

## **Meeting of the South East Europe Drug Policy Network**

**29<sup>th</sup> September 2010, Ohrid, Former Yugoslav Republic of Macedonia**

### **Introduction**

This meeting, chaired by Thanasis Apostolou (IDPC lead for the South East Europe region) and Ann Fordham (IDPC coordinator), was attended by 27 participants representing both NGOs and governments from the South East Europe region to discuss issues of concern for both States and civil society organisations working in the drugs field. This meeting aimed to bridge the gap between policy making and what happens in the field through informal discussions to highlight common issues in the region related to the issue of controlled drugs.

This meeting was a follow up to the first meeting of the South East Europe NGO Drug Policy Network (Network) in Athens in March 2010, where discussions focused on highly sensitive issues, such as criminal law and access to harm reduction services in prison. This meeting was based on open dialogue and mutual respect and tolerance, regardless of the participants' background.

The meeting was divided into two sessions, one focusing on harm reduction and national policy, the other on the Roma populations and drugs.

### **Session I. Harm reduction programmes and national policies in SEE**

On a tour to visit several South East European countries last year, Mr. Apostolou realised that harm reduction services were often provided by NGOs, but that few governments had integrated the concept in their national drug strategies. When they did, these governments did not necessarily support harm reduction activities in practice. The purpose of this session was to initiate discussions between governments and NGOs on ways to develop and finance harm reduction activities. Each participant provided an overview of the harm reduction situation in their own country. A summary of these statements is provided below.

#### **Albania**

There are between 40,000 and 60,000 adult drug users (aged 15 to 64) in Albania, and among them about 4,000-5,000 problematic users. The first drug of choice in the country is heroin, followed by cannabis. 86% of drug users were reported as being poly drug users. Over the last two years, there have been an increasing number of young intravenous drug users engaging in risky behaviour. For example, heroin is mainly injecting by young street users in poor hygienic conditions. The need for harm reduction services is therefore increasingly acute.

Albania is not only a drug producing country, but is also a major drug trafficking route. Drug use can therefore only worsen in the coming years. The drug problem is most acute in the capital, but has now extended in the rest of the country.

The Albanian national drug strategy expired in 2010, and a new strategy needs to be established. In the previous drug strategy, the Ministry of Public Health has been willing to support harm reduction programmes, and so is the police now that the positive results of harm reduction have been demonstrated regarding reductions in drug-related crime and health problems. However, data collection remains scarce on users who are not street-based.

Harm reduction services started to be developed in 1995 in Albania. Aksion Plus was the first NGO to provide needle and syringe exchange programmes (NSPs). Today, three NGOs run NSPs for street drug users (Aksion Plus, APRAD and Stop AIDS), a service that now reaches 1,800 clients. Aksion Plus will soon be opening a new centre in the North of the country.

In 2005, Aksion Plus also started to provide methadone maintenance treatment (MMT), which is now being scaled up with the support of the Harm Reduction Development Program and Andrej Kastelic. Five MMT programmes have now been established in the capital and four main cities of Albania, providing treatment services to 396 clients. In Tirana alone, 147 people are treated in MMT facilities. The treatment is community based and benefits from the support of the Ministry of Health and the Global Fund. It is a friendly space where drug users are well treated by the staff. The Tirana facility is run by three doctors, nurses and outreach workers. Aksion Plus is expecting to get the permission to open new premises soon.

Aksion Plus is also working in prisons and at police stations. Harm reduction services are provided in five prisons in the country. The services provided include information, MMT, counselling, peer education, training of medical or psychosocial personnel, testing for HIV and hepatitis B and C, and condom provision.

A collaborative project funded by the European Commission was recently set up to increase collaboration between the NGO sector working on drugs issues and the probation service. This project, run by three partnership NGOs (Aksion Plus, APRAD and Stop AIDS), aims to train judges and prosecutors on harm reduction and develop a new philosophy on how to tackle drug users in general.

The harm reduction model adopted by Aksion Plus is now being followed by a number of other NGOs. The Albanian government is very pleased with this model and even assigns Aksion Plus with several tasks. For example, Aksion Plus is invited to participate in high level meetings on drug policy. However, the government believes that methadone should be prescribed by doctors, not NGOs.

The presenter recommended that:

- The infrastructure and the quality of services should be improved.
- Referral services and proper follow up of clients should be strengthened.
- A drop-in centre should be set up for street sex workers who use drugs.

- The Global Fund should further support the scaling up of MMT in other affected cities as the most cost-effective programmes.
- A proper balance should be reached between harm reduction and MMT programmes, based on the real needs of injecting drug users (IDUs).
- Networking and close collaboration with other local structures, especially municipalities, should be strengthened, and these structures should allocate more funds on harm reduction projects.
- MMT centres should be properly staffed with trained professionals.
- More prevention activities should be developed with youth in high schools and other vulnerable groups.
- Specific harm reduction interventions should be set up in prisons.

Several Albanian Ministers are very open and supportive of these policies, especially the Ministry of Health and the Ministry of Justice. The media is also very supportive of harm reduction interventions. UNICEF facilitates the communication process between the government and NGOs. Finally, the Global Fund CCM enables NGOs and the government to discuss what works and what could be improved.

## **Bosnia-Herzegovina**

There are between 7,500 and 10,000 IDUs in Bosnia-Herzegovina (BiH). The government has adopted a national strategy and several action plans to tackle the drugs issue. NGOs are usually involved in the elaboration of such documents through public hearings.

However, BiH has a very complicated government administration, with over 160 ministries working at different levels of government. This makes it very difficult to have a coordinated approach for drug policy.

The most important problem in BiH relates to criminal law and the implementation of criminal sanctions. This issue could be resolved if the articles referring to human rights, IDUs and prisoners are modified. NGO Viktorija and Association Margina hope to develop a short law review process through a period of two to three years, which should go hand in hand with educational interventions targeted at policy makers to raise awareness on drugs issues. Indeed, the educational initiatives that have been developed so far have had some positive effects on the police on the ground.

NGOs started to get involved in the field of harm reduction in 2002 to strengthen the health sector in BiH. Seven MMT centres have now been opened with financial support from the Global Fund. NGO Viktorija and Association Margina have spread their harm reduction activities to several decentralised urban areas.

The presenting NGOs stated that every NGO should have a leading role in improving the problematic aspects of national policy regarding harm reduction. It is necessary to study the situation in the field, inform and educate policy makers on practical experience, and form partnerships with relevant government stakeholders. Political pressure from the European Union and other regional or international organisations of which BiH is a member can help push for

change. The engagement of policy makers is crucial to ensure the sustainability of existing services beyond 2016, when existing funding from the Global Fund and other large donors will end.

NGOs are getting involved with the government, but it is difficult to develop close relationships with the most relevant government representatives. Financial support and increased cooperation and partnerships are the only ways to provide cheap and accessible services to people who need them. The development of strategies and action plans for drugs, and the establishment of an expert group (which included NGO representatives) to draft the new strategy for HIV/AIDS for 2010-2015, are good examples of how governments and NGOs can work together on harm reduction issues.

The presenting NGOs reported that it was difficult to report examples of best practice because they felt that little quality analysis of harm reduction had been conducted in the region. It is therefore difficult to know who works in what in the field of harm reduction. One of the key roles of this Network should be to analyse the drugs and harm reduction situation in every country in South East Europe.

The presenters recommended that:

- Education, drug law reform, information, campaigns and conferences should occur continuously.
- Governments should accept to work in partnership with NGOs and support services with an appropriate allocation of resources.
- The Network should be clearly organised in order to lobby at the European Commission and other relevant bodies to foster new activities and promote harm reduction in the region.

At the end of the presentation, one of the participants pointed at several research studies on best practice in harm reduction in the region, including reports from the World Health Organisation and from the Bristol University (the latter dating from 2006).

## **Croatia**

Harm reduction programmes have existed in Croatia since 1995 through the NGO Help from Split. There are now harm reduction programmes in four major cities in Croatia, but all of them are being operated by NGOs. Association Terra started working in the field of harm reduction in 2000, mainly as a support for local governments.

Harm reduction is now recognised and financially supported by the Ministry of Health. It was financed by the Global Fund from 2003 to 2006. The Global Fund has been an important actor to establish good relationships with the government, and since 2006, harm reduction activities have also been funded by the Croatian government. For instance, substitution treatment is well developed and free of charge for those who need it. Despite these improvements, harm reduction is far from being a priority for the Croatian government.

According to the National Network of Therapeutic Communities (NNTC), there are now four therapeutic communities in the country, providing services to about 800 clients. These communities use a scientific approach and employ multidisciplinary professionals and experts. They aim to provide the social services that the government does not provide (the NNTC do not provide

methadone, but they provide psychosocial therapy), but also try to strengthen their relations with governmental institutions. The NNTC signs yearly contracts with the Ministry of Health, and the government covers 60% of the costs of the services provided. The NNTC is staffed with 32 professionals, half of them being experts, the other half being rehabilitated drug addicts. This combination of knowledge and experience enables the organisation to elaborate an adequate response to the needs of the clients.

The NNTC is now trying to scale up and improve the quality of the services provided, but is experiencing difficulties in doing so. For instance, since the psychosocial services the organisation provided is of much better quality than before, between 2002 and 2004, donors refused to provide more support to the organisation, considering that it was not needed.

Over 80% of addicts take substitution therapy in Croatia. A number of heroin addicts decided to stop using heroin and started to integrate the programmes offered by the NNTC. This did not change NNTC's mission (they did not start to provide substitution therapy), but the organisation did adapt to the situation. One of the centres started to work with heroin addicts in collaboration with the Regional Centre for Prevention, which is a national public health institution. There are now 22 such medical centres in the country that are habilitated to prescribe methadone, whereas the NNTC provides psychosocial treatment. The treatment usually lasts three to six months. Then, the patients decide to go home or to go to another institution which combines medical and psychosocial treatment.

The State provides good reinsertion programmes for rehabilitated dependent users: at the end of the treatment, these programmes help them to go back to school or start a new job. For example, employers get benefits if they employ former addicts. Such programmes have been implemented for the past two to three years, and good results have been recorded in that domain. However, under new Croatian law, HIV and hepatitis testing is no longer possible for people without a health insurance, and doctors cannot give any treatment to people who do not have a health insurance.

The presenter said that despite this situation, her relations with government authorities tended to be difficult and conflictive. Indeed, although NGOs are included in governmental programmes, it seems that the national government does not recognise their true value and they are often put aside rather than acknowledged as valuable partners. A comprehensive system is needed in Croatia to provide appropriate and diversified forms of treatment for drug addicts. In that perspective, the NNTC proposed 14 measures to the government, but 12 years later, little has been done to adopt such measures. On the contrary, a very repressive law was changed in 2006 to become even more repressive for drug addicts involved in criminal acts, especially for low-scale dealing (possession of 2 to 3 doses now leads to a minimal punishment of 2 years' imprisonment). The presenter organised a round table with experts on drug policy who agreed that the law should be modified, but it is unsure as to whether the government will do so. NGOs should lead in influencing public policies in the long run.

One of the elements that could be improved in the field of harm reduction is the funding system. Currently, NGOs have to apply for funding every year. The presenters declared that recognising NGOs as partners and providing them funding on a longer basis would enable them to have longer-term projects.

## **Former Yugoslav Republic of Macedonia**

The first harm reduction programme started in early 1997 in the Former Yugoslav Republic of Macedonia (FYR Macedonia). The country now counts with 15 harm reduction programmes in 13 cities. Since FYR Macedonia is a small country, harm reduction seems to be well developed, with over 1,500 people benefiting from methadone treatment, with a few being under buprenorphine therapy. Substitution therapy is free of charge in FYR Macedonia. The main issue is that these services entirely depend on funding from international donors.

One of the main issues in FYR Macedonia is the law. Several attempts have been made to push for reform, but the government has refused to change them so far. NGOs are important partners in the drug strategy implemented by the government, but are not represented at the drug commission, which is a major issue.

At the local level, NGOs have usually developed good cooperative relations with local authorities. For instance, a drug body was established to set up the local drug strategy, in collaboration with relevant NGOs. For the presenter, the Network is a key actor to support surveys on the cost-effectiveness of harm reduction programmes, and to train politicians and representatives of political parties.

One of the key recommendations from the presenter was that harm reduction be included in national and local government budgets.

## **Greece**

In Greece, two main organisations are involved in drugs issues. The first one is OKANA, a State organisation aiming to combat illicit drugs. The second one is the NGO KETHEA.

OKANA is a large organisation established in the mid-1990s, which focuses on harm reduction services. OKANA runs 18 opioid substitution treatment programmes, including 14 methadone programmes and 4 buprenorphine programmes. In addition to these government-operated services, KETHEA runs abstinence-based treatment programmes providing psychosocial support. These programmes run hand in hand.

One of the main issues with OKANA is that it is highly bureaucratic and political. Therefore, new policies are difficult to establish and implement. This is a problem because the waiting list to attend such services is long and the system still needs to be improved. Nevertheless, the overall situation is still positive since harm reduction services are well accepted and implemented by the Greek government.

## **Montenegro**

Drug abuse is a very recent problem in Montenegro: heroin only appeared in the country in 1993. The country was mainly unprepared to face the problem and Montenegro has experienced

increasing numbers of drug users and sex workers, along with rising numbers of drug-related criminal acts for the past two decades (43% of criminal acts are related to drug abuse).

NGOs are involved in the elaboration of national drug strategies, but their participation is limited. There is no political will to support harm reduction, and harm reduction is mentioned in drug policy mainly because three individuals pushed for it while developing the strategy. Finally, there is a knowledge gap among policy makers on the topic.

The NGOs providing harm reduction services do not benefit from the support of the government, and need a special permission from the police department to operate since harm reduction (including the provision of methadone) remains illegal under the laws of the country. Methadone treatment has been provided in the capital since 2004, but only nine beds are provided in the facility. Two NGOs also provide clean needles and syringes. In 2010, information packages were developed and a drop-in centre was established, but these projects are still underdeveloped. Another harm reduction project was also elaborated two years ago in Serbia and Montenegro, but it has not yet been implemented.

For now, there is no joint action on harm reduction in Montenegro, and people working in the harm reduction field do not work with governmental institutions. Government officials working in the drugs field are very difficult to reach, and many NGOs end up giving up on their advocacy activities towards policy makers. There is also a clear lack of information about the harm reduction programmes developed in the country, and a lack of skilled people within governmental institutions on drugs issues. Finally very few NGOs actually work in the drugs field.

This situation needs to change. The presenter recommended that positive pressure should be made on Montenegro by the European Union to push the government to legalise harm reduction. This approach would be effective since Montenegro is at a pre-accession stage to the EU.

The presenter stated that IDPC and the Network could make an important contribution by analysing and evaluating the implementation of existing harm reduction programmes. The organisation of study visits with key decision makers to examine examples of best practice (such as Slovenia where the government is funding harm reduction projects developed within the communities) would also be beneficial for Montenegro.

## **Romania**

Most harm reduction services in Romania are based in Bucharest, but there are currently signs of drug use in other cities around the capital. Harm reduction services have so far been developed in Romania by NGOs, with international support from UNICEF, the United Nations Office on Drugs and Crime (UNODC) and the Global Fund. Harm reduction services do operate, but are still underdeveloped. For example, there was an insufficient supply of clean syringes. The Romanian Harm Reduction Network (RHRN) tried to put pressure on the Ministry of Health to initiate an emergency plan to secure clean syringes. It was only thanks to international pressure and the publication of an article in the Times Magazine that the Ministry reacted and started to provide more syringes. The RHRN played a key role in facilitating contacts with the Times Magazine. Regarding substitution therapy, it also remains underdeveloped, with only 1,000 dependent users being able to



access MMT. The RHRN also participates in media activities to influence the debate and inform the general population on drugs issues.

NGOs are usually consulted on drug policy issues. However, they only have an advisory role in the policy making process. In December 2008, the Deputy Chamber President initiated consultations with civil society representatives to review the current drug law. In February 2010, a debate was hosted by the Deputy Chamber, to which the RHRN participated. The Ministry of Justice is now expected to nominate experts to analyse the NGO proposals with regards to reducing or eliminating penalties for possession of illicit drugs for personal use, a necessary measure to foster drug users' participation to harm reduction programmes. For now, the legislative process is being blocked at the level of the Ministry of Justice.

In March 2008, the National Anti-Drugs Agency (NAA), which was until then under the authority of the Ministry of Administration and Interior, was restructured and transformed into a simple service under the authority of the Romanian Police Inspectorate. This measure reduced the institution's power and credibility, and as a result, many experts decided to leave the institution. The NAA on Drugs is now very weak, has no power over the State apparatus, and Romania has not had an action plan for the National Anti-Drug Strategy since 2008: the NAA proposed a draft action plan in May 2010, NGOs then requested that the NAA organise a public debate to discuss the action plan, which was never done. The process stopped at that point.

The RHRN initiated discussions with the local government, but this advocacy work has had no results so far. The RHRN is also a member of the Civil Society Forum on Drugs in the European Commission. The presenter declared that there was a long way ahead to include drug policy as a priority at all levels of government.

The RHRN recommended that:

- The National Agency on Drugs should be restored as an independent body.
- The Ministry of Health and the Ministry of Labour should get involved in harm reduction policies under their public health and social interventions.
- Local authorities should provide financial support to these harm reduction services.
- An enabling environment should be created for harm reduction services, through a review of drug laws, education to reduce stigma, and an increase in general social services.
- With regards to the action plan for 2010-2012, a public debate should be organised to provide a platform for discussion between the government and NGO representatives. This should include:
  - Clarify the financial mechanisms to support NGO service providers targeting drug users
  - Provide a budget estimation for planned activities and their financial source
  - Clarify each institution's responsibility in terms of financial and human resources
  - Define a coordination/cooperation mechanism between the institutions mentioned in the action plan
  - Clarify the problem of access to medical and psycho-social services for underage drug users
  - Document the prevalence of drug use in Romania.
- For the region, the RHRN recommended that drug offences should be decriminalised or depenalised (except those related to drug trafficking), drug classification should be reviewed, therapeutic justice should be strengthened, harm reduction should be scaled up in the



communities and in closed settings, and NGOs should be supported for the work they do in the field of harm reduction. These recommendations are aimed at us all, and we should constantly remind governments of it.

The presenter declared that IDPC and the Network could support NGOs in Romania with information on shared experiences (especially how governments can respond to NGO advocacy activities), and the organisation of country visits, seminars and workshops. The aim of these events is to create a common vision and agree on a set of principles and actions to be implemented at the regional level.

## **Serbia**

The drugs situation in Serbia is similar to that of FYR Macedonia. There are no precise data on the number of problem drug users in Serbia, the numbers are estimated at 11,000 to 100,000. The main drug dependence problems are linked to poly drug use and the use of amphetamine type stimulants (ATS). A national data centre is currently being created to improve data collection.

Since 2002, there have been interesting developments and improvements in the field of harm reduction in Serbia. The government has been more proactive in the field, and has adopted a new law. At the same time as the UNODC and the World Health Organisation started to promote harm reduction initiatives, INSADA – and more recently the Global Fund – allocated funds in Serbia for the development of methadone treatment and general healthcare.

A national drug strategy and an action plan were designed last year. The main focus of the strategy was to improve coordination between ministries, and between the government and international agencies. The strategy also aims to reduce drug supply, and increase research and information on illicit drugs. Harm reduction is well recognised in the country and financed internationally and by the Ministry of Health and other government departments. Methadone has been provided in Belgrade since the 1980s. For the past six years, MMT programmes have been developed in other Serbian cities. There are now 15 to 20 centres throughout the country. Buprenorphine was introduced in the 1990s and is now licensed in Serbian laws. NGO Veza managed to create close links with the Ministry of Health to discuss the need for regulation in order to facilitate the provision of harm reduction services. A working group is currently discussing these regulations. In May 2010, a new project was developed by NGO Veza for young IDUs, in collaboration with State institutions. This initiative has strengthened the links between NGO Veza and governmental clinics, and the NGO can now use better structures to take care of drug users.

Similarly, there seems to be better coordination with the police in the field of harm reduction. NGO Veza hands out leaflets at police stations, and is seeking additional funding to provide training to police officers on harm reduction and prevention, and how the police can cooperate on the matter.

A national strategy for HIV/AIDS is also included in government planning. NGO Veza's recommendations were accepted and the NGO was able to meet people from different agencies to discuss drugs issues.

The government is now working to develop medical protocols for the good provision of drug dependence treatment programmes in Serbia. The government is also working on a new law on prevention, treatment and rehabilitation from drug abuse. Internationally, the government has a national focal person responsible for communicating with the EMCDDA, and the government also collaborates with EUROPAD and the Global Fund. With regards to civil society involvement, the presenter declared that NGOs should be patient and persistent in their advocacy work with national governments.

According to some participants, collaboration and consultations should be further strengthened between NGOs and government officials. Regarding drug law reform, IDPC could be useful to organise an event with legal experts who could explain how this works in the rest of Europe. Such an intervention would perfectly complement what is currently being implemented by NGOs in the country. IDPC could also support NGOs to approach policy makers, through the organisation's expertise on how to create a political platform and how best to elaborate effective drug laws.

Finally, one of the presenters reminded the participants of the importance of using the IDPC Drug Policy Guide because it provided information on concrete steps forward for effective drug policy. IDPC should be able to provide more details about the Guide – this would be an important contribution from IDPC to this Network. The IDPC webpage on South East Europe could also be used as a forum of discussions to ask questions on drug policy.

The IDPC representative reminded the participants that IDPC had a project on drug law reform in partnership with the Transnational Institute. For now, the project is mainly supporting governments and civil society in Latin America. The activities also included the setting up of a network of lawyers and judges to conduct a review of drug policies at the national level in the region. It might be interesting to develop similar programmes in the work plan for South East Europe next year.

## **Slovenia**

Harm reduction services started to be provided in Slovenia at the end of the 1980s, as a drug users' initiative. Drug users then started to influence policy makers and the media. The first drug strategy was developed in 1992, which formed a good basis for the development of future harm reduction interventions. At the end of the 1990s, two laws were passed, one on drug trade and production, the other on prevention of illicit drug use. Article 13 of that second law covers harm reduction, allowing for the distribution of intravenous injection needles and other services. This law constitutes the legal basis for harm reduction in Slovenia, and has not been changed ever since.

In 2004, a new drug programme was adopted for the period extending from 2004 to 2010. A new strategy is now being drafted by a commission constituted of representatives of the Ministry of Health. A working group was also set up and includes two NGO representatives having extensive knowledge and experience of drug policy (Drug Art and the Association of Drug NGOs).

The Ministry of Social Welfare recently released a report on activities in the drugs field which included an entire chapter on harm reduction. The report stated that in 2009 the government co-financed 18 harm reduction programmes, allocating a budget of € 1 million to harm reduction (this covered 90% of the costs incurred by harm reduction services).

There is therefore a good political, legislative and budgetary basis for harm reduction in Slovenia. However, the government is willing to go further to develop new services, such as safe injection rooms or NSPs in prison. The presenter also declared that harm reduction services needed to be scaled up to more cities in the country. Finally, awareness of drugs issues should be increased because, even though the drugs situation has stabilised in Slovenia, too few people consider drug policy as a priority issue.

### **Concluding remarks for Session I**

- The movement towards developing harm reduction is moving slowly, but in an overall positive way. There is a movement towards more understanding of each other and the harm reduction issue, and there is also more cooperation.
- Relationships with governments are also moving forward. Harm reduction is better recognised, but governments must get further involved in the issue.
- Pressure from outside works. The expectations links to the accession to the EU are an important incentive in the field of drugs.
- There is a clear willingness within the Network to work together on resolving current issues in the region. Some of the participants have called the Network to:
  - Conduct research and analysis of the drugs and harm situation in every country in the region.
  - Analyse and evaluate the implementation of existing harm reduction programmes, and provide surveys on the cost-effectiveness of harm reduction programmes.
  - Set up principles and actions to be implemented at the regional level to foster the development of harm reduction initiatives.
  - Use the IDPC Guide as a basis for political engagement.
- IDPC can support the region with the following activities:
  - Provide an analysis of what works in other regions of the world.
  - Organise trainings of professionals and policy makers.
  - Organise country visits, seminars and workshops to examine examples of best practice from other countries.
  - Support NGOs' involvement with policy makers with the provision information on how to create an enabling political platform for engagement.
  - Create a page on the IDPC website on South East Europe.
  - Create an online forum of discussions on drug policy.

## **Session II. The Roma population and drugs in SEE countries**

### **Albania**

The Roma population constitutes 16% of the clients at Aksion Plus, and are often in poor health. Sometimes, entire families use drugs. The heroin sold in neighbourhoods inhabited by Roma populations is usually of poor quality, and Roma drug users are also often drug dealers. Although it seems necessary to create a separate harm reduction project for Roma people, such an initiative does not exist in Albania.

In 2009, a survey was conducted among 74 young people from the Roma community. According to the survey, about 16% of those interviewed had used drugs at least once. The most frequent age for drug use is 16 years old, but some start to use drugs as early as 13 years old. Drugs are used in very poor hygienic conditions (58% used drugs in the street, 25% in bars or cafes, and only 17% at home), and often engage in risky sexual behaviour (half of those interviewed had never used a condom).

The survey demonstrated that this group was highly vulnerable to health problems because:

- Few individuals were informed about the risks associated with drug use: only 3% believed that they were at risk of HIV and other STIs, and only 10% of the respondents had been tested for HIV/AIDS.
- No one had been tested for hepatitis B or C.
- Few respondents knew where to go for healthcare services. The stigma associated with Roma populations and drug use deters them from accessing proper treatment when they need it.
- The respondents reported high levels of violence associated with crime, the police and peers.
- Roma people often have a low level of education and life skills.
- Social norms among Roma people are conducive to early sex and alcohol abuse.

The following programmes should be developed to tackle the issue:

- A mapping exercise needs to be conducted to identify the main issues and needs of sex workers and IDUs. This exercise was recently initiated by UNFPA and UNICEF.
- NSPs should be more accessible to Roma drug users.
- Referrals to other services and medical assistance should be established whenever needed.
- Counselling, capacity building, training, coaching are necessary among Roma populations. For now, Roma groups and NGOs are not very active and Aksion Plus is trying to support them to develop this work.
- Aksion Plus is often in contact with the police and other human rights structures to protect the human rights of the Roma populations. Much more needs to be done in that domain.

## **Bosnia-Herzegovina**

The Roma are the largest minority in BiH. The latest statistics on Roma populations in BiH dates from 1990, but the organisation World Vision has been working with Roma populations for the past 20 years. World Vision has conducted a mapping of the population and has identified 76,000 Roma in BiH, more than 80% of them living in very poor conditions. These groups usually live near the biggest city.

In the programmes developed by Association Margina, the Roma population is not considered as a special minority. For the Association, a user is a user, and the Association therefore everybody is treated equally. The Association could not even tell how many Roma clients were served in the drop-in centres.

Many international organisations have supported the Roma minority for the past 15 years, and they have spent a huge amount of money to create better conditions for these populations. In 2010, the government has spent € 1.5 million on Roma, and Roma NGOs constitute one of the most organised sector of civil society in the country (there are over 120 NGOs working with Roma in BiH). These NGOs are organised as a Council of Roma representatives at the country level to negotiate directly with the government. For Round 9 of the Global Fund, € 2 million will be dedicated to work with Roma populations. In a few years, the Roma population will probably be fully integrated in Bosnian mainstream society.

## **Bulgaria**

The Roma population is the second largest, but also the poorest and most marginalised, minority in the country. According to official data, there are over 370,000 Roma individuals, but there could be twice as more in reality. In Sofia alone, there were reportedly 70,000 Roma people. About 80% of Roma are permanently unemployed. Their life expectancy is 10 years shorter than the average population of the country.

The estimated number of drug users among Roma populations is 1,000 people, mainly injecting heroin. Injecting drug use not only starts during adolescence (12-13 years old), but also during adulthood, for individuals aged over 25. Heroin used by Roma communities is usually of lower quality than that used among other ethnic groups.

Among those tested by IHF, around 55 were reportedly HIV positive. There is very little information among Roma people about the harms associated with drug use, and therefore the tendency to share un-sterilised needles is high. This situation is worsened by the fact that it is difficult for Roma populations to access sterile injecting equipment because of the high stigma associated with Roma and drug use, especially for women. There is also a high level of unsafe sexual behaviour among Roma communities.

In Sofia, IHF opened an outreach centre in 1999, a drop-in centre in 2006 and a MMT programme in 2007 in Roma quarters. These initiatives need a specific planning process in order to follow the specificities of the Roma, respect the hierarchy within the community, provide services that are not necessarily specific to drug use, and create active contacts with Roma families.

Some services are being provided to Roma people in collaboration with other agencies. These include inpatient treatment at the National Centre for Addiction; outpatient detoxification at the Sofia Municipality Centre for Addictions; drug abuse counselling, HIV testing and medical care at a mobile unit; case management for HIV positive people; STI testing, counselling and treatment at the Medecins sans Frontieres Sexual Health Centre; and day care for homeless young Roma at the '16+' Day Care Centre.

What seems to be most needed among Roma populations is NSPs. Although the Roma community does not agree with these services, they accept NSPs and do not seek to disturb their good functioning. Outreach teams also provide information both to drug users and the entire community to prevent risky behaviours and avoid social stigma. Access to drug dependence treatment is also problematic because if a person does not have a health insurance, it is almost impossible for

him/her enter treatment and rehabilitation programmes, and there are no free places for MMT. In addition, it seems that Roma organisations avoid working with IDUs in their communities. It is therefore very difficult to hire Roma outreach workers.

The presenters recommended that:

- More NSPs should be established for Roma populations.
- HIV infections should be properly monitored among Roma populations.
- Health services should be established closer to the community.
- Local Roma organisations should start getting involved in harm reduction interventions.
- Roma IDUs should be trained in harm reduction.

## **Croatia**

According to a general census conducted in 2001, there are 9,464 Roma people in Croatia. However, the numbers are believed to be much higher, between 30,000 and 40,000, representing almost 1% of the total population. There are two Roma settlements in Croatia, with around 400 Roma people. These groups declare themselves as Croatians, but at the same time, they create problems for local populations.

There does not seem to be any significant difference in drug abuse among the Roma population compared to the overall population. However, the Roma population has a lower level of education, report higher levels of poverty, and more frequently discriminated against compared to the general population.

In general, data on drug use are not listed according to nationality criteria. It is therefore very difficult to find information on drug use within Roma communities. It is also difficult to get data on the prevalence of HIV among Roma populations because they are unavailable or because Roma communities are unwilling to participate to the surveys.

An action plan was recently developed in Croatia to promote the social inclusion of Roma populations, but this plan did not include any aspect of drug use.

In 2003, the project RiskNet was developed among Roma communities to provide them with information on prevention for HIV and other STIs. After intensive work, a programme was also developed in 2009 with financial support from international organisations to meet the leaders of Roma communities and talk to them about drug use and the harms associated to it. However, it was impossible to get in contact with women or talk about sex safe.

Association Terra is usually not included in the discussions that take place among the local, regional and national policy makers on issues related to the Roma population.

## **Former Yugoslav Republic of Macedonia**

According to official data collected in 2002, FYR Macedonia is home to 54,000 individuals of Roma ethnicity, representing 2.6% of the overall population. However, the real figure is probably much

higher. But the real figure is probably much higher. Roma populations in FYR Macedonia have their own political party, which is represented at the Macedonian Parliament. The largest Roma municipality is in Skopje, with 25,000 Roma people; the mayor of the municipality is Roma.

The Roma population started using drugs in late 1990s early 2000. Most of them use heroin, and poly drug use remains rare in the country.

The first research study on risky behaviours among Roma populations was conducted in 2000 by Healthy Options Project Skopje (HOPS), with the support of the American Refugee Committee. The study showed that:

- People start using drugs either very early (as early as 10 years old), or rather late (at 45 years old).
- Some street myths still prevail among Roma people, for example: you will not get AIDS if you warm up your needle before using it to inject drugs.
- There is a very low knowledge of illicit drugs and associated harms.
- Roma families are usually very large and live in very small rooms.
- Only 37% of Roma people have a health insurance.

In 2002, HOPS started the first harm reduction programme specially aimed at Roma IDUs. The programme provides medical services (bandaging wounds, treating abscesses, education on drug use, safe injecting and safe sex, voluntary counselling and testing, etc.). There is also a social worker, along with a lawyer who gives free legal aid to the clients. To date, HOPS has provided services to 286 Roma IDUs.

In 2009, with the support of the Roma Health Programme from OSI Budapest, HOPS launched a project to develop the capacity building of institutions and NGOs working in the Roma municipality of Shuto Orizari. The key objective of the project was to establish a local commission to improve the health and social status of vulnerable communities in this community (drug users, sex workers and LGBT groups). The commission was composed of representatives from the health and social institutions of the municipality, the government, the police and NGOs, including Roma NGOs. However, the commission then only met twice, because of the lack of enthusiasm demonstrated by the body's coordinator (who represented the local government). Nowadays, the commission is only used for exchange of information. The positive aspects of the project are that there is greater cooperation between government institutions and NGOs, and between NGOs themselves, and Roma NGOs are more educated on drugs issues, although they still remain reluctant to work on harm reduction.

HOPS recommended that harm reduction and other drug-related programmes be included in the national budget for the Roma decade.

## **Montenegro**

A proportion of 0.42% of the population in Montenegro is Roma. There are large numbers of refugees from Kosovo and the former Yugoslavia in the country. Roma communities live in a situation of extreme poverty and poor health and hygiene, they often do not have a health or a



social insurance, they do not speak the language, few of them have completed their school education and they tend to work in low paid jobs.

In Montenegro, Roma people are assimilated to the rest of the community and therefore do not live in camps. However, they are not empowered to educate themselves if they do not have the nationality of Montenegro. Since, according to the law, they do not have the right to health and social security if they are not on the job market, Roma people have little hope to get out of their situation of poverty. It is therefore not surprising that about 40% of drug users originate from Roma communities. However, there is not a growing population of Roma IDUs in Montenegro, and Roma people only represent 0.4% of the general population held in custody.

Juventas has developed outreach activities with the general population, and specifically with IDUs, sex workers and MSM, the very groups that are most vulnerable to HIV infection. The presenter declared that there was no need to support any specific activities aimed specifically at Roma communities because they are integrated in mainstream society.

## **Romania**

According to the last census conducted in 2002, there are half a million Roma people in Romania. However, this official figure is probably much lower than the real figure – many Roma register as Romanians for various reasons, one of which being to avoid stigma.

Only 16% of Roma were working legally in 2002. Of 535,000, only 13,348 were receiving financial support from the State or private organisations, and 135,100 relied on someone else's support. More than 200,000 Roma live in urban areas, but most of them work in rural areas or have jobs that do not require any qualifications.

There is no official information regarding drug use among the Roma population. However, drug service providers report a large number of Roma among their clients, especially at NSPs and services to sex workers. Before the Revolution in 1989, the Roma controlled sex workers networks, which then expended. In the mid-1990s and 2000s, Roma gangs became interested in drug trafficking and selling. Part of the pimp networks turned to drug trafficking, and sex workers themselves started to use heroin. As Roma communities live in extended families, the dealers and their relatives started to use heroin as well.

Part of the RHRN provides NSPs and substitution treatment. RHRN works with many Roma communities. Roma populations are particularly affected by the intravenous use of heroin and new legal drugs, due to lack of education, poor hygiene and social marginalisation. Despite these issues, there is no specific project targeted at Roma IDUs.

During 2005 and 2006, OSI has initiated a series of regional consultations on Roma communities affected by drugs. Meetings were held in Budapest, Bucharest and Sofia, and involved Roma leaders. The participants were invited to visit the outreach services and NSPs, and realised that the majority of clients were indeed Roma. Although many organisations combat stigma and discrimination against Roma, few of them are interested in harm reduction, mainly because they fear that this would add the social stigma attached to this group. Today, one Roma organisation

(Sastipen Association) started to get involved in harm reduction activities and runs a medical care centre in Bucharest that provides clean syringes. This is the only Roma organisation that accepted that drug use was a problem among Roma.

Starting in 2009, UNODC and EHRN organised a harm reduction summer school focusing on harm reduction among most-at-risk groups, including Roma. A scholarship programme was launched for 5 Roma students to involve them in harm reduction activities and train them as future outreach leaders.

One of the main difficulties encountered by Roma activists is to include drug related issues in the political agenda and raise awareness among the general public, without adding more stigma towards the Roma communities. For now, policy makers tend to focus on Roma inclusion and access to education, health services and clean environments for Roma communities as a whole, and pay little attention to drug abuse and the harms associated with drug injection. The presenters therefore recommended that:

- Special provisions should be included in the HIV/AIDS strategy, the Romanian drugs strategy and the Roma strategy regarding Roma IDUs and sex workers.
- Drug abuse in Roma communities should be seen within a broader perspective: lack of education, low hygiene and poverty facilitate drug abuse. Effective interventions should focus on involving Roma leaders in mobilising affected communities.

IDPC could support RHRN's work by providing technical expertise on advocacy for including drug-related issues in the Roma strategy and other related policies.

## **Serbia**

Officially, there are 108,000 Roma people in Serbia, but the numbers are closer to half a million according to human rights organisations. Outreach workers have reached around 200 Roma IDUs. Several surveys conducted by NGO service providers showed that 28.3% of the clients in drop-in were young Roma IDUs.

With Round 8 of the Global Fund, some organisations tried to introduce initiatives aimed at Roma populations, but the communities themselves showed a clear lack of interest in these services. There is an important language, cultural and social barrier when one works with Roma populations. The Roma populations are affected by specific problems related to sex work, human trafficking and drug use that are different from the rest of the population. These communities therefore need to be reached with specific programmes adapted to their specific needs.

One of the most important problems among Roma communities is the lack of education, information and employment. NGO Veza tried to set up schools for Roma children in two camps, but it was very hard to have them involved. The NGO tried to attract them with the perspective of a free lunch at school, but even this did not work very well.

Four years ago, Serbia started the 'Roma decade' to promote the social inclusion of the Roma population, and improve their access to education, social and health security, HIV prevention,

employment, etc. It is best to do this with Roma NGOs and other organisations to reach these Roma populations.

The specificity of Serbia was that many Roma people did not have papers – they are often called the ‘legally invisible’. This hinders their access to healthcare and other services. Medecins du Monde does not have a specific approach regarding Roma people – they are treated as every other client.

## **Slovenia**

According to available data, drug use among Roma populations is not an important problem in Slovenia – they tend to be disseminated in the country and are integrated to mainstream society. The problems related to drug use among this community are therefore dealt with in the same way as for other drug users. Drug services are therefore accessible to everybody, including Roma drug users.

## **Concluding remarks for Session II**

The intensity of the issue differs widely from country to country. In countries like Greece or Slovenia, the problems related to Roma and drugs are minimal, whereas other countries such as FYR Macedonia, Montenegro, Romania or Serbia, the issue is much more prominent. One of the main issue is whether the Roma should be treated as a special minority or be undifferentiated within the general population. Another question is how to encourage policy makers and human rights and Roma NGOs to include harm reduction and drugs issues in their political agenda, without increasing the stigma associated with the Roma population.

IDPC is planning to publish two briefing papers on the topics discussed at the meeting: one on harm reduction, and the other on Roma populations. The working group of the Network will be supporting IDPC in drafting these papers by providing input and information on the situation in their country. These two sessions provided an important basis to start discussions on the issues. The members of the Network are welcome to send IDPC any information on harm reduction and the Roma populations in the coming months.

## **Report from the meeting of the Working Group**

On the evening of 28<sup>th</sup> September, the working group of the Network met to discuss the current state of the Network and how to bring it forward in the coming months. The following information is a summary of the discussions that took place during the working group’s meeting.

## **Regional coordination and structure of the Network**

The Network is a loose organisation. IDPC will keep supporting the Network in the near future with funding from the European Commission (this grant runs until the 31<sup>st</sup> March 2011). At the previous

meeting in Athens in March 2010, the working group had decided that the Network would be managed by IDPC and the Andreas Papandreou Foundation (APF) as lead organisations. Recently, the APF decided to stop working on drugs issues and will therefore no longer act as the lead organisation for the Network. Thanasis Apostolou is currently in the process of creating a new organisation in Greece that will replace the APF as the lead organisation of the Network. The Network will therefore operate as it did before.

## **Presentation from KETHEA**

Phaedon Kaloterakis introduced its organisation, KETHEA, and presented a new institute aimed at training professionals on drugs issues. These trainings are currently provided in Greek, and the initiative aims to provide the same trainings in English to non-Greeks. The institute will start operating next year and will provide scholarships to non-Greek participants. The Network's participants are welcome to provide Phaedon ([phaedon.kal@ketheathess.gr](mailto:phaedon.kal@ketheathess.gr)) with input and ideas on the curriculum offered by the institute.

Some participants declared that it would be interesting to include the academic sector in this Network to increase its status. In Bosnia-Herzegovina, for example, there are many academics working in the field of harm reduction. IDPC was seen as an important tool to change the image of this initiative and raise awareness of harm reduction issues. This will be further discussed at the next Network meeting in 2011.

## **Collaboration with policy makers working on drug policy**

The working group decided that the Network would not be officially launched before the next meeting in 2011, where it would be discussed and carefully planned. The working group discussed the vision, mission and policy principles that the Network would adopt. The group decided that the policy principles would be re-written according to the comments gathered during the meeting. The objective of the vision-mission-policy principles document is to introduce the Network to the outside world, both to public authorities and the general public. The paper should reflect what the Network is, what it wants and how it will act. At the next meeting in 2011, IDPC will present a discussion paper including a new draft for the vision, mission and policy principles, along with a strategy on how the document can be used with policy makers. This will provide the working group with a basis for discussion.

The working group decided that in 2011, the working group meeting would also be coupled with a wider seminar gathering both NGO representatives and civil servants.

## **Closing of the meeting**

Thanasis Apostolou closed the meeting by thanking the participants for their active participation in the discussions. Thanasis welcomed the new participants to the Network, especially those coming from new countries and those representing national governments. He encouraged NGOs to become

members of IDPC in order to officialise the Network and facilitate communication and coordination between the different members of the Network.

Phaedon Kaloterakis invited the Network to gather in Thessaloniki for the next meeting in 2011.