International Drug Policy Consortium
A global network promoting objective and open debate on drug policy

IDPC Briefing Paper

Policing people who inject drugs: Evidence from Eurasia

Janna Ataiants[1], Simona Merkinaite[2] & Dasha Ocheret[3]

September 2012

This briefing paper was made possible thanks to the valuable contribution of the Eurasian Harm Reduction Network.

Background

An estimated 3.7 million people inject drugs in Eurasia, representing the second highest prevalence of injecting drug use worldwide.[1] Around one in four people who inject drugs in the region are living with HIV.[2] From 2000 to 2010, the number of people living with HIV has increased by 250% in Eurasia, and the spread of HIV remains concentrated among people who inject drugs and their sexual partners.[3] Drug injection is also one of the main drivers of hepatitis C in the region, with the prevalence among people who inject drugs ranging from 30% in Azerbaijan to 95% in Lithuania.[4]

These trends clearly show the need for governments to prioritise the delivery of comprehensive HIV prevention services targeting people who inject drugs, including needle and syringe programmes (NSPs) and opiate substitution therapy (OST) in the region. However, since the beginning of the HIV epidemic in the mid-1990s, governments have given little or no political support to harm reduction. As a result, these services often rely on limited financial support and operate under hostile political environments, while the overall regional approach to drug control has been focused on severe drug laws and their enforcement towards people who use drugs. This focus on repression has led to numerous examples of police practice undermining the health and social programmes that are designed to reduce drug problems in the region.

Between 2008 and 2012, Eurasian harm reduction groups have produced a number of reports that address the issue of policing around controlled drugs. A range of abusive policing practices towards people who use drugs were documented, as well as the negative impact that such practices have on HIV and hepatitis C transmission, the inadequate allocation of public resources to public health at the expense of law enforcement, and the corruption of police officers. The purpose of this briefing paper is to review up-to-date evidence on the

1 Consultant, Eurasian Harm Reduction Network
2 Policy and Advocacy Programme Officer, Eurasian Harm Reduction Network
3 Drug Policy Coordinator, Eurasian Harm Reduction Network

institutionalisation of police violence toward people who use drugs across the region and the implications of these practices for public health and society. The review relies on data collected from several Eurasian countries and depicts instances of police abuse against people who use drugs as systematic practices widespread across the region. The paper concludes that the quantity and quality of interactions with the police profoundly shape the behaviour of people who use drugs and result in poor public health outcomes.[5]

Drug laws and the criminalisation of people who use drugs

> *I was summoned to the Department of Internal Affairs and searched. In my pocket they found a dose of heroin, less than one gram. Despite the low amount and no intent to distribute the drug, I was sentenced to two years in prison, since personal use is punishable by incarceration for up to five years. The time in prison didn't cure me of my dependency, and no treatment was provided.*
> ***Personal testimony from Belarus[6]***

Echoing the 1998 UN Declaration on the Guiding Principles of Drug Demand Reduction,[7] the drug policies and strategies of many Eurasian countries frequently reiterate the need for a balanced approach to drug control, which is usually understood as a combination of interventions aimed at eradicating drug markets (supply reduction) and reducing the prevalence of drug use (demand reduction). **Russia's** drug strategy (2010-2020), for example, states that anti-drug goals should be attained through a 'balanced and justified combination' of supply reduction, demand reduction, and international cooperation on drug control.[8] Similarly, the objectives of **Romania's** drug strategy (2005–2012) include the development of an integrated system including demand reduction, the provision of adequate medical, psychological and social assistance for people who use drugs, and streamlining anti-trafficking activities.[9] In practice, however, the trend to penalise people who use drugs has made drug control systems heavily skewed toward law enforcement at the expense of a balanced approach that prioritises health outcomes.

While the extent of drug control varies across the region, drug legislation usually leads to frequent and intrusive interventions by law enforcement officers in the lives of people who use drugs. This mainly results from the criminalisation of people who use drugs. In **Georgia**, for example, the government adopted a new piece of legislation in 2006 allowing the police to stop people in the street and bring them in for urine drug testing, with positive results leading to a high fine or imprisonment.[10]

While most countries in the region do not criminalise drug use *per se*, they tend to criminalise the possession of very low amounts of drugs or have not set legal threshold quantities for personal possession. For instance, in **Romania**, the law does not differentiate between possession for personal use and intent to supply, which means that the possession of any amount of a controlled substance qualifies as a criminal offence. In Ukraine, the law changed in 2010 makes possession of greater quantities than 0.005 g of heroin and acetylated opium a criminal offence. As a result, Ukrainian courts may sentence someone for a residue of controlled substance found in used syringes.[11] Laws that either criminalise very low doses of drugs, or fail to set indicative thresholds on what constitutes personal use, leave ample room for the police to arrest large numbers of people who use drugs and send them to the criminal justice system, often resulting in harassment and abuse.

Even when drug laws only impose administrative penalties for drug use or set more reasonable minimum threshold quantities to define

possession for personal use, as is the case in some Eurasian countries (for example, ranging from 1 to 10 grams of heroin in **Kyrgyzstan**), drug legislation frameworks leave people who use drugs highly vulnerable to police misconduct. In many countries, administrative liability for drug use does not only involve fines, but also administrative arrest, carried out by the police. For example, in **Russia,** drug use can be penalised by up to 15 days of administrative detention.

In all Eurasian countries, the police are encouraged to meet arrest quotas, provoking a form of 'predatory policing' towards people who use drugs – as people who use drugs are an easy target for arrest, drug laws provide an opportunity for the police to fulfil their arrest quotas. Legislative mechanisms are sometimes established to assist the police in filling such quotas. For example, laws regulating police investigation work often encourage sting operations called 'test buys' of drugs. According to the laws, 'test buys' should be overseen by police chiefs and based on previously documented evidence. In reality, however, a 'test buy' sometimes serves to arrest ordinary people who use drugs. Several cases in **Russia** on illegal 'test buys' have been successfully challenged in the European Court of Human Rights (for example, *Khudobin v. Russia* and *Vanyan v. Russia*).[12]

Finally, the registration of people who use drugs in official government records, a legacy of Soviet-era legislation and a policy that is very specific to the region, provides another layer of police control. Reports from **Russia**, **Georgia**, and **Ukraine** show that drug user registries add little value to improving the health of people who use drugs, but deprives them of certain civil rights, including parental rights, the inability to apply for a driver's license, and restrictions on employment.[13] Concerns are also raised about the fact that the police take particular note of people added to drug user registries, subjecting them to extensive surveillance and making them easy targets for abuse.

Street level enforcement of drug laws

> *The daily life of drug users is characterised by a constant terror arising from the widespread illegal practices employed by law enforcement officials.*
> ***Civil society report from Russia[14]***

In Eurasia, most drug laws generally disregard the principles of public health or human rights. While drug laws pose many problems, it is the way they are implemented which impact most negatively on people who use drugs. A number of factors explain how policing practices can lead to widespread and systematic human rights violations. These factors include the wide discretionary powers enjoyed by police in targeting people who use drugs, a lack of respect for human rights in the region, the traditional use of violence towards vulnerable groups (i.e. people who use drugs, ethnic and sexual minorities, sex workers, and homeless people), as well as negative perceptions of people who use drugs by the general public and the government. In the absence of an independent oversight and evaluation of policing practices, and with the encouragement of the general public, the police are able to act with impunity in their actions towards people who use drugs. The information below provides an overview of the most common policing practices in the region.

Police interventions at pharmacies, OST and harm reduction facilities

> *Police are around this needle exchange point frequently. They have stopped me a few times... They ask me, 'Where are you going? Why?' They gave me warnings: 'Don't come around here. We don't want to see you around here'.*
> ***Personal testimony from Ukraine[15]***

Reports from **Georgia**, **Ukraine, Kyrgyzstan** and **Russia** documented that the police frequently monitor sites where they can easily catch people who may be in possession of small

amounts of drugs or may have recently used controlled substances.[16]

For example, although syringes are sold over-the-counter in Eurasia, it is often impossible for people who use drugs to buy them because of police raids near pharmacies or refusal of pharmacists to sell syringes to people who use drugs.[17] Even when procuring syringes is perceived to be 'safe', carrying them brings risks of body search and arrest, since the possession of injection equipment is considered by the police as evidence of drug use. These practices escalate needle sharing and hastened injection at sale points, and discourage the return of used syringes at harm reduction sites.[18]

Similarly, harm reduction and OST facilities are frequently subjected to police surveillance and harassment of both patients and doctors. In **Ukraine**, the scale up of OST programmes was followed by widespread police harassment of staff and OST patients. In 2010, a doctor from Odessa was charged with 44 accounts of drug-related 'crime', including 'illegal' distribution of buprenorphine to his patients, facing five years of imprisonment, but was finally acquitted after spending 18 months in detention.[19] In 2011, the Ukrainian Ministry of Interior ordered the regional offices of the Department of Drug Enforcement to collect personal data from all OST patients. Several days later, the police went to the 168 existing OST sites nationwide[20] and extracted information from the patients about their HIV status and criminal records. The police advised doctors to cooperate to avoid further sanctions.[21]

In **Georgia**, the police ostensibly monitor staff and clients at harm reduction and OST facilities. In 2009 alone, an outreach worker on methadone and living with HIV and hepatitis C, working in a community-based harm reduction programme in Tbilisi, was stopped and taken to a drug testing facility by the police 27 times. Every time, testing showed negative results for all substances but methadone. Surveillance, psychological pressure and stigma can have negative consequences for the mental and physical health of OST patients.[22]

Finally, in a number of countries, including **Azerbaijan**, **Russia**, **Ukraine** and **Georgia**, emergency medical workers have to inform the police about overdose cases.[23] A 2008 survey of 313 people who inject drugs in Russia found that every 5th overdose episode was handled by an ambulance jointly with the police.[24] Police involvement may result in criminal or administrative charges for overdose victims and witnesses, as well as their mandatory registration as occasional or problematic drug users. This practice deters people to seek help when they are victim or witness to an overdose.

Misrepresented or fabricated evidence in court cases

> *Courts are used to certain things, so they do not care for evidence. [The] testimony of the drug user is not worth anything and is not listened to.*
> ***Personal testimony from Lithuania[25]***

In order to reach their monthly quotas on administrative and criminal arrests, the police routinely misrepresent available evidence in order to make cases seem more serious than they actually are – possession of drugs for personal consumption turns into 'possession with intent to supply', while social distribution of drugs becomes 'drug sale'.

Common methods of fabrication of evidence include procedural violations, provocation of drug sale, planting drugs, and using quasi-witnesses, as is frequently the case in Russia.[26]

Often, evidence presented in courts by the police is dubious. In Russia or Kyrgyzstan, law enforcement agencies openly admit that they lack adequate equipment to determine the exact amount of controlled substances in confiscated products, and therefore use the total weight of the confiscated product although its level of purity can vary

greatly.[27] This can have important repercussions in terms of conviction and levels of sentencing applied for the offence at hand. Similar issues can be raised regarding evidence drawn from drug testing. In Georgia, in 2008 only, 50,000 people were detained and 1,605 people were imprisoned as a result of involuntary drug testing.[28] The police use the results of rapid urine stripe tests as judicial evidence, despite the fact that this against international standards.[29] Indeed, many over-the-counter cold medications, as well as medication for depression, Parkinson's and Alzheimer's, antiretroviral medicines, and some foodstuffs are known to give false-positive results for urine drug screening tests. Rapid urine tests should always be confirmed by standard laboratory methods. In addition, in Georgia, a person refusing to take the urine test is subjected to a 'clinical examination' during which drug use is confirmed through a 'visual examination by an expert'.[30]

Corruption and extortion by the police

> *The cops need to meet quotas, which means that they need to arrest people, so the baryga [drug dealer] provides a drug user; the cops need money, so the baryga provides a kickback; […] they need drugs to plant on an addict – so the baryga provides some drugs. If the baryga has problems with some other cops, his cops will solve them.*
> ***Personal testimony from Tajikistan[31]***

Inadequate police salaries in the region, coupled with easy access to the profitable drug trade often encourage corruption among the police. For people arrested in possession of drugs, paying police officers a bribe often seems to be the best alternative to the threat of detention.[32] Another common practice is that of pressing people who use drugs to become police informants, especially when they are unable to pay a bribe.[33] In **Russia**, the police forces ex-prisoners dependent on drugs to provide information on dealers and fellow users in exchange for return of their identity documents (kept at the police station during imprisonment), which are necessary to access healthcare, housing and employment.[34]

The practice of 'test buys' also encourages police corruption. A report from **Tajikistan** shows[35] that easy access to drugs and extensive control over people who use drugs prompts the police to run their own drug trade rings. Under extreme circumstances, police officers disguise those sales as 'test buys' to protect themselves and their superiors from prosecution. Therefore, in addition to arresting people who use drugs, a sting operation is often used as a lucrative activity, rather than as a pursuit for justice.

Physical and sexual violence

> *He [police Major] has the distinction of being particularly pitiless with junkies. He considered them animals… He just disliked them so much, he used to, like, put a gas-helmet with an ash tray, you know this joke? So they put the gas-mask on you, pinch the tube so that you can't breathe and then they smack the ashtray right into your face so all your face turns black.*
> ***Personal testimony from Russia[36]***

People who use drugs in Eurasia are often subjected to humiliation and excessive use of force by the police. Certain physical identifiers (wide pupils, needle marks on veins), the possession of drugs and/or used syringes, and the inability of the person to pay a bribe may trigger police brutality, including beatings and sexual abuse. A study among people who use drugs in the region shows that police brutality is widespread and many interviewees perceived it as routine.[37]

Police brutality can be caused by operational and punitive motives. Operational motives include meeting arrest quotas, extortion of money or the need for information. For example, one common policing practice consists in the extortion of contacts, information and/or evidence from a person dependent on drugs experiencing withdrawal symptoms – this is easily possible

because, in a number of Eurasian countries, the police can detain people for up to 72 hours without a prosecutor's order. Punitive motivations include moral punishment and discipline.[38]

Finally, the practice from police officers to demand sexual favours in exchange for freedom has been widely documented in many countries in the region. A 2009 assessment of women who use drugs in the region revealed that in **Georgia** 13% of respondents had been asked for sexual favours by the police during arrest, in **Azerbaijan** 15% of assessment participants reported beatings by the police and 7% reported rape or coerced sex by police officers, while in **Kyrgyzstan** 40% of surveyed women experienced violence at the hands of police officers.[39]

Effects of policing practices on health and social outcomes

Evidence from the region suggests that law enforcement approaches to drug control and practices towards people who use drugs contribute to a number of health and social harms.

Health consequences

> *When they started fighting drugs, channels for distribution were blocked, while drug treatment opportunities remained limited. The only solution for many was home-made desomorphine produced from codeine-containing medications available over the counter. In December 2009, I was hospitalized with osteomyelitis of the lower jaw. After three years of desomorphine use my health was in a miserable state: acute osteomyelitis, trophic ulcers, multiple septic wounds and hepatitis C.*
>
> ***Personal testimony from Russia[40]***

The connection between abusive policing and the HIV epidemic and other blood-borne infections is well documented. Police interference in the work of health services, including NSPs and OST facilites deters people who use drugs from accessing harm reduction and other health services because of fear of arrest, and leads to unsafe drug use behaviours, consequently accelerating the spread of the HIV epidemic and increasing other drug-related harms. A 2008 study in St. Petersburg, **Russia**, found that women who had experienced police violence at a syringe exchange bus 10 years previously were still afraid of using harm reduction services.[41] In **Ukraine**, the 2010 rescheduling of personal possession of heroin and acetylated opium from 0.1 to 0.005 g was immediately followed by a sharp decrease in the number of exchanged syringes at harm reduction facilities.[42] Combined, these two countries account for over 90% of HIV cases in Eurasia, unsafe injecting being the key driver of the epidemic.[43]

In similar situations, people who use drugs also tend to avoid drug dependence treatment programmes although OST has been associated with a number of positive health and social outcomes, including reduced risks of incurring HIV and a more stable lifestyle for the patient. However, private drug treatment is generally expensive in the region, while free-of-charge public drug treatment involves mandatory enlistment on drug dependence registries, making those seeking treatment more likely to be targeted by the police.[44]

Fear of arrest also discourages overdose victims and witnesses from seeking emergency medical assistance,[45] resulting in high levels of deaths by overdose in the region. In Odessa, **Ukraine**, out of 100,000 annual calls to emergency medical assistance made in 2010, less than 10 were related to overdose because of fear of police involvement.[46] A 2009 study among 227 people who use drugs in **Kyrgyzstan** found that only 21% of respondents would call an ambulance in case of overdose because of fear of arrest and of being included in drug user registries.[47]

Evidence also shows that tough drug laws and their implementation are also associated with riskier drug use patterns. For example, in **Russia** and **Georgia**, the lack of availability of popular drugs and increases in prices (for example, heroin in Russia and Subutex in Georgia) in 2009 and 2010 prompted people who use drugs to switch to highly toxic self-made drugs. A 2011 survey of people who use drugs in **Russia** indicated that 41% of them shifted to pharmaceutical drugs, including desomorphine,[48] and in **Georgia** an estimated 80% of patients undergoing treatment in the country's leading drug treatment clinic identified desomorphine as their drug of choice.[49] The consumption of desomorphine, prepared from over-the-counter codeine medications and toxic chemicals, causes severe damage to health, including a rapid progression of vein thrombosis and limb amputations. In **Romania**, the increasing use of new psychoactive substances,[50] also called 'legal highs', also results from the fear of arrest for carrying controlled substances. In response to changing drug consumption patterns, the government criminalised additional substances, including mephedrone, in an attempt to restrict access to these new psychoactive substances. In 2011, the government also issued an emergency order that simplifies the procedures for amending the list of controlled substances and their level of control. As in Russia and Georgia, the use of these legal highs has led to serious negative consequences in Romania. The rates of daily injecting were raised threefold and the sharing of injection equipment has significantly increased, while harm reduction service providers have been unable to tailor available services to respond to the harms associated with these new substances. Following the legislative change, epidemiologists documented a vast increase in HIV incidence compared with previous years.[51]

The mass incarceration of low-level and non-dangerous drug offenders in Eurasia further aggravates health risks. Prison sanctions for drug use and possession for personal use are a direct cause for the growth of the prison population. According to a recent report, more than one in four women in Europe and Central Asia are imprisoned for low-level drug offences, which outnumbers all other reasons for women being incarcerated in the region.[52] The availability of drugs in prisons and the lack of access to harm reduction services in closed settings contribute to the escalation of the HIV epidemic, hepatitis C and tuberculosis among inmates. Prisons in Eurasia have also become breeding grounds for multidrug resistant tuberculosis and lethal co-infection of HIV and tuberculosis among people who use drugs, posing a significant public health threat to inmates and the overall society.[53] Despite these concerns, inmates infected by HIV, tuberculosis, hepatitis C and other acute conditions are often denied minimal medical assistance. In **Russia**, for example, inmates living with HIV and tuberculosis, many of whom have a history of drug use, are often subjected to beatings and other forms of ill-treatment and are denied basic medical assistance. As a result, some people with tuberculosis and/or HIV pass away in prison because of lack of medical care, and many of those who were released early on the grounds of deteriorated health died shortly after release.[54]

Inappropriate allocation of public resources

> *A flagrant example of the harmful consequences of forced drug testing is the case of Eric Muradov, a drug user whose house was confiscated by the court because he could not pay the fine of 800 GEL [USD$450] in time (Didube-Chugureti District Court). Muradov and his disabled mother became homeless, with no hope to reintegrate into society.*
>
> ***Policy report on Georgia[55]***

Because millions of dollars are being spent on drug law enforcement in Eurasia, funding is inadequate for health and social programmes and the provision of services in prison settings.

Reports from countries in the region demonstrate that substantial resources used in the criminal justice system are used for pre-trial detention and the incarceration of low-level drug offenders. In **Kyrgyzstan**, the Drug Control State Service spends an estimated US$ 358,500 on people accused of possession of controlled drugs without intent to supply to others. Almost half of this amount (US$ 169,300) is used for the pre-trial detention of suspects (usually people who use drugs), who may be kept under arrest from 1.5 to 2 months simply to avoid their possible no show in court.[56] In **Georgia**, a patrol policeman spends more than 8 man-hours on the detention of each potential drug use offender despite evidence that arresting people who use drugs does not have any deterrence effect and does not reduce the prevalence of drug use – civil society groups documented that the majority of people charged with drug consumption offences started using again within two years.[57]

The allocation of significant resources to the surveillance and detention of low-level offenders also diverts limited available resources away from more serious, violent crimes. Indeed, low-level drug offenders continue to constitute the majority of convictions in drug-related offences. For example in **Russia**, out of the 108,000 people convicted for drug-related crimes in 2010, 65% were convicted for drug possession with no intent to supply.[58] More than 104,000 individuals were charged with fines and administrative arrest for drug use or possession of small amounts of drugs (e.g. 0.5 grams of heroin or less).[59]

These strategies also divert resources away from education and healthcare services. **Russia** annually invests at least US$ 100 million in criminal proceedings related to possession of drugs without intent to supply (this excludes the costs of detention and incarceration).[60] In contrast, funds for HIV prevention among vulnerable groups are shrinking. In 2009-2010, the Russian government spent US$ 8.25 million on a programme which, among other activities, included HIV prevention among people who inject drugs;[61] in 2011, only $2.8 million was spent on similar programmes.[62] Available funding is spent on outreach, counselling and referrals, but not on NSP and OST programmes, and the later remains illegal in Russia. Another example is that of **Georgia** which spends an estimated US$ 10.5 million on street drug testing and only US$ 720,000 on drug dependence treatment.[63] Studies show that the amounts spent by Georgia on street drug testing could have covered HIV treatment for all those in need. Yet, Georgia purchases ARV medications and provides harm reduction services out of a grant provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria.[64]

Discussion

As countries of the region have been undergoing social transformation over the past 20 years, certain norms and behaviours are still being reproduced from the Soviet past, including within the police, whose attitudes have been mainly shaped by soviet socialist structures. These attitudes include, in particular, the readiness of frontline officers to put the orders of superiors above the law and meet arrest quotas by any means possible. Indeed, the pressure to produce the required number of arrests is one of drivers behind the practices of fabrication of evidence and use of violence toward people who use drugs.

In addition, and as in the Soviet era, the police function as a military force and understand their mission as limited to controlling criminal behaviours, rather than promoting social inclusion and public health. This rather narrow attitude towards policing leads to unnecessary arrests, harassment, abuse and violence, and precludes police officers from assisting citizens in critical, health-threatening situations, such as drug overdose.

Despite some exceptions, there are surprisingly few research studies and evaluations on how to

reduce police misconduct towards people who use drugs. However, some sporadic examples of police support for more balanced drug policies do exist.[65] Those examples show that law enforcement responses toward people who use drugs usually become more effective and less harmful as a result of national drug policy reform, rather than because of police restructuring. Two notable examples of improved policing practices as a result of drug policy reform are the experiences of Switzerland and Portugal.

In 1994, the Swiss government adopted a 'four-pillar' policy, focusing on prevention of drug use, treatment of drug dependence, harm reduction and law enforcement. As a result, the police and public health agencies were able to support one another in directing problematic users towards health and social programmes, hence reducing the health harms associated to drug use and previous drug control strategies. The results of this strategy were particularly successful in putting an end to open drug scenes and significantly reducing HIV transmissions among people who use drugs. The government policy is widely supported by the Swiss population.[66]

In Portugal, the possession of drugs for personal use was decriminalised by a 2001 law. The decriminalisation process was accompanied by the establishment of a system where people arrested in possession of small amount of drugs are referred by the police to Dissuasion committees that can impose administrative sanctions, but also direct people to health and social programmes, including drug dependence treatment and harm reduction services. The police and healthcare systems can therefore work as collaborative entities, and law enforcement agencies can focus on intelligence policing rather than on using limited resources to arrest people who use drugs.[67]

Another interesting example of improved policing is that of the city of Vancouver (Canada). Similarly to Switzerland and Portugal, improvements in police practices toward people who use drugs in Vancouver took place in a wider effort to reform local drug policies. In 2001, the city adopted a 'four-pillar' approach to drug control, modelled on the Swiss drug policy. The new policy encouraged the police to collaborate with public health agencies on matters related to the health and safety of people who use drugs. The local police became instrumental in referring people who use drugs and at higher risk for HIV and violence (such as sex workers and cocaine users) to the safe drug injection facility, Insite,[68] as well as harm reduction and healthcare facilities. In 2006, the Vancouver authorities released an official policy to restrict police attendance during overdose interventions in order to reduce the level of fear associated with arrests among overdose victims and witnesses. Today, the police identify their function during overdose interventions as 'assisting with life-saving measures and public safety.'

In all of these, and many other examples, the authorities have found that providing support rather than harassment of drug users leads to the more efficient use of resources, improved health and better social outcomes. If these policies are to be considered as potential alternatives to the current drug control strategies in Eurasia, it will first be necessary to conduct an independent evaluation of the effects of current drug policies in the region, as well as to acknowledge the negative consequences of these policies. Unfortunately, the political will to conduct such a review still appears to be absent among most government officials in Eurasia.

Conclusion and recommendations

Data from the region confirm the findings of earlier research which conclude that a drug policy based on intense drug law enforcement does not lead to a reduction in the scale of drug markets and use, and results instead in police corruption, violations of human rights, and the adoption of risky behaviours by people who use drugs.

In order to address these issues, it is necessary that governments in Eurasia consider reforms of their drug policies in order to refocus their law enforcement strategies and promote public health and social inclusion:

- Governments in Eurasia need to move away from a purely law enforcement-led approach to controlled drugs towards a strategy focused on reducing drug-related harms. This entails that drug use and possession for personal use be decriminalised to promote access to harm reduction and other healthcare services. Arrest quotas need to be removed so that the police are not tempted to target easily identified but low-level drug offenders.

- A growing body of research shows that the indicators currently used to measure the effectiveness of law enforcement – numbers of arrests and seizures – are not appropriate. New sets of indicators should be developed to achieve more realistic goals – i.e. reducing drug-related health and social harms related with drug markets and use. These indicators should focus on:

    - Tackling organised crime
    - Tackling the security, health and social problems associated with retail markets
    - Reducing drug availability to young people
    - Reducing petty crime committed by people dependent on drugs
    - Supporting health and social programmes.[69]

- Better coordination between drug law enforcement and healthcare facilities should be established to ensure that people who use drugs have access to the services they need. Drug user registration systems should be amended in order to protect the right to privacy of people who use drugs and encourage them to access medical care without fear of being targeted by the police.

- Independent public scrutiny should be conducted to oversee the work of the police and ensure that any misconduct is investigated and sanctioned. Human rights bodies, including the institute of the Ombudsman, should be involved in investigating human rights violations committed by the police against people who use drugs, in partnership with civil society and human rights lawyers. The victims of police abuse should be protected from negative repercussions during and after investigation.

- Free legal aid and counselling and defence lawyers' services should be made available for people who use drugs to ensure that their legal rights are protected and to promote a culture of accountability among law enforcement officials.

- National policy reforms should be adopted to combat corruption within police structures.

The International Drug Policy Consortium is a global network of non-government organisations and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organisations about particular drug-related matters, and offers expert consultancy services to policy makers and officials around the world.

Endnotes

1 Mathers, B.M., Degenhardt, L., Phillips, B., Wiessing, L., Hickman, M., Strathdee, S.A., Wodak, A., Panda, S., Tyndall, M., Toufik, A., & Mattick, R.P. (2008), 'Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review', *The Lancet*, **372**: 1733–1745, http://www.who.int/hiv/topics/idu/LancetArticleIDUHIV.pdf [accessed: 26.02.12], http://www.harm-reduction.org/images/stories/library/costs_report_final_eng.pdf

2 Mathers, B.M., Degenhardt, L., Phillips, B., Wiessing, L., Hickman, M., Strathdee, S.A., Wodak, A., Panda, S., Tyndall, M., Toufik, A., & Mattick, R.P. (2008), 'Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review', *The Lancet*, **372**: 1733–1745, http://www.who.int/hiv/topics/idu/LancetArticleIDUHIV.pdf [accessed: 26.02.12]

3 World Health Organisation, Joint United Nations Programme on HIV and AIDS, UNICEF (2011), *Global HIV/AIDS Response. Epidemic update and health sector progress towards Universal Access. Progress report 2011,* http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20111130_UA_Report_en.pdf [accessed: 27.02.12]

4 United Nations Office on Drugs and Crime (2011), *World Drug Report 2011* (Vienna: UNODC), http://www.unodc.org/unodc/en/data-and-analysis/WDR-2011.html [accessed: 26.02.12]

5 Sarang, A., Rhodes, T., Sheon, N., & Page, K. (2010), 'Policing Drug Users in Russia: Risk, Fear, and Structural Violence', *Substance Use and Misuse*, **45**: 813–864, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2946846/?tool=pubmed [accessed: 28.02.12]; Rhodes, T., Platt, L., Sarang, A., Vlasov, A., Mikhailova, L. & Monaghan, G. (2006), 'Street policing, injecting drug use and harm reduction in a Russian city: a qualitative study of police perspectives', *Journal of Urban Health*, **83**: 911–925, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2438598/ [accessed: 28.02.12]; Rhodes, T., Simić, M., Baros, S., Žikić, B. & Platt, L. (2008), 'Police violence and sexual risk among female and transvestite sex workers in Serbia: Qualitative study', *British Medical Journal*, **337**:a811, http://www.bmj.com/highwire/filestream/399267/field_highwire_article_pdf/0.pdf [accessed: 28.02.12]; Werb, D., Wood, E., Small, W., Strathdee, S., Li, K., Montaner, J. & Kerr, T. (2008),'Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver', *International Journal of Drug Policy*, **19**: 332-338, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2529170/?tool=pubmed [accessed: 28.02.12]; Green, T.C., Grau, L.E., Blinnikova, K.N., Torban, M., Krupitsky, E., Ilyuk, R., Kozlov, A. & Heimer, R. (2009), 'Social and structural aspects of the overdose risk environment in St. Petersburg, Russia', *International Journal of Drug Policy*, **20**: 270-276; Decker, M.R., Wirtz,A.R., Baral, S.D., Peryshkina, A., Mogilnyi, V., Weber, R.A., Stachowiak, J., Go, V. & Beyrer, C. (2012), 'Injection drug use, sexual risk, violence and STI/HIV among Moscow female sex workers', *Sexually Transmitted Infections,* http://www.jhsph.edu/humanrights/_pdf/Decker%20et%20al%20Moscow%20FSW%20STI%202012.pdf [accessed 08.03.12]; Jürgens, R., Csete, J., Amon, J.J., Baral, S. & Beyrer, C. (2010), 'People who use drugs, HIV, and human rights', *The Lancet*, **376**(9739): 97-107, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2960830-6/abstract [accessed 23.08.12]

6 An appeal to the Global Commission on HIV and the Law from Mink, Belarus (2011)

7 United Nations (1998), *Declaration on the Guiding Principles of Drug Demand Reduction,* www.un.org/documents/ga/res/20sp/a20spr03.htm [accessed: 20.03.12]

8 State Antidrug Policy Strategy: Strategy for the Implementation of the National Anti-Drug Policy of the Russian Federation in the Period Until 2020, http://stratgap.ru/pages/strategy/3662/4434/4437/index.shtml [accessed 29.02.12]

9 European Monitoring Centre for Drugs and Drug Addiction, *Country overview: Romania*, http://www.emcdda.europa.eu/publications/country-overviews/ro#nds [accessed: 29.02.12]

10 Otiashvili, D., Sárosi, P. & Somogyi, G.L. (2008), *The Beckley Foundation Drug Policy Programme Discussion Paper Fifteen – Drug Control in Georgia: Drug Testing and the Reduction of Drug Use?*, http://www.beckleyfoundation.org/bib/doc/bf/2008_David_211673_1.pdf [accessed 29.02.12]

11 Golichenko, M. & Merkinaite, S. (2011), *In breach of International Law: Ukrainian Drug Legislation and the European Convention for the Protection of Human Rights and Fundamental Freedoms. Discussion paper* (Vilnius: EHRN and Canadian HIV/AIDS Legal Network), http://www.harm-reduction.org/images/stories/documents/links/european_convention_ukraine.pdf [accessed: 26.02.12]

12 *Khudobin v. Russia* (2006), ECHR 898, no. 59696/00, § 135, 26 October 2006; *Vanyan v. Russia (2005)*, EHCR 877, no. 53203/99, §§ 46 and 47, 15 December 2005

13 Shields, A. (2009), *The effects of drug user registration laws on people's rights and health: Key findings from Russia, Georgia, and Ukraine* (New York: Open Society Institute), http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/drugreg_20091001 [accessed: 26.02.12]; Levinson, L. & Torban, M. (2009), *Drug registration: By law or bylaws?* (Moscow: Institute for Human Rights) [In Russian]

14 Andrey Rylkov Foundation, Canadian HIV/AIDS Legal Network, Eurasian Harm Reduction Network (2011), *Atmospheric Pressure: Russian Drug Policy as a Driver for Violations of the UN Convention on Torture*, http://www.countthecosts.org/resource-library/atmospheric-pressure-russian-drug-policy-driver-violations-un-convention-torture [accessed: 26.02.12]

15 Human Rights Watch (2006), Rhetoric and risk: human rights abuses impede Ukraine's fight against HIV/AIDS (New York: Human Rights Watch)

16 International AIDS Alliance (2011), Ukraine: Crackdown on drug substitution, http://www.aidsalliance.org/NewsDetails.aspx?Id=810 [accessed: 26.02.12]; An appeal to the Global Commission on HIV and the Law from Tbilisi, Georgia (2011); Karpets, A., Beletsky, L., Utyasheva, L., Nechaeva, L. & Tsarev, S. (2011), A Model of prevention and comprehensive care of overdose with psychoactive substances, based on the experience of 2008-2011 project 'Providing Sustainability for Prevention of Opiate Overdose in the Russian Federataion' (Moscow: Nonprofit Partnership ESVERO), http://www.esvero.ru/files/model_profilaktiky_web.pdf [In Russian] [accessed: 28.02.12]; Golovanevskaya, M. (2011), *Ukraine: Stop police abuse of methadone patients*, http://blog.soros.org/2011/02/ukraine-stop-police-abuse-of-methadone-patients/ [accessed: 03.21.12]; Golovanevskaya, M., Vlasenko, L. & Saucier, R. (2012), 'In control?: Ukrainian opiate substitution treatment patients strive for a voice in their treatment', *Substance Use & Misuse*, **47**:511-521

17 Ocheret, D., Golichenko, M., Teplinskaya, I., & Latypov A. (2011), *HIV and the law in Eastern Europe and Central Asia* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/2011_12_12_ehrn_digest_en.doc.pdf [accessed: 26.02.12]

18 Sarang, A., Rhodes, T. & Platt, L. (2008), 'Access to syringes in three Russian cities: implications for syringe distribution and coverage', International Journal of Drug Policy, **19**(Suppl.1): 25-36; Spicer, N., Bogdan, D., Brugha, R., Harmer, A., Murzalieva, G. & Semigina, T. (2011), *'It's risky to walk in the city with syringes'*: understanding access to HIV/AIDS services for injecting drug users in the former Soviet Union countries of Ukraine and Kyrgyzstan', *Global Health*, **7**: 22, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3143914/ [accessed: 07.06.12]

19 Latypov, A., Bidordinova, A.**,** & Khachatrian **A. (2012),** *IDPC briefing paper - Opioid substitution therapy in Eurasia: How to increase the access and improve the quality*, http://www.idpc.net/sites/default/files/library/IDPC-briefing-paper_OST-in-Eurasia.pdf [accessed: 26.02.12]

20 Golovanevskaya, M. (2011), *Ukraine: Stop police abuse of methadone patients*, http://blog.soros.org/2011/02/ukraine-stop-police-abuse-of-methadone-patients/ [accessed: 03.21.12]

21 International AIDS Alliance (2011), *Ukraine: Crackdown on drug substitution*, http://www.aidsalliance.org/NewsDetails.aspx?Id=810 [accessed: 26.02.12]

22 An appeal to the Global Commission on HIV and the Law from Tbilisi, Georgia (2011)

23 Ataiants, J., Latypov, A. & Ocheret, D. (2011), *Overdose: review of the situation and response in 12 countries in Eastern Europe and Central Asia* (Vilnius: EHRN), http://www.harm-reduction.org/ehrn-publications.html?start=5 [In Russian] [accessed: 28.02.12]

24 Karpets, A., Beletsky, L., Utyasheva, L., Nechaeva, L. & Tsarev, S. (2011), A Model of prevention and comprehensive care of overdose with psychoactive substances, based on the experience of 2008-2011 project 'Providing Sustainability for Prevention of Opiate Overdose in the Russian Federataion' (Moscow: Nonprofit Partnership ESVERO), http://www.esvero.ru/files/model_profilaktiky_web.pdf [In Russian] [accessed: 28.02.12]

25 Stuikyte, R., Otiashvili, D., Merkinaite,S., Sarang, A.& Tolopilo, A. (2009), *The impact of drug policy on health and human rights in Eastern Europe: 10 years after the UN General Assembly Special Session on Drugs* (Vilnius: EHRN)

26 An appeal to the Global Commission on HIV and the Law from St. Petersburg and Kaluga, Russia (2011)

27 Ocheret, D., Golichenko, M., Teplinskaya, I., & Latypov A. (2011), *HIV and the law in Eastern Europe and Central Asia* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/2011_12_12_ehrn_digest_en.doc.pdf [accessed: 26.02.12]

28 Merkinaite, S. (2012), *A war against people who use drugs: the costs* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/costs_report_final_eng.pdf

29 United Nations International Drug Control Programme (2001), *Rapid On-site Screening of Drugs of Abuse. Scientific and Technical Notes*, http://www.unodc.org/pdf/scientific/Scitec18_final1.pdf [accessed 29.02.12]

30 Shoshikelashvili, A. (2011), Personal communication with authors

31 Latypov, A. (2011), *Drug dealers, drug lords and drug warriors-cum-traffickers: Drug crime and the narcotics market in Tajikistan* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/drug_warriors_in_tajikistan_final_en.pdf [accessed: 26.02.12]

32 Andrey Rylkov Foundation, Canadian HIV/AIDS Legal Network, Eurasian Harm Reduction Network (2011), *Atmospheric Pressure: Russian Drug Policy as a Driver for Violations of the UN Convention on Torture*, http://www.countthecosts.org/resource-library/atmospheric-pressure-russian-drug-policy-driver-violations-un-convention-torture [accessed: 26.02.12]

33 Levinson, L. (2011), *Interview - Drugs, addictology and corruption*, http://hand-help.ru/documents/drugs,addictology,corruption_interview_lev_levinson.doc [In Russian] [accessed: 26.02.12]

34 An appeal to the Global Commission on HIV and the Law from St. Petersburg, Russia (2011)

35 Latypov, A. (2011), *Drug dealers, drug lords and drug warriors-cum-traffickers: Drug crime and the narcotics market in Tajikistan* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/drug_warriors_in_tajikistan_final_en.pdf [accessed: 26.02.12]

36 Andrey Rylkov Foundation, Canadian HIV/AIDS Legal Network, Eurasian Harm Reduction Network (2011), *Atmospheric Pressure: Russian Drug Policy as a Driver for Violations of the UN Convention on Torture*, http://www.countthecosts.org/resource-library/atmospheric-pressure-russian-drug-policy-driver-violations-un-convention-torture [accessed: 26.02.12]

37 Andrey Rylkov Foundation, Canadian HIV/AIDS Legal Network, Eurasian Harm Reduction Network (2011), *Atmospheric Pressure: Russian Drug Policy as a Driver for Violations of the UN Convention on Torture*, http://www.countthecosts.org/resource-library/atmospheric-pressure-russian-drug-policy-driver-violations-un-convention-torture [accessed: 26.02.12]

38 Andrey Rylkov Foundation, Canadian HIV/AIDS Legal Network, Eurasian Harm Reduction Network (2011), *Atmospheric Pressure: Russian Drug Policy as a Driver for Violations of the UN Convention on Torture*, http://www.countthecosts.org/resource-library/atmospheric-pressure-russian-drug-policy-driver-violations-un-convention-torture [accessed: 26.02.12]

39 Burns K. (2009), *Women, Harm Reduction, and HIV: Key findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine* (New York: Open Society Institute), http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/wmhardred20091001 [accessed: 26.02.12]

40 An appeal to the Global Commission on HIV and the Law from Orsk, Russia (2011)

41 Meylakhs P. & Meylakhs, A. (2008), *Women, drug use, and harm reduction in Georgia, Russia, and Ukraine (A study of the case of Russia based on the example of Saint-Petersburg)* (Saint-Petersburg: Center for Independent Sociological Research, Charitable Foundation Humanitarian Action) [In Russian]

42 Ocheret, D., Golichenko, M., Teplinskaya, I., & Latypov A. (2011), *HIV and the law in Eastern Europe and Central Asia* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/2011_12_12_ehrn_digest_en.doc.pdf [accessed: 26.02.12]

43 World Health Organisation, Joint United Nations Programme on HIV and AIDS, UNICEF (2011), *Global HIV/AIDS Response. Epidemic update and health sector progress towards Universal Access. Progress report 2011,* http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20111130_UA_Report_en.pdf [accessed: 27.02.12]

44 Shields, A. (2009), *The effects of drug user registration laws on people's rights and health: Key findings from Russia, Georgia, and Ukraine* (New York: Open Society Institute), http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/drugreg_20091001 [accessed: 26.02.12]; Levinson, L. & Torban, M. (2009), *Drug registration: By law or bylaws?* (Moscow: Institute for Human Rights) [In Russian]

45 Green, T.C., Grau, L.E., Blinnikova, K.N., Torban, M., Krupitsky, E., Ilyuk, R., Kozlov, A. & Heimer, R. (2009), 'Social and structural aspects of the overdose risk environment in St. Petersburg, Russia', *International Journal of Drug Policy*, **20**: 270-276; Ataiants, J., Latypov, A. & Ocheret, D. (2011), *Overdose: review of the situation and response in 12 countries in Eastern Europe and Central Asia* (Vilnius: EHRN), http://www.harm-reduction.org/ehrn-publications.html?start=5 [In Russian] [accessed: 28.02.12]

46 Ataiants, J., Latypov, A. & Ocheret, D. (2011), *Overdose: review of the situation and response in 12 countries in Eastern Europe and Central Asia* (Vilnius: EHRN), http://www.harm-reduction.org/ehrn-publications.html?start=5 [In Russian] [accessed: 28.02.12]

47 Ataiants, J., Latypov, A. & Ocheret, D. (2011), *Overdose: review of the situation and response in 12 countries in Eastern Europe and Central Asia* (Vilnius: EHRN), http://www.harm-reduction.org/ehrn-publications.html?start=5 [In Russian] [accessed: 28.02.12]

48 Merkinaite, S. (2012), *A war against people who use drugs: the costs* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/costs_report_final_eng.pdf

49 Piralishvili, G. (2012), Personal communication with authors

50 The term refers to new psychoactive substances identified as a narcotic or psychotropic drug, in pure form or in preparation, that are not controlled by the 1961 United Nations Single Convention on Narcotic Drugs or the 1971 United Nations Convention on Psychotropic Substances, but which may pose a public health threat comparable to that posed by substances listed in these conventions. For more see EMCDDA (2005). Brief: Monitoring new drugs, European Monitoring Centre for Drugs and Drug Addiction: Lisbon. Available at: www.emcdda.europa.eu/attachements.cfm/att_40149_EN_Monitoring_new_drugs.pdf.

51 Merkinaite, S. (2012), *A war against people who use drugs: the costs* (Vilnius: EHRN), http://www.harmreduction.org/images/stories/library/costs_report_final_eng.pdf

52 Iakobishvili, E. (2012), *Cause for alarm: The incarceration of women for drug offences in Europe and Central Asia, and the need for legislative and sentencing reform* (London: Harm Reduction International), http://www.ihra.net/files/2012/03/10/IHRA_WomenInPrisonReport_Web.pdf accessed: 20.03.12]

53 Stuckler, D., Basu, S., McKee, M. & King, L. (2008), 'Mass incarceration can explain population increases in TB and multidrug-resistant TB in European and Central Asian countries', *Proceedings of the National Academy of Sciences*, **105**: 13280-13285

54 Andrey Rylkov Foundation, Canadian HIV/AIDS Legal Network, Eurasian Harm Reduction Network (2011), *Atmospheric Pressure: Russian Drug Policy as a Driver for Violations of the UN Convention on Torture*, http://www.countthecosts.org/resource-library/atmospheric-pressure-russian-drug-policy-driver-violations-un-convention-torture [accessed: 26.02.12]; Ocheret, D., Golichenko, M., Teplinskaya, I., & Latypov A. (2011), *HIV and the law in Eastern Europe and Central Asia* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/2011_12_12_ehrn_digest_en.doc.pdf [accessed: 26.02.12]

55 Otiashvili, D., Sárosi, P. & Somogyi, G.L. (2008), *The Beckley Foundation Drug Policy Programme Discussion Paper Fifteen – Drug Control in Georgia: Drug Testing and the Reduction of Drug Use?*, http://www.beckleyfoundation.org/bib/doc/bf/2008_David_211673_1.pdf [accessed 29.02.12]

56 Merkinaite, S. (2012), *A war against people who use drugs: the costs* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/costs_report_final_eng.pdf

57 Merkinaite, S. (2012), *A war against people who use drugs: the costs* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/costs_report_final_eng.pdf

58 Merkinaite, S. (2012), *A war against people who use drugs: the costs* (Vilnius: EHRN), http://www.harmreduction.org/images/stories/library/costs_report_final_eng.pdf

59 Merkinaite, S. (2012), *A war against people who use drugs: the costs* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/costs_report_final_eng.pdf

60 Merkinaite, S. (2012), *A war against people who use drugs: the costs* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/costs_report_final_eng.pdf

61 International Treatment Preparedness Coalition in Eastern Europe and Central Asia (2011), *Alternative report. Russia halfway to universal access: Between authority and epidemic*, http://itpcru.org/files/files_169.html [accessed: 26.02.12]

62 Community of People Living with HIV (2011), *Press release – Health ministry 'buys' prevention for 85 million Roubles within 39 days, and NGOs promise to provide control over its realisation* (Moscow: Inter-Regional Organisation 'Community of People Living with HIV'), http://positivenet.ru/files/083.pdf [In Russian] [accessed: 28.02.12]

63 Merkinaite, S. (2012), *A war against people who use drugs: the costs* (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/costs_report_final_eng.pdf

64 Ocheret, D., Golichenko, M., Teplinskaya, I., & Latypov A. (2011), *HIV and the law in Eastern*

Europe and Central Asia (Vilnius: EHRN), http://www.harm-reduction.org/images/stories/library/2011_12_12_ehrn_digest_en.doc.pdf [accessed: 26.02.12]

65 'Chapter 2.2. Effective law enforcement' *In:* International Drug Policy Consortium (2012), *Drug Policy Guide, 2nd Edition* (London: International Drug Policy Consortium), http://idpc.net/publications/2012/03/idpc-drug-policy-guide-2nd-edition [accessed 10.06.12]

66 Csete, J. (2010), *From the mountaintops: What the world can learn from drug policy change in Switzerland* (New York: Open Society Foundations), http://www.soros.org/reports/mountaintops [accessed 10.06.12]

67 Domoslawski, A. (2011), *Drug policy in Portugal: The benefits of decriminalizing drug use* (New York: Open Society Foundations), http://www.soros.org/reports/drug-policy-portugal-benefits-decriminalizing-drug-use [accessed 10.06.12]

68 DeBeck, K., Wood, E., Zhang, R., Tyndall, M., Montaner, J. & Kerr, T. (2008), 'Police and public health partnerships: Evidence from the evaluation of Vancouver's supervised injection facility', *Substance Abuse Treatment, Prevention, and Policy*, **3**: 11, http://substanceabusepolicy.com/content/pdf/1747-597X-3-11.pdf [accessed 10.06.12]

69 For full details, please read the recommendations of 'Chapter 2.2. Effective law enforcement' *In:* International Drug Policy Consortium (2012), *Drug Policy Guide, Version 2*, http://dl.dropbox.com/u/64663568/library/IDPC-Drug-Policy-Guide_2nd-Edition.pdf [accessed 10.06.12]

Funded in part by Open Society Foundations

OPEN SOCIETY FOUNDATIONS

Written in collaboration with the Eurasian Harm Reduction Network

EURASIAN HARM REDUCTION NETWORK

International Drug Policy Consortium
Fifth floor, 124–128 City Road, London
EC1V 2NJ, United Kingdom

telephone: +44 (0)20 7324 2975
email: contact@idpc.net
website: www.idpc.net