serbia.*

Important issues shared by the majority of SEE countries were raised regarding the barrier of insufficient funding resources – especially through national mechanisms; the absence of a clear legal framework and quality guidelines in many countries of the region for the implementation of Harm Reduction; the absence of political will to participate in efforts aiming at establish a coherent Harm Reduction policy; strong stigma and discrimination of health care professionals and the general population towards PWUD due to the lack of knowledge and education in this field; difficulties in accessing acute information and data for the overall situation in each country due to the absence of coordination among competent authorities and organizations. The research report concludes with proposals for future activities and areas of advocacy work. In the discussion that followed participants express appreciation for the work done and are willing to continue the deliberations in order to find sustainable solutions.

Christos Anastasiou, from the Peer Network of users of Psychoactive substances (PeNUPS) in Athens, presented subsequently the Peer Network of Users of Psychoactive Substances (PeNUPS), that is involved in harm reduction. Peer involvement is a community-based approach to decision-making by “*consulting and collaborating with decision makers using a bottom-up approach in order to better address the needs of the community*”. The members of the organization are former users, services Users (OST) and active Users of psychoactive substances. While a large body of evidence supports peer engagement in the policy and the program development for various populations, little is known about this form of engagement among people who use drugs (PWUD)

The involvement of peers is important because it increases the trust and openness of the beneficiaries to receive service provision, when they are included in the decision-making process, in the design of the interventions, and their ‘voice’ is heard. Peer involvement promotes capacity-building of PWUD through training, education regarding their problems (e.g. health and psychosocial issues, harm reduction counselling); increases motivation for socialization; bridges the gap between the experts and the community (two-way relationship) and establishes contact with hard-to-reach populations.

The situation in Greece: Peer involvement is quite absent. Only peers from ‘daytop’ abstinence-based programs are involved in service provision, mainly in needle and syringe programs (NSP). Peers from OST programs and active DU are excluded. There is no participation in the decision-making process. The need for peer involvement is mostly promoted by civil society organizations, influenced by best practice examples from abroad. There is a need to organize peers coming from OST programs in order to react on harsh and punitive measures, as well as to non inclusive decision making process.

The Peer Network of Users of Psychoactive Substances (PeNUPS) was created in May, 2016. NGO ‘PRAKSIS’ contributes to this initiative through:- trainings addressed to the network’s members; - the opening of one job position for an outreach worker;- the needed support for the official establishment of the network as a legal entity

The aims of PeNUPS are: to advocate and lobby at the national and international level for the rights of people who use drugs; to promote effective prevention, treatment, care and support for people who use drugs who are

living with and affected by HIV, Hepatitis, TB and other relevant health issues; to advocate for intermediate reforms of drug laws in order to reduce the criminalization and stigmatization of people who use drugs while striving in the longer term is to an end prohibition; to promote and advocate for harm reduction as a means of supporting safer drug use and reducing drug related harm among people who use drugs and to provide capacity-building activities for peers.

The Drug Policy Network in South East Europe (DPNSEE)

Milutin Milosevic, Director of the Drug Policy Network in South East Europe (DPNSEE), presented the work of the organisation. DPNSEE was established as a legal organisation in October 2015 and is based in Belgrade. There are 19 organisations from 9 countries in the region of SEE that are currently members of DPNSEE. This number will increase soon to 22 since there are three new applications. With the new member organisations the countries that will be represented in DPNSEE will be 10. A visit to Turkey resulted in the identification of some potential candidates for DPNSEE membership, but there are no concrete steps at this moment.

The aims of DPNSEE as an umbrella organisation are: **(a).** to promote public health and human rights oriented drug policies, **(b).** to strengthen co-operation among civil society organisations and the competent authorities in the field of drugs, **(c).** to promote dialogue with the authorities in order to secure sustainability of the services of the organisations, **(d).** to strengthen the capacity of organisations, make them strong and reliable and **(e).** to undertake joint activities and exchange good practices among the organisations and services and institutions working in the field of drugs.

DPNSEE organised in the past period **9 country visits**, met with the responsible authorities and the organisations per country. In this period contacts have been established with regional and international organisations. Two activities that have been developed recently are the establishment of a **resource centre** and a **glossary of terms in drug policy**. The DPNSEE volunteers, who work on these activities made a short presentation. Translations of the glossary in the languages of the region are one of the intentions. The organisations at the meeting have been asked to propose volunteers who would like to translate the glossary. The research centre has just started. The aim of the centre is -besides the collection of documents- to be a supportive institution with an interactive system, comparing situations in the different countries, providing training materials etc.

The presentations were concluded with the announcement that DPNSEE became member of the International Drug Policy Consortium (IDPC) and that IDPC helped Aksion Plus to receive financial support for the methadone program. The Global Fund will be active in the coming period in Romania, Serbia, Montenegro and Kosovo. The Global Fund is also willing to support regional projects.

The next point on the agenda was the changing culture in drug use including new psychoactive substances. Irena Molnar, Office Manager and Communication Officer, DPNSEE and Bojan Arsenijevic, Training coordinator, NGO Re Generation, made presentations on this issues which have been followed with an interesting exchange of experiences in several countries of the region.

Irena Molnar informed the meeting about the phenomenon of festivals and the use of psychoactive substances and the trends that are in development in this very important area for young people. In several countries in the region festivals are organised by different agencies. The point of concern is that in these festivals young people use psychoactive substances in an environment that is not supported by measures that protect their health. Harm reduction services are actually necessary to inform young people about risks of substances that are used in the festivals, about risks for HIV and overdoses etc. The authorities have to be more active in this area. When

giving permission to organisers to hold such big events with thousands of mainly young people, the authorities must require that certain conditions have to be fulfilled in order to protect the health of the participants at the festivals. There are too big financial interests in organising events like festivals and parties, where recreational use of substances is a cultural phenomenon. Several participants made interventions on the issue. They pointed out that this is really an interesting area of concern for young people and it is good that this issue has been raised in this conference. Participants proposed to put this issue on the agenda of a next regional conference. Prior to the conference we must collect information and experiences in the region and identify main bottlenecks which need to be addressed. Slovenia is the only country in the region that is active in this area. Their experience can be valuable. Also, the cultural context of these activities have to be extensively discussed. Bojan Arsenijevic, informed the meeting about the substances that have been subject of discussion in Serbia and other countries, the relationship with the activities of institutions as the EMCDDA about early warning and NPS and the way they can be profitable for the everyday practice. Both speakers have been thanked for their contribution. The chair thanked also all participants who took part at the discussion.

SESSION IV: Developments in the discussion about cannabis policy in countries of SEE

Cannabis is a subject that is discussed worldwide. Unfortunately, at international level, the developments concerning cannabis are not on the agenda of important policy actors like the Commission on Narcotic Drugs, the United Nations Office on Drugs and Crime and the International Narcotics Control Board. There are, of course, reports about developments, but no initiatives to co-ordinate the discussion. Individual states take initiatives and introduce legislation, like a substantial number of states in the United States of America and states as Uruguay and recently Canada. In the region of SEE are also initiatives in development and this session is meant to inform each other and make arrangements for a further steps. The discussion started with **Greece**, where legislation is introduced in the law on addictive substances of 2013 for cultivation and production of cannabis for industrial purposes. Last year are the first permissions granted to farmers for cultivation. Cannabis for industrial purposes is allowed by the International conventions. The discussion now in Greece is about legislation for access to cannabis for medical purposes. It should be noted that the medical use of cannabis is allowed by the International conventions. The ministry of Health has last year appointed a commission to advice about the legislation needed for the cannabis for medical purposes. The commission advised positively and the procedure has started. We are expecting the next steps. NGOs are active advocating for legislation. The press and letters to the government are the only tools that Civil Society Organisations can use. The press has a certain influence, but the ministries do not react to the letters. Jacqueline Poitras, who reported for Greece suggested widening the scope of our activities and trying to put -in co-operation with other organisations- this issue on the agenda of the EU level (European parliament, Commission, European Union States). **Croatia** has legislation for medicinal cannabis on prescription of doctors. This cannabis has to be paid by the patients themselves. There is no insurance. **Romania** has no legislation on medical cannabis. **The Former Yugoslav Republic of Macedonia** has legislation, but access to cannabis is difficult. **Montenegro** has no legislation, but there is production of cannabis and users have access through self-cultivation. **Albania** has no legislation, but production of cannabis is huge. There is no serious discussion for legislation. **Bosnia** has production and cannabis is available but there is no legislation. The government is working on regulation of cannabis for medical purposes co-operating with a foreign company. In **Serbia** there is discussion, but the government is not willing to propose legislation even not for industrial cannabis.

Concluding this discussion it has been suggested to pay attention to the issue of involvement of big foreign companies who can invest in production of cannabis for medical purposes which is expensive for citizens with

low income and thus not accessible for them. Legislation has to arrange provisions that access to medical cannabis be available for all patients.

Suggestions for issues to be discussed next Conference and Participation in the European and the global discussion in view of the 2019 high-level meeting. Discussion in small groups.

Due to the time that we have devoted to the issue of youth and the changing culture in drug use including new psychoactive substances, we did not discuss in small groups, but continued in plenary. The suggestions that participants proposed were: Youth and recreational drug use, (a more in depth discussion of the issue that we discussed in session V), harm reduction and rehabilitation and treatment and international developments in the perspective of the high level meeting of the 2019 CND.

The conference closed with expression of thanks to the organisers and in particular Olga Pateraki who was responsible for all financial and organisational matters.

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