

## Drug Policy Dialogue in South Eastern Europe

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### Cooperation between drug law enforcement, health, and social services in South Eastern Europe

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#### **The need to reform drug policies**

Drug policies and their implementation during the last fifty years have been increasingly criticized for their punitive character and their ineffectiveness. At all levels and in all regions of the world, a lively debate is taking place about reform of current policy. The practice of treatment of drug dependence and policies to combat drug production and trafficking are changing. Although there is not yet consensus about these proposals for change, in several countries round the world alternative measures to imprisonment have already been implemented. At the local level, law enforcement agencies and social and public health services are increasingly cooperating and developing initiatives for more humane and effective approaches.

The debate on reform of current drug policies has significantly intensified following publication of a study by the United Nations Office on Drugs and Crime (UNODC) on the 100th anniversary of the implementation of the international drug control system.<sup>2</sup> The study provided data and information that UN member states could use to evaluate the political declaration adopted by the UN General Assembly Special Session on Drugs (UNGASS) held in New York in 1998. The slogan that was adopted at UNGASS 1998 was "A drug free world. We can make it."

The UNODC report on progress of the drug control system from 1909 to 2008 found that the international community had managed to create a control system which has been accepted and applied in more than 180 countries. The production and use of drugs de-

creased, compared to the number of opium users in China and South-East Asia in the late 19th century, but the current system was found also to have negative aspects. The study points out five negatives that are 'unintended consequences' of the system. The most important negative aspect is the creation of a lucrative and violent black market of illicit drugs controlled and managed by powerful networks of criminal organisations.

The second negative aspect is the emphasis on criminal sanctions, and the use of punishment and imprisonment as the major means for discouraging and preventing drug use. As a consequence, there is large expenditure of public funds on police and prison systems. Resource allocation to address dependence treatment and prevention programs and access to health services lags well behind expenditure on repressive measures.

The third unintended consequence is geographical displacement, often called the 'balloon' effect – because squeezing (by tighter controls) one place produces a swelling (namely an increase) in another place ... The result is not a real reduction of availability but simply a change in location of the market.

The fourth negative consequence is the phenomenon of 'substance displacement': when demand for one drug weakens on the market, suppliers and users move to another substance (for instance, from heroin to cocaine, or more generally, from illicit drugs to alcohol).

The fifth negative aspect is the effect of criminal justice system interventions disproportionately affecting vulnerable populations, resulting in further marginalization and shrinkage of services for treatment and social reintegration.

The Executive Director of UNODC summarizes the image that exists in the media and the public mind about the effectiveness of the current drug control system thus:

- too much crime, and too much drug money laundered around the world;
- too many people in prison, and too few in health services;
- too few resources for prevention, treatment and rehabilitation;
- too much eradication of drug crops, and not enough eradication of poverty.

As a result, he concludes, 'we all (the United Nations and Member States) are criticized for falling short of lofty ideals of a safer, healthier and more just world'.<sup>3</sup>

These findings are not new. They have often been published by a wide range of scientists and other experts in the field of illicit drugs. The UNODC report actually confirmed the views of many, many scientists, researchers, practitioners and NGOs that the current drug control system needs to be adapted to new realities. The main change that needs to take place is a different approach to drug users and drug dependent people: they should not be considered criminals, but people who have the same rights as other citizens to health and treatment.

The international discussion that followed showed that the majority of UN member states are not yet willing to make major changes to the current system. The Political Declaration adopted at the session of the Commission on Narcotic Drugs in March 2009 insisted again on the slogan of 'a drug free world'. It again avoided use of the term *harm reduction*, despite the fact that harm reduction practices are already officially implemented in more than 80 countries worldwide. Instead, the Political Declaration, in paragraph 20, used the phrase 'care and related support services' in order to avoid the

term *harm reduction*, while the actions described are exactly those applied by countries with harm reduction policies.<sup>4</sup>

### **Signs of a policy shift focusing on public health**

In the five years that followed, the debate on the transition to a new model of policy on drugs has intensified at national, regional and international levels. Research findings, reports and declarations submitted by organisations and agencies during preparation for the High Level Meeting in 2009 formed the basis for further discussion and new actions. At the level of the United Nations, the influence of the movement to change the current system is reflected in two documents issued by UNODC as contributions to the mid-term review of the 2009 Political Declaration which took place in March 2014. In these, the Director of UNODC, referring to future challenges for drug policy, points out that imprisonment of people for drug use increases their vulnerability to drug-use disorders and numerous health conditions, including HIV, tuberculosis and viral hepatitis infections. He emphasizes that a public health response to the drug problem should consider alternatives to criminalization and incarceration of people with drug-use disorders. (p. 16, point 52.d)

In the same document the UNODC director urges member states "*to take concrete steps to take a balanced approach between supply and demand reduction strategies by redistributing the resources allocated to drug control policies, giving more attention to public health, drug abuse prevention, treatment of drug-use disorders and access to controlled medicines for medical and scientific purposes*".

*"While Member States have been adopting resolutions calling for a balanced approach to demand reduction and supply reduction, the figures show clearly that the implementation of the drug conventions has been uneven and imbalanced. Evidence-based prevention, as well as treatment, risk and harm reduction and social rehabilitation and social integration programmes, should be expanded"*.<sup>5</sup>

Attempting to answer arguments for reform of the international conventions, to meet the needs of modern society and to be consistent with current scientific insights, UNODC published a paper which argues that the international drug treaties have not been interpreted correctly in the past. The paper tries to correct this 'misinterpretation' by referring to the 'spirit' of the treaties. In an attempt to reconcile policies of suppression on the one hand and the public health oriented approach on the other, the paper points to some aspects that are of great importance for arguments in favour of the shift towards a health centred policy.

*"The Conventions repeatedly call", says the UNODC paper, "for social cohesion and the reintegration of drug users, and do not treat illicit drug users and dependent individuals as criminals to be marginalized. The Conventions offer the opportunity for rehabilitation and reintegration into society, not reflecting a punitive attitude. This framework serves to commit States Parties to focus on social reintegration of illicit drug users, and the treaties recognize that the people affected by drugs, in particular drug dependent patients, do not need punishment, but social protection, health care and community solidarity."*<sup>6</sup>

*"Therefore", continues the text, "the Conventions do not absolutely require the punishment of possession, purchase or cultivation for personal use. That is why, under the Conventions, depenalisation of possession, purchase or cultivation of controlled drugs for personal use is possible, under specific circumstances. It should be noted that depenalisation does not equal decriminalization: drug possession for personal use remains illegal (a punishable offence), but the action taken in response to this offence does not necessarily lead to punishment. In fact, a more effective alternative to punishment can be social protection and detoxification services, health care, treatment of dependence and reintegration into society"*.<sup>7</sup>

Finally, on the issue of harm reduction, the text says, *"The Conventions are not against harm reduction strategies when harm reduction is not carried out in isolation or as an alternative to demand reduction"*. At the time

the Conventions were drafted, measures to prevent the health and social consequences of drug use and dependence were not as developed as in more recent decades. Thus, the 1961 and the 1971 Conventions only mention 'treatment, education, aftercare, rehabilitation or social reintegration'. In 2009, Member States unanimously supported the view that protecting the health of drug users and offering first line social assistance, especially when the patient is not motivated to participate in treatment interventions or has relapsed to drugs after treatment, is an essential commitment for each Member State. The language adopted in the 2009 Political Declaration to encompass harm reduction measures, a concept with different definitions and political connotations, as a result of decision taken by the High Level segment of the CND, was "attenuating the adverse health and social consequences of drug abuse"<sup>8</sup>

These two documents deserve the proper attention of Member States, especially those states that are of the opinion that the international conventions do not allow any openings of new roads in drug policy responses. Those who find it necessary to modernize the drug control system may use these texts as support for proposals to the governments of their countries.

### **Human rights and drug policy**

The issue of human rights as a basic pillar of drug policy was not obvious before 2008. It took much discussion at the UN Commission on Narcotic Drugs (CND) to decide whether or not human rights had to be considered as an issue which had to play a role in shaping drug policy. Some countries were opposed to the idea of human rights as an essential component of drug policy, and have questioned the competence of the CND to deal with this issue.

In 2008, Uruguay took the initiative - supported by Bolivia, Argentina and Switzerland - to submit a draft resolution entitled *Proper integration of the United Nations human rights system with international drug control policy*. Reactions to the resolution were varied, with opposition mainly from countries which do not have good records in

respect of human rights. During the deliberations of the CND, the text of the draft resolution was changed almost entirely, from the title through to all considerations.<sup>9</sup> The title was finally formulated as *Strengthening cooperation between the UNODC and other UN bodies, including the human rights agencies in accordance with Article 2 of the 1998 UNGASS Political Declaration*.<sup>10</sup>

Despite the difficulties, the acceptance of this resolution by the CND was an historic event, because for the first time since its establishment in 1946 the issue of human rights has been discussed in and adopted by the Commission. The simple fact that the CND dealt with human rights some 62 years after its establishment is indicative of the negative climate that has prevailed all these years, with regard to this issue.

Also on this point, UNODC proposes to correct the past, pointing out that *"more recently, in the 1988 Convention and in the 2009 Political Declaration, the Member States of the United Nations unanimously recognised that action in response to the world drug problem requires an integrated and balanced approach, in full conformity with the purposes and principles of the Charter of the United Nations and international law and particularly all human rights and fundamental Freedoms"*.<sup>11</sup>

At the level of international drug policy, the resolution adopted by the CND was the beginning of an in-depth study how the current international drug control system should take into account human rights principles as agreed by the international community. Organisations such as Human Rights Watch, Harm Reduction International and others recorded in detail violations of human rights by the implementation of current drug policies.

### **The Right to Treatment**

International conventions and constitutions of individual states safeguard the right of every person to access to medical care. Despite this, this right is violated in many countries in the case of drug dependent people. Violations of human rights take place often on the presupposition that the addicts can stop using, but they do not have the motiva-

tion and the perseverance to do so. In many cases the legislator is of the opinion that drug dependent people should be forced to detoxification and compulsory treatment. Such practices have been implemented and are still applied in countries where the healthcare system lags and does not provide opportunities for access for drug dependent people to health services. However studies have proven that no matter how strong the motivation and the will of a drug dependent person, the treatment of addiction has more chance of success when the person has access to treatment programs, substitution and harm reduction. Moreover it has been proven that drug dependence is a condition in which relapse is common. Even drug users who participate in effective treatment programs and are committed to their treatment frequently relapse. For many people there are biological and psychological reasons where the will power to overcome the addiction is just not enough. It is the same case as with people who suffer from depression and cannot overcome their condition with only the power of their will, but need medications, therapy, or a combination of both.

### **Access to various types of programs, Acceptance of harm reduction**

With the spread of HIV from the early 1990s syringe distribution programs have been developed to prevent the transmission of HIV and hepatitis C from the sharing of needles and syringes by injecting drug users. In some countries special rooms have been created for the supervised use of drugs, to avoid dangerous use and overdose, and to provide medical care to drug dependent people.

Based on survey data, there is evidence that the treatment of drug users in all its forms leads also to significant cost savings, in addition to improvements in their health. Costs between law enforcement approaches, with repression and incarceration of drug users, including costs for health care of HIV, hepatitis C and other health problems associated with drug use, are many times those of the therapeutic and harm reduction approaches.



## **International recognition of human rights of users and drug dependent people**

The success of harm reduction programmes not only in addressing the spread of HIV but also in improving the living conditions of dependent individuals in major cities has been recognized by institutions of the international community. The Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, for the 10th session of the Human Rights Council, stated that *"from a human rights perspective, drug dependence should be treated like any other health-care condition. Denial of medical treatment and/or absence of access to medical care in custodial situations may constitute cruel, inhuman or degrading treatment or punishment and is therefore prohibited under international human rights law."*<sup>12</sup>

The annual report of the International Narcotics Control Board (INCB) in 2003 stated that *"The Board maintains the position expressed by it already in 1987 that Governments need to adopt measures that may decrease the sharing of hypodermic needles among injecting drug abusers in order to limit the spread of HIV/AIDS. Furthermore the International Narcotics Control Board stresses that the implementation of drug substitution and maintenance treatment as one of the forms of medical treatment of drug addicts (...) does not constitute any breach of treaty provisions, whatever substance may be used for such treatment in line with established national sound medical practice"*.

It is particularly interesting to see how, under the pressure of the spread of HIV, positions and practices that up to the beginning of the 1990s were absolutely rejected have been adopted within a decade.<sup>13</sup>

### **Initiatives in the field of law enforcement.**

Calls for reform of the current system of drug control include reform of practices in law enforcement as well as of approaches to the treatment of drug users and drug dependent people. At times criticism of current

drug control systems has been expressed by people associated with police, judicial authorities or customs – usually after they no longer have an active position in the agency. Frustrated by the ineffectiveness of their interventions in the area of prosecution, punishment or impunity of smugglers, they support a profound change of the system.

### **The Rio Declaration**

Over the last fifteen years several initiatives have been made by active police officers about new ways of dealing with drugs, seeking cooperation with service providers in the fields of prevention, social rehabilitation and approaches to dealing with drug users. In September 2011 professionals from law enforcement and public security from seventeen countries (Germany, Argentina, Australia, Brazil, Chile, Colombia, El Salvador, United States, Guatemala, The Netherlands, Mexico, Nicaragua, Peru, Portugal, United Kingdom, Switzerland and Uruguay) gathered in Rio de Janeiro, to evaluate the effectiveness of actions in the field of law enforcement of the trade and use of illegal drugs. In a joint declaration (the *Rio Declaration*) they express their concerns about the results that have been achieved in the past decades. They note that their efforts have resulted in a vicious circle of actions that do not seem to be an effective response to the phenomena of drug trafficking and organized criminality. *"We are concerned"* states the Declaration, *"about the very few results that have been achieved in so many years of battle, as we seem to be stuck in a vicious cycle. We are even more concerned about a number of negative consequences for which we have paid a high price in resources and lives. We reaffirm the continued need for tough enforcement against organized crime, money laundering and corruption, but we are no longer satisfied with the War on Drugs doctrine. We are looking for other, more effective and more constructive approaches"*.<sup>14</sup>

The Rio Declaration is important because it reflects the desire of many police to respond effectively to criminality associated with drugs. The desperate situation in the favelas of Rio with intense armed violence, eco-

conomic and social disparities and the absence of security for the citizens is the reason for seeking new ways of addressing the problem. To this end, the police officers ask in their Declaration for cooperation with all social actors and service providers for drug users. *"Not everything is the responsibility of the police"*, they say; all parties involved have to work together. The Declaration urges consideration and application of alternatives practices that have proven effective. Such practices they mention include the decriminalization of drugs in Portugal, the Netherlands and Uruguay, the sale of marijuana in several US states, harm reduction policies and therapeutic models that are applied in Switzerland, Germany, the United Kingdom, Canada and Australia, and the multidisciplinary rehabilitation programs where police cooperate with institutions of civil society in the neighbourhoods and the problematic areas of cities. The Declaration concludes optimistically, emphasizing that it is possible to overcome the adverse consequences of the drug control system. This needs a realistic approach. *"We share a realistic optimism that it is possible to overcome the harm and damage created by the so-called War on Drugs. Instead of fighting tooth and nail for the fantasy of a drug free world, we want to achieve more objective goals to reduce the harmful consequences of drug use, both for individuals and society as a whole"*. The Declaration ends with a call from colleagues working in the fields of law enforcement and public safety to commit to promote closer cooperation with other social actors for more effective action.

### **The Centre for Law Enforcement and Public Health – the Amsterdam Declaration**

Conceptualising drug use as a public health issue reconfigures the law enforcement role in drug policy as that of public health partner. This is a traditional role of police, who is partner with health and welfare agencies to promote public health goals in many areas – mental health, violence prevention, alcohol regulation, and many others. The Centre for Law Enforcement and Public Health, based in Australia, is working to help revise the police identity and role in drug policy, so that

drug policing becomes oriented towards public health goals, very much in partnership with drug treatment and mental health services. CLEPH runs biennial international conferences on law enforcement and public health, building research and knowledge networks to help construct joint action and partnerships with police and public health, within which context drug policy and the practice of drug policing become reoriented towards public health. CLEPH also runs the Law Enforcement and HIV Network (LEAHN), which enrolls and supports police in educating and advocating with their colleagues for humane and effective police participation in the HIV response.

In relation to drug users and HIV risk, this promotes the human rights of marginalised communities of drug users and their families. LEAHN has produced the Amsterdam Declaration on Police Partnerships for Harm Reduction.

<http://www.leahn.org/archives/3572>).<sup>15</sup>

### **Cooperation between law enforcement and service providers for drug dependent people in Europe.**<sup>16</sup>

#### **A. "The Frankfurt way"**

In major European cities, drug use in conjunction with the general social climate of protest and youth experimentation in the 1960s and 1970s was addressed by the authorities with repressive measures. There were exceptions, as in the characteristic example of the Netherlands, where policies were applied which approached the drug user not as a violator of the law, but as a person at risk of harming their own health; becoming dependent on drugs and consequently suffering often extreme negative consequences for their social wellbeing. The fact that repressive measures were not effective has forced some law enforcement authorities to seek other responses. It has unfortunately taken decades to convince the authorities that the punishment, marginalisation and stigmatisation of users were leading to a deadlock. The model applied in the city of Frankfurt was for Europe a model of gradual change from repression to provision of health services to dependent drug users. The programme developed in Frankfurt, in

which the police played a major role, is known as "The Frankfurt way".

During the 60s and until the mid-70s, the social climate in Frankfurt was marked by student protests, police repression and absence of concrete and consistent policy towards young people. From the mid-70s up to the 90s, the situation could be described as chaotic, with social conflicts and policy changes (alternating from liberal and conservative) which unfortunately did not contribute to solving the problems. In the late 1980s the city experienced a dramatic increase in social problems. In relation to drugs, the situation became appalling, with 147 deaths caused by drug overdose. In the 'Tanusanlage', the open drug scene near a public park in Frankfurt, almost 1,000 drug users hung out in the park daily, the availability of heroin increased, and prices fell. The management of the problem was out of control of the relevant authorities.

The city authorities and the police realized that the police could not by themselves resolve the problem. A diversified approach was developed, both in order to protect the population and to reduce the harmful effects of the use for drug users. Police repression was turned only against the trafficking of illicit drugs and not against drug-dependent persons. Police began to cooperate systematically with providers of social and health services for drug users. In 1988, a multi-sectoral and interdisciplinary cooperation in local drug policy was initiated. The Mayor of Frankfurt established a committee in order to bring together all stakeholders involved in the issue. The Committee held bi-monthly meetings in order to coordinate the policy and practice of judges, police, prosecutors, the municipal coordinating authority for drug policy and the local treatment and harm reduction services. Harm reduction services were also expanded. In 1989, attention shifted to low-threshold drop-in centres, while needle and syringe exchange was introduced by all drug-service agencies including mobile units. In 1992, the biggest drug-service centre in Europe (the so-called "Eastside") was founded in Frankfurt, to provide services such as methadone substitution programs, needle exchange, counsel-

ling, night shelters, and work projects. A night shelter bus for drug dependent women was also implemented. Four drug consumption rooms (including injecting and smoking) were established between 1994 and 1996.

In 1990, representatives from Amsterdam, Zurich, Hamburg and Frankfurt, worked together to draw the text known as the "Frankfurt Resolution", which underlines the need for policy change from repression to co-operation of all relevant local actors to effectively tackle the drug problem. Since then, a conference of the Association of European Cities for Drug Policies (ECDP) is held annually in different cities. Over twenty cities from eight European countries have joined the network of 'European cities for drug policy' and adopted the *Frankfurt Resolution*.<sup>17</sup>

Since 2004, the local police apply a social program called "OSSIP" (Offensive Sozialarbeit, Sicherheit, Intervention, Prävention - Proactive Social Work, Safety, Intervention, and Prevention) for "a living together in Frankfurt/M". It aims to prevent drug use, enforce harm reduction and social (re)integration, offer additional support to drug-abstinence aiming to a drug-free life, and reduce the number of public nuisance incidents. Police and other municipal officials, occasionally assisted by outreach workers, are in charge of preventing public drug-use and the development of open drug scenes. OSSIP's primary target groups are young individuals (up to 28 years of age), drug-dependents and users with problematic consumption patterns, users wanting to quit, and also dealers, delinquent drug-dependents, and those causing public nuisance. OSSIP is part of the "Frankfurt Way", aiming to balance social order with service-provision to those most vulnerable.

As of 2010, the city police also implement a drug warning system, with the goal of minimizing casualties and analyzing new substances in order to articulate warnings about their risk. Drugs circulated in the market are systematically monitored, with the purpose of confiscation of questionable substances, their toxicological analysis, qualitative feedback to service providers and drug users,

consulting paramedics of rescue units and in special cases the optimal application of therapeutic protocols.

In this agenda, the police try to become partners rather than enemies of drug-users, and are officially committed to uphold the position that the Frankfurt am Main Police will not criminally detain a drug-dependent individual prior to medical treatment (methadone administration). Dependence is a mandatory element in considering the utility of imprisonment for perpetrators. When the police arrest a perpetrator, they are assessed for drug dependence. If they are not found to be dependent, custody normally ensues. On the contrary, if they are dependent, substitute-based treatment is offered by a methadone clinic, only after which follows detention if necessary. The delinquent is then transferred to the penitentiary with a notification of drug dependence, with continuation of methadone treatment in custody.

Under the 'Frankfurt way', drug related casualties have been reduced significantly. Deaths from overdoses dropped from 147 in 1991 to only 3 in 2014 (as of 05/30/2014). For the drug division of the police of the city of Frankfurt, prevention is the most important challenge for the future: the question is not about 'when' a person comes into contact with drugs, but how the person reacts to the offering of drugs. The goal is to make people 'strong' and proactively educate them about drugs: rationality must prevail over curiosity.

## **B. The European project "Early intervention in early stage detection of adolescent drug use."<sup>18</sup>**

A program of cooperation between police and judicial authorities and the providers of treatment and harm reduction services was originally developed in Germany and then extended to other countries of the European Union. The early intervention program is called *FreD*, an abbreviation of the title "Early intervention in early stage detection of adolescent drug use" in the German language.

After the expansion of its application in countries of the European Union, the program is known as «*FreD goes net*». Cyprus is one country which implements this European project, along with 17 other European countries.

After the initial implementation of the program and its positive assessment, the European Union financially supported the program, and expanded its scope in schools, workplaces and in places where it is easy to access and test for drugs. The model of the program expanded in parallel to the use of alcohol.

The *FreD* program was developed in the late 1990s to address the problem of the increasing numbers of young drug users who consider that they do not need assistance. It enables prevention and support agencies to come into contact with young people after they have been identified by police as drug users at an early stage, and to discuss the situation with them. The substance used by young people is mainly cannabis. One of the objectives of the program «*FreD goes net*» is the promotion of cooperation between the institutions involved in drugs and the young people who are starting to use drugs. The cooperation between police, judicial authorities, competent therapeutic institutions and NGOs active in the field of harm reduction can be strengthened and maintained in the long term. In terms of behavior, the contact with young people aims to encourage them to reflect on their drug use and possibly change their attitude, in order not to slide into dependence on drugs.

For the majority of the participants, the early intervention program is important for their development. It enables them to improve the level of awareness and knowledge about drug and alcohol use. The intention is to change their attitude towards the use of alcohol and drugs so as to use less drugs in the future. The majority also intend to stop using drugs. As reported by the respondents, contact with the available support institutions and the capacity building they provide contribute greatly to their ability to solve their problems themselves and to improve their attitude towards drugs. Regular



attendance at the program is a first important indicator of successful participation. 90.6% of participants took part in all the actions of the program and followed them with interest. Over 84.6% of the respondents indicated they would recommend the program «*FreD goes net*» to others. This confirms that the intervention enjoys high acceptance.

Each country adapts the principles of the program to the conditions that are most suitable for their application. In Cyprus, the Drug Enforcement Agency signed a cooperation protocol with the Ministry of Health for the referral of young early users to treatment centres and Mental Health Services. The aim of the Cooperation Protocol for the referral of early drug users to Mental Health treatment centres is to provide young drug users an alternative. Through referrals to treatment programs, they get the opportunity to broaden their knowledge, to reflect on the matter, and to change attitudes towards drug use.

The Cooperation Protocol is an innovation in the Cyprus criminal justice system. Improved cooperation between national Mental Health Services and the Police is emphasized in the preamble of the Protocol thus creating a common reference for the mechanism: all parties sit around the same table promoting confidence building, as well as improving the quality of mental health services. Through the close contacts among the collaborating partners, bureaucracy has significantly decreased. The Cooperation Protocol covers areas of selective prevention in the existing system of support for adolescent drug users, and is expected to expand its activities and to include referral to other bodies such as non-governmental initiatives, that provide alternative therapies.

Some of the additional positive results of the implementation of this program include:

- increase of cannabis users in treatment, and reduction of the risk of problematic use;
- improved adjustment of procedures to local needs and the legislation;

- population reach is far wider than what other services could alone achieve;
- reduction in the number of users in the justice system – increased cost effectiveness.
- facilitation and improvement of access for youth and their families to mental health services.
- a positive profile for Police authorities to the general public.
- reinforcement of the notion of security, justice and health.
- the experiences gained from the implementation of the program might help other countries adopt it in the future.

According to the Cypriot experience in implementation of the Protocol, if State agencies intervene early in the affairs of the youth, behaviour shifts regarding their drug consumption are remarkably substantial.

### **Cooperation between law enforcement and service providers in the field of drugs in South Eastern Europe.**

Here we discuss the recent developments concerning the cooperation of law enforcement and service providers, described above, in the countries of Southeast Europe. In a seminar organized by the Association Diogenis on 5-6 June 2014 in Sofia, Bulgaria, as well as presentations of 'the Frankfurt Way' and of the European Programme «*FreD goes net*», delegates presented short reports on the relationship between law enforcement and NGOs working in harm reduction.<sup>19</sup> In all countries of Southeast Europe there exist contacts in their everyday work between police and workers in the field of harm reduction, mainly in order to resolve problematic cases. Generally in countries like Romania, Greece and Serbia, when incidents occur - whether around social workers' contacts at venues where drug users meet, in street work or in drop-in centers - the police do not intervene, and both sectors try to settle the situation in the context of their own tasks and responsibilities. A general attitude of the police is to focus on the collection of information either from professional workers or drug users. The interest of the police is

limited in this respect to the narrow context of law enforcement, which includes the collection of information. Sensitivity to human rights and assistance for dependent users are left to the service providers.

In Slovenia, when treatment programs started in 1994, NGOs met with stakeholders from all relevant Ministries (Justice, Public Order, and Health), to achieve consensus on the implementation of harm reduction measures.

Police in Slovenia do not interfere in the activities of NGOs and in street work, but are mainly engaged in procedural matters. Good relations at local level are encouraged and harm reduction programs are implemented in cooperation with local police stations. Sometimes relations are improved and at times worsen, but in general the relationship can be described as satisfactory, with sufficient interaction and coordination. The police are usually invited to presentations and training courses organized by NGOs, and there is cooperation at ministerial and inter-ministerial level. As a result, Slovenia can present examples of good practice: the police do not hinder users from participating in methadone programs, and do not usually appear at treatment centers to arrest someone, so that low threshold services and treatment centers can remain safe havens for drug users.

In some countries of Southeast Europe there is a more structured contact based on agreements or specific communication rules. The program of the Global Fund against HIV/AIDS, Tuberculosis and Malaria (GFATM) has played a key role in promoting co-operation between police and social and health services. The Fund facilitated initiatives for the development of police training programs on harm reduction. In the Federation of Bosnia and Herzegovina for a period of time (2003-2005) there was no contact between the NGO *Margina* and the police, because of the police behaviour towards users and social workers. Materials used for harm reduction work were seized, the way of addressing users was harsh and in general police approached users as criminals. Since 2005, in co-operation with the NGO

*Margina*, a professional police training program was started in order to provide information on the issue of harm reduction and to discuss the objectives and the intended results. This then became a regular program with separate funding. This initiative was the beginning of the improvement of the relations with the police and now there is mutual understanding and regular contact. If a dependent user is arrested, the police will contact the NGO and encourage the user to make use of harm reduction services. The workers from the NGO are known to the police stations and can without any obstacle distribute harm reduction materials, avoid complications and encounter no difficulties from law enforcement controls in their work.

In the Republika Srpska in Bosnia and Herzegovina a Committee for the Prevention of Drug Use has been established consisting of 13 members including the NGO *Victoria*. As already mentioned, in relation harm reduction policy in law enforcement, Bosnia & Herzegovina run a Global Fund program for the training of police officers on harm reduction, the training of police officers and border police on 'HIV and high-risk occupations', the development of training toolkits for civil and border police, follow-up of training, etc. One of the program's interesting aspects is that, between two trainings, participants are required to organize on-the-job training with their colleagues. During the implementation of the needle and syringe exchange programs among injecting drug-users within the outreach and drop-in centres, there is uninterrupted support of and communication with the Ministry of the Interior. Within the above frame, police support is also encouraged during the implementation of bio-behavioural studies on the prevalence of HIV, hepatitis B and C, and syphilis, as well as high-risk behaviours in injecting drug-user populations.

Generally speaking, the best way to provide effective responses to drugs issues in a society is to link public policy, civil society, and professionals to a singular, integrated, and multi-disciplinary structure that acts on different levels and has shared responsibility.

In the Former Yugoslav Republic of Macedonia, *HOPS (Healthy Options Project Skopje)* has been active in harm reduction since 1997. At first, only one drop-in centre operated, and interventions were limited. Later on, with support from the Global Fund and in cooperation with the Ministry of Health, similar activities sprung in many urban areas. It is characteristic that the first agreement between *HOPS* and the Global Fund was also undersigned by the Ministry of the Interior, which has proven very supportive in the whole process and implementation of harm reduction programs. In general, the police are actively involved in the field, and also participate in the national coordination mechanism for drugs.

In Montenegro there is cooperation with the police in all activities, and several users have joined treatment programs after police referral. The main point of criticism from users and NGOs, however, is the pressure the police exercise on users to provide information on drug trafficking issues.

The Albanian NGO *Aksion Plus* has regular contact with the police regarding drug users. In some cases, the police may request information about NGO clients who are enrolled in Methadone Maintenance Treatment (MMT), after presenting official paperwork from the Prosecutor's Office. NGO experts are invited to defend drug users before Court. Very often they are in touch with the police concerning drug users who have been arrested and require MMT as soon as possible. They either receive methadone from NGOs, or from family members who are entrusted with the medication, or by police health services. On a policy level regarding prevention and other relevant issues, *Aksion Plus* collaborates with the Police Directorate and the State Police.

The Ombudsman is also an effective institution which monitors human rights violations, and works with NGOs. Human rights organizations are increasingly active in the field of drugs, and the police, prison officers and editors try to adhere to rules of transparency and accountability to the media and the public.

### **Treatment of drug users by the police**

Generally, Romanian NGOs are not satisfied with usual police activities. These organizations have identified several issues that need improvement, such as approaches and attitudes towards injecting drug users (IDUs). Awareness of police officers about HIV and other infectious diseases among drug users, and the level of understanding and respect for fundamental human rights of users need to be improved.

Commonly, police responses to NGO requests are indifferent and condescending. Only a handful of police officers understand harm reduction values, and even fewer agree with them. At higher levels of police administration, there are commonly debates about harm reduction and its importance for public health, but such notions do not reach field officers. They are far more likely to view harm reduction not as a justifiable method of reduction of the spread of HIV and other related harms, but as a system that encourages drug use and endorses such behaviour. Police leadership seems to understand and approve NGO's street-work, but somehow this mindset does not filter down to lower-ranked field officers. In their everyday practice, the general rule is that the drug user enjoys almost zero rights.

In general, the police authorities have not challenged actions of officers against drug users, as the majority of the general population agrees with the methods employed. Stories of police brutality against individuals in pre-trial custody usually do not make the front pages. The media are either uninterested in such cases or unable to substantiate them. Several organizations have tried to publicize acts of abuse against drug users, but nobody takes interest if such deeds are not thoroughly documented, which is almost impossible due to an overwhelming lack of resources. The relevant NGOs have provided training to members of the media and police officers, but scarcity of funds and follow-up deficiencies have rendered these efforts ineffective.

One particular case of police intervention that was discussed extensively recently in Romania concerns the death of Gavriil-Daniel Dumitrache.

On March 4th 2014, 26 year-old Gabriel-Daniel Dumitrache (also known as Dinte, 'Tooth'), resident of Bucharest's District 3 but with no official address, left the house he shared with his mother and other family members around 7 p.m. to go for work in the Unirii neighborhood. An ethnic gypsy, Daniel had no education or steady job, but earned a living parking cars and doing odd jobs. On the same night (March 4th), police showed up at his mother's house asking for Daniels's ID card. About 20 minutes after the officers left with Daniel's birth certificate, the police informed his family of his death. The report of the Union for the Defence of Human Rights in Romania - the Helsinki Committee (APADOR-CH) – states that the family blames the police for beating Daniel to death. The death certificate notes that the death of Daniel was caused by acute anemia, massive hemoperitoneum and pathologic rupture of the spleen. The document was registered on 05.03.2014, mentioning that the death occurred on March 4, and leaving the time of death blank. (Read More in: <http://www.apador.org/en/raport-asupra-cazului-gabriel-daniel-dumitrache-decedat-in-incinta-garajelor-sectiei-10-politie/>).<sup>20</sup>

In Serbia the police often manipulate drug users arrested for small-scale possession into helping aid police operations. Sometimes policemen also – and probably on purpose – sell sterile materials supplied to users by NGOs within their regular harm reduction operations.

Isolated cases of violence have been recorded in Albania which have been the subject of inquiry by competent bodies of the respective agencies (NGOs, Ombudsman, and the media). The organisation *Aksion Plus* has delivered training sessions for Police and Penitentiary officers.

In Montenegro drug users often complain about police practices, especially about being incriminated in offences they did not commit. When petty offenders who are drug users are arrested, they are asked to confess to a crime, convinced by police officers that they will be released after their testimony; after admitting to acts they never perpetrated, they receive heavy incarceration sen-

tences. One of the problems in Montenegrin case law is the inconsistency of penalties for similar cases. Sometimes, long sentences of imprisonment are imposed, even though the drug quantities are evidently intended for personal use. The law is interpreted variably, and drug users are often sentenced for cases based not on evidence but only on vague testimonies. The NGO *4life* is especially active in the local media, and its activity has contributed to the reduction of discrimination against drug users.

In the Former Yugoslav Republic of Macedonia there are several documented cases of police behaviour towards drug users which were not appropriate, especially on the street. Many drug users have complained that they have been accused by the police for crimes they did not commit, and that they have suffered from use of brute force during inspections. For these users, *HOPS* offers legal aid and support. A national problem is the absence of an independent agency for monitoring police misconduct. As a result, 99% of the complaints for such violations are not investigated. As regards sex workers, there have been cases of reported violence and rape by police officers. Three sex workers were forced by the police to be tested for HIV and hepatitis in November 2008, but in these cases there was no further investigation.

In Greece, drug users and people living with HIV have faced a series of human rights violations from the police in the last three years. The association of drug and substitute users (*Greek Drug & Substitute Users Union*) refers in strong language to unjust and unacceptable cases of police behaviour against members of their organization.

*"Drug users in Greece"* are, according to the Union, *"subject to police brutality and violation of human rights on a regular basis."* Contact between the Union and the police is usually confrontational. The Greek police officers exercise an unacceptably punitive behavior towards weak, homeless, young and beginner drug users. On the other hand, veteran and older drug-users have almost no possibility of living a decent life, or even merely surviving, as currently drug users are



not granted any welfare benefit allowance, despite their numerous medical, psychological and mental problems (in violation of the World Health Organization directives that universally define disabilities). This situation, together with the daily ritual of the police pursuing street drug-users, renders their lives unbearable and their prospects to change outright impossible. However much the Union would like to find common grounds of collaboration with the Police, such likelihood seems impossible at the moment.

The Police adhere to a strategy that the Union's members totally contest. The main request of the Union is harm reduction. The Greek police are not familiar with the term, despite efforts of the Opiate Substitution (OST) programs. Police officers often attend seminars and discussions on drug policy, and allegedly receive special training on handling drug users. However, this is not implemented in every-day routine. Drug users are treated harshly, even by the most trained officers. The orientation of law enforcement has focused more on drug users in the last two years. It is quite often that drug dealers incriminate their clients to the police to keep themselves away from custody, which leads to arrests of dependent individuals. Therefore, drug law enforcement needs a shift in orientation. The condition and lifestyle of drug users must be thoroughly examined, and drug use provisions should be reviewed.

The hunting down of drug users must cease and police officers must discard the punitive and promote a supportive approach. A large number of Greek prisoners are drug users, so a turn to treatment instead of punishment is crucial, with harm reduction being more beneficial and constructive for both sides.

Drug users aspire to live in a society that treats them like proper human beings with human rights. In their everyday lives, in OST programs, they meet people with skills, talents, capacities, creativity and sensitivity; they are deprived of the chance to develop such traits. With only a little support, education and true care, these people can be something more than drug users: they can have a life.<sup>21</sup>

In recent years Greek NGOs have been active in the field of human rights of drug users, especially the injecting drug users in relation to the spread of HIV. Organisations such as PRAKSIS, Positive Voice, Center for life, Prometheus and the Union of Drug and Substitute Users cooperate with each other and with the State-recognized organisations of KETHEA and OKANA to jointly tackle problems of the sector. In their relation to the police they experience several problems which are subjects of disagreement and debate. Over the last two years, Greek police (especially in Athens) have been sending their personnel to the the medical centres and mobile units that are offering free and anonymous testing. Sometimes, they only stand in uniform and observe, and occasionally they halt individuals asking for legal documents. These practices scare people away from the mobile units. Whenever random checks take place outside the medical centre, immigrants and asylum seekers disappear for the next 5-7 days. The NGO Praskis is currently collecting data on every police activity on a daily basis, to construct a report that will be submitted to the Ministry of Public Order.

On August 2012, the Greek police and the Ministry of Health launched operation "XENIOS ZEUS". It involved visits to immigrant hangouts, mostly in downtown Athens, and forcible transportations to detention centres, regardless of the presentation of legal documents. This initiated numerous "sweep" operations by the police that endure today, and pack detention centres with individuals who finally prove to be legal immigrants or asylum seekers. The most recent one (April 2014) tallied almost 1000 apprehensions for document verification; after 2 days of cross-checking, only 25 were lacking the proper legal documents. The least that can be said about such acts is that they are ineffective; more than this, they create a negative climate for the presence of immigrants and people living in the center of Athens, including drug users.

On March 2013, the Greek Police and the Ministry of Health implemented operation "THETIS" within the Hellenic Centre for Diseases Control and Prevention. The idea was

to visit drug user hangouts in downtown Athens, forcibly transport them to Amigdaleza (a detention centre) and – according to the relevant press release – test them for HIV and HCV, log their medical history, and then release them to return unaccompanied to Athens – far from a walking distance. This went on for a month.

Reactions in the press, including criticism from competent service providers for drug dependent people and NGOs, were immediate and vociferous. Several NGOs have highlighted the outrageous violations of human rights involved. Some have also filed lawsuits against those responsible, including the medical doctors who ran the tests and the Hellenic Centre for Disease Control and Prevention (the case was recently dropped), that collaborated in the operation THETIS. A chronicle of this story is presented in the documentary “Ruins”, directed by Zoe Mavroudi: <http://ruinsdocumentary.com/en/>.<sup>22</sup>

These police operations have to do with the outbreak of the HIV epidemic among injecting drug users in Athens. Despite the police, the organisations OKANA and KETHEA, and the network of NGOs (including Positive Voice, Centre for life, Praksis, and Doctors of the World) have implemented harm reduction protocols in cooperation with appropriate educated volunteers in joint street work teams.

### **Initiatives for legislation for the rights of drug users. Suggestions of Non Governmental Organisations**

In Romania there has not been any serious discussion in recent years on legislative reforms regarding actions of law enforcement agencies towards drug users and other vulnerable groups. A few years ago a dialogue on decriminalizing sex work was initiated in the parliament, followed by a fairly extensive public debate; nothing actually changed, and the discussion was eventually dropped.

As a rule, when it comes to vulnerable groups, the Romanian church disputes such initiatives. In a country where 90% of the population puts its trust in the church, it is typical that politicians will not deviate from its rulings.

The Romanian Non Governmental organisations are of the opinion that the Romanian criminal justice system needs to promote evidence- and human-rights-based approaches in support of harm reduction interventions and drug policy reform. Some suggestions include:

(a) proposals for amendments to Law 143/2000 on the prevention and control of illicit drug traffic and consumption. The aim is to reduce the negative impact of current legislation on drug users’ access to health care and social reintegration, focusing on solutions for small-scale possession of drugs for personal consumption or cases of micro-trafficking;

(b) promotion of continuity of care in police and penitentiary pre-trial detention facilities;

(c) increase in the awareness of criminal justice professionals of human rights issues, aiming to improve judicial practices and mind-sets towards drug users and their rights within the criminal justice system; relevant training programs for judges, prosecutors, police officers, and attorneys, that promote practical applications, procedures and experience-sharing between participants and are built upon partnerships with state institutions and run by experts; and

(d) efforts to interrupt the spread of HIV among drug users in Romania; increase public consciousness of the HIV/AIDS epidemic among drug users in Romania as a means to advance positive changes in national policies on HIV control among high-risk groups, especially injecting users.

Protocols with the National Administration of Penitentiaries and the General Inspectorate of Police to monitor the detention conditions in police facilities and penitentiaries should also be encouraged.

In Serbia there is currently no debate on reforms. The main issue for the government at the moment is the establishment of a Drug Policy Coordinating body.

As regards national law reforms, the Ministry of Security of Bosnia and Herzegovina has recently asked for an evaluation report on the implementation of the national strategy

and the national action plan for the period 2009-2013, while a new national strategy and action plan are being prepared. Also, in the immediate future, a new collaboration with the Ministry of Justice is about to begin, with emphasis on alternatives to incarceration for drug users and primary prevention.

In Albania the issue of reform of the drug law is on the agenda. The conduct of law enforcement agencies toward drug users is always an open issue, but the governmental gears run very slow. There are planned strategies, but these are not as yet properly funded. There have also been suggestions to amend the Penal Code (both general provisions and specific sections related to substance abuse), though nothing has materialized yet.

In Greece the Organisation Against Drugs (OKANA) initiated an educational program in collaboration with the Greek Ministry of Public Order, to educate police officers on best practices for marginalized population groups, mostly focusing on drug users. PRAKSIS collaborates with this project by stationing one psychologist per month to assist the educational procedure with their accumulated experience.

The reaction of providers of services to dependent individuals to the unfortunate operations THETIS and XENIOS ZEUS was decisive and dynamic. This forced the authorities to seek cooperation with them. On January 2013, the Ministry of Health invited several NGOs and governmental agencies to collaborate in order to plan and deliver a strategic plan for the reduction of the HIV outbreak among injecting drug users in Athens. On February 2014, after several meetings, discussions, training sessions, proposals, standstills, disagreements and modifications, the Ministry of Health and collaborating NGOs drafted and announced the official "National Action Plan for the reduction of HIV outbreak among injecting drug-users", which is quite vague, lacking a timeframe and any information on funding. However, it has been welcomed by several NGOs with certain provisos regarding the Hellenic Centre for Diseases Control and Prevention and Regulation 39A. It requires a representative

of the Police to be on the committee, and clearly prioritizes collaboration with the Ministry of Public Order and Citizen Protection (Police) for its optimal implementation.

### **The charter of rights of drug dependent people**

In the framework of provisions on human rights of drug dependent individuals, the Greek state prepared an action plan. The General Secretariat for Transparency and Human Rights of the Ministry of Justice put out the initial draft for public consultation, and published the final draft in March 2014 with additions and corrections proposed by competent bodies and organizations. The chapter on mental health contains a specific paragraph on drug dependent people. The paragraph makes reference to treatment, support and integration of dependent people, treatment of drug dependent prisoners, alternative measures to imprisonment for drug offenders in possession of small quantities and therapeutic programs for drug dependent immigrants.<sup>23</sup> The Action Plan is an important initiative of the Ministry of Justice, because it can function as a point of reference for relevant agencies, organizations and individuals and allow them to comment, submit requests and evaluate the proposed actions. The Action Plan was followed by a more specific proposal which was prepared by the General Secretariat of Transparency and human rights of the ministry of Justice and the First Psychiatric Clinic of Athens University and the department on addictive substances of the Greek Psychiatric Association. This initiative is the 'Charter of the rights of dependent people'<sup>24</sup> which was presented by the above mentioned bodies in June 2014. The aim is to ensure that the charter's text becomes an integral part of the Human Rights Action Plan and to facilitate the effective protection of the right to health, as well as the human rights of dependent people. Moreover this charter can contribute to a better coordination of the scientific-medical, social and political sectors in combating drugs. Despite doubts about the implementation of the Charter, especially in this period of economic crisis, it cannot be denied that it is a positive contribution to the protection of human rights of dependent drug users.

## Conclusions and recommendations

- 1) The police must primarily accept that they alone cannot solve the drug problem, and recognise that the issue must be tackled within society as a whole. The experience of cooperation initiatives between law enforcement and service providers shows that law enforcement authorities are not convinced that cooperation with social actors contributes to effective drug policy. Even today, police officers in countries implementing cooperation programs have difficulties in understanding the role of police in the prevention agenda and its place in the social sector. Nevertheless, the collaboration that has been established would have been unthinkable 25 years ago. Today the police are working very well in many countries with health services and harm reduction. But there is still a lot of work to do. It should be noted that legislative changes in the early 90s have contributed greatly to the change of mentality.
- 2) Police leadership should encourage local initiatives and practices and follow with interest and understanding the results of cooperation with service providers in the community. In the region of South East Europe we have noted with regret that the police authorities see the issue of cooperation with civil society actors as something that does not concern them. The majority of the law enforcement people who have been invited to participate in the seminar in Sofia and the dialogue in Athens, despite repeated reminders, did not answer at all or did not get permission to participate.
- 3) The development of cooperation initiatives between law enforcement authorities and agencies supporting users and drug dependent people must be gradual, and relations should rely on confidentiality and partnership.
- 4) When problems occur, the key for solving them is communication. In this fashion, NGOs and the police can utilize a step-by-step approach to surpass difficulties.
- 5) Mutual feedback is very important. The cooperating partners must recognize and admit possible mistakes in their daily work; they need however to be expressed accurately. A respectful approach is also essential: it is ineffective to be exceedingly critical about police practices; instead, it is better that both parties acknowledge their problems and are willing to collaborate to their mutual benefit.
- 6) Legislative reforms are vital since in some countries legislation is the gateway for the introduction and establishment of harm reduction practices. In Germany, for example, safe consumption rooms were established only under specific provisions of the federal law. Of course, this is not always a benchmark for all legal systems: the Netherlands and Switzerland – both pioneers on harm-reduction in Europe – lack explicit provisions for such rooms, which function under a gentlemen's agreement.
- 7) Sometimes the correct approach is a personal one, as a person in the right position may often be the key. If NGOs face difficulties with the Police, they can ask for a liaison to communicate with. This has been proven an efficient strategy in some cases.
- 8) Coordination, commitment, and motivation are key-factors for law enforcement and the service providers. In Cyprus, for example, the Anti-Drug council is a national coordination body that constructs top-priority action plans to be followed by all partners, the police included. Additionally, it is vital that police officers implementing the Protocol of Cooperation are inspired by it and are convinced for their actions.
- 9) Flexibility is an additional key issue in the field of cooperation in harm reduction. It is impossible to create one universally applicable methodology, but a flexible model can be constructed that can adjust to different legal settings.



10) Governments can also exercise pressure for the development of more cooperation between law enforcement and health and social services by prioritising this issue in their drug policy. Funding is also vital, as the lack of resources can render all the aspirations meaningless.

11) NGOs can use the new insights concerning harm reduction and the interpretation of the drug conventions as presented in the study *Drug policy provisions from the international drug control Conventions* from UNODC to argue in favour of drug policy reform.

12) International recognition that future drug policy will focus on public health and respect for human rights is an opportunity to promote legislation that will recognize and adopt this approach. NGOs can promote in their contacts with the authorities the integration of the Charter of Human Rights of drug dependent people in the National Action Plans for human rights, as has happened in Greece.

## NOTES

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<sup>1</sup> Thanasis Apostolou is Director of the Association DIOGENIS, Drug Policy Dialogue in South Eastern Europe

<sup>2</sup> 100 years of Drug Control:  
[http://www.unodc.org/documents/data-and-analysis/Studies/100\\_Years\\_of\\_Drug\\_Control.pdf](http://www.unodc.org/documents/data-and-analysis/Studies/100_Years_of_Drug_Control.pdf)  
<https://www.unodc.org/unodc/en/about-unodc/speeches/2008-03-10.html>

<sup>3</sup> Political declaration and plan of action on International Cooperation towards an Integrated and balanced Strategy to Counter the World Drug Problem.  
<http://www.unodc.org/documents/ungass2016/V0984963-English.pdf>

<sup>4</sup> <https://www.unodc.org/unodc/en/about-unodc/speeches/2008-03-10.html>

<sup>5</sup> Contribution of the Executive Director of the United Nations Office on Drugs and Crime to the high-level review of the implementation of the

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Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, to be conducted by the Commission on Narcotic Drugs in 2014  
<https://www.unodc.org/documents/hlr/V1388514e.pdf>

<sup>6</sup> Drug policy provisions from the international drug control Conventions, page 6

<sup>7</sup> *op. cit.* page 7

<sup>8</sup> . *op. cit.* page 11

<sup>9</sup> The life of the Human Rights Resolution at the UN Commission on Narcotic drugs  
<http://www.ihra.net/contents/288>

<sup>10</sup> Resolution 51/12 Strengthening cooperation between the United Nations Office on Drugs and Crime and other United Nations entities for the promotion of human rights in the implementation of the international drug control treaties  
[https://www.unodc.org/documents/commissions/CND/Drug\\_Resolutions/2000-2009/2008/CND\\_Res-2008-12e.pdf](https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2000-2009/2008/CND_Res-2008-12e.pdf)

<sup>11</sup> Drug policy provisions from the international drug control Conventions, σελ.14

<sup>12</sup> <http://www2.ohchr.org/english/bodies/hrcouncil/docs/10session/A.HRC.10.44AEV.pdf> Para. 71

<sup>13</sup> [http://www.incb.org/incb/en/annual\\_report\\_2003.html](http://www.incb.org/incb/en/annual_report_2003.html) Para. 221 and 222.

<sup>14</sup> [vivario.org.br/en/files/.../Declaration-ENGLISH.pdf](http://www.vivario.org.br/en/files/.../Declaration-ENGLISH.pdf)

<sup>15</sup> <http://www.leahn.org/archives/3572>)

<sup>16</sup> The text that follows is based on the discussions that took place during a Seminar organised on June 6<sup>th</sup> in Sofia, Bulgaria. See: Report expert seminar "Drugs, law enforcement, health and social services in South Eastern Europe"  
[http://www.diogenis.info/index.php?menu\\_id=f9285cd2-e07c-102e-a5c7-001d92b1a429&language=en](http://www.diogenis.info/index.php?menu_id=f9285cd2-e07c-102e-a5c7-001d92b1a429&language=en)

<sup>17</sup> [http://www.diogenis.info/index.php?menu\\_id=f9285cd2-e07c-102e-a5c7-001d92b1a429&language=en](http://www.diogenis.info/index.php?menu_id=f9285cd2-e07c-102e-a5c7-001d92b1a429&language=en)

<sup>18</sup> [www.emcdda.europa.eu/html.cfm/index52035EN.html?project\\_id=01DE11&tab=overview](http://www.emcdda.europa.eu/html.cfm/index52035EN.html?project_id=01DE11&tab=overview)

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<sup>19</sup> Report Seminar Sofia, .σελ. 15

<sup>20</sup> <http://www.apador.org/en/raport-asupra-cazului-gabriel-daniel-dumitrache-decedat-in-incinta-garajelor-sectiei-10-politie/>

<sup>21</sup> Report Seminar Sofia, σελ. 18

<sup>22</sup> <http://ruins-documentary.com/en>

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<sup>23</sup> Human Rights. National Action Plan, Athens, March 2014 (in Greek)

<sup>24</sup> Charter of Human rights of drug Dependent people.(in Greek)  
<http://www.opengov.gr/ministryofjustice/?p=56>

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Drug Policy Dialogue in South East Europe

## Drug Policy Dialogue in South Eastern Europe

The current system of global drug control is based on the three international UN Conventions : the Single Convention on Narcotic Drugs ( 1961 ) as amended by the 1972 Protocol , the 1971 Convention on Psychotropic substances and the 1988 Convention on Illicit Drugs and Psychotropic substances.

The legislative scheme developed after the 1960s followed the repressive approach and is characterized by a restrictive interpretation of the UN Conventions which is often an obstacle for the development of innovative practices that meet the needs of our time and are constantly evaluated as to their effectiveness . Decades of repressive drug policies have not reduced the size of illegal drug markets instead they have led to violations of the human rights, caused a crisis in the judicial and prison system , stabilized organized crime and marginalized vulnerable drug users , the small traders and producers of illicit crops .

The Drug Policy Dialogue in South Eastern Europe of the DIOGENIS Association aims to promote a more humane , balanced , and effective drug policy that takes distance from the repressive approach and approaches the subject from the perspective of public health , human rights and harm reduction .The specialized project Drug Law Reform which is promoted by the Association in cooperation with scientific institutions ( universities and research centers ) in the countries of South Eastern Europe aims to reform legislation by highlighting good practices and lessons learned from experiences in areas such as decriminalization and depenalization, proportionality of sentences , alternatives to incarceration and harm reduction .

- The series of publications of the Association aims to encourage a constructive dialogue between the competent state bodies that are responsible for drug policy, agencies, services and relevant authorities that implement this policy and civil society organisations.



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