A Europe free of AIDS, TB and viral hepatitis - and no one left behind

# CSF on HIV, TB and Hep & CSF on Drugs
# Summary Report
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## Contents



## 1. Civil Society Perspective on EMCDDA Mandate Expansion

Adrià Cots Fernández, International Drug Policy Consortium

Adria updates the CSF on the ongoing review of the regulation establishing the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), which involves the European Commission, European Parliament, and European Council.

The first stages have been completed: consultations in 2019, an EC white paper in 2020) and a proposal of regulation in 2022. The European Council has just adopted a position on the proposal. The European Parliament will follow. Then, negotiations between the three institutions (trialogue) will start. The process is likely to be completed in 2023.

It should be noted that the process is led by DG HOME (for the EC), the Horizontal Working Party on Drugs (HDG) (for the European Council) and the Committee on Civil Liberties, Justice, and Home Affairs (LIBE) (for the EP), whose health consideration are limited. The EC consulted with civil society before the proposal was drafted, but feedback does not seem to have been considered. the EU Civil Society on Drugs raised the following points regarding the EC proposal:

### Key improvements:

- Increased budget for EMCDDA, including for staff number.

- Capacity to review national-level drug policies, which will promote alignment between the EU and Member States drug strategies.
- Certification of REITOX focal points.

Key Concerns:

- Shift in focus of the EMCDDA – soon to be called EU Drugs Agency (EU DEA) – from health to supply reduction activities (forensic analysis) for Europol. **Against CS input!**
- Lack of semantical balance between demand and harm reduction interventions. The word "prevention" is mentioned 41 times, while "harm reduction" 5.
- Promotion of interventions with little evidence-based practice (e.g., EU-wide prevention campaign: a mass campaign on the dangers of drug use to which EMCDDA opposed).
- The proposed regulation lacks mechanisms to systematically engage with civil society and people who use drugs.

The proposal from the Council can be found here. It addresses some of the concerns of the CSFD:

- Health mandate of the EMCDDA put at the forefront of the regulation: de-prioritisation of the supply reduction functions and an increased balance between different demand reduction interventions.
- Positive references to harm reduction and gender.
- The EU-wide prevention mass media campaign has been substituted by the EMCDDA mandate to promote evidence-based interventions.
- Mandate to EMCDDA to share information with the community and CSOs.

**However, the Council** watered down provisions to monitor national drug policies.

Two articles might be symptomatic of what is good and what could be improved in the regulation.

- **Article 4: General Task of the Agency** (page 20) stresses the focus on health interventions (prevention, treatment, care, risk, and harm reduction…). However, drug supply (illicit production and trafficking) is still mentioned. It stresses the importance of evidence-based data and of a multidisciplinary approach that includes human rights, gender equality, public health, and health equity perspective. Further in the regulation, there is a reference to collecting data always disaggregated by gender and from a gender perspective.
- **Article 55: Consultation of civil society organisations** (page 78) refers to the inclusion of people who use drugs with the reference that NGOs that should be consulted but there is still no structured civil society engagement foreseen.

Next Steps:

- Discussion at LIBE: The Reporter MEP Isabel Santos (Portuguese Socialists and Democrats) will be drafting a proposal by September 2022.
- Contributions and amendments to the proposal by shadow rapporteurs from other political groups.
- The LIBE Committee will vote and adopt it in Autumn 2022.
- EP Plenary adoption expected in November/ December 2022.

*ACTION POINT 1*: CSF to develop a proposal on how EMCDDA should consult with communities that need to provide guidance to them.

# 2. Funding for Harm Reduction Services: Challenges And Opportunities

*Moderated by* Roberto Perez Gayo, Correlation - European Harm Reduction Network

## 2.1 Introduction

Milutin Milošević, Drug Policy Network Southeast Europe

In autumn 2019, Correlation –European Harm Reduction Network (C-EHRN), Eurasian Harm Reduction Association (EHRA) and Drug Policy Network in Southeast Europe (DPNSEE) were informed by their member organisations about the critical situation of the sustainability of harm reduction services in Bosnia Herzegovina. Similar situations were then reported in Bulgaria and Romania. Since then, a joint response has been implemented to engage with national and international stakeholders in South-Eastern Europe and the Balkans, address the crisis and support organisations.

High rates of HIV transmission have been reported among people who inject drugs in Albania, Bosnia Herzegovina, Bulgaria, Kosovo, Montenegro, Romania, Serbia and North Macedonia. Additionally, more than 50% of people who inject drugs are living with Hepatitis C. In most countries, harm reduction is seen as mainly related in related injecting drug use while the other substances are used in different cultural, social and other settings.

Governments in the region have relied on funds provided by the Global Fund and on the effective services of civil society organisations to implement harm reduction services to the affected populations. However, as these countries now considered middle-income Countries, they are no longer eligible. In Bosnia Herzegovina the only operational harm reduction service relies on the volunteer work of members - the other five have been closed.

Considering services provided in the region, a positive evolution is the opening of drug consumption rooms (DCRs). One has just recently opened in Athens, Greece. Otherwise, except for NSP and OAT, few other services are offered. The distribution of naloxone by peers is lacking problematic.

In Romania, services are unstable and frequently lacking crucial materials. In Montenegro and North Macedonia, the financing of services is also unstable. The challenges are exacerbated by government changes. In North Macedonia, fundings for harm reduction services was cut by 60% this year. Albania and Kosovo will also face funding issues.

Common challenges:

- No link between communicable diseases programmes and drug control strategies.
- No involvement of people who use drugs in the design, development and implementation of strategies.
- Government reliance on imprisonment for drug possession, while it is costly and detrimental to society and the community.
- Government-run services are unable to reach and retain people who use drugs, while CSOs and their peer-based programmes are able to.
- Extensive stigmatisation and discrimination of people who use drugs
- Lack of awareness that a public health- and social led approach would be more cost-effective.
- Lack of resources for governments for multi-year funding and comprehensive approach.
- No specific budget line for harm reduction (Serbia and Montenegro being the exception).
- Lack of social contracting mechanisms (Bosnia Herzegovina being the exception, where one of the organisations voluntarily providing services has been accredited by the National Health accreditation agency for two years).
- Lack of legal basis to provide the full spectrum of services and especially lack of supportive health insurance mechanisms.

Economic arguments for funding community-based harm reduction programmes (Opportunities):

- Service provision prevention is cheaper than treatment: One euro spent on harm reduction services saves 7-10 EUR.
- Public health-based approaches: In Romania, the government spends around 15,500 EUR/year to maintain people in prisons, while community-based reduction services cost about 1,800 EUR/year.
- Work in partnership with CSOs to identify new streams of state revenue that can be channelled into harm reduction.
- Better regulation for service providers: criminal laws targeting those who facilitate the use of drugs, including the provision of sterile equipment hinder the provision of harm reduction services.
- Governments cooperation in new regional projects (e.g. project implemented by the Alliance for Public Health covering five countries of the region and providing several kinds of support for advocacy related to funding)
- Legislative reform to join the European Union for six candidate countries of the region.
- negotiations with financial institutions and governments (e.g. International Monetary Fund, The World Bank, the European Bank for Reconstruction and Development) should cover funding for harm reduction and support to key populations as part of these arrangements.

More information on the crisis in harm reduction funding is available here (Report developed by C-EHRN, EHRA and DPNSEE).

## 2.2 Overview on Harm Reduction Funding Issues in South-Eastern Europe

### Ganna Dovbakh, Eurasian Harm Reduction Association

The arrival of more than 6 million refugees from the conflict in Ukraine exposed the challenges and structural barriers of harm reduction programmes in South-Eastern, Western and Central Europe. The quality and accessibility of OAT programmes is limited. These issues in host countries such as Hungary, Poland and Romania have been already addressed in a joint letter from CS. Similar challenges have been reported in regard to syringe exchange programmes and naloxone availability in harm reduction services in

Poland, where relevant fundings are minimal or absent. Additionally, the situation has been aggravated by political changes that further threaten the sustainability of harm reduction funding, as in the case of **North Macedonia, Montenegro, Estonia** and **Czech Republic**.

Thanks to the advocacy of CS in **Lithuania**, the government decided to allocate up to 400,000 EUR to harm reduction services (previous amount: 35,000 EUR/year). In **Bulgaria**, the new government and the parliament held a promising conference on funding for harm reduction. The government of **Ukraine**, which took over responsibility for harm reduction fundings, completed the tenders and is already issuing money to CS for harm reduction services, whose uneven coverage was one of the reasons for internal migration to the Western part of the country. Starting from the last two quarters, the same services are now already provided. However, challenges around OAT persist in the private sector.

Joint efforts and several crises have highlighted how harm reduction needs a comprehensive approach that goes beyond the HIV response and encompasses legal risks and social issues, while considering health and social well-being from a broader perspective. Indeed, the current crisis in Ukraine has showed how harm reduction services in neighbouring countries such as **Moldova** and **Poland** have been on the frontline to support refugees and provide accommodation, food, transports and basic social work. Both financial and human resources are lacking.

- Recommendations for the integration of services: comprehensives funding, including for socio-economic needs (housing, subsistence, employment)
- Flexible and responsive medical care, including OAT
- support to mental health and gender-based violence as part of harm reduction services
- support for other human rights violation

For further information on budget advocacy in Eurasia consult the report *Taking Stock of Budget Advocacy Efforts in Eastern Europe, South-Eastern Europe And Central Asia.*

## 2.3 #SupportUkraine: updates from the European Commission

### Rimalda Voske, DG SANTE

The EU Delegation in Ukraine launched an information campaign via the special website https://www.treatment4ukraine.com/ to cover the information gap on the healthcare facilities in European countries serving people on substitution therapy, as well as people living with HIV, TB, hepatitis B and C. This platform is supposed to be a guide and a source of verified and clear information for displaced people from Ukraine on where they can go for treatment of a condition and/or disease, under which circumstances the treatment can be provided and what is the additional support available.

The Commission has recently published guidance to help refugees access jobs, training and adult learning. Information available here.

As part of an emergency package for Ukraine, the European Commission announced on 24 January 2022 an emergency Macro-Financial Assistance of €1.2 billion and a €120 million budget support grant (in the form of a "State and Resilience Building Contract") to address Ukraine's financing needs due to Russian increasingly aggressive actions, including Contributing to the continued delivery of basic services, including protection, to the most vulnerable citizens through the establishment of the Ukrainian crisis preparedness and response system. More information can be found here.

The European Commission has mobilised €9 million from the EU4Health Programme to assist people fleeing Ukraine in urgent need of mental health and trauma support service. Additionally, civil society organisations are very much encouraged to participate in the EU Health Policy Platform Network "*Supporting Ukraine, neighbouring EU Member States and Moldova*"

Additional information on the European Commission's close cooperation with Ukraine's neighbouring countries to tangibly support them in providing protection for people fleeing is available (in Ukrainian and Russian) here and here.

## 2.4 Key Challenges and Opportunities from Different Countries to be Followed Up Upon

**Greece** *(Marios Atzemis, Positive Voices)*: A new severe wave of HIV transmissions has been reported in Greece among people who inject drugs. 44 people died from HIV-related conditions or overdose in the last four months. There has been no reaction from relevant actors, such as the Ministry of Health and the National Drugs Coordinator.

**Romania** *(Nicoleta Dascălu, ARAS):* Currently few harm reduction services are present in Romania. ARAS implemented and self-funds one in Bucharest. ARAS is currently working on the "Support.Don't Punish." campaign. A meeting was held with one of the general

managers in the Romanian Ministry of Health, who promised that the money left from the last TB Global Fund project will be channelled in harm reduction services, presumably at the end of August-early September.

Slovakia (Dominika Jasekova, Odyseus): there has been no financial support from the Ministry of Health for the second year in a row, nor an approval of a Slovak National Drugs Strategy. Due to the conflict in Ukraine, the resources are channelled to other areas and harm reduction service providers, organisations working with people experiencing homelessness and Christian charities have been faced with a lack of money but an increase of demand. Next year is expected to be worse because of the foreseen cut in budget for cities and municipalities, which finance most of the social services.

Milutin Milošević stresses that according to the European Drug Report 2022, treatment and harm reduction services in Europe need to be scaled up. According to the report, only four countries in Europe (Czech Republic, Spain, Luxembourg and Norway) have met WHO's 2020 targets of providing 200 syringes per person who injects drugs per year and having 40 % of the population of high-risk opioid users on OAT. There were estimated 1 million high-risk opioid users and half a million of OAT clients in 2020. This suggests that overall treatment coverage is around 50 %.

# 3. Regulation of Drugs and Alternatives to Coercive Sanctions: What is the Debate in Different Countries?

*Moderated by* Sini Pasanen, HIV Finland and AIDS Action Europe

## 3.1 Introduction: Update from the Working Group for Emerging Issues in Drug Policy

Milutin Milošević, Drug Policy Network Southeast Europe

WG4 of the CSFD is currently in the process of creating subgroups for the two main priorities identified for the next three years by CSFD.

- Gender & Drugs (specific accent on women and drugs).
- Regulation of drugs.

There are on-going discussions on whether to change the word "regulation" into criminalisation and violation of human rights, based on the fact that regulation is used with different connotations (e.g., as incarceration, penalisation, decriminalisation, alternative sanctions, community-based actions of measures, proportionate or individualised sentencing policies) which could all fall under the umbrella term of "human rights". Indeed, considering that the current situation in Europe is extremely diversified and in the course of development (decriminalisation of possession and use of drugs in some cases, depenalisation in others), a common denominator would need to be found based on the experiences and critical issues of all the countries, which is likely to be human rights.

The first meeting with the subgroup will discuss the primary areas for future work, the current European situation, the positions of the EC and other institutions, as well as possible scenarios and best practices around and beyond Europe. The objective is to define some recommendations for the EC and for CS. A more precise idea on the scope of the work is expected to be defined in early September, before the meeting of CSFD with the Horizontal Working Party on Drugs (HDG) 25-26 of October, where all 27 EU countries will be present.

## 3.2 Overview of Key Elements of the Debate in Different Countries

Finland *(Sini Pasanen, HIV Finland and AIDS Action Europe)*: Different political parties have been taking stance on drug policy due to the incoming elections. The left party supports decriminalization for drug use and possession of small quantities for personal use.

North Macedonia *(Milutin Milošević, Drug Policy Network Southeast Europe)*: At the end of 2019, a process to decriminalize use and possession of drugs started, supported by CS and the government (Prime Minister, Minister of Health, Minister of Justice and Minister of Social Affairs), it was soon limited to the decriminalisation of cannabis, to be then stopped because of political changes. A committee on the national level is still operating to discuss the options for different regulations.

Lithuania *(Eliza Kurcevič, EHRA):* Since last year, some unsuccessful amendments have been made in favour of the decriminalisation of all substances. This year, the issue has been brought up again and only the decriminalisation of cannabis has been put on the agenda for discussion (in September).

Ukraine *(Eliza Kurcevič & Ganna Dovbakh, EHRA):* As of June 2022, the health minister introduced a bill to fully legalise medical cannabis for over 50 conditions. Discussions in the Parliament are still ongoing for Ukraine's medical marijuana programme, which

is likely to pass as palliative and mental health care. Activists from Ukraine have been trying to include OAT patients as one of the potential receivers. Even if not officially declared, one of the effects of the conflict has been an increase in drug use.

Germany (*Katrin Schiffer C-EHRN*): For several years, there was a Christian Democratic as drug coordinator, currently replaced by someone from the Social Democrats, who supports the decriminalisation and legalisation of cannabis. However, the focus remains limited to cannabis and there are still several aspects that would need to be clarified (e.g., where to sell it, who might buy it, how to regulate it, and where it comes from).

The Netherlands (*Katrin Schiffer*): A cannabis experiment was supposed to start two years ago, delayed due to several structural barriers (lack of growers willing to be part of the experiment, strict expectations, lack of cities available to set up the experiment). This represents an example of political readiness but lack of clarity.

Hungary (*Péter Sárosi, Rights Reporter Foundation*): Aggressive anti-drug policies that criminalise people who use drugs are in place and a national drug strategy is currently missing - the last one ended in 2020, which aimed to create a "drug free Hungary". In addition to that, with the new government, the Ministry of Health and Ministry of Social Affairs have been merged with the Ministry of Home Affairs, now responsible for Health, Education and Social Affairs. This is likely to have an impact on drug policies, policies for other affected communities and funding for harm reduction services. A different situation might be expected from Budapest, whose municipality is led by opposition parties.

Spain (*Aura Roig, Metzineres*): Since the 1980s, permissive drug policies that have decriminalised drug use are in place. Individual drug consumption is not considered a crime and drug users are generally not subject to criminal sanctions. However, imprisonment is still very frequent for drug-related crimes (e.g. selling, possession in public spaces, use in public spaces). Even if consumption rooms/ cannabis social clubs are allowed, there are many fines and fees for possessing drugs that, if not paid, result in imprisonment. This represents a crucial issue for those individuals who do not dispose of the means to pay fines.

Greece (*Marios Atzemis, Positive Voices*): Despite the remarkable developments with the provision of OAT and a first consumption room, there is still no collective definition of harm reduction in Greece, which might be the main cause of the current situation.

The focus of decriminalisation is limited to cannabis thus making the decriminalisation of other drugs an invisible issue. Discussion on legalisation with the rights of people using drugs should be at the centre should be proactively pushed.

Additionally, it would be useful to assess the efficacy, quality and implementation of alternatives to criminal sanctions across Europe. This would be in line with the incoming Czech Presidency in the Council of the EU, which prioritises human rights and decriminalisation. Similarly, the discussion on those countries who are reluctant to make progress towards the goals of the UN and EU or even actively going against them should be followed up (e.g., the precedent created by the infringement procedure against Hungary for going against the EU/WHO position on medical cannabis).

Even if the target for decriminalisation of drug use and possession was included in the Global AIDS strategy and AIDS declaration and UNDC declared its intention to have global working group on the criminalisation of drug use and HIV transmission, more concrete advocacy efforts are required, motivated by the extremely ambitious target of less than 10% of countries criminalising HIV transmission and key populations by 2026.

## 4. Support for Mental Health and its Integration in Services: Sharing Innovative Practices

Ganna Dovbakh, Eurasian Harm Reduction Association
*Moderated by* Gus Cairns, European AIDS Treatment Group

According to a research on new psychoactive substances use in eight countries of the Central and Eastern Europe and Central Asia (CEECA) region, what emerged is that several of the key challenges belong to the area of mental health and its integration in harm reduction services. NPs users reported the following issues:

- Mental health diagnosis and symptoms: paranoia, aggression, psychosis, panic attack, suicidal thoughts.
- Lack of access to mental health clinics or mental health doctors, who are expensive, not sufficiently prepared to work with people who use drugs and still apply old-fashioned approaches to mental health and often refuse to work with them.
- Lack of linkage between drug treatment centres and psychiatrists.

- Lack of connection between harm reduction services and mental health doctors.

It is important for harm reduction services to understand how to deal with issues such as lack of funding and lack of -friendly doctors. Furthermore, the different forms of violence (often gender-based) caused by the crisis in Ukraine have exacerbated these challenges. A response to foster a more gender sensitive harm reduction approach that addresses the violence against women using drugs has been developed as part of the mental health response. Some fundings have been devoted to programmes that assess the barriers that refugees, key populations, and NPs users face in accessing proper mental health services in hosting countries and their needs to then identify future advocacy opportunities. To successfully implement this initiative, national experts and coordinators are still needed.

Failing to realize or to act on the fact that mental health and substance dependency issues are absolutely bound up with each other is a failure of a holistic attitude towards a person's life. It is important to foster and engender programs that have a holistic attitude towards not just treating people's harm reduction dependency needs, but also the needs that led them to develop it in the first place. On the contrary, in many countries (e.g., Hungary, Czech Republic), the creation of a separate discipline within mental health care (narcology or "addictology") is detrimental to the social representation of PWUD, who are isolated within the system and treated differently by mental health professionals. These latter often refuse to work with PWUD and invite them to firstly address their drug issues separately from psychotherapy. To address these issues, in Hungary specific training courses on drug addictions and mental health have been introduced in university programmes to raise awareness among future mental health professionals.

The issue is an illustration of bureaucratic and political problems that one must overcome when dealing with both substance use and mental health, which act as barriers to mental health treatment. A lot of mental health resources will not accept somebody who is a current drug user even in some cases, someone on OAT, because of misplaced fears and beliefs about legal and professional obligations. The same applies to other treatments. For instance, when hepatitis C treatment started to become effective, PWUD were not being allowed treatment, even though it was demonstrated that they were perfectly capable of adhering to it. In Romania, PWUD have often been excluded from HIV treatment programmes and hepatitis C testing in hospitals since they were said to be not compliant to the treatment. In Greece sobriety is often a prerequisite to access HIV treatment, which is one of the causes of skyrocketing mortality rates of people with HIV. Clinical needs used as reasons to exclude PWUD from services often cover budget pressure and constraints.

Mental health remains an issue that falls between two because people are not sufficiently aware of the cost of failing to treat it. A holistic attitude towards treatment would need to be systematised in a way that people are at least offered a better service than none (e.g., through the National Health Service). This will at least try to reduce the cost to society and to individuals of the consequences of a lack of mental health. Work should be dedicated to the deconstruction of these beliefs among medical professionals. Calls for proposals should thus include training programmes for public hospitals and public institutions and develop closer cooperation with NGOs.

*ACTION POINT 2*: Possibility for CSF to understand what types of activities could be included in a multi-country project and submit a joint proposal for the Open EC consultation on EU4Health funding programme (deadline June 27).

*ACTION POINT 3:* Keep this point on the CSF's agenda and monitor good practices / interesting interventions that emerge in this realm and get back to this issue in a few months' time.

*ACTION POINT 4:* Coordinate the advocacy agendas of the two CSFs and possibly organise f2f meetings.

## 5. Additional Links and Annexes

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| Information on harm reduction support to Ukrainians | https://harmreductioneurasia.org/support-ukraine/ |
| Open EC consultation on EU4health funding programme | https://ec.europa.eu/health/latest-updates/2023-stakeholders-targeted-consultation-eu4health-priorities-strategic-orientations-and-needs-now-2022-05-17_en |
| Overview of the harm reduction in Ukraine by Aljazeera | https://www.aljazeera.com/features/2022/6/1/the-volunteers-risking-their-lives-to-help-drug-users-in-ukraine |
| Training modules to improve clinical practice in the management of harms resulting from the use of club drugs and novel psychoactive substances | https://elearninghub.rcpsych.ac.uk/catalog?pagename=neptune |
| NPS research in 8 countries with regional overview | https://harmreductioneurasia.org/harm-reduction/new-psychoactive-substances/ |

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| Information on overall mental health related activities | https://ec.europa.eu/health/non-communicable-diseases/mental-health_en |
| Report from 2007 on the cost of failing to treat mental ill-health | https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/we_need_to_talk.pdf |
| 20 years of Portuguese drug policy - developments, challenges and the quest for human rights | https://repositorio-aberto.up.pt/handle/10216/137954 |