

Drug Policy Dialogue in South Eastern Europe

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Trends and developments in drug legislation in South Eastern Europe

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Although this paper's title refers more to the official state and the role it plays in formulating drug-policy through the legislative mechanism – especially that of criminal law, – the significance and dynamics of NGOs are not to be overlooked or disregarded. Under the de facto parallel role assumed by civil society nowadays, and in its effort to contribute in shaping and implementing drug policy via official and often unofficial or informal activities, the Association Diogenis in collaboration with an NGO network as well as researchers and scientists from research institutes and law schools⁵ from ten countries of the wider region⁶, embarked in 2012 to implement a research program titled "Drug Law Reform in Southeastern (SE) Europe". Since one of the program's objectives was to capture the current status of drug laws in the SE European states, we shall briefly present herein some of the most interesting findings on recent developments and evolving trends in the wider region in recent years.

During the program's progress, it was made clear that, despite some differences between legal orders at the national level, one comes about quite a few common features in drug laws and their amendments changes, which are also traceable –similarly or alike– all over the world. However, the specific socio-political framework in the region is an important and independent factor, greatly affecting both the direction and pace of legislative reforms, and the applicability and implementation of essential measures. This paper particularly attempts to describe some of the topics included in the broader field of drug law; in our view, these are areas that require further processing by governments and competent authorities, and call for new, and perhaps more dynamic decisions. Moreover, it summarizes and articulates the ideas and proposals discussed between field experts and specialists from SE European countries during a workshop and an informal dialogue organized by the Association Diogenis in April and June 2013, in Thessaloniki and Kalambaka (Greece) respectively, under the project "New 2013,

KEY POINTS

- Criminal Justice systems of South Eastern European (SEE) countries are based on different traditions and the response to the drug issue proves diversified. Deviations are wider in the area of smaller-scale violations of drug laws, while penalties envisaged for drug trafficking have more common characteristics being extremely harsh. In several countries however, regardless of the strict scope of legal provisions, the penalties actually imposed by courts are less stringent
- The reaction of criminal law in cases of drug possession for personal use reveal more distinct diversifications. In general, SEE countries could be described as indecisive on issues regarding decriminalization of possession of drugs for personal use. This is an extremely crucial issue in the further development of drug policy, since this reasoning usually deeply affects the lenient or harsh treatment of the user-perpetrators within the criminal justice system. Further research and study of the current practice concerning possession for personal use, must be a priority in the future agenda of the countries of the region, in order to relieve the criminal justice and the penitentiary, system. The scientific community in SE Europe could contribute significantly in implementing a program to achieve this goal.
- In recent years, great strides have been made to broaden harm-reduction policies and services. However, weak or non existing legislation on harm reduction, and a culture of mistrust and phobic societies, have greatly suppressed harm reduction programs and services. The shift of interest towards harm reduction is a particularly critical parameter and it will greatly influence developments in drug policy in South Eastern Europe, especially under the effect of the wider relevant European policy.
- The National drug strategies an action plans have in most of the countries of South Eastern Europe never been evaluated. It is a challenge for them to assign a qualified and independent periodic evaluation.

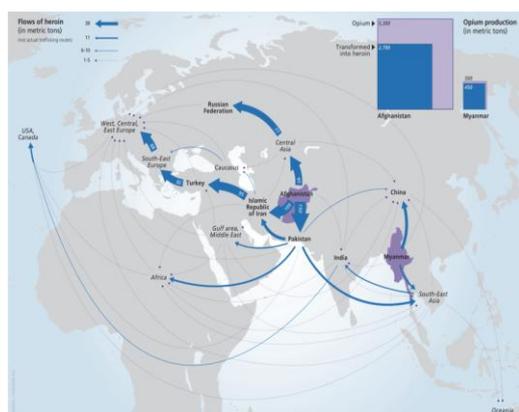
Approaches in Drug Policy & Interventions – NADPI”. Avoiding a detailed reference and comparative approach to the differences and similarities, we shall attempt to extract effective conclusions on a common basis, despite individual legislative and institutional divergences among the participating countries.

The evolution of the drug problem in South Eastern Europe

It is acknowledged that the trafficking of illicit drugs was limited in SE Europe in the era of communist and socialist regimes, while the number of dependent individuals was small, due to the corresponding strict punishment and constant intensive surveillance of the population. At that time, in the majority of SEE countries, drugs were not an acknowledged social problem.

After the socialist collapse, the so-called “Balkan Route” (which runs through most countries in the region) dynamically revived, increasingly intensifying the problem and forcing governments to focus upon it.

The Balkan route was historically one of the most important links for Europe to the Middle East, and from there to the rest of the world. However, the Balkan route today is already notorious as one of the global routes of heroin (United Nations Office on Drugs and Crime, 2010), while the latest figures suggest that its revival involves not only heroin, but also other illicit drugs (depending on drug type, the ethnic groups most involved are the Serbs, Montenegrins, Albanians and Turks) and drug precursors following the reverse direction.



Map 1: The global trafficking routes for Asian heroine
(source: United Nations Office on Drugs and Crime, 2010)

Moreover, the Balkan route is equally used for trafficking in other licit and illicit goods and also in persons. However, the South Eastern European states are not only drug transit countries, but to some extent also the terminal stations of trafficking, or sometimes the area of production and origin of illegal substances.

Marijuana plantations –often over large areas and in substantial quantities– are spotted and seized every year in Greece, Bulgaria, Slovenia, Romania, Bosnia and Herzegovina, Croatia, the Former Yugoslav Republic of Macedonia, and particularly Albania. In any case, the SE European countries focus upon dealing with the drug issue, and are a critical piece of the European and perhaps the global puzzle.

Certainly, the “chaos” of the transition from communism to modern democracy in SE Europe greatly influenced –among other things– the intensification of the drug issue in the wider area. After the collapse of the Iron Curtain, organized crime and drug trafficking found grounds to develop, largely due to the lack of preparedness and functional organization of law enforcement agencies and other institutions during the transitional period⁷. Similar periods of “transitional chaos” are found in most of SE European countries, where the problematic legal and institutional framework on drugs draws yet a number of other issues owing to the devastating consequences of war in these areas. Among others, the war in the Balkans was also funded by illegal drug trade, to such an extent that it is argued

that the war was one of the most important contributing factors to the expansion of organized crime and drug trafficking in countries of the region, such as Bosnia and Herzegovina⁸.

However, the reactivation of the state mechanism, the restoration of war damages and the effort to achieve the best possible living conditions were a priority in these countries; despite all odds, they managed to formulate their own policies promptly enough.

Compliance with the global system of international conventions and the adoption of national drug strategies

Drug laws and national policies in SE European countries were apparently influenced by the paramount relevant international conventions. The Single Convention on Narcotic Drugs of 1953 and the Additional Protocol of 1954, the UN Convention on Psychotropic Substances of 1971, and the UN Convention against the Illicit Trafficking in Narcotic Drugs and Psychotropic Substances of 1988, i.e. the pillars of the world drug-control system, have been signed and ratified by all SE European states⁹. However, complicated issues often arise within this institutional framework on the extent to which international conventions could be further used by governments to develop a balanced policy and legislation, always within the limits of adaptation and flexibility provided by the conventions themselves¹⁰. Additionally, pertinent questions arise in this respect about the role of the International Narcotics Control Board –

INCB, the Commission of Narcotic Drugs (CND), and the United Nations Office on Drugs and Crime (UNODC) as custodians of the conventions and advisors of the Member States regarding their implementation, as well as that of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), which assumes a crucial function with significant political influence¹¹.

During the last decade, however, the majority of SE European countries have adopted a National Drugs Strategy modeled after the EU Drugs Strategy 2005-2012, and have supplemented it with a similar implementation action plan¹². For a number of countries, the new EU Drugs Strategy (2013-2020) and the new Action Plan for 2013-2016 will be the motive to elaborate their new National Strategy for the given period¹³.

At a theoretical level, most National Strategies are comprehensive and consistent, with only minor deviations¹⁴. However, both the implementation and the practical evaluation of national strategies remain problematic¹⁵. With the exception of a few cases¹⁶, there is no data available on the evaluation of national strategies, while most countries do not run a formal mechanism for evaluating the implementation process¹⁷.

Furthermore, significant deficiencies and gaps are observed that drastically hinder that implementation process, under the effects of the specific national characteristics of individual countries. Political and economic volatility¹⁸, lack of effective institutional commitment and sustainable funding¹⁹, operational inefficiency²⁰, structural lack of communication between relevant agencies²¹, deficiencies in treatment and prevention and inadequate staff training²² are some of the problems directly related to and affecting the practical implementation of national strategies.

It is noteworthy that, according to most National Strategies of SE European countries, it is acknowledged that NGOs and civil society should play an important and active role, especially in the fields of treatment and rehabilitation, but also in harm reduction policies. However, a significant deviation is observed between the provisions of national strategies and their practical application, mainly attributed to lack of or insufficiency of relevant funding. The influence of NGOs in legislative decision-making is still quite limited.

Nevertheless, while positively recognizing the need for an interdisciplinary and multi-sector approach and addressing of the drug legislation issue, criminal law firmly persists as a determining factor and the chief regulator of the situation in most countries of the region.

Recent developments in the criminal legislation of South Eastern European states

The criminal law is a system that functions more on the punitive than on the preventive side, and is legitimized via the implementation of various measures imposed by the state's criminal repressive mechanisms. Of course, criminal law also aims at general prevention, consistent with the general deterrence theory, according to which the fear of the certainty of a quickly imposable harsh sentence, or the perception that the criminal justice system is indeed effective, acts as a deterrent and prevents individuals from committing crimes²³. However, the gap between theory and practice indicates that fear of punishment has only a restricted effect on potential offenders²⁴. In the case of drugs, the only preventive function of criminal law lies either in the already reported (minor) deterrence of future traders, traffickers or users (whenever drug use is punishable) or in the operation of repressive state mechanisms that employ security measures, such as the confiscation and seizure of illicit drug quantities, thus affecting the trafficking flow. Consequently, though criminal repression is particularly crucial in addressing the drug issue, its effectiveness is limited by default. The number of arrests and the quantities of illegal drugs confiscated every year are not a reliable measure of effective countering of the problem, as they simply provide evidence for its severity rather than its confrontation²⁵. In the field of drugs, it is critical for criminal law to be adept in holistically capturing both the problem and all the acts that harm or threaten the community, by excluding behaviors that do not harm or endanger legally protected interests (and for which perpetrators usually mount up in court houses and penitentiaries), while offering proper methods of social reintegration.

The general legislative framework

Over the past few years, and especially during the 2000s, all the countries of SE Europe have taken more or less bold steps and gradually proceeded to amend their regulatory framework, frequently for reasons of harmonization with the broader European legislation.

In Albania, the current drug legislation—as established in the 1995 Penal Code—was improved in 1998 with the introduction of the offenses of importing, exporting and trafficking of drugs and psychotropic substances and plants, while the aggravating circumstances of drug-related criminality by complicity or recidivism and the organization, management and financing of such acts were added in 2001. However, hardly any revisions were introduced within the scope of drug policy after 2001. In

2012, a committee consisting of parliamentary representatives and NGOs discussed the issue of drug classification ("hard" and "soft"), but no amendment finally passed into law²⁶.

The legislative modifications in the Former Yugoslav Republic of Macedonia were correspondingly limited: drug-related crimes were formulated in relevant provisions of the Penal Code that came into force in 1996, but relevant amendments were introduced only in 2009²⁷.

In Bosnia and Herzegovina, various factors affected drug legislation in recent years: the outdated and fragmented legislation, the differentiations between individual regions of the country, the lack of coordination between stakeholders and the international pressure are some of the key factors influencing the situation in this field. The revision of criminal legislation in 2003 adopts a different regulatory approach to the problem in the Penal Code in the Federation of Bosnia and Herzegovina and in the Republika Srpska and the District of Brcko. The Law on Prevention and Suppression of Narcotic Drugs was passed by the Parliament in 2006 in an effort to standardize the national legal framework, and it included provisions both on the criminal-law handling of the phenomenon and on relevant general national policy. However, the practical application of this law proves rather lengthy. In 2011, the Council of Ministers approved an amending bill drawn up in collaboration with European Commission experts, but its eventual ratification remains an uncertainty²⁸.

The year 2000 was decisive for Bulgaria, as the Criminal Code was amended and new offenses were typified, such as: the production, pushing and supply of drugs, the offering to a third party of drugs or other substances in a quantity sufficient to cause death, the organization, management and funding or the participation in a criminal organization dealing with the cultivation of drugs, while harsher penalties were introduced in terms of lengths and amounts of penal sanctions. Growing concern of experts and civil society against the criminalization of the 'personal dose' compelled the legislator to amend the Penal Code again and in 2006 the distinction between distribution and personal use was reintroduced. The new amendment provided for a light penalty in minor cases. Yet, this provision did not decriminalize possession of drugs, but rather relaxed the sanctions for it.²⁹

In Greece, 2006 brought the codification of all drug-relevant provisions in a Code of Laws for Drugs, incorporating some amendments, while efforts were made in 2008 to harmonize the national criminal law with the Framework Decision 2004/757/JHA of October 25, 2004.

Among other things, these adjustments supplemented drug-related criminal behaviours by envisaging an aggravated form in the case of offenses committed by a criminal organization and by introducing the liability of legal entities in violations of drug legislation. In 2013, a new law was passed that applied significant improvements, but was hesitant to proceed to more innovative amendments. The new law rationalized sanctions towards a (relatively) increased proportionality and established the trafficking and supply of small drug quantities for personal use as a mitigating circumstance³⁰.

Since 2006, i.e. when Montenegro became an independent state, the criminal legislation on drugs has only seen limited modifications. Most issues are regulated in the relevant chapter of the Penal Code that deals with offenses against health as a legally protected interest. These provisions were amended in 2010 by adjusting in greater detail the issue of either selling drugs or receiving them for the purpose of further distribution, in a manner more in line with the European legal framework.

In Romania, the relevant legal framework is in force since 2000, with minor amendments in the meantime. A law passed in 2004 differentiates between dependent and non-dependent users, while drugs, drug precursors and plants were classified as being of "high" and "very high" risk in 2005. In 2011, the framework for preventing the dangers of psychotropic substances was further regulated.

In Serbia, as in many other countries, drug-related crimes are formulated in provisions of the Criminal Code, with its relevant amendments of 2005 and 2009. In 2008, a series of laws were passed to improve the response to drug trafficking, organized crime and corruption, and a new law on the control of psychotropic substances was adopted in 2010³¹.

In Slovenia, finally, already since the beginning of 2000, the criminal-law approach of the drug issue is reflected in various criminal laws on the production and trafficking of illicit drugs, on illicit drug precursors, on the regulation and prevention of illegal drug use and the treatment of users, in combination with relevant provisions of the Penal Code. The resolution on the national program for 2004-2009 proposed that felony penalties remained unchanged despite suggestions for a stricter penal policy, while aggravating circumstances were introduced in cases of drug trafficking in specific locations (e.g. schools and penitentiaries) or by individuals of increased accountability (e.g. doctors and civil servants), and the penalty was increased for the offense of establishing or facilitating the conditions for drug use. At the same time, the acceleration of procedures to prosecute such crimes by competent authorities

was attempted, and the designation of a threshold quantity was proposed to determine personal use; still, the legislation was eventually not amended with respect to this issue. Recently, a new bill is under construction that would amend the law on the production and trading of illicit drugs, envisaging harsher sanctions for drug-related misdemeanors typified therein³².

A comparative approach of current criminal legislation in SE European countries easily reveals from the onset that there is great variety in the typology of envisaged sanctions, but also numerous similarities and convergences.

In most criminal justice systems of all countries studied, two types of penalties exist (i.e. a main and an auxiliary/ supplementary), together with security measures. As expected, the main custodial sentences (incarceration/ imprisonment) alongside with fines and pecuniary sanctions are common in all the above legal orders. However, the ways to serve the custodial sentence notably vary in each country, and the same applies for sentencing alternatives following conviction. Suspension of sentence (conditional or not) is foreseen in all systems, whereas almost all legal orders provide the possibility for several forms of conditional release.

As regards drugs in particular, various criminal-law provisions on the cultivation, production and trading of illicit drugs and drug precursors have been documented. Such acts are typified as criminal offenses in the Penal Code and/or in special criminal laws, sometimes as misdemeanors and sometimes as felonies³³ (whenever a distinction exists), and are usually threatened with a harsh custodial sentence.

Generally speaking, in the legislation of European countries, there is no distinction between “soft” and “hard” drugs. But the courts take into account the degree of harmfulness of the drugs concerned, the risk they represent and the classification of the offenses. The Greek legislation incorporates only a few indirect references to this issue in its provisions, whereas the degree of harmfulness of each drug is taken under consideration by the courts when arriving to a judgment. In Bulgaria, Slovenia, Romania and Bosnia and Herzegovina, there is a threefold classification of drugs based on the risk each represents or on the severity of official control over each one. The penalties envisaged for drug-related offenses vary depending on the classification of the crime and the various sanctioning systems of different legal orders. In their majority, they include several aggravated forms of basic crimes that call for harsher penalties, such as drug trafficking in schools, cases of recidivism, or perpetration as part of the activities of a criminal organization.

The penalties envisaged for drug trafficking crimes are extremely harsh, especially under Greek and Romanian law. In Greece, for example, even life sentence is impossible for certain serious drug-related offenses. In general, most legal orders threaten long-term prison sentences for drug trafficking. The penalties prescribed in law and often those imposed by courts are equivalent to sanctions enforced for other exceptionally serious crimes, such as intended homicide. In Bulgaria, the Former Yugoslav Republic of Macedonia and Croatia, however, regardless of the strict scope of legal provisions, the penalties actually imposed by courts are less stringent. In Bulgaria, this owes to the agreement in a criminal case between the prosecutor and defendant (plea bargain), while Croatian courts appear more lenient (compared to the letter of the law), not only for drug-related offenses, but for all transgressions in general.

In most legal orders, the law does not distinguish between small and large-scale drug traders. However, most of them discriminate in relation to activities of organized criminal groups of drug traders (e.g. Greece, Slovenia, Bosnia and Herzegovina, and Serbia), while the Greek legislation envisages a more lenient set of sentences for drug-dependent individuals who commit acts of trafficking.

Particular criminal-law issues

In recent years, however, and beyond these general findings, the criminal control perspective for drugs in SE Europe is struggling with its own individual dilemmas and challenges. The issue of decriminalizing the use and possession of drugs for personal use, the question on the legal threshold to determine the quantity intended for personal use and the adoption of sanctioning alternatives for problematic users lie at the core of three constantly open debates that often occupy the criminal legislature in these countries.

Decriminalization of drug use

Decriminalization of drugs is a global issue, particularly over the last decade, when a new “wave” of countries moved towards adopting various models of decriminalization³⁴

Nevertheless, it is of particular significance for South Eastern European countries and it is associated with the criminal handling of two offenses: drug use and possession with intent to use. Of all the countries in the region, it is currently only in Greece that drug use itself is punishable by law, while most other legal orders penalize possession, but not drug use. Drug possession –even when intended for personal use– constitutes an offense in most legal orders. In the Former Yugoslav Republic of Macedonia, drug use is practically criminalized, due to

regular problems in the application of law: the users' intention on the quantity of drugs in possession (i.e. whether it is meant for personal use or not) is manipulated by the police. Consequently, users are almost always prosecuted when caught possessing drugs, even in small amounts for personal use. In Montenegro, the law does not distinguish between drug possession with the intent to further traffic and drug possession for personal use. In practice, however, empirical criteria are adopted for this distinction, supported by the type and quantity of drugs, their storage and safekeeping, the assessment of the perpetrator's drug-dependency or not, and other relevant factors and indicators³⁵.

Nevertheless, an oscillation of the criminal legislature on this critical issue is characteristically traced in many SE European legal orders. Bulgaria, Croatia and Greece are, perhaps, the most interesting cases.

In Bulgaria, a new significant provision came into force in 2000, whereby the possession of drug quantities for personal use by dependent individuals is no longer criminally prosecuted. This provision, also known as the decriminalization of "single dose", spurred various debates and led to the production of contradictory case-law. That caused further public reaction and led to the re-criminalization of possession for all drugs in 2004, without any distinction as to the intended purpose of drug trafficking or not, thus resulting to an increase in prison population. In 2006, the distinction resurfaced via introducing smaller sanctions for minor cases, yet no decriminalization was envisaged for possession of small drug quantities³⁶.

In Croatia, the core amendments to the Criminal Code (1996) prescribed that drug possession without intention to trade or circulate was punishable by fine or imprisonment up to one year. This led to a saturation of the criminal justice system capacity and an overflow in criminal courts, leading to a quadrupling of drug possession cases in 2004 compared to 1998, and placing this offense to the first place of recorded frequency in the relevant statistics. In 2003, the new proposals for amendments to the Criminal Code promoted the decriminalization of possession without purpose of trafficking, but the proposed amendments were eventually rejected by the Croatian Constitutional Court. In 2012, the issue of decriminalization was re-established in the agenda by the workgroup responsible for amending the Criminal Code.

The Croatian government supports the decriminalization of drug possession without the intention to further trade or traffic. Highlighting the gravity of overcrowded prisons, a strong majority of criminal judges and prosecutors in Croatia supports these recent proposals on the

decriminalization of drug possession for personal use. In addition, positive opinions have been expressed as to the principle of opportunity as a tool for prosecutors to convince drug-dependent offenders to undergo treatment as a pre-requisite of halting criminal proceedings.

In Greece, a new bill was put to public consultation in 2011, one that was perceived as highly innovative, bringing drug-dependent users to the centre of attention. Among other things, its proposals included the decriminalization of acquisition and possession of drugs for personal use, with the exception of cannabis cultivation and drug use in public, which would be minor misdemeanours.

The legal threshold as to the quantity intended for personal use

Discriminating between the quantity of drugs meant for personal use and that intended for trafficking is one of the most controversial and complex issues of modern drug policy³⁷. Globally, no one model can be described as optimal in this regard³⁸. In general, most countries of SE Europe adhere to the "elastic model", in which the quantity considered adequate for personal use is not determined by law, but by the judiciary. Some legal orders are in favor of the legislative determination of the threshold, while others disagree. NGOs in Slovenia, for example, believe that the thresholds for personal use will not eliminate relevant problems, while Bosnians note that it is essential to provide a clear definition of "small quantity". In most of these countries, however, the relevant debate is extensive and intricate, and the respective legislative developments often embark on ambitious spirits only to face retaliation after they prove ineffective in practice.

In 2009, one of the provisions of the Criminal Code in the Former Yugoslav Republic of Macedonia was amended: it now provided that if basic crimes concern smaller quantities of drugs, psychotropic substances and drug precursors, the imposable penalty will be decreased. Still, the amendment did not clarify what quantity would be considered "smaller", therefore causing problems in practical implementation. Finally, the Attorney General issued a formal decree on the quantity for each drug type that should be indicatively considered as "small" according to the law, setting it at 5 grams for marijuana, 2 grams for heroin and 2 grams for cocaine³⁹. In 2008, the Greek legislature established the statutory thresholds for heroin, cocaine and cannabis (raw and processed) to be indicatively considered as intended for own use, and receive a respectively more lenient criminal retribution. Thus, these quantities were settled at 0.5 gram of heroin or cocaine (corrected to 1 gram the following year), and 20 and 2.5 grams of raw and pro-

cessed cannabis respectively (corrected to 50 and 5 grams the following year). The new law on drugs (4139/2013), however, has abolished this provision⁴⁰. In Bulgaria, harsher sanctions are envisaged for certain drug-related offenses that deal with “large quantities” or “especially large quantities”, while the Romanian law distinguishes between offenses in relation to dangerous drugs and high-risk drugs. In Romania, over the last few years, several initiatives for legislative amendments have been assumed (on the reduction of penalties for drug users and the introduction of a threshold for the quantity intended for personal use). Nevertheless, they have still to enter the current legislative framework⁴¹, but milder sentences have been imposed for offenses involving small drug quantities since 2009. The drug quantity is classified as “small” by decree of the prosecutor, and is not prescribed in the law. In Slovenia, case-law is rather inconsistent on the above classification. Usually, it is left upon the police to decide upon the matter.

The criminal handling of dependent users and the adoption of sentencing alternatives.

Among the South Eastern European countries, it is only in Greece that the dependence of the drug user is considered –under explicit legislative provision– a mitigating circumstance (special provisions call for milder sanctions for dependent users). In all other legal orders, the perpetrator’s dependence is neither a mitigating nor an aggravating circumstance according to the law.

It remains at the court’s discretion to consider dependence as a personal circumstance relevant to the offender, and to decide how addiction can affect his/her conviction and criminal handling towards both prospects.

In many of the participating countries, a legislative requirement exists to investigate the perpetrator’s status in relation to drug dependence at the interrogation stage. For example, according to the Greek and Romanian systems, the law grants the option of a forensic examination to determine the offender’s drug addiction immediately following the arrest and the initiation of prosecution. In Croatia, whenever evidence exists that the offender has committed a criminal act due to a drug or alcohol addiction, or is unable to stand trial because of this dependence, an expert’s report is ordered after the defendant’s psychiatric examination. In Albania, urine tests are utilized to determine if the offender is a drug user or not, but also to establish whether he/she was under the influence during the act. The same applies in Serbia, Bosnia and Herzegovina, and the Former Yugoslav Republic of Macedonia.

Nonetheless, in the vast majority of countries provisional detention does not depend upon the offender’s status as an addict, and no form of treatment (voluntary or compulsory) is imposed during the pre-trial stage. On the contrary, at the judgment stage, it clearly affects the reaction of the criminal justice system: in Serbia, Croatia, Slovenia, Bosnia and Herzegovina and the Former Yugoslav Republic of Macedonia, drug dependence affects the guilty verdict through the imposition of compulsory treatment.

For most SE European countries, living conditions in penitentiaries are very difficult, as prisons are overpopulated. This is a common problem and a widespread and endemic feature of prison systems in most countries in the region. Data on use/injection of drugs or other use-related problems (such as HIV or aggression) in prisons are fragmented and vary from one country to the other. However, they offer strong evidence on the extent of the problem and provide incentive for further effort in this field, especially due to the particular emphasis given by EU policy on drug use in prison, to ensure that the care given to drug users in prison is equivalent to that offered by health services in the community⁴². Moreover, in most countries the strategy for social reintegration of drug users can be characterized as fragmented or limited, and there seems to be a long way to go for the effective implementation of such policies.

Compared to the specific issue of custodial sentencing alternatives, SE European countries take well-defined –though hesitant– steps in that direction; yet, a single, uniform progress is still unrecorded. The major breaches are not only traced in the institutional context, but also in the field of practical implementation.

In Greece, the previous legislation had already made it possible to “divert” sentenced drug users from prison to the community by introducing mechanisms to circumvent the criminal justice system coupled with the participation in treatment programs (e.g., suspension of prosecution, reprieve of sentence and conditional release), but until recently the implementation of these alternative measures could be described as limited. Moreover, the new law on addictive substances adds to the sentencing alternatives. Until recently, only a few instances where treatment was considered indispensable were acknowledged in court. Now, more options are available to identify the offender’s addiction, both before court and in prison, following his/her conviction. In the latter case, once the detainee requests so, he/she needs to enter a physical rehabilitation program, followed by a three-week monitoring and diagnosis schedule. After this period, the person joins another psychological support program aiming to achie-

ve a change of habits (not merely related to drug dependence and delinquency). In Bulgaria, if a drug-dependent offender receives a conditional suspension of sentence, a special condition may order him/her to follow a special program for drug-dependent perpetrators, but there is a substantial lack of adequate human and financial resources to develop and implement such programs. A number of new, alternative “bypass” measures are prescribed in the new Romanian Penal Code, by which prosecutors may decide to suspend prosecution when a drug user has not committed prior offenses and under the requirement of his/her subsequent referral to a center for drug prevention, assessment and counseling, followed by participation in a treatment program. In Bosnia and Herzegovina, a suspended sentence or a reduced penalty may be imposed on a defendant who has committed an offense under the influence of dependence to alcohol or drugs, provided that they be subjected to treatment within a specified period (or until it is verified that no need exists for that), given the duration of therapy does not exceed one year. The notion of alternative treatment is relatively new in Serbia, but still raises questions as to whether it should be voluntary or not for the perpetrator. As of 1997, the Croatian Penal Code grants the possibility of relocating drug users from prison to the community, which is considered the basis for treatment provision. The compulsory treatment of dependent perpetrators as a safety measure can also be ordered via a sentence to imprisonment, community service, or even a suspended sentence. In Albania, the single possibility for a similar “bypass” is envisaged for individuals serving custodial sentences; however, the efforts for the development and expansion of mechanisms for the induction of drug users in community treatment have failed in practice, as the relevant results whenever this option was implemented (i.e. in numerous cases) proved ultimately negative.

Developments in treatment services and harm reduction policies in SE Europe during the last year

Although several years ago drug policies could be considered one-dimensional, things have significantly shifted over the last decade, as harm reduction policy began enjoying wide acceptance and has now become one of the central pillars of drug policy and an equivalent target to demand and supply reduction⁴³. At the same time, constantly growing emphasis is placed on treatment and rehabilitation services for problematic drug users.

This positive development is documented – directly or indirectly– through various examples characteristically recorded in many SE European countries. In Croatia, for example, the Law on the Prevention of Drug Abuse entered into force

in 2001; in 2003, the dependence-prevention system and out-patient treatment were incorporated in the Public Health Institute, as relevant legislative amendments were materialized⁴⁴. In Bulgaria, the National Program of the Development of System of Methadone Maintenance Program for 2006-2008 was adopted and implemented, while the number of medical centers that specialize in opiate substitutes treatment has significantly increased in recent years. Furthermore, the Law for drug and precursor control was amended in 2011, introducing a new and handier list of prohibited substances, and also a legislative framework for national harm reduction programs and psychosocial support services⁴⁵. In the last decade, the Law on control of opioid drugs and psychotropic substances and the Law on control of precursors entered into force in the Former Yugoslav Republic of Macedonia. These documents were drafted by the Ministry of Health to regulate drug-related issues, although –as noted by many local NGOs– they contain certain knotty provisions⁴⁶. In 2004, Romania introduced provisions for the care of drug users, harm-reduction measures and other stipulations relating to preventive measures. The law now clearly distinguishes between recreational and dependent drug user⁴⁷. In Albania, meetings between representatives of various NGOs and competent ministers since 2010 have hosted an intense debate on the need to improve the treatment system, aiming to facilitate the access of dependent users via their participation in relative programs, especially given that the Albanian legislation does not regulate issues specifically linked to the prevention and treatment of disorders caused by drug use⁴⁸. As regards Greece, the legislative introduction of substitute-based programs took place in 1996, in significant delay compared to the average of other EU countries. However, they were actually utilized as detoxification programs and not harm reduction ones, with numerous problems as regards their duration. Nevertheless, they gradually broadened their prospect and essentially transformed into harm reduction programs, a change that was incorporated into legislation in 2006. The new law of 2013 provides the options to follow substitute-based programs in prisons and be released on the condition of participation in a treatment program (either “dry” or substitute-based), initially in prison and then in the community, up to its completion.

Substitute-based treatment nowadays (i.e. methadone and buprenorphine), whether designated and accounted for as a form of treatment or a form of harm reduction, operates to a greater or lesser extent in most of the SE European countries, with different age limits for its accessibility. Such treatment programs are already being implemented in Albania (without any age limits and waiting lists), Bosnia and

Herzegovina, Croatia, Romania and Serbia (for users over 18 years old), the Former Yugoslav Republic of Macedonia (for users over 16 years old), Greece (for users over 20 years old and with long waiting lists), Slovenia (for users over 15 and 16 years old for buprenorphine and methadone respectively and no waiting lists), as well as Bulgaria, presently in penitentiaries.

Although at the level of political discourse and legislative intervention it seems that harm reduction policies and treatment programs (with or without substitutes) are growing at a remarkable pace in the region, many gaps, contradictions and disparities exist in practice that need be covered. One of the most striking examples is the lag in coverage of problematic users, especially expressed via the waiting lists for substitute-based programs in Greece. By mid-2010, 25 substitute-based treatment centers operated in the country. The waiting list was 7.5 years for Athens, 4 years for Thessaloniki, and 1-2 years for other Greek cities. Even nowadays, with the situation really improved and the number of units at least doubled, it is estimated that the list still numbers around 3,000 users with the waiting time ranging between six months and three years in Athens.

Furthermore, under the burden of the economic crisis and despite a few positive steps, harm reduction policy –along with the health issue in general, medical & pharmaceutical care and other social benefits– is pushed in the margins of central policy, while the severe reduction of funds for treatment programs seems to already have a dramatic impact. Most of the SE European countries now face an unpredictable future on financing harm reduction programs, as many are (or were) sponsored by the Global Fund, while most are no longer eligible to receive new funding. Two years from now, harm reduction programs financed by the Global Fund will attempt to seek other sponsorship sources, probably some national or international funds, but most of them may cease to function due to lack of resources.

The situation with the AIDS/HIV virus and other diseases (especially hepatitis) varies in the countries of SE Europe. In Greece, a major crisis spread in this field in late 2010: in a single year, the number of occurrences escalated steeply. Each month in 2011 recorded much higher rates than any previous one, while the predicament galloped unabated in 2012. Infections among injecting drug users more than doubled to 487 in late October 2012 from 206 during the same period in 2011 and just 14 in 2010. Greece and –similarly struck– Romania hold the negative lead, not only among SE European countries, but Europe as a whole.

One of the key issues generating this substantial and severe problem is associated with the lack

of data collection on the situation in each country. In Greece, mismatches and data deficiency is particularly characteristic, thus directly impacting the growth of this phenomenon that caused shock when it came to light and was designated as crisis. However, in other countries –especially Albania and Romania– the available data could hardly be described as inadequate, particularly in relation to the prison system. In Bulgaria, according to the most recent data on prison population (for the year 2009), 1.5% of inmates were registered as patients or carriers. In Croatia, at end 2007, from a sample of 3,460 inmates, 22% were tested positive for hepatitis B and C and 0.14 % for HIV. In a 2010 examination of 143 inmates of jail Tunjice in Bosnia and Herzegovina, none tested positive for HIV, but half tested positive for HCV. In Serbia, 3,187 cases of hepatitis C and 60 cases of HIV were reported in 2011, while in Slovenia, HIV is not as widespread a problem as hepatitis, for the combating of which several programs have been established.

In addressing problems that arise from the spread of infectious diseases among problematic drug users, needle and syringe exchange programs are commonest appropriate preventive measure to reduce the harmful consequences of drug use⁴⁹. However, the plans already applied seem far from sufficient in SE Europe. It would also be purposeful to hand out to drug users packages of items that are likely to be useful for their lifestyle, fit –to some extent– to protect them from further danger. Such programs act proactively and cost substantially less than treating HIV patients. However, such policies do not receive considerable funding from international sources.

A more effective response to the problem of increasing harmful consequences of drug use has already been proposed by the international community through the establishment and operation of supervised drug consumption rooms that has been implemented in many parts of Europe for more than a decade⁵⁰. Several NGOs in SE European countries (e.g. Bulgaria, Bosnia and Herzegovina, Serbia and Slovenia) argue in favor of this measure and act on it; however, criminal law at present sets limits or even insurmountable barriers to its implementation. The examples of Serbia and Bosnia and Herzegovina are characteristic: such supervised drug consumption rooms cannot operate legally, as the Penal Code expressly prevents it, by criminalizing the offering of a room or a facility to somebody for the purpose of drug use. Moreover, not even syringe exchange is permitted in Bosnia and Herzegovina, but it is tolerated by the police, as it considers that needles may help identify drug dealers. On the other hand, Slovenia –a country with considerable activity in the field of harm

reduction—moves positively towards a direct introduction of the method, more than other countries of the region. Nevertheless, despite the fact that neither legal obstacles exist in this direction nor is the public opinion against it, it has not yet been introduced, and the problem seems to lie in political determination. In Greece, the institution has not yet been implemented; nevertheless, at the local level (e.g. the Municipality of Athens), several thoughts are expressed on its introduction. However, the problem in these cases is not so much legal, as impediments regarding this initiative are more a matter of political choice (as in Slovenia).

Conclusions/recommendations

1.

Summarizing all the above, one can deduce that all SE European countries have adopted –to a greater or lesser extent– a national strategy within the limits of international conventions and the European Strategy on Drugs model, but much room exists for substantial changes and improvements. The major problems encountered arise from the differences that emerge between the institutional framework formally declared and the policies ultimately applied in practice. Furthermore, these issues deteriorate because most of these legal orders fall short in assessing their relevant strategies and formal mechanisms.

It is a challenge for the countries of SE Europe to implement the principle of evaluation-which they share in their National strategy- and assign a qualified and independent periodic evaluation of their national strategy and action plan on drugs.

2.

According to the majority of national strategies, the importance of the role NGOs need to play is emphasized. It is noteworthy that, according to most National Strategies of SE European countries, it is acknowledged that NGOs and civil society should play an important and active role, especially in the fields of treatment and rehabilitation, but also in harm reduction policies. However, a significant deviation is observed between the provisions of national strategies and their practical application, mainly attributed to lack of or insufficiency of relevant funding. The influence of NGOs in legislative decision-making is still quite limited. Nevertheless, while positively recognizing the need for an interdisciplinary and multi-sector approach and addressing of the drug legislation issue, criminal law firmly persists as a determining factor and the chief regulator of the situation in most countries of the region.

It is necessary to implement in everyday practice the participation of NGOs in the process of decision making on drug policy, to evaluate their contribution in the areas of prevention, treatment, harm reduction and social rehabilitation and to recognize their contribution through co-financing of their activities by the respective states..

3.

Unsurprisingly, as criminal justice systems of SE European countries are based on different traditions, the official response to the drug issue eventually proves diversified.

The deviations are wider in the area of smaller-scale (misdemeanor) violations of drug laws, while things are more harmonized with respect to more serious criminality, as the criminal law threatens long custodial sentences for acts of trafficking, which become even longer in the case of aggravating circumstances (e.g. when committed by a criminal organization, or in school premises or penitentiaries). Though criminal repression is particularly crucial in addressing the drug issue, its effectiveness is limited by default. The number of arrests and the quantities of illegal drugs confiscated every year are not a reliable measure of effective countering of the problem, as they simply provide evidence for its severity rather than its solution.

In the field of drugs, it is critical for criminal law to be able to approach holistically both the problem and all the acts that harm or threaten the community, excluding from its regulatory scope acts which do not constitute any form of harm or endanger legally protected interests (and for which perpetrators usually mount up in court houses and penitentiaries), while offering proper methods of social reintegration.

4.

Generally speaking, in the legislation of SEE countries, there is no distinction between “soft” and “hard” drugs. But the courts take into account the degree of harmfulness of the drugs concerned, the risk they represent and the classification of the offenses. The Greek legislation incorporates only a few indirect references to this issue in its provisions, whereas the degree of harmfulness of each drug is taken under consideration by the courts when arriving to a judgment. In Bulgaria, Slovenia, Romania and Bosnia and Herzegovina, there is a threefold classification of drugs based on the risk each represents or on the severity of official control over each one. The penalties envisaged for drug-related offenses vary depending on the classification of the crime and the various

sanctioning systems of different legal orders. In their majority, they include call for harsher penalties, such as drug trafficking in schools, cases of recidivism, or perpetration as part of the activities of a criminal organization. The penalties envisaged for drug trafficking crimes are extremely harsh, especially under Greek and Romanian law. In Greece, for example, even life sentence is impossible for certain serious drug-related offenses. In general, most legal orders threaten long-term prison sentences for drug trafficking. The penalties prescribed in law and often those imposed by courts are equivalent to sanctions enforced for other exceptionally serious crimes, such as intended homicide. In Bulgaria, the Former Yugoslav Republic of Macedonia and Croatia, however, regardless of the strict scope of legal provisions, the penalties several aggravated forms of basic crimes that actually imposed by courts are less stringent. In Bulgaria, this owes to the agreement in a criminal case between the prosecutor and defendant (plea bargain), while Croatian courts appear more lenient (compared to the letter of the law), not only for drug-related offenses, but for all transgressions in general.

Despite the theoretical view that the countries of SE Europe do not make the distinction between "soft" and "hard" drugs, in the drug legislation, and in everyday practice there is a distinction between cannabis and drugs with riskier health consequences. Efforts to decriminalize -like the recent draft law in Greece (2011) - were not accepted in their full scope, but especially Article 29 regulates cannabis cultivation for personal use. The cultivation remains illegal and punishable by imprisonment for five (5) months, but the offender can be acquitted, if the court takes into account the personality of the offender, the circumstances under which the offense was committed and the fact that the act was occasional and is not likely to be repeated. In case of a conviction the judgment is not recorded in the criminal records.⁵¹

Given the international debate on regulation of the cultivation, sale and use of cannabis, the SEE countries should consider the advantages and disadvantages of the current law and take active part in the global discussion on cannabis.

5.

The reaction of criminal law in cases of drug use and drug possession for personal use reveals diversifications more distinctively. In general, SE European countries could be described as rather indecisive on critical issues regarding the decriminalization of drug use and the conscious adoption of a stable model to determine the criteria and quantity thresholds for the definition of "small quantity", i.e. one intended to cover the user's needs. This is an extremely crucial issue in the further development of drug policy,

since this reasoning usually deeply affects the lenient or harsh treatment of the user-perpetrator within the criminal justice system. In SE Europe, many indications confirm that the uncoordinated and contradictory handling of this issue has often led to an oversaturation of the criminal justice system -courts overflowing with minor cases of small-scale drug possession- and particularly of the prison system -which hosts a large number of perpetrators who did not even intend to traffic-, with dramatic consequences.

Further research and study of the current practice concerning possession and trafficking of small quantities and use of drugs, should be a priority in the future agenda of the countries of the region, in order to relieve the criminal justice system and the prison system. The already existing cooperation of NGOs with the scientific community in SE Europe could contribute significantly in implementing a program to achieve this goal.

6.

The living conditions in prisons for problematic users becomes extremely challenging in most countries; this further stresses the need for adoption and expansion of sanctioning alternatives to treat this category of convicts. Yet, to date, alternative and therapeutic measures for prison inmates and rehabilitation programs for problematic users cover only to a limited extent the actual needs in most countries of the region. However, they offer strong evidence on the extent of the problem and provide incentive for further effort in this field, especially due to the particular emphasis given by EU policy on drug use in prison, to ensure that the care given to drug users in prison is equivalent to that offered by health services in the community.

7.

A similar situation emerges in the field of therapeutic and harm-reduction services. Although in most cases, especially in recent years, governments assisted by NGOs have made great strides to broaden their harm-reduction policies and the services offered to drug users, obstacles mainly related to the lack of financial resources -and, to a degree, to a culture of mistrust and phobic societies- have greatly suppressed programs and initiatives for needle and syringe exchange and the establishment of supervised drug consumption rooms. The shift of interest towards this direction is a particularly critical parameter and it seems it will greatly influence developments in drug policy in SE Europe, especially under the effect of the wider relevant European policy.

8.

In most countries the strategy for social reintegration of drug users can be characterized

as fragmented or limited, and there seems to be a long way to go for the effective implementation of such policies. Compared to the specific issue of custodial sentencing alternatives, SE European countries take well-defined –though hesitant– steps in that direction; yet, a single, uniform progress is still unrecorded. The major breaches are not only traced in the institutional context, but also in the field of practical implementation.

9.

Furthermore, under the burden of the economic crisis and despite a few positive steps, harm reduction policy –along with the health issue in general, medical & pharmaceutical care and other social benefits– is pushed in the margins of central policy, while the severe reduction of funds for treatment programs seems to already have a dramatic impact. Most of the SE European countries now face an unpredictable future on financing harm reduction programs, as many are (or were) sponsored by the Global Fund, while most are no longer eligible to receive new funding. Two years from now, harm reduction programs financed by the Global Fund will attempt to seek other sponsorship sources, probably some national or international funds, but most of them may cease to function due to lack of resources.

For points 6, 7, 8 and 9 it is necessary through research to deepen these issues and propose concrete measures to improving the services provided. These issues must remain important priorities of the current drug policy agenda of the countries in the region.

NOTES

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⁶ Albania, Bosnia & Herzegovina, Bulgaria, Croatia, Former Yugoslav Republic of Macedonia, Greece, Montenegro, Romania, Serbia, and Slovenia.

⁷ For Poland, see Summers, D.L. & Plywaczewski, E.W. (2012), The Polish context: Examining issues of police reform, drug use and drug trafficking in a transitioning democracy. In: *Policing: An International Journal of Police Strategies & Management*, 35(2), pp. 231–252.

⁸ See Petrović, B., & Muratbegović, E. (2007). Kriminološki i krivičnopravni aspekti narkokriminaliteta u Bosni i Hercegovini. V B. Petrović & N. Peršak (Ur), *Sigurnost i suradnja kao reakcija na organizirani kriminalitet u srednjoj i jugoistočnoj Europi: zbornik radova* (str 63–78). Pridobljeno od <http://hdl.handle.net/1854/LU-2057984>, according to which after WW2 many Bosnians migrated to countries of Northern Africa and Central Europe, but retained their bonds with motherland. Many of these inter-state bonds were utilized towards the perpetration of criminal acts. Migration functioned similarly in other SE European countries, especially during the 90's, when war was a constant and direct threat.

⁹ Former Yugoslavian republics consented to accept and ratify all agreements and conventions of the United Nations and the Council of Europe, to which they became members after the breakup of Yugoslavia.

¹⁰ See D. Bewley-Taylor & M. Jelsma (2012), *The UN drugs convention. The limits of latitude*. Transnational Institute (TNI): Series on Legislative Reform of Drug Policies Nr. 18, March 2012.

¹¹ See Apostolou, Thanasis (2010). *Meeting Report- Drug Policies in South East Europe: Towards Regional Cooperation* (SSRN Scholarly Paper No. ID 1909949). Rochester, NY: Social Science Research Network. Pridobljeno od <http://papers.ssrn.com/abstract=1909949>, p. 10.

¹² An exception exists as to Slovenia, which adopted a Decree (Resolution) for a National Program on Drugs for 2004-2009. The latter was not based on the EU strategy model, but is more of a strategic plan for the function of governmental organizations and NGOs in the field of drugs. The new national plan covers the period 2013-2020. See Dobovšek, B. & Hribar, G. (2013), "Country Report Slovenia". In: *Drug policy and drug legislation in South East Europe*. Athens: Nomiki Bibliothiki, p. 317.

¹³ In Slovenia, Romania, Former Yugoslav Republic of Macedonia, Albania and Montenegro

¹⁴ For example, in the National Strategy of Bosnia & Herzegovina, measures for the reduction of supply are not explicitly included, whereas the Former Yugoslav Republic of Macedonia one does not substantially emphasize on programs of social reintegration for drug users. See correspondingly, Deljkic, I. (2013), "Country Report Bosnian and Herzegovina Country Report". In: *Drug policy and drug legislation in South East Europe*. Athens: Nomiki Bibliothiki, p. 36, και Tupaneski, N. & Boshkova, N. (2013), "Country Report Former Yugoslav Republic of Macedonia". In: *Drug policy and drug legislation in South East Europe*, Athens: Nomiki Bibliothiki, p. 152.

¹⁵ See Apostolou, Thanasis. (2013), "Introduction" In: Apostolou Thanasis (ed) *Drug policy and drug legislation in South East Europe*. Athens: Nomiki Bibliothiki, p. XX.

¹⁶ In Montenegro, for example, the evaluation process for the implementation of the Strategy is pending, see. Dedovic, V. (2013), "Country Report Montenegro". In: *Drug policy and drug legislation in South East Europe*. Athens: Nomiki Bibliothiki, p. 220.

¹⁷ Ideally, the evaluation should be undertaken by independent agencies, see. Apostolou 2013 "Introduction", op. cit.

¹⁸ For Greece, see Antonopoulou, A. & Chatznikolaou, N. (2013), "Country Report Greece". In: *Drug policy and drug legislation in South East Europe*. Athens: Nomiki Bibliothiki, p. 181. Also, for Albania, see Manja, U. (2013), "Country Report Albania". In: *Drug policy and drug legislation in South East Europe*. Athens: Nomiki Bibliothiki, p. 10.

¹⁹ For Bulgaria, see Rusev, A. & Markov, D. (2013), "Country Report Bulgaria". In: *Drug policy and drug legislation in South East Europe*. Athens: Nomiki Bibliothiki, p. 70.

²⁰ For Slovenia, see Dobovšek & Hribar 2013, "Country Report Slovenia", op. cit., p. 317 et seq.

²¹ For Croatia, see Rittossa, D. (2013), "Country Report Croatia". In: *Drug policy and drug legislation in South East Europe*. Athens: Nomiki Bibliothiki, p. 103.

²² For Croatia, see Rittossa 2013, "Country Report Croatia", op. cit., p. 104. Also, for Albania, see Manja 2013, "Country Report Albania", op. cit., p. 10.

²³ See. Siegel, L. J. (2011). *Criminology* (11th ed.). Belmont, CA: Cengage Learning/Wadsworth. Wilcox, P., Land, K. C., & Hunt, S. A. (2003). *Criminal circumstance: a dynamic multi-contextual criminal opportunity theory* (Rev. ed.). New York: Walter de Gruyter, Inc.

²⁴ Pečar, J. (2002). «Policing» in preprečevanje kriminalitete. *Revija za kriminalistiko in kriminologijo*, 53(3), σελ. 205–215.

²⁵ See Apostolou 2010, *Meeting Report- Drug Policies in South East Europe: Towards Regional Cooperation*, ό.π., σελ. 9.

²⁶ See Manja 2013, "Country Report Albania", op. cit., pp. 21, 28.

²⁷ See Tupaneski & Boshkova 2013, "Country Report Former Yugoslav Republic of Macedonia", op. cit., p. 154 (see footnote 12).

²⁸ See . Deljkic 2013, "Country Report Bosnian and Herzegovina Country Report", op. cit., pp. 58-60.

²⁹ See. Atanas Rusev, Dimitar Markov 2013 "Country report Bulgaria", op.cit., pp.90-92.

³⁰ See Antonopoulou & Chatznikolaou 2013, "Country Report Greece", op. cit., p. 181, pp. 210, 211.

³¹ See Jovanović, D. (2013), "Country Report Serbia", In: Thanasis Apostolou (Ed.), *Drug policy and drug legislation in South East Europe*. Athens: Nomiki Bibliothiki, p. 310.

³² See Dobovšek & Hribar 2013, "Country Report Slovenia", op. cit., pp. 335, 336.

³³ Four legal orders (Albania, Former Yugoslav Republic of Macedonia, Greece and Slovenia) clearly discriminate between misdemeanors and felonies, while this is not the case in Croatia and Bosnia & Herzegovina. In Romania, this distinction was recently introduced. In Serbia, the classification refers to misdemeanors and "criminal offenses", whereas the Bulgarian legal order categorizes major and minor transgressions.

³⁴ See sugg. Rosmarin, A. & Eastwood, N. (2012), A quiet revolution: Drug decriminalization policies in practice across the globe. Release. Drugs, the Law & Human Rights.

³⁵ See Dedovic 2013, "Country Report Montenegro", op. cit., p. 224 et seq., 232.

³⁶ For Bulgaria, see Rusev & Markov 2013, "Country Report Bulgaria", op. cit., pp. 90-91.

³⁷ See Zuffa, G. (2011), How to determine personal use in drug legislation. The "threshold controversy" in the light of the Italian experience. Transnational Institute (TNI): Series on Legislative Reform of Drug Policies Nr. 15, August 2011.

³⁸ Harris, G. (2011), Conviction by Numbers. Threshold Quantities for Drug Policy. Transnational Institute (TNI): Series on Legislative Reform of Drug Policies Nr. 14, May 2011.

³⁹ Tupaneski & Boshkova 2013, "Country Report Former Yugoslav Republic of Macedonia", op. cit., p. 172.

⁴⁰ Antonopoulou & Chatz Nikolaou 2013, "Country Report Greece", op. cit., p. 181, pp. 210, 211.

⁴¹ Bł. Balica, E. & Păroșanu, A. (2013), "Country Report Romania". In: *Drug policy and drug legislation in South East Europe*. Athens: Nomiki Bibliothiki, p. 282.

⁴² See EU Drugs Strategy 2013-2020 (2012/C 402/01),

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2012:402:0001:0010:en:PDF>

⁴³ See EU Drugs Strategy 2013-2020 (2012/C 402/01), op. cit.

⁴⁴ See Rittossa 2013, "Country Report Croatia", op. cit., pp. 141, 142.

⁴⁵ For Bulgaria, see Rusev & Markov 2013, "Country Report Bulgaria", op. cit., p. 92.

⁴⁶ Tupaneski & Boshkova 2013, "Country Report Former Yugoslav Democracy of Macedonia", op. cit., pp. 170, 171.

⁴⁷ Balica & Păroșanu 2013, "Country Report Romania", op. cit., p. 249.

⁴⁸ See Manja 2013, "Country Report Albania", op. cit., pp. 28-29.

⁴⁹ See International Drug Policy Consortium (2012), *Drug Policy Guide*, 2nd Edition, March 2012, p. 74.

⁵⁰ See Dagmar, H. (2004), *European Report on drug consumption rooms* (Lisbon: EMCDDA) http://emcdda.eu/attachements.cfm/att_2944_EN_consumption_rooms_report.pdf.

⁵¹ Law No. 4139, Official Gazette No. 74 Sheet, Article 29, March 20, 2013

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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.