

# IDPC Briefing Paper

## Drug policies and harm reduction in South East Europe

Christopher Hallam<sup>1</sup> and Marie Nougier<sup>2</sup>

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**The International Drug Policy Consortium (IDPC) is a global network of NGOs 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.**

### Introduction

The political change that took place in the 1990s and the war in Former Yugoslavia have largely shaped the current socio-economic and political situation in most countries in South East Europe (SEE), especially those that were involved in the conflict. Since SEE is part of the European area, the integration of SEE countries into the European Union is of great importance. Four countries of the region are already full members of the European Union (Greece, Slovenia, Bulgaria and Romania) while others are preparing for accession.<sup>3</sup> Between 2009 and 2011, the International Drug Policy Consortium (IDPC) and the Andreas Papandreou Foundation (APF)<sup>4</sup> have given priority to this region in order to contribute to the need of the SEE candidate countries to develop drug policies and programmes that are in accordance with the EU drug strategy.<sup>5</sup>

This briefing paper is the first of a series focusing on drug-related issues in SEE. It provides an overview of the current situation regarding harm reduction services and national

drug policies in the region. The paper analyses the difficulties and challenges NGOs are facing in their harm reduction work, along with gaps and shortcomings in this field, and provides recommendations for the further development of appropriate harm reduction programmes in the region. The paper is based on the inputs of the members of the Network provided at the meeting in Ohrid in September 2010,<sup>6</sup> and papers and reports<sup>7</sup> on the drug situation and drug policy in South East Europe.

### Harm reduction, national policies and NGOs – A regional overview

Drug consumption has increased across the whole of SEE since the beginning of the 1990s. Although cannabis is the most frequently used substance, it is heroin use that causes most problems in the region, especially by young people and vulnerable groups. Despite this general regional trend, national responses to the drugs

**Box.1. The South East Europe NGO Drug Policy Network – A short history**

In autumn 2009, APF, in cooperation with IDPC, conducted fact finding visits in several countries in the region. The purpose of the visits was to learn more about the drug policy situation in each country, assess the involvement of NGOs in the policy making process, study the implementation of drug programmes and projects, and explore possibilities and opportunities for regional cooperation. Following the visits, an inventory of concerns and priority areas was drafted and formed the basis for a regional action plan.<sup>8</sup>

In March 2010, a first regional meeting of NGO representatives and policy makers from SEE countries took place in Athens, Greece. The first day of this two-day meeting consisted of a seminar on issues related to “Drugs and Criminal Law”, during which the participants talked about drug dependent people and criminal law, services in prisons, and law enforcement strategies. On the second day, discussions focused on the creation of a SEE NGO Drug Policy Network (Network), which would aim to promote cooperation and networking activities between participating NGOs, and build constructive relationships with national, regional and international authorities and agencies in the drugs field. A Working Group was elected to examine the possibilities for setting up a network structure and make suggestions for future work plans.<sup>9</sup>

The second Network meeting took place in Ohrid, Former Yugoslav Republic of Macedonia (FYR Macedonia), in September 2010. This meeting was an occasion to improve the geographical representation of the Network, where all countries in the SEE region<sup>10</sup> were represented. Two NGOs from Croatia and two from Bosnia-Herzegovina took part in the discussions and a first contact was made with an NGO from Pristina, Kosovo. The agenda of the Ohrid meeting consisted of two main issues, firstly an overview of harm reduction programmes and national drug policies in SEE; and secondly a discussion of the Roma population and illicit drugs in SEE. The Working group also had a first discussion about the vision, mission and policy principles for the Network.<sup>11</sup>

problem have been relatively diverse, according to the varied social and political backgrounds, and the choices and initiatives undertaken by national governments and social institutions. This paper attempts to delineate some broad regional trends characteristic of these responses.

**Harm reduction in South East Europe**

The patterns of Illicit drug use and the response of health and other public services in SEE Countries before the 1990s are characterised by low numbers of drug users and treatment of drug dependence in psychiatric clinics through abstinence programmes. Problematic drug use is relatively new in many parts of the region. Before the 1990s, the patterns of Illicit drug use and the response of health and other public

services in SEE Countries before the 1990s were characterised by low numbers of drug users and treatment of drug dependence in psychiatric clinics through abstinence programmes. Both drug treatment and the wider set of harm reduction interventions are now in the process of being elaborated as governments work to develop coherent, structured strategies to manage this new phenomenon. However, although most governments are integrating harm reduction principles into their drug policies, they appear reluctant to incorporate them in their national legislations. Nevertheless, drug dependence treatment is generally available across the region. Methadone is widely offered, including other substitutes such as buprenorphine, and in some cases slow-release morphine, gradually being

introduced into the available therapeutic mix (This is the case in Slovenia and Bulgaria). Treatment programmes are often funded by, and offered through, state national insurance schemes, but the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) remains crucial for the provision of many services. In some cases, drug treatment is delivered in the context of community health programmes (as is the case of Albania), in others as part of general healthcare system (which is the case in most of the countries in the region). Despite its formal availability across the region, in many cases OST is as yet available to tiny numbers of patients, and most SEE countries cannot cover the demand through the existing services. Moreover, while many states provide OST, structures are sometimes either overly bureaucratic or too rigid to provide a regular and effective input from general practitioners and NGOs.

The rise of NGOs with a harm reduction focus across the region is encouraging. They are often the sites of information and best practice, and offer a crucially important resource on which governments can draw to address drug related health problems with which many of them are only now beginning to become familiar. Perhaps partly as a result of its novelty, the recognition of the value of harm reduction services by national legal systems is patchy. For detailed information on treatment policy in individual countries, please see table 1 below.

### **National policies and budget constraints**

In the context of the HIV epidemic and the political developments that took place in the 1990s, a new flow of financial support from external donors to Albania, Bosnia and Herzegovina, Bulgaria, FYR Macedonia, Montenegro, Romania and Serbia, has enabled a range of NGOs offering harm reduction services to develop. While a number of these NGOs do provide OST and other forms of drug treatment in SEE, their major role to date has often consisted of providing low threshold services such as needle exchange, information and advice, counselling etc. NGOs are often

at the forefront of innovative projects that are usually implemented by dedicated professionals in very challenging conditions.

Although national authorities recognise this important contribution, it is rare that their recognition results in institutional and financial support. Instead, they have tended to let NGOs set up harm reduction services with support from international donors, in particular the Global Fund. As a result, NGO activities largely depend on the financial support of non-governmental and international donors, and governments have shown little willingness to guarantee the continuity and scaling up of harm reduction services in their respective countries.

The economic crisis has further worsened the situation. In addition to the fact that services in most countries are insufficient to meet existing needs, there have also been some recent negative developments. In Romania, for example, the oldest opioid substitution treatment (OST) centre in Bucharest was closed down, with patients being moved to other treatment facilities following budget cuts. Moreover, several countries in the region have become ineligible to receive funding from the Global Fund because of their income level and as a result now have to cover health-related costs themselves. This constitutes a threat for the very existence of several harm reduction services.<sup>13</sup> The positive contribution of NGOs in the field of Harm Reduction not only needs recognition and appreciation, they first and foremost need political and financial support to further develop their work with drug users, one of the most vulnerable, marginalised and discriminated group in our societies.

### **National laws – a barrier to harm reduction**

Another barrier to the provision of harm reduction services is bound to the fact that only a few countries in the region have enshrined the concept of harm reduction in their national law. Others have included harm reduction in their national drug strategies, but have not yet modernised their drug laws in order to incorporate the newly introduced

harm reduction services in their legislations. In existing legislations, harm reduction is sometimes considered as promoting drug use. This is the case in Albania, FYR Macedonia, Montenegro, Serbia and Bosnia Herzegovina. In these countries, changes in the legislation are therefore necessary. NGOs such as the Healthy Options Project Skopje (HOPS) in FYR Macedonia, have proposed to amend the law, but the request was rejected. Similarly, the NGO Aksion Plus in Albania has often brought forward the necessity of drug law reform to enable the provision of methadone maintenance treatment in the country. The Albanian authorities are still hesitant to adopt new laws on the matter. Serbia is currently in the process of reviewing its drug laws. The Serbian drug policy is still regulated by laws issued in the 1960s, in which harm reduction is considered to be illegal. However, needle exchange programmes have been implemented in Serbia since 2002 and OST exists since 1985. The Serbian Government has recently submitted a new law on controlled substances, which has not yet been adopted by the Parliament. The adoption of this law will open the way for the adoption of another law on prevention, rehabilitation and re-socialisation of drug users.

### NGOs – key partners in harm reduction policies and programmes

Governments would find it to their considerable benefit to involve the NGO community much more closely in the formulation and delivery of their policies. With close knowledge of the situation on the ground and established relations with drug using populations, NGOs are in a position to represent the needs and aspirations of their client group towards governments, and to assist in bringing them into the political process. At the same time, NGOs are able to help to disseminate messages of health and prevention in complex and nuanced ways. This is often difficult for state agencies to do, given that they are often remote from these populations, owing to their marginalisation, involvement in youth cultures, and other factors. However, in practice NGOs are usually excluded from the decision making processes of their countries' drug policies, and when they are consulted, their recommendations are rarely taken seriously by government officials. Detailed information on NGOs in individual countries appears in table 1 below.

**Table 1. Overview of harm reduction services provided in South East Europe**

The table below is based on the information provided during the IDPC South East European NGO Drug Policy Network meeting in Ohrid, FYR Macedonia, in September 2010. It therefore reflects the situation in the countries' capitals and not every harm reduction services provided in the country.

Country	Drug dependence treatment	Other harm reduction services	NGOs	Notes & Comments
Albania	A State provision on Drug is the clinical toxicology service at the Tirana University Hospital. OST is provided by the NGO <i>Aksion Plus</i> .	NSPs and other low threshold services are provided by NGOs, and include peer education & counselling. Some prisons and police stations are covered by these services.	<i>Emanuel</i> therapeutic community; <i>Aksion Plus</i> , <i>Aprad</i> and <i>Stop AIDS</i> . Funded by the Global Fund., EC and other external donors.	The government is supportive of harm reduction, (esp. Health & Justice Ministries), as are mass media.
Bosnia-Herzegovina	Treatment is delivered at several mental health hospitals in cities. NGO <i>Viktorija</i> runs a therapeutic community. Public institutions and NGOs provide OST in several cities.	OST and low threshold services provided by NGOs, the former supported by the Global Fund.	<i>Margina</i> , <i>UG PROI</i> , <i>Viktorija</i> and <i>Poenta</i> .	A very complex, segmented and bureaucratic system of governance makes the work of NGOs rather difficult.

Bulgaria	Drug treatment is provided by a mix of public and private institutions. National Centre for Addictions developing system for treatment referral.	Low threshold harm reduction services, overdose treatment and blood-borne viruses (BBV) prevention. Work with marginalised groups such as sex workers, Roma, etc.	<i>Initiative for Health Foundation.</i>	
Croatia	Croatian Public Health Institute provides country wide network of outpatient clinics, providing OST. National Network of Therapeutic Communities provides psycho-social therapies. Each of the above is state funded.	Harm reduction services inc. NSPs function in several Croatian cities, funded by the state.	Croatian Red Cross and the NGOs 'Terra', 'Let', 'Help' and Institute.	While the state is supportive of harm reduction, NGOs delivering HR services do not feel fully valued. Their relation to the state has been improving in the last few years.
FYR Macedonia	Drug treatment including OST is made available by the state.	Low threshold harm reduction services exist in 13 cities. They are run by NGOs, and include NSPs and BBV testing.	<i>Healthy Options Project Skopje</i> is active in the capital city.	While harm reduction is relatively well developed in this small nation, the state is resistant to reform of drug laws.
Greece	The Organisation Against Drugs (OKANA) is the legally authorised national drug coordinator and also delivers structured drug treatment (OST, Harm reduction services and therapeutic programmes) OKANA works under the auspices of the Ministry of Health and solidarity. KETHEA runs therapeutic community programmes and harm reduction services, funded by the state and national and International donors.	Low threshold harm reduction services are available mainly through services related to OKANA and KETHEA, and a few independent NGOs.	<i>KETHEA, PRAKSIS, Streets of Athens &amp; Medecins du Monde.</i>	OST and harm reduction is well established in Greece. However, OKANA is highly dependent on political and state support and faces difficulties in implementing its programmes.
Montenegro	Drug treatment is delivered as a facet of general healthcare, and is funded through national insurance contributions. Both OST and detoxification are available.	Harm reduction services inc. NSPs are run with the state sector and by NGOs. NGOs need special permission from the police in order to operate.	<i>CAZAS, Juventas.</i>	The perception of NGOs is that there is no real support for their work. NGOs feel that pressure on the authorities is needed in order to take harm reduction seriously.
Romania	Drug treatment is provided by public health units funded by the state and coordinated by the Ministry of Public Health, and includes OST.	The only NSP is in Bucharest. Prevention and BBV interventions are funded by the Global Fund. NGOs are supported by the Global Fund, UNODC and UNICEF.	<i>ARAT and ALIAT,</i> both active in Bucharest, provide harm reduction services.	Harm reduction is generally under-developed, and an enabling environment is yet to be generated by the state. Legislative reform is being blocked by the Ministry of Justice.

<p>Serbia</p>	<p>Drug treatment takes place in general treatment and is financed by social health insurance.</p> <p>Regional referral centres are located in the four largest cities, and 15-20 centres deliver OST.</p> <p>External funding from the Global Fund assists NGO-run therapeutic communities and psycho-social counselling services.</p>	<p>Harm reduction programmes are mainly funded by the Global Fund and the Health Ministry, and are seeking to provide OST and other services more widely throughout the country.</p>	<p><i>Medecins du Monde, VEZA.</i></p>	<p>Considerable movement since 2002 on the part of harm reduction and the NGOs that advocate and deliver it. The government is partly receptive, and international contacts have assisted this process.</p>
<p>Slovenia</p>	<p>Treatment is funded by the national health system, and takes place primarily at one of 18 Centres. It includes OST, detoxification and psycho-social modes. OST is provided on an outpatient basis at these centres or by GPs. Buprenorphine and slow release morphine are available alongside methadone.</p>	<p>Harm reduction services began here in the late 1980s, and are now embedded in state policy, and are fully legally enabled. NSPs, low threshold services, information and advice, etc, are available in some cities.</p>	<p><i>Stigma Association, Kralji ulice Association, and DrogArt Association.</i></p>	<p>Harm reduction was initiated by the engagement of drug users themselves in Slovenia, and the climate appears favourable for extending services. The government has declared its willingness to establish harm reduction programmes in prisons and to open Safer Injecting Facilities.</p>

## Future challenges and recommendations

### Governments should collaborate with NGOs to reach out to vulnerable groups

The above summary shows that non-governmental initiatives are growing rapidly in most of the countries in SEE. NGOs working in the drugs field are usually in contact with groups and communities that have little or no contact with general health services, often because of the high social stigma and discrimination attached to drug use and dependence. They also have a level of experience and expertise on the drug situation, and the impact of policies and programmes. Working in collaboration with NGOs involved directly with these vulnerable groups would enable government agencies to reach out more efficiently to these populations. The fact that governments do not support this work with necessary resources undermines NGOs' efforts to provide efficient harm reduction services.

### Affected groups should be involved in the development and implementation of harm reduction activities

NGOs have often established close relationships with the groups to which they provide harm reduction services. This means that these NGOs are very much aware of the problems affecting these communities. They are well placed to voice the needs and demands of this affected population, and ensure that the programmes that are developed to tackle drug-related harms are well designed and implemented. For now, NGO involvement in policy making processes has been minimal, or even ignored, by governments in the region. It is crucial that NGOs representing affected populations, and those providing harm reduction services, are involved in the development and implementation of programmes that affect drug users, in order to ensure their effectiveness in tackling drug-related problems, and avoid any negative consequences that may arise out of inadequate policies.

### **Harm reduction services should be scaled up to meet the demand**

Few countries have enough facilities to respond to the increasing demand for harm reduction services, especially for the treatment and rehabilitation of dependent drug users. There is therefore an important need to scale up harm reduction programmes as part of a comprehensive strategy to respond to drug use and dependence. The public sector lags far behind in the field of therapeutic services, as well as for the provision of substitution treatment for opioid dependent users. In some countries, the private sector does provide services for treatment and rehabilitation. These private institutions appear to offer good quality of care and a wide range of services, but they are often very expensive, and therefore not accessible to those in need of treatment. In other contexts, long waiting lists prevent dependent users from accessing the treatment they need. Governments must provide adequate financial resources to scale up financially accessible harm reduction services, without compromising the quality of the programmes.

### **Harm reduction should be enshrined in national laws and drug policy strategies**

Few governments have explicitly recognised harm reduction as an integral part of their national laws. It is crucial that governments do so to ensure a continuum of policy at the governmental level once international funding comes to an end.

### **Harm reduction should be an integral part of the National budget**

In several SEE countries, harm reduction programmes are entirely dependent on foreign and international donors, in particular the Global Fund. None of the concerned governments have adopted specific actions to ensure the sustainability of these harm reduction services once international funding comes to an end. Although governments seem to be increasingly open to harm reduction in their strategy papers

and action plans, real commitment is not yet in place. The NGOs working in the harm reduction field in SEE are concerned about the continuation, and even the survival, of their projects. The socio-political and economic situation in most SEE countries is not favourable for the further development of these activities. Despite budget restrictions, governments need to see harm reduction as an integral part of their strategy – one that ultimately saves money by preventing future burdens on the health system - and be ready to allocate an appropriate budget to its development.

### **Cooperation between NGOs and governments should be improved**

As stated above, cooperation between NGOs and policy makers is crucial in the field of harm reduction. Considering NGOs' experience in, and knowledge and understanding of, harm reduction and target populations, they should be considered as key stakeholders during the development and implementation of drug policies. In several countries, making contact with policy makers can be difficult and there seems to be no political will to further develop and improve harm reduction work. One of the objectives of the SEE Drug Policy Network is to promote and facilitate such cooperation and the development of constructive relationships with policy makers.

### **Regional bodies should push governments to adopt appropriate harm reduction services**

To a greater or a lesser extent, governments are bound by their obligations under the EU, or are seeking to comply with EU accession requirements. It has been shown that accession to the EU could be an important incentive to push governments to adopt policies that are in line with EU standards. Based on its Drug Strategy and Action Plan 2005-2012, the EU should guide governments in their efforts to achieve a consistent and effective drug policy.<sup>13</sup>

The United Nations Office on Drugs and Crime in the region can also play a role in that domain,

by promoting a balanced approach between supply and demand, and explicitly referring to the importance of harm reduction to reduce the risks associated with drug use.

**More research and analysis should be conducted on drug policy and harm reduction in SEE**

NGOs have often complained about the lack of research and analysis of the drugs situation in the region. One of the objectives of the Network is to foster collaborative work among its members in order to fill that gap. The UNODC and the EU can also have a leading role in conducting research in the region.

**IDPC Briefing Paper Series on South East Europe**

The South East Europe NGO Drug Policy Network is an initiative of NGOs in South East Europe. The Network organisations are primarily providers of preventive, therapeutic, harm reduction and rehabilitation services. The Network aims to create close and constructive relationships through open and objective dialogue with experts, key policy makers in national governments, regional bodies, and international organisations in order to promote humane and effective drug policies.

IDPC, in co-operation with the Association DIOGENIS, supports the Network in order to promote cooperation, bring together expertise and encourage joint action.

This series of briefing papers focus on drug-related issues in South East Europe, contain information, analyse challenges, gaps and shortcomings in the drugs field and provide recommendations in addressing drug policy issues which need to be further developed and improved.

## Endnotes

- 1 IDPC Researcher
- 2 IDPC Research and Communications Officer
- 3 Croatia and the Former Yugoslav Republic of Macedonia are candidate countries to the EU.
- 4 This project has recently been taken over by the Association Diogenis, Initiative for Drug Policy Dialogue in SEE.
- 5 Council of the European Union (22 November 2004), EU Drugs Strategy (2005-2012) 15074/04, CORDROGUE 77 , Brussels, <http://www.emcdda.europa.eu/html.cfm/index6790EN.html>
- 6 The Members of the SEE NGO Drug Policy Network are: Aksion Plus (Albania), Association Margina and NGO Viktorija (Bosnia Herzegovina), Initiative for Health Foundation (Bulgaria), Udruga Terra (Rijeca/Croatia), Healthy Options Project Skopje (Former Yugoslav Republic of Macedonia), Association Diogenis (Greece), Juventas (Montenegro), Romanian Harm Reduction Network (RHRN) (Romania), NGO Veza and Association Prevent (Serbia), and the South East Europe Adriatic Addiction Treatment network (Slovenia).
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- 8 International Drug Policy Consortium, Andreas Papandreou Foundation (March 2010), South East Europe NGO Drug Policy Network - Report on visits in Serbia, Romania, Albania and Croatia, Bulgaria and the Former Yugoslav Republic of Macedonia.
- 9 International Drug Policy Consortium, Andreas Papandreou Foundation (April 2010), Drug Policies in South East Europe: Towards regional cooperation - Report meeting 19th – 20th March 2010, Athens, Greece.
- 10 For IDPC purposes, the South East Europe region includes: Albania, Bosnia-Herzegovina, Bulgaria, Croatia, the Former Yugoslav Republic of Macedonia, Greece, Kosovo, Montenegro, Romania, Serbia and Slovenia.
- 11 International Drug Policy Consortium (November 2010), Report: Meeting of the South East Europe NGO Drug Policy Network, 29th September 2010, Ohrid, Former Yugoslav Republic of Macedonia, <http://idpc.net/publications/south-east-europe-network-meeting-ohrid>
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International Drug Policy Consortium  
c/o Release, 124–128 City Road, London  
EC1V 2NJ, United Kingdom

telephone: +44 (0)20 7324 2975

email: [contact@idpc.net](mailto:contact@idpc.net)

website: [www.idpc.net](http://www.idpc.net)

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