

INTRODUCTION

Dear Members of the European Commission,

I am writing you on behalf of NGOs working on the reduction of drug related harms in newly accepted and candidate member states of the European Union. Our organizations have been active for several years and gained significant experiences in the fields of advocacy, training, counseling, outreach work and treatment. All of us are deeply concerned about the consequences of restrictive, law enforcement-oriented drug policies in our region, which failed to show any success in reducing drug use or drug related crime, but increased drug related harms and the uncertainties of black market.

We think the development of the new Action Plan on drugs (2005-2008) is an excellent occasion for the European Commission to listen to the critical voices from civil society and to draw conclusions from the experiences of the past failures.

The geographical proximity of those Eastern-European countries where HIV/AIDS epidemic caused a serious crisis (e.g. Ukraine and Russia), moreover the intensive migration and the nature of illicit drug traffic and its routes require a new approach. This approach should be broader in geographic sense, in order to answer global challenges, but it should focus on the effective reduction of drug related risks and not on unachivable goals like the elimination of illicit drug use.

The year 2008 has crucial importance in global drug policy as it is the year of the evaluation of the 10 years Action Plan of the UN. Therefore the European Union needs to develop its own strategies to harmonize efforts and conceptions on conventional and alternative tools of drug policy. The lack of coordinated action is a major weakness of the Union in international drug policy.

Best wishes,

8. November 2004.

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ON THE NEW EU DRUG STRATEGY

We regret to point out that **the EU drug strategy (2000-2004) failed to reach its main goal**: it did not „reduce significantly over five years the prevalence of illicit drug use, as well as recruitment to it, particularly among young people under 18 years of age.” As the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) points out in its report on the strategy, levels of drug use remained „historically high,” and drug related problems are increasing. Nearly one in five of the European Union population has used an illicit drug at least once, there are 1.5 million problem drug users in the European Union. There is no overall reduction in the number of young people starting to use drugs. In spite of increased drug seizures and other interdiction operations, indirect indicators show no reduction in the availability of illicit drugs in the European Union. The retail price of illicit drugs showed stabilization or fall in most EU member states, „cross-indicator analysis do not suggest that the availability of illicit drugs has been reduced substantially”.

Moreover, all successes of European drug policy in the past five years are due to **increased and more diversified treatment and harm reduction efforts**, and not to repressive supply and demand reduction policies. The reduction of drug related deaths and relatively low prevalence of drug related HIV infections prove the effectiveness of a human and pragmatic approach in treating problem drug users.

All available data suggest that the European Union should reconsider its objectives and goals in the field of drug policy. However, the draft European Drug Strategy (2005-2012) created by the Horizontal Working Party on Drugs does not draw the inferences from the evaluation of the previous period and lay more emphasis on law enforcement tools than public health and harm reduction approach.

We agree with the Committee on Civil Liberties, Justice and Home Affairs of the European Parliament that „risks represented by drugs should be analysed from a purely scientific point of view, minutely examining objective and scientific data and avoiding any kind of ideological approach, as the best way of solving the many problems linked with drugs.” The **overrepresentation of law enforcement**

measures in the EU action plan on drugs would suggest that decision makers do not base drug policy on evidences but on ideological considerations, because there is no substantial scientific evidence for the effectiveness of these efforts. This is a bad message to the international community and contradicts the principles of the European Union.

We are concerned about the fact that there is **no budget** detached by the European Commission for drug policy issues, and we know from experiences of the past decades that it is very hard to achieve any goals of any drug strategy without a budget. There are resources for drug law enforcement agencies for supply and demand reduction activities, but NGOs working on advocacy and/or harm reduction field can only receive indirect and incidental funding from the EU. We believe this fact is due to the lack of political will and not due to the lack of financial resources. Many NGOs in Europe do not accept funding from local and national governments because they would like to defend their independence. If European Commission is willing to solve the drug problem at the community level – which is the only effective way according to our opinion –, it should create funds and resources for the implementation of its action plan on drugs.

We are also concerned about the **lack of transparency** in drug policy decision making processes of the European Union. There is no available information on the forums and meetings of the Horizontal Working Party on Drugs, the involvement of civil society and the initiation of public discussions by the decision makers are inconsequent and ambiguous. In spite of the promises at the Dublin conference (March 2004) the EU Commission failed to organize a conference to discuss new EU drug strategy and did not put the draft version of the drug strategy to the debate. In addition, it is not sensible to initiate the consultation on the action plan without submitting any draft version or general conception from the EU Commission.

NEW CHALLENGES FROM THE EAST

The access of new member states is a major challenge for the conventional drug policy of the European Union. As Georges Estievenart, head of the EMCDDA said, „EU enlargement throws up an array of public concerns which cannot be ignored.” (EMCDDA Press Release, 22.10.2003). It poses new threats and risks which should be taken into consideration in developing new drug strategies and action plans for the future.

In several new member countries the conceptual and operational framework of drug policies show significant deficiencies comparing with other member states:

A) The **monitoring system failed to accomplish the required criteria** of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), there are several fields where substantial data is missing concerning drug related risks and harms. The monitoring centre states that „reliable evidence of the prevalence of problem drug use exist for only a few Central and Eastern European countries.” (EMCDDA Annual Report, 2003). Official data and information provided by governments often do not mirror the real and recent situation. For example relatively low prevalence of HIV/AIDS among IDUs (1-2 cases per year) reported by the Hungarian government is based on a sentinel surveillance research carried out only on a small sample (Report of the Hungarian Ministry of Children, Youth and Sports on Drug Situation, 2003).

Among others the lack of data is especially disconcerting and conspicuous in the following fields:

- HIV and Hepatitis C infection among intravenous drug users;
- drug use among migrant population;
- sex workers who use drugs;
- drug use in prisons;
- new trends and routes of illicit drug traffic and its effects on drug related crime;
- cost analysis of drug policies;

- monitoring and evaluating the effectiveness of prevention, treatment and harm reduction programs.

B) The **access to treatment** and harm reduction services is often very limited, just like the available choice of these treatment options and services.

- Methadone programs cover less than 10 percentage of problem opiate users in most of Central and Eastern European countries (except Slovenia), comparing with relatively high coverage in Western European countries (well over 30%, EMCDDA, 2003). Demand for methadon is much higher than supply; this facilitates the flow of methadon to the black market and render more difficult the stabilization of social and health condition of problem users.

- The coverage of syringe exchange programs (SEPs) is also not satisfactory, steryl needles are not available in several geographical area and for several risk groups.

- some treatment options and harm reduction measures are completely missing in several countries, though they are widely accepted in Western European countries, such as safe injection rooms, ibogaine therapy, buprenorphine substitution, pill testing etc.

C) There are several **groups of problem drug users** who are exposed to high risks and need special preventive measures and treatment services, but they are not targeted by governments and their special needs are not integrated to national drug strategy, or not in the proper way. Some of those major high risk groups are:

- people living with HIV/AIDS and/or Hepatitis C;
- migrant drug users;
- sex workers;
- ethnic minorities;
- drug users in correctional facilities.

D) In several countries **civil society is not involved** appropriately in the decision-making process, there is a lack of dialogue between NGOs and legislative bodies or

intergovernmental forums. There are very few self-support groups for drug users, drug user involvement as a general conception is not accepted by many decision makers. Prevention campaigns often do not raise public awareness on real, evidence based risks or attempt to diminish stigma and social exclusion, but enhance drug related prejudices.

We believe that European Union should take more attention on these issues, because all the problems and risks related to drugs and drug policies in new member and candidate states constitute a threat for the whole Union.

RECOMMENDATIONS

We recommend the European Commission to consider the following points in developing the Action Plan on drugs for 2005-2008.

1, Intensifying research efforts on assessing risks and risk groups related to injection drug use and blood born diseases, with special regards to the consequences of new trends and routes of illicit drug traffic, migration and sex work.

- we recommend the European Commission to create financial resources for independent research institutes to carry out researches on these issues and mandate EMCDDA to coordinate and evaluate these studies.
- we recommend to establish a „Drug Policy Monitoring Project” in the EMCDDA in order to constantly monitor drug policy (both law enforcement and public health) measures implemented by member states, evaluating their benefits and risks, costs and effectiveness.

2, Developing strategies for closer cooperation with neighbouring non-EU countries to reduce drug related risks and give assistance to non-EU governments to evaluate and implement harm reduction measures proved to be effective in the European Union.

- we recommend European Commission to insert a „Drug Policy Cooperation” amendment to its „New Neighbourhood Program” with special regard to develop partnership in HIV/AIDS and Hepatitis C prevention, in accordance with the Commissions working paper on „Coordinated and Integrated Approach to Combat HIV/AIDS within the European Union and its Neighbourhood”
- we recommend the European Commission to encourage the inclusion of drug related harm reduction activities as priorities when pursuing project identification through the Annual Work Programmes for TACIS
- we recommend to create a fund for NGOs working on HIV/AIDS and Hepatitis C prevention in neighbouring countries and facilitate the implementation of effective harm reduction programs in those countries
- we recommend to involve research institutes from neighbouring countries into the study mentioned in point (1)

3, Broadening the choice and coverage of prevention, treatment and harm reduction services in those countries with significant arrears, motivating governments and NGOs to implement new services.

- we recommend to create a „Harm Reduction Coordination Office” (HRCO) as a new EU agency with the following objectives: 1, Coordinate and harmonize policies on existing harm reduction programs; 2, Build capacity for treatment facilities and NGOs to develop new harm reduction programs; 3, Facilitate the integration of harm reduction programs into national and local legal frameworks and communities; 4, Increase the access to sterile syringes and substitution therapy for problem drug users.

- we recommend HRCO to cooperate closely with the EMCDDA in monitoring and evaluating harm reduction services in member and candidate states

- we recommend HRCO to cooperate closely with European Centre for Disease Prevention and Control (ECDC) to identify risks and disseminate good practices in the field of HIV/AIDS and Hepatitis C prevention among IDUs

- we recommend to release official HRCO guidelines for local and national keyholders on the implementation of new, evidence-based harm reduction methods, such as pill testing and safe injection rooms

5, Targeting marginalized groups of problem drug users who are often discriminated because of ethnic origin, citizenship, health condition, sexual orientation or profession.

- we recommend the European Commission to develop special strategies and projects to target these groups and improve their social and health conditions

- we recommend to release HRCO guidelines on special harm reduction services for these target groups

6, Elimination of those practices and methods implemented by member states which contradict international recommendations and human rights, especially the segregation and stigmatization of drug users and/or people living with HIV/AIDS and/or Hepatitis C.

- we recommend to mandate „Drug Policy Monitoring Project” of the EMCDDA to identify these practices and denounce them

- we recommend European Commission to officially denounce mandatory drug testing practices in schools and workplaces and call candidate states (e.g. Romania) to abolish legislations on mandatory testing
- we recommend to release an annual report on human rights situation of these marginalized and excluded groups in each member states with recommendations for national and local governments to improve the welfare and public health of these people in accordance with human rights

7, Strengthening relations and cooperation with civil society, include self-support and advocate groups of drug users to decision-making process, create forums, instruments and build capacity for NGOs to participate in public discussion.

- we recommend to create the position „Drug Coordination Officer” within the European Commission and Civil Society (CONECCS) program. The officer shall be responsible for facilitating information sharing between decision makers and NGOs, organize forums for discussions and improve the transparency of decision making process
- we recommend to establish a new „Drug Policy Committee” within the CONECCS which shall serve as a forum for NGOs and decision makers with regular meetings, organized by the Drug Coordination Officer
- we recommend the European Commission to invite representatives of NGOs as consultants and independent media workers as observers to the meetings of HDG and other decision making forums

8, Supporting the implementation of harm reduction measures in prisons, including substitution therapy, syringe exchange and harm reduction education methods, facilitate continuity of treatment for drug users entering and leaving prisons and ensure the access of equal health care.

- we recommend HRCO to monitor drug treatment services in prisons and release special guidelines and recommendations for treatment providers and prison staff on harm reduction methods in correctional settings, based on scientific evidences and international recommendations

- we recommend to European Commission to call national governments to create financial resources for NGOs willing to implement special HIV/AIDS and Hepatitis C prevention programs in correctional settings

9, Harmonization of HIV and Hepatitis C screening systems with the international recommendations and human rights requirements in order to ensure wide access to voluntary, anonymus and free HIV testing for problem drug users.

- we recommend European Commission to call the governments of member states to create funds for drug treatment centres to develop regular HIV/AIDS and Hepatitis C screening projects for problem drug users

10, Research on the medical value of some illicit drugs, especially those with significant potential in pain management for terminally ill people and in treating drug addiction.

- we recommend European Commission to call EMCDDA to overview scientific evidences on the medical value of cannabis and evaluate existing public health policies which regulate the use and distribution of medicinal cannabis

- we recommend to evaluate existing ibogain therapy projects in the European Union and release an official statement on the medical use of this substance