

Contribution from the Civil Society Forum on Drugs to the EU-Western Balkans dialogue

May 2023

The Civil Society Forum on Drugs in the EU (the ‘CSFD’) welcomes the opportunity to contribute with this submission to the forthcoming EU-Western Balkans dialogue on drugs (Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia). The information contained in this submission has been sourced in large part from CSFD members that operate in or have links with the region, and from their local NGO partners. The submission is structured thematically, and aims to give an overview of the general trends in the Western Balkans for each of the selected themes. We do not aim to describe in detail the situation in each country.

Across the Western Balkans region, countries need to adopt a more comprehensive, balanced, integrated and multidimensional approach to drug policies.¹ Recently held Regional round table focused on community-led consultative process on the importance of human rights and evidence-based national drug strategies in HIV response², indicated that:

- Bosnia and Herzegovina and Kosovo have national drug strategies that are ineffective and expire in 2023
- Albania drafted one in 2018, but it was never adopted by parliament or government
- Recent strategies expired in Montenegro in 2020 and in Serbia in 2021 and process of designing new documents is at the initial stage
- North Macedonia has a national drug strategy 2021 - 2025 adopted through an all-involving, multi-stakeholder process.

Evidence-based prevention, treatment and harm reduction and recovery services, even when included in national drug strategies, are left in practice without or with insufficient funding and without support. In the last years, many of the drug prevention, treatment, harm reduction and recovery programmes led by civil society organisation have closed down or are struggling to survive. This is particularly the case for harm reduction services as well as rehabilitation centres, as local authorities have been unwilling to fund them after international donors withdrew from the region.³ In Bosnia and Herzegovina all harm reduction services closed.

Until recently, Governments have relied on the Global Fund to Fight HIV, TB and Malaria to pay for most harm reduction services. However, as countries economically develop, the Global Fund is no

¹ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archive of CSFD.

² More information about the event is available at <http://dpnsee.org/2023/02/21/a-dialogue-on-national-drug-strategies/>

³ Diogenis Drug Policy Dialogue (2018), *Harm Reduction in South East Europe*, <https://www.diogenis.info/cms/files/2018/04/HR-Report-Galinaki.pdf>, p. 36.

longer the bank of last resort, with support ceasing for most countries⁴. Local authorities are also failing to consult meaningfully with civil society when designing and implementing drug policies.⁵ As a result, services are insufficient in scale, and their geographical coverage is uneven, cutting off rural areas.⁶

The rights and needs of people who use drugs in the Western Balkans, including the estimated over 60,000 people who inject drugs,⁷ are not fulfilled.

We urge the EU institutions to use this dialogue, and the accession negotiations with candidate and potential candidate countries, to call on the authorities in the Western Balkans to align with the standards on drug prevention, treatment and harm reduction set by the EU Drugs Strategy 2021 – 2025 and the EU Drugs Action Plan, with 2016 UNGASS outcome document recommendations and with the recommendations of the EMCDDA.

1. Reduced availability of key drug services

Relevant paragraph in the UNGASS Outcome Document: 1-c, 1-d, 1-h, 1-k, 1-l, 1-m, 1-o, 1-p, 4.l, 4-m, 5-u, 6-a,

1.1. Data on drug use in the Western Balkans

In general, countries in the Western Balkans do not carry out consistent and reliable monitoring of drug use and people who use drugs,⁸ or people in recovery. While there is much variation in reporting, according to the **Global State of Harm Reduction 2022**⁹ report, produced by the Harm Reduction International, the total number of people who injected drugs in the region amounted to 59,400 people in total, which is the result of adding up 7,000 in Albania, 10,500 in Bosnia and Herzegovina, 4,600 in Kosovo, 2,300 in Montenegro, 6,500 in North Macedonia, and 28,500 in Serbia.

⁴ Correlation - European Harm Reduction Network (Correlation), Eurasian Harm Reduction Network (EHRA) and Drug Policy Network South East Europe (DPNSEE) (2022), *Crisis in harm reduction funding: “The impact of transition from Global Fund to Government support and opportunities to achieve sustainable harm reduction services for people who inject drugs in Albania, Bosnia and Herzegovina, Bulgaria, Kosovo*, Montenegro, Romania and Serbia”*, <https://www.correlation-net.org/wp-content/uploads/2022/04/2022-Balkan-SE-policy-report.pdf>, p. 8.

⁵ Diogenis Drug Policy Dialogue (2018), *Co-operation between NGOs and National Authorities in the field of Drugs in South East Europe*, p. 3. In the archive of CSFD.

⁶ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and United Nations Office on Drugs and Crime (UNODC) (2019), *Drug treatment Systems in the Western Balkans: outcomes of a joint EMCDDA-UNODC survey of drug treatment facilities*, https://www.emcdda.europa.eu/publications/joint-publications/drug-treatment-systems-western-balkans_en, p. 31.

⁷ EMCDDA (2015), *Drug use and its consequences in the Western Balkans 2006-14*, <https://www.emcdda.europa.eu/system/files/publications/64/TD0215196ENN.pdf>, p. 7.

⁸ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archive of CSFD.

⁹ Available at <https://hri.global/topics/drugs-and-health/the-global-state-of-harm-reduction/>

In addition to that, the number of people who have reported lifetime use of illegal drugs ranged from 4% to 8% of the total population, which is 2.5 lower than in the rest of Europe.¹⁰ The most frequently used illegal drug is cannabis, but an increase in use of stimulants has been reported.¹¹

Abovementioned Global State of Harm Reduction 2022, based on the official governmental data, indicates that prevalence of HIV amongst people who inject drugs in the region is very low, ranging from almost zero in Kosovo, North Macedonia and Serbia to 0,5% in Albania. In contrast with this, there is clear evidence of significant epidemics of Hepatitis C among people who inject drugs, with HCV prevalence rates ranging from 23,8% in Kosovo to 65,4% in North Macedonia.

Country/ territory with reported injecting drug use	HIV prevalence among people who inject drugs (%)	Hepatitis C (anti- HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti- HBsAg) prevalen- ce among people who inject drugs (%)
Albania	0.5	34	20.2 (+84%)
Bosnia Herzegovina	0.1	39.5 (+25%)	0.2
Kosovo*	0.0	23.8	0.1 (-98%)
Montenegro	0.1	44.2	0.0
North Macedonia	0.0	65.4	nd
Serbia	0.0	46.2 (+48%)	10.5 (+192%)

Figure 1: HIV, HepC and Hep B prevalence among people who inject drugs in countries of Western Balkans¹²

The civil society data, show even more critical situation, with much higher prevalence of Hepatitis C prevalence.¹³

¹⁰ EMCDDA (2015), *Drug use and its consequences in the Western Balkans 2006-14*, <https://www.emcdda.europa.eu/system/files/publications/64/TD0215196ENN.pdf>, p. 7.

¹¹ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archive of CSFD.

¹² The numbers in brackets present difference to the data from the recent report published in 2020. The cells painted in green indicate that there was a decrease in numbers, while cells painted in red present that numbers increased.

¹³ Drug Policy Network South East Europe (2019), *Presentation for the Reitox meeting*. In the archives of the CSFD.

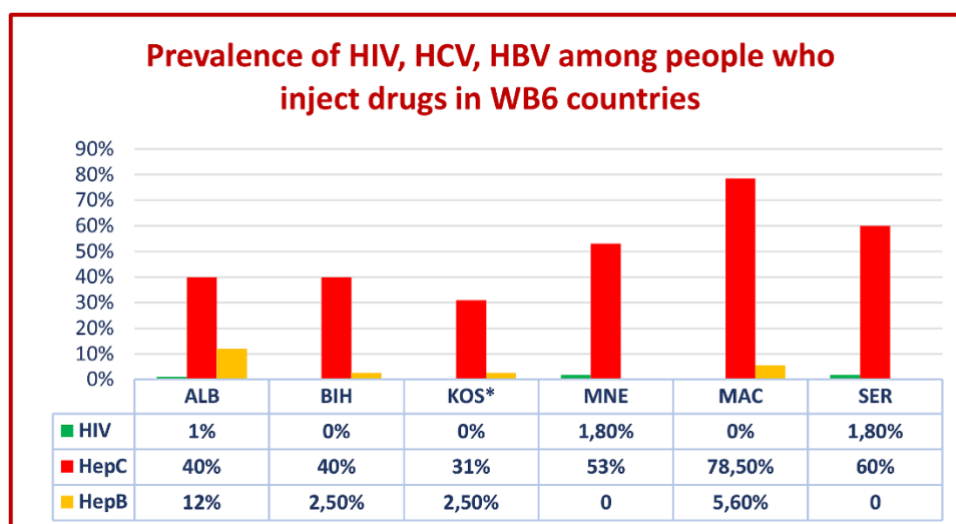


Figure 2: Civil society data on prevalence of HIV, HepC and HepB in countries of Western Balkans

According to the EMCDDA, available data on drug related deaths in the Western Balkans are generally weak and should be treated with caution.¹⁴ Some countries do not have data at all, such as Montenegro. In Serbia, the Drug Policy Network South East Europe prepared the Analysis of the data on drug-induced deaths in Serbia 2008 – 2019 and the document with new updated data from 2020 and 2021¹⁵.

1.2. A severe lack of drug prevention, treatment, harm reduction and recovery services

Across the region, drug prevention, treatment, harm reduction, and recovery services are provided by a combination of non-governmental organisations (NGOs), funded by international donors and regional networks, and some state programmes.¹⁶ Again, data on the provision of treatment is patchy and unequal due to different methodologies used across the region.¹⁷

For harm reduction services

While the situation will vary from country to country, in general access to harm reduction interventions and drug treatment in the Western Balkans remains clearly insufficient. When it comes to harm reduction interventions, it should be noted they are a key part of the EU Drugs Strategy¹⁸ and the EU

¹⁴ EMCDDA (2015), *Drug use and its consequences in the Western Balkans 2006-14*, <https://www.emcdda.europa.eu/system/files/publications/64/TD0215196ENN.pdf>, p. 8.

¹⁵ The documents are available at <http://dpnsee.org/publication/drug-induced-deaths-in-serbia/>.

¹⁶ EMCDDA and UNODC (2019), *Drug treatment Systems in the Western Balkans: outcomes of a joint EMCDDA-UNODC survey of drug treatment facilities*, https://www.emcdda.europa.eu/publications/joint-publications/drug-treatment-systems-western-balkans_en, p. 6.

¹⁷ Ibid.

¹⁸ European Union Council, *EU Drugs Strategy 2021-2025*, <https://data.consilium.europa.eu/doc/document/ST-14178-2020-INIT/en/pdf>, Strategic priority 7: Risk- and harm-reduction interventions and other measures to protect and support people who use drugs

Action Plan on Drugs 2021 - 2025¹⁹. The UN Special Rapporteur on the Right to Health has highlighted that these services are essential for the protection of the life of people who use drugs, and states must make sure that they remain available, accessible, of adequate quality and free from discrimination.²⁰

The Global State of Harm Reduction 2022 report²¹ presents the following situation of harm reduction services in the Western Balkans:

Country/ territory with reported injecting drug use	Harm reduction response				
	Needle and syringe programme (NSP)	Opioid agonist therapy (OAT)	Peer distribution of naloxone	Drug consumption rooms (DCRs)	Safer smoking equipment
Albania	✓ 2	✓ M, B	✗	✗	✗
Bosnia Herzegovina	✓ 2	✓ 12 M	✗	✗	✗
Kosovo*	✓	✓ M	✗	✗	✗
Montenegro	✓ 2 (13)	✓ M,B	✗	✗	✗
North Macedonia	✓ 16	✓ M,B	✗	✗	✗
Serbia	✓ 2	✓ M,B	✗	✗	✗

Figure 3: Harm reduction services in the Western Balkans countries

On the positive side, it should be noted that all countries have in some way or another at least one Opioid Substitution Therapy (OST) programme. Also, OST programmes are available in at least one prison in every country.

Unfortunately, all Needle and Syringe Programme (NSP) in Bosnia and Herzegovina are closed since 2022. There are no NSP programmes in prisons.

The following major areas of concern remain:

- **Lack of scale.** The coverage of drug treatment programmes, as well as of harm reduction services like OST and NSP programmes, remains generally too low to guarantee a significant and sustainable impact,²² and there is a clear need to scale them up,²³ In Albania, up to 75% of

¹⁹ European Union Council, *EU Drugs Action Plan 2021-2025*, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021XG0708%2801%29>, Actions 32, 36, 43, 46 and 65.

²⁰ Office of the United Nations High Commissioner for Human Rights (2020), *Statement by the UN expert on the right to health on the protection of people who use drugs during the COVID-19 pandemic*, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25797&LangID=E>.

²¹ Harm Reduction International, <https://hri.global/topics/drugs-and-health/the-global-state-of-harm-reduction/>

²² EMCDDA (2015), *Drug use and its consequences in the Western Balkans 2006-14*, <https://www.emcdda.europa.eu/system/files/publications/64/TD0215196ENN.pdf>, p. 8.

²³ EMCDDA and UNODC (2019), *Drug treatment Systems in the Western Balkans: outcomes of a joint EMCDDA-UNODC survey of drug treatment facilities*, https://www.emcdda.europa.eu/publications/joint-publications/drug-treatment-systems-western-balkans_en, p. 31.

users at risk do not have access to treatment.²⁴ In Kosovo, only 7.61% of the estimated number of people who inject drugs receive OST (35 out of 4.600).²⁵

- **Lack of appropriate financing.** Civil society organisations are struggling to ensure funding and not able to provide more new services because sustainability of existing services is already at risk. Governments of the region are faced with high levels of HIV and HCV among people who inject drugs and demands on domestic resources from many priorities. In most - but not all - cases, the Global Fund has aimed to assist countries to transition HIV programme financing from external support to sustainable national resources. But, this approach has failed in most instances through a lack of flexibility and political will by the Global Fund in its dealings with Government authorities and a lack of political will by the respective Government.²⁶ Endemic stigmatisation and discrimination of people who inject drugs resulting in the unfair and very limited distribution of funding within the health sector towards harm reduction programmes.²⁷ A lack of awareness within Government of cost savings by adopting a public health and social-led approach to drug dependence through much cheaper and evidence-based harm reduction services delivered by CSOs and peer-led groups and networks in the community²⁸ is observed. The lack of multi-year funding from Government to harm reduction programmes means the commitments made to end AIDS as a public health threat, and the elimination of Hepatitis B and C, by 2030 cannot be achieved²⁹.
- **Uneven geographical coverage.** All reports point out that drug treatment and harm reduction services are available in urban centres only, and people from rural areas need to travel in order to access them. For instance, in Serbia services are available only in Novi Sad and Belgrade³⁰, while in Kosovo services are available only in three municipalities.³¹ In Albania, several regions do not have access to NGO-run services.³²
- **Lack of appropriate responses to overdose.** Authorities in the Western Balkans are failing to put in place several life-saving interventions that have been recommended by the EMCDDA

²⁴ EMCDDA and UNODC (2019), *Drug treatment Systems in the Western Balkans: outcomes of a joint EMCDDA-UNODC survey of drug treatment facilities*, https://www.emcdda.europa.eu/publications/joint-publications/drug-treatment-systems-western-balkans_en, p. 14.

²⁵ Contribution from the civil society organisation Labyrinth, Prishtina.

²⁶ Correlation, EHRA and DPNSEE (2022), *Crisis in harm reduction funding: “The impact of transition from Global Fund to Government support and opportunities to achieve sustainable harm reduction services for people who inject drugs in Albania, Bosnia and Herzegovina, Bulgaria, Kosovo*, Montenegro, Romania and Serbia”*, <https://www.correlation-net.org/wp-content/uploads/2022/04/2022-Balkan-SE-policy-report.pdf>, p. 8.

²⁷ Ibid.

²⁸ Ibid. P. 9.

²⁹ Ibid.

³⁰ Contribution from the civil society organisation Prevent, Novi Sad.

³¹ EMCDDA and UNODC (2019), *Drug treatment Systems in the Western Balkans: outcomes of a joint EMCDDA-UNODC survey of drug treatment facilities*, https://www.emcdda.europa.eu/publications/joint-publications/drug-treatment-systems-western-balkans_en, p. 24.

³² EMCDDA and UNODC (2019), *Drug treatment Systems in the Western Balkans: outcomes of a joint EMCDDA-UNODC survey of drug treatment facilities*, https://www.emcdda.europa.eu/publications/joint-publications/drug-treatment-systems-western-balkans_en, p. 13.

to prevent opioid-related deaths (see figure 4)³³, including take-home naloxone, and safe injection facilities. No country from the Western Balkans have safe injection facilities and a peer distribution of naloxone program. Actually, naloxone is available only in emergency ambulances. People who inject drugs are most vulnerable to overdose on release from prison due to reduced tolerance to opioids, yet naloxone is reportedly unavailable to prisoners post-release in every country across the Western Balkans.³⁴

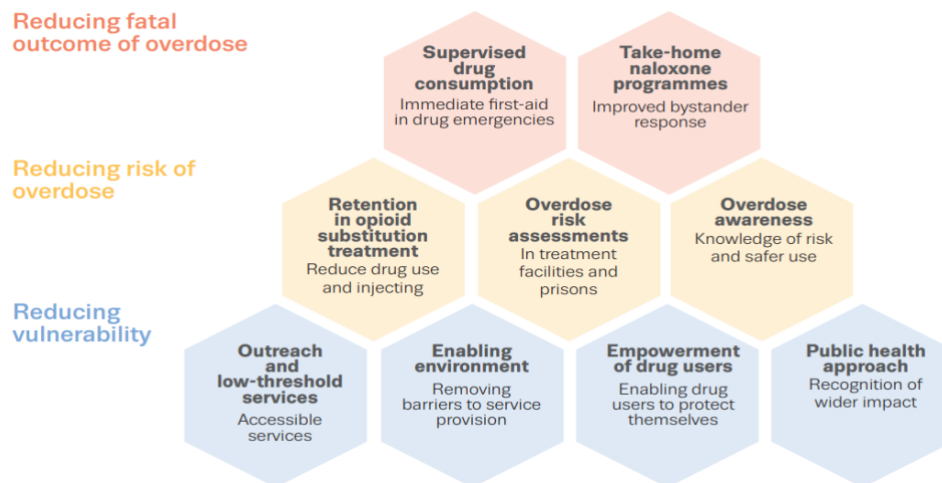


Figure 4: EMCDDA recommended interventions for preventing opioid-related deaths³⁵

- **Lack of services in prisons.** In Republika Srpska (in Bosnia and Herzegovina)³⁶ there is no access to OST in prisons, which means that incarcerated people who use drugs go through extremely painful withdrawal symptoms without treatment, which can constitute a violation of the right to be free from torture under the case law of the European Court of Human Rights,³⁷ and goes against the recommendations of the Council of Europe’s Committee for the Prevention of Torture.³⁸ There are also no NSPs in prison, which means that people who inject drugs in state custody are more likely to share injecting equipment, thus increasing the risk of transmission for blood-borne diseases like HIV and HCV.

³³ EMCDDA (2018), *Perspectives on drugs: Preventing overdose deaths in Europe*, http://www.emcdda.europa.eu/system/files/publications/2748/POD_Preventing%20overdose%20deaths.pdf.

³⁴ K. Stone and S. Shirley-Beavan, *The Global State of Harm Reduction 2018*, Published by Harm Reduction International, <https://www.hri.global/files/2019/02/05/global-state-harm-reduction-2018.pdf>, p. 57.

³⁵ Ibid.

³⁶ EMCDDA and UNODC (2019), *Drug treatment Systems in the Western Balkans: outcomes of a joint EMCDDA-UNODC survey of drug treatment facilities*, https://www.emcdda.europa.eu/publications/joint-publications/drug-treatment-systems-western-balkans_en, p. 15.

³⁷ European Court of Human Rights (2003), *Case of McGlinchey and Others vs the United Kingdom*, Application No. 50390/99, <https://www.globalhealthrights.org/wp-content/uploads/2013/10/ECtHR-2003-McGlinchey-and-Ors-v-United-Kingdom.pdf>, para. 71.

³⁸ European Committee for the Prevention of Torture and Inhuman or Degrading Treatment (2011), *Report to the Government of Ireland on the visit to Ireland carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment*, <https://rm.coe.int/1680696c98>, para. 75.

For drug prevention treatment and recovery, civil society organisations from the region have reported to the CSFD that the methods used by local authorities require stronger evidentiary basis, and a closer compliance with minimum quality standards. There are little to no mechanisms for monitoring the impact of existing interventions, and the staff involved in prevention and treatment are not provided with regular training on key issues like stigma and marginalisation.³⁹ For instance, in Bosnia and Herzegovina there are no quality standards for prevention programmes⁴⁰. However, thanks to civil society organisations, first trainings about the European Prevention Curriculum (EUPC) have been implemented with decision, opinion and policy makers in Bosnia and Herzegovina to improve the prevention approaches and funding procedures across the country. This initiative will also be further transferred to other WB countries.⁴¹ Moreover, the support system for re-inclusion and recovery should be enhanced with concrete measures and activities, coordinating the work of employment or education services for marginalized groups.⁴²

Thanks to the civil society engagement, the 14th Conference⁴³ of the European Society for Prevention Research (EUSPR) will be held in Sarajevo, Bosnia and Herzegovina, from 6 to 10 October 2023, with the support from the EMCDDA. It will be first European event of such importance in the area of prevention to be organised in the Western Balkans.

1.3. Criminalisation of possession of drugs for personal use

The possession of illegal drugs for personal use remains a criminal offence in all the countries in the Western Balkans except North Macedonia (though it has been decriminalised in neighbouring Croatia),⁴⁴ even though UN bodies have found that criminalisation can deter affected persons from seeking treatment and recovery services.⁴⁵ Sanctions for personal use vary from country to country, from fines in Montenegro, but also with potential one-year imprisonment, to up to three years of prison in Serbia.⁴⁶

³⁹ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archive of CSFD.

⁴⁰ NARKO-NE (2020), *Correspondence between the CSFD*. In the archives of the CSFD.

⁴¹ NARKO-NE (2023). *Correspondence between the CSFD*. In the archives of the CSFD.

⁴² Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archive of CSFD.

⁴³ More information available at <https://euspr.org/save-the-date-14th-euspr-conference-and-members-meeting-4th-6th-october-2023-sarajevo-bosnia-and-herzegovina/>

⁴⁴ Release, International Drug Policy Consortium, and Accountability International (2020), *Drug Decriminalisation Across the World*, <https://www.talkingdrugs.org/drug-decriminalisation>.

⁴⁵ UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters (2019), *What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters*, https://www.unodc.org/documents/commissions/CND/2019/Contributions/UN_Entities/What_we_have_learned_over_the_last_ten_years_-_14_March_2019_-_w_signature.pdf, p. 11. UN Chief Executives Board (2019), *United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*, <https://www.unsceb.org/CEBPublicFiles/CEB-2018-2-SoD.pdf>, p. 14.

⁴⁶ EMCDDA (2015), *Drug use and its consequences in the Western Balkans 2006-14*, <https://www.emcdda.europa.eu/system/files/publications/64/TD0215196ENN.pdf>, p. 6.

An added problem is that, in general, in the Western Balkans countries definitions of personal use are limited to much smaller quantities of drugs than in most countries in the EU. For instance, in 2014 in Albania possession of anything beyond a ‘single dose’ for an individual constituted drug trafficking, while in Kosovo the threshold for personal use is 3 grams of any illegal drug.⁴⁷ This means that minimum mandatory sentences for drug trafficking of at least 3 years in prisons can be triggered easily,⁴⁸ even for the possession of quantities that in other countries of the EU would be presumed to be for personal use.

In Serbia, recently the Criminal Law prescribed that “*Whoever, without authorization, keeps a small amount for his own use of substances or preparations that have been declared to be narcotic drugs*”. In 2019, the provision changed into “*Who has unauthorized possession of a large quantity of substances or preparations declared to be narcotic drugs*”. Both definitions were unclear and leave(d) significant grey area for different understanding of which amount is actually for personal use and which is for selling or other criminal activities that are significantly more punished from 3 to 12 years in prison. In the Republic of Serbia, during the year 2020, 7,850 criminal charges were filed against 7,587 individuals for the commission of 8,042 criminal offenses of unauthorized possession of a small quantity of substances for personal use. In 2021, convicted adult personal users received criminal sanctions of imprisonment (13.64%), fines (33.61%), probation (45.6%), house arrest (5.57%) and other penalties (1.58%)⁴⁹.

In 2014, in the whole region quantity thresholds triggering criminal sanctions for drug offences did not vary across types for drug, which raises important questions of lack of proportionality.⁵⁰

We call on the EU to encourage and support Western Balkans countries in having more reliable and consistent data on drug use. Moreover, we call on the EU to provide as much support as possible to improve the availability, affordability and quality of drug-related services in these countries, which should be evidence-based and should meet minimum quality standards. We also urge the EU to engage in dialogue concerning the implications of criminalization of drug possession for personal use in the view of the UN-System Coordination Task Team on the implementation of the UN System Common Position on drug-related matters’ report “What we have learned over the last ten years”. In line with the EU Council conclusions on alternative measures to detention,^{51,52} we call on the EU to encourage and support Western Balkans countries in setting up and expanding alternative to coercive sanctions for drug offences, to promote social rehabilitation and reintegration.

The CSFD remains at your disposal to support the EU regarding the Strategic priority 9: Strengthening international cooperation with third countries, regions, international and regional organisations, and at multilateral level to pursue the approach and objectives of the Strategy,

⁴⁷ EMCDDA (2015), *Drug use and its consequences in the Western Balkans 2006-14*, <https://www.emcdda.europa.eu/system/files/publications/64/TD0215196ENN.pdf>, p. 9.

⁴⁸ EMCDDA (2015), *Drug use and its consequences in the Western Balkans 2006-14*, <https://www.emcdda.europa.eu/system/files/publications/64/TD0215196ENN.pdf>, p. 6.

⁴⁹ Database of the Statistical Office of the Republic of Serbia, accessed May 18, 2023.

⁵⁰ EMCDDA (2015), *Drug use and its consequences in the Western Balkans 2006-14*, <https://www.emcdda.europa.eu/system/files/publications/64/TD0215196ENN.pdf>, p. 6.

⁵¹ European Union Council (2019), *Council conclusions on alternative measures to detention: the use of non-custodial sanctions and measures in the field of criminal justice*, [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52019XG1216\(02\)&rid=2](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52019XG1216(02)&rid=2).

⁵² European Union Council (2022), *Council conclusions on human rights-based approach in drug policies*, <https://data.consilium.europa.eu/doc/document/ST-15818-2022-INIT/en/pdf>

including in the field of development. Enhancing the role of the EU as a global broker for a people-centred and human rights-oriented drug policy.

2. Lack of financial support for drug prevention, treatment, harm reduction and recovery services

Relevant paragraph in the UNGASS Outcome Document: 1-c, 1-i, 1-o, 6-a,

Across the Western Balkans, drug prevention, treatment, harm reduction and recovery services have been historically provided by civil society without financial support by local authorities.⁵³ Until 2014, harm reduction programmes were largely funded by international donors, but as these international actors are leaving the region given that most Western Balkan countries do not meet anymore the economic criteria for eligibility, many services have closed down, or are struggling to survive.

The situation of harm reduction services in the region is a case in point. Most of these services in the Western Balkans have been funded by The Global Fund to fight AIDS, Tuberculosis and Malaria (“the Global Fund”). The Global Fund’s investment in the region peaked in 2013 with 12 million USD, but then dropped sharply to one million USD per year, which has collapsed the services in the region.⁵⁴ Currently, only Montenegro and Serbia are eligible for Global Fund support for harm reduction programmes in the current and next funding cycles, while Kosovo is in a transition process to national sources of funding until 2024. Albania, Bosnia and Herzegovina and North Macedonia are ineligible for Global Fund support. Unfortunately, there is no funding from national budgets in Albania and Bosnia and Herzegovina, while the Government of North Macedonia reduced funding for HIV prevention in 2023 by 40%.

For countries like Serbia, the end of Global Fund grants led to spikes in infections and closing of programmes. As a consequence, there were no harm reduction centres in Belgrade from 2015 to 2018, and in Nis -the third city by size in the country- there is still none since 2015.⁵⁵ Serbia subsequently became re-eligible for funds due to increases in disease burden.⁵⁶

In Bosnia and Herzegovina, all NGO providing harm reduction programmes had to close down after the country became ineligible by the Global Fund,⁵⁷ with the result that in 2022 there were 60 new HIV positive case, while in the years when these programmes operated there were 11 to 14 new cases⁵⁸. In spite of the approval of a relatively balanced national drugs strategy in 2018, civil society is still in

⁵³ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archive of CSFD.

⁵⁴ Eurasian Harm Reduction Association (2019), Sustainability bridge funding: Case study from Bosnia and Herzegovina, Montenegro and Serbia, <http://dpnsee.org/wp-content/uploads/2019/10/Sustainability-Bridge-Funding-Case-Study-from-Bosnia-and-Herzegovina-Montenegro-and-Serbia.pdf>, p. 5.

⁵⁵ Drug Policy Network South East Europe (2019), *Presentation for the Reitox meeting*. In the archives of the CSFD

⁵⁶ K. Stone and S. Shirley-Beavan, *The Global State of Harm Reduction 2018*, Published by Harm Reduction International, <https://www.hri.global/files/2019/02/05/global-state-harm-reduction-2018.pdf>, p. 32.

⁵⁷ Eurasian Harm Reduction Association (2019), Sustainability bridge funding: Case study from Bosnia and Herzegovina, Montenegro and Serbia, <http://dpnsee.org/wp-content/uploads/2019/10/Sustainability-Bridge-Funding-Case-Study-from-Bosnia-and-Herzegovina-Montenegro-and-Serbia.pdf>, p. 5.

⁵⁸ Contribution from Association Margina, from Bosnia and Herzegovina, at the Regional round table in February 2023.

waiting for the government to approve action plans that include significant budgetary allocations for this work.⁵⁹

As the result of the 40% budgetary cuts for Needle and Syringe Programme, some of the civil society programs have closed or work with minimum working hours⁶⁰.

In Kosovo, all OST programmes are operating with the financial support of the Global Fund and, for the time being, there is no contingency strategy for the period after 2024 when funding is to be discontinued.

Research conducted in the Western Balkans by the Drug Policy Network South East Europe shows that building the capacity of local civil society to conduct budget advocacy for harm reduction services, and providing financial support to these efforts, has been effective in increasing budget allocations in countries like Montenegro and Serbia.⁶¹ Therefore, policy-makers should consider adopting a bottom-up approach to budget change might be an effective way to ensure that these interventions are funded sustainably and in the long-term.⁶²

In Albania, Aksion Plus are involved with the National Council of Civil Society in improving the law on confiscated assets and money coming from drug trafficking and crime. Aksion Plus is at the position that they would like to benefit directly from this budget, not through Calls for proposal as it is currently happening. Strategies, reports and other papers are lifeless unless followed by solid and usable/practical laws and legislation.⁶³

The Drug Policy Network South East Europe analysed the use of the principle of opportunity of prosecution in relation to adult offenders (deferring of a criminal prosecution and dismissing a criminal complaint due to a genuine remorse of a suspect)⁶⁴. The Analysis proved that in 2018 around 17.38% of the Fund of 4 million Euro of the fines collected from using this principle come from the criminal related to drugs, while no project related to drug issue was funded. Together with the Office for Combating Drugs and the State Prosecutor Office they proposed that 10% of the Fund would be invested in drug-related projects, but it was rejected by the Ministry of Justice which manages the Fund.

We call on the EU to urge Western Balkans countries to strengthen and expand drug-related services. The lack of drug-related services provided and the situation in which many NGO's working in this field have been left with is highly alarming. Governments in these countries should include NGO's services as providers of essential health services and should guarantee enough funding, materials and support to implement their much-needed services.

⁵⁹ Association Margina (2020), *Correspondence with the CSFD*. In the archives of the CSFD.

⁶⁰ Contribution from civil society organisation HOPS - Healthy Options Project Skopje, North Macedonia

⁶¹ Eurasian Harm Reduction Association (2019), Sustainability bridge funding: Case study from Bosnia and Herzegovina, Montenegro and Serbia, <http://dpnsee.org/wp-content/uploads/2019/10/Sustainability-Bridge-Funding-Case-Study-from-Bosnia-and-Herzegovina-Montenegro-and-Serbia.pdf>, p. 5.

⁶² Diogenis Drug Policy Dialogue (2018), *Harm Reduction in South East Europe*, <https://www.diogenis.info/cms/files/2018/04/HR-Report-Galinaki.pdf>, p. 38.

⁶³ Contribution from civil society organisation Aksion Plus, Albania

⁶⁴ Drug Policy Network South East Europe (2019), Analiza primene načela oportuniteta u Republici Srbiji, <http://dpnsee.org/wp-content/uploads/2020/03/Analiza-primene-na%C4%8Dela-oportuniteta-u-Republici-Srbiji-compressed.pdf>

3. Inadequate national drug strategies and lack of meaningful engagement with civil society

Relevant paragraph in the UNGASS Outcome Document: 1-e, 1-f, 1-l, 1-m, 1-q, 4-a, 4-b, 4-e, 4-f, 5-a,

North Macedonia is good example for meaningful involvement of civil society in creation of National Drug Strategies (NDS). The last NDS 2021 -2025 development process was financed and facilitated by civil society organisation HOPS. Also, in Albania the recent draft NDS design was be facilitated by Aksion Plus, with the support of UNFPA. It is expected that this this Strategy or National Plan on Drugs will be reviewed by focusing more on Harm Reduction interventions.⁶⁵

3.1. Inadequate national drug strategies

Civil society from the region has reported to the CSFD that most national drug strategies in the region are not truly integrated, comprehensive and balanced, and do not follow the footprint of the EU Drugs Strategy.⁶⁶ The lack of a balanced approach has deep impacts on all drug-related matters. These are some of the most salient ones:

- **National drug strategies present important gaps.** For instance, in Montenegro there is no official programme to prevent overdoses⁶⁷, nor PWUD/PWID registry, or data on the number of people tested for infectious diseases⁶⁸. In North Macedonia, there is no programme for children and youth who use drugs.⁶⁹ Because drug use is not closely monitored, the new strategies do not include appropriate action plans for new trends in the region, such as the increasing use of stimulants.⁷⁰
- **Lack of implementation.** The 2018 - 2023 State Strategy for Narcotic Drug Control, Prevention and Suppression of Narcotic Drug Abuse in Bosnia and Herzegovina has been mentioned as a step forward, as many actors operating in drug policies were involved. However, it has hardly been implemented - the Working Group to monitor the implementation of the Strategy should have been appointed in November 2018, but that hasn't happened and the Strategy is about to expire.⁷¹ No Action Plan has been approved either.⁷²

⁶⁵ Contribution from civil society organisation Aksion Plus, Albania.

⁶⁶ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archive of CSFD.

⁶⁷ Drug Policy Network South East Europe (2019), *Presentation for the Reitox meeting*. In the archives of the CSFD.

⁶⁸ Contribution from civil society organisation Juventas, Montenegro.

⁶⁹ Drug Policy Network South East Europe (2019), *Presentation for the Reitox meeting*. In the archives of the CSFD.

⁷⁰ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archive of CSFD.

⁷¹ Association Margina (2020), *Correspondence with the CSFD*. In the archives of the CSFD.

⁷² NARKO-NE (2020), *Correspondence with the CSFD*. In the archives of the CSFD.

- **Hostility towards harm reduction is common.**⁷³ For example, legislation in Serbia and criminalises drug checking services,⁷⁴ even though these exist in several countries across the EU.⁷⁵ With the exception of Bosnia and Herzegovina, North Macedonia and Montenegro (partly),⁷⁶ Western Balkan countries lack legal frameworks for harm reduction, resulting in a lack of coordination among organizations and agencies involved in these services, uneven distribution of funding, and difficulties in the evaluation of progress made in the field.⁷⁷ Paradoxically, harm reduction is not legally recognised in Serbia, while these services are integral parts of both HIV prevention and (recent) drug strategies.⁷⁸
- **Stigma and marginalisation** remain a major obstacle in access to treatment and recovery services. The most frequent cases of discrimination are related to stigmatization in various respects, the relationship between the police and the judicial system (including the right to information in criminal proceedings), the protection of personal data, basic and specific health care, social protection, the right to education, employment and many other areas of life which should be available to every person.⁷⁹ Another research from 2021 states that *“a majority of 88% of respondents report having experienced discrimination - i.e. unfair or unequal treatment because of their identity or lifestyle at some point in their lives. Of these cases, in 61.4% the discrimination was by the police, in 59.1% by “other people - non-legal entity” and in 43.2% by family members. Respondents experienced discrimination by healthcare institutions in 27.3% cases and in their workplace in 22.7% cases. 13.6% respondents report having been discriminated against by the national administration and 11.4% report having been discriminated against by social services. 77.3% of those who experienced discrimination did not report it. Of those who did, 40% reported the discrimination to an NGO and 30% to the Commissioner for protection or a similar institution.*⁸⁰

On the other hand, in order to explore the prevalence of stigma among professionals working with drug using individuals and those in recovery, a research study named "Drug Addiction - Stigma among Professionals in the Balkans" was conducted in 2021 by the World Federation Against Drugs and three partner organizations: Proslavi oporavak (Bosnia and Herzegovina), Preporod (Montenegro) and Izlazak (Serbia). Some of the findings indicate the presence of negative beliefs associated with drug users. The highest number of professionals agreeing with statements that these individuals are dangerous to society, irresponsible, incapable, or of weak character were employed in addiction treatment centres (66%), the police (52%), social work

⁷³ K. Stone and S. Shirley-Beavan, *The Global State of Harm Reduction 2018*, Published by Harm Reduction International, <https://www.hri.global/files/2019/02/05/global-state-harm-reduction-2018.pdf>, p. 32.

⁷⁴ Drug Policy Network South East Europe (2019), *Presentation for the Reitox meeting*. In the archives of the CSFD.

⁷⁵ EMCDDA (2017), *Drug checking as a harm reduction tool for recreational users: opportunities and challenges*, https://www.emcdda.europa.eu/system/files/attachments/6339/EuropeanResponsesGuide2017_BackgroundPaper-Drug-checking-harm-reduction_0.pdf.

⁷⁶ Diogenis Drug Policy Dialogue (2018), *Harm Reduction in South East Europe*, <https://www.diogenis.info/cms/files/2018/04/HR-Report-Galinaki.pdf>, p. 34.

⁷⁷ Diogenis Drug Policy Dialogue (2018), *Harm Reduction in South East Europe*, <https://www.diogenis.info/cms/files/2018/04/HR-Report-Galinaki.pdf>, p. 34.

⁷⁸ Contribution from the Drug Policy Network South East Europe.

⁷⁹ Drug Policy Network South East Europe (2019), *Discrimination of People who Use Drugs in South East Europe*, <http://dpnsee.org/publication/discrimination-of-people-who-use-drugs-in-south-east-europe/>,

⁸⁰ Drug Policy Network South East Europe (2022), *Documenting cases of discrimination of youth at risk in Western Balkans*, <http://dpnsee.org/wp-content/uploads/2019/08/diskriminacija-za-stampu.pdf>

centres (50%) and educational institutions (around 49% with similar figures in all three countries with a deviation of +/- 5%). Furthermore, even 70% of surveyed professionals agree with the statement that drug using individuals who have a psychiatric disorder or a blood borne infectious disease (such as HIV or hepatitis) are further stigmatized and excluded from society⁸¹. This would require awareness training for the public and the staff involved in drug treatment, and investment in support services, education, and socialisation.⁸²

- **Lacking coordination of services.** There is an absence of system measures to reduce drug use demand through cooperation of all institutions involved in the multidimensional aspects of drug policies, from education and health care to law enforcement.⁸³ This is also present in the European Union Enlargement Country Reports. It is also shown in the absence of measures addressing stimulant use, which is increasing in the region.⁸⁴

3.2. Lack of support for and engagement with civil society

In a regional dialogue between local NGOs and national drugs authorities held in 2018, the overwhelming concern voiced by civil society organisations was that, even when the role of civil society in national drug strategies, such commitments on paper are not followed in practice, as programmes and funding are almost exclusively centred on law enforcement.⁸⁵ As a consequence, organisations from Serbia, Bosnia and Herzegovina and Albania had received no funding or material support by their governments. In Albania, drug use and response to it is not recognized as a priority⁸⁶, and this seem to be the case in several other countries of the region.

As a good example, the Bosnian NGO NARKO-NE informed the CSFD that they recently received the official green light by the Ministry of Civil Affairs to create a first addiction prevention centres in Bosnia and Herzegovina, after 4 years of negotiations. Negotiations with decision makers are now taking place, particularly on the funding for the centre.⁸⁷ However, it is important to ensure that those positive initiatives get finally implemented.

Across the region, only Montenegro, Serbia, and Bosnia and Herzegovina have structured regular consultations between government and civil society. In Montenegro, the National Council for Drugs

⁸¹ Pekić, S. et al. (2022). *OPORAVAK Naš zajednički cilj 2, Preporuke za profesionalce*. Sarajevo: Udruženje Proslavi Oporavak

⁸² Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archives of CSFD.

⁸³ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archives of CSFD.

⁸⁴ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*, In the archives of CSFD.

⁸⁵ Diogenis Drug Policy Dialogue (2018), *Co-operation between NGOs and National Authorities in the field of Drugs in South East Europ*, p. 3. In the archives of CSFD.

⁸⁶ Contribution from Aksion Plus, Albania.

⁸⁷ NARKO-NE (2020), *Correspondence with the CSFD*. In the archives of the CSFD.

was regarded as a body existing more in paper than in practice.⁸⁸ It was dismantled recently, and civil society organisations cooperate with a newly established Office within the Ministry of Health⁸⁹. In Serbia and in Bosnia and Herzegovina, consultations have been regarded as positive by local civil society.⁹⁰ The Memorandum of Understanding was designed in partnership with the Office for Cooperation with Civil Society of Government of Serbia and civil society organisations promoting a new concept of cooperation between state bodies and civil society organizations.⁹¹ From initial 11 civil society organisations, currently there are 23 organisations that have signed the Memorandum. The consultative role of civil society should be anchored in legislation, and formal agreements should be checked against implementation.

3.3. Recommendations raised by civil society from the region

As reported in the research carried by CSFD member Diogenes,⁹² and in the correspondence between the CSFD and local NGOs ahead of this submission,⁹³ some of the asks of civil society organisations in the region that were as follows still remain valid and some have just recently been added:

- Establish secure, sustainable sources of funding for NGOs
- Carry out periodical population surveys, needs assessment and monitoring of the situation of people who use drugs, and of the effectivity of prevention, treatment, harm reduction and recovery services
- Adopt a bottom-up approach, funding civil society and local and regional authorities
- Ensure equal geographical distribution of services in all settings (e.g. hospitals, prisons, recreational settings)
- Establish targeted interventions focusing on certain categories of people (e.g. women, youth, migrants and refugees, ethnic minorities).
- Conduct regular staff trainings on minimum quality standards, and on stigma and discrimination.
- Development of protocols and quality guidelines for drug prevention, drug treatment, harm reduction and recovery services.

⁸⁸ Diogenis Drug Policy Dialogue (2018), *Co-operation between NGOs and National Authorities in the field of Drugs in South East Europe*, p. 3. In the archives of CSFD.

⁸⁹ Contribution from Juventas, Montenegro.

⁹⁰ Drug Policy Network South East Europe (2018), *Civil and public sector partnership in the area of drugs*, <http://dpnsee.org/2018/01/11/civil-and-public-sector-partnership-in-the-area-of-drugs/>.

⁹¹ Ibid.

⁹² Diogenis Drug Policy Dialogue (2018), *Harm Reduction in South East Europe*, <https://www.diogenis.info/cms/files/2018/04/HR-Report-Galinaki.pdf>, pp. 37-38.

⁹³ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archives of CSFD.

- Recovery should be promoted as an explicit goal of all segments within demand reduction and guidelines should be created that would contribute to building a recovery-oriented care system. Initiatives led by people in recovery should be encouraged.
- Authorities should consider creating a network of drug treatment centers, to be included in the overall system of care, and provide it with sustainable financial support.
- We should not forget that in the end activities are carried out by people and they should be paid properly. In Albania staff working in OST centers and HR activities are underpaid. Similar situation is in most of other Western Balkan countries.
- Countries should create quality standards for the development and implementation of prevention programs. They should also a system for accreditation and continuous assessment. The effectiveness of existing prevention modules in primary schools needs to be monitored, and addressed.
- There is need for a stronger focus on psychosocial support at all stages - prevention, treatment, rehabilitation, recovery.
- There is a need for specific gender-sensitive drug policies that respond to the needs and interests of women, men and gender-non-conforming people in their structures, programs and work, removing barriers to access and adherence to drug services and increasing the efficacy of drug policies.

We call on the EU to provide guidance and support for improving the national drug strategies and for aligning those to the EU's approach. The position of civil society in the region needs to be acknowledged and supported, not just in paper but in its implementation. Authorities should establish and enforce minimum quality standards and guidelines for the provision of all drug services. They should also provide a legal framework for harm reduction services. We invite the EU to take into consideration the recommendations raised by civil society organizations working in the region.

4. The situation of migrants, minorities and vulnerable populations

Relevant paragraph in the UNGASS Outcome Document: 4-a, 4-b, 4-f,

The EU Drugs Strategy 2021-2025 has highlighted the need for demand reduction activities addressing the situations and needs of ethnic minorities, migrants and asylum seekers⁹⁴. This has resulted in the development of specialised preventive interventions in a number of European countries. Intervention range from prevention programmes led by peer educators, to psychosocial teams to access specialised treatment.⁹⁵

Migrants and refugees. Western Balkans countries host a significant number of migrants and refugees, as these aim to reach destination countries in Western Europe through the so-called 'Western

⁹⁴ European Union Council, *EU Drugs Strategy 2021-2025*, <https://data.consilium.europa.eu/doc/document/ST-14178-2020-INIT/en/pdf>, Strategic priority 6: Ensure access to and strengthen treatment and care services, priority 6.6.

⁹⁵ EMCDDA (2017), *Health and social responses to drug problems: A European guide*, https://www.emcdda.europa.eu/system/files/publications/6343/TI_PUBPDF_TD0117699ENN_PDFWEB_2017100915364_9.pdf, p. 113.

Balkans route'. According to Frontex, the number of 'illegal border crossings' in that route was 5,859 in 2018, 12,179 in 2017, and 130,325 in 2016.⁹⁶

Many migrants have lower rates of substance use than their host communities, but some may be more vulnerable for reasons such as trauma, unemployment and poverty, loss of family and social support, and the move to a normatively lenient setting. The EMCDDA has warned that drugs can be used as a coping mechanism,⁹⁷ and that has been confirmed by civil society organisations providing aid and support to migrants in the Western Balkans, who report use of drugs like tramadol and benzodiazepines,⁹⁸ as well as over-the-counter sleeping medications.

Refugees from Ukraine and displaced persons from Russia⁹⁹. The war in Ukraine triggered a large-scale displacement and refugee crisis, forcing people to flee Ukraine and seek shelters in neighbouring countries. The majority fled to countries neighbouring Ukraine and further to Western Europe. Still, the significant number of refugees have been recorded in countries such as Serbia and Montenegro, where community-led responses and harm reduction services for key vulnerable populations fleeing the war in Ukraine require further support and coordination. In addition, a large number of persons from Russia moved to both countries – those from stigmatised and discriminated populations, people refusing to participate in the war, etc. Estimated number of refugees and displaced persons from Ukraine and Russia is 200,000 from each of the countries, out of which some 1,000 are people who use drugs and other related populations including people living with HIV, LGBTI, sexual workers.

It is necessary to ensure and sustain a whole range of health, demand reduction (prevention, treatment, aftercare and recovery), as well as harm reduction interventions, such as overdose prevention, screening for complex withdrawal (e.g. involving alcohol and benzodiazepines) and the continuation of services (OAT, ART) for vulnerable groups, such as people who use drugs (including those who use NPS/stimulants), internally displaced populations, refugees and prison populations.

Roma communities. Roma communities in the Western Balkans are estimated to include around one million people.¹⁰⁰ In general, studies have found that Roma communities in the Western Balkans have worse self-rated health status and face major barriers in accessing health care due to social determinants, including marginalisation.¹⁰¹ Chronic and extreme poverty, unemployment, exclusion from the education system, healthcare, and social protection are ethnically determined and characteristic of Roma people living not only in Serbia but also in other countries in Europe. The position of Roma is recognized as significantly more unfavourable than the position of other minority

⁹⁶ FRONTEX (2020), *Migratory routes: Western Balkans route*, <https://frontex.europa.eu/along-eu-borders/migratory-routes/western-balkan-route/>.

⁹⁷ EMCDDA (2017), *Health and social responses to drug problems: A European guide*, https://www.emcdda.europa.eu/system/files/publications/6343/TI_PUBPDF_TD0117699ENN_PDFWEB_2017100915364_9.pdf, p. 111.

⁹⁸ No Name Kitchen (2020), *Memorias de un Agosto helado: 'Estamos en un hospital o en un tribunal?' La odisea de los Balcanes y sus contradicciones paradójicas*, https://m.facebook.com/story.php?story_fbid=930345577363727&id=309778972753727

⁹⁹ Contribution from the Drug Policy Network South East Europe.

¹⁰⁰ European Western Balkans (2015), *Western Balkans countries road to EU with Roma community on board*, <https://europeanwesternbalkans.com/2015/02/19/western-balkans-countries-road-to-eu-with-roma-community-on-board/>.

¹⁰¹ United Nations Development Programme (UNDP) (2018), *Health deprivation among Roma in the Western Balkans*, https://www.eurasia.undp.org/content/dam/rbec/docs/internal/HealthDeprivationAmongRoma_UNDP_RBEC.pdf, p.2.

communities, refugees, and other vulnerable population categories in Serbia.¹⁰² The World Health Organization recognizes an increased risk of drug use among the poor, those with lower educational status, the unemployed, migrants, refugees and other groups.¹⁰³ On that note we must emphasize that the Roma population is overwhelmingly the poorest, especially those residing in settlements and they have a more unfavourable status compared to the mentioned vulnerable social categories.¹⁰⁴ The Roma population is recognized as particularly vulnerable when it comes to the transmission of HIV infection, which arises as a consequence of injecting drug use.¹⁰⁵ However, the CSFD has found very little to no information on the prevalence of drug use amongst Roma communities in the region. Reports from other countries like Hungary point out that drug use in these communities can be higher than in the general population, with disproportionate health and social consequences due to lack of access to mainstream services.¹⁰⁶ Recent observation in Serbia show that injecting heroine has significantly increased in the Roma population in Belgrade.¹⁰⁷

An intersectional approach incorporating a gender focus is especially necessary. Women that are part of Roma communities remain the most discriminated population in many aspects, including in access to health care.¹⁰⁸ The same trend goes beyond Roma communities: In a survey in Kosovo, man who injected drug were reported use of harm reduction services twice as frequently than women who injected drugs.¹⁰⁹

A **complex approach**, targeting multiple vulnerabilities of most people who use drugs, should be prioritised both in policies and practices. People living with HIV/hepatitis/TB, other diseases, homeless, people with no revenue who use drugs must be the target of specific services.

We call on the EU to ensure that vulnerable and marginalised populations are not left behind and should be granted access drug-related to services tailored to their specific needs.¹¹⁰ In this context, local authorities must ensure cultural competency within existing services, to overcome language barriers, to identify and meet existing needs, and to ensure access to services. We encourage to

¹⁰² Bodewig, C., Sethi, A. (2005), Сиромаштво, социјална искљученост и етничка припадност у Србији и Црној Гори: Случај Рома. Београд: Светска банка

¹⁰³ WHO (2005), Promoting Mental Health: Concept, Emerging evidence and Practice. Geneva: WHO, http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf

¹⁰⁴ Bodewig, C., Sethi, A. (2005), Сиромаштво, социјална искљученост и етничка припадност у Србији и Црној Гори: Случај Рома. Београд: Светска банка

¹⁰⁵ EMCDDA (2009), Serbia Country Overview 2009. Lisbon: EMCDDA. https://www.emcdda.europa.eu/html.cfm/index100293EN.html_en

¹⁰⁶ P. Sarósi (2019), *The Colour of Drug Use in Central Eastern Europe*, Published in Drug Reporter, <https://drogriporter.hu/en/the-colour-of-drug-use-in-central-eastern-europe/>.

¹⁰⁷ Contribution from the civil society organisation Prevent, Novi Sad.

¹⁰⁸ UN Women (2019), *Regional report on compliance with UN Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) relating to discrimination of Roma women in the area of healthcare, child marriages and offering support and protection to Roma women in cases of domestic violence*, <https://www2.unwomen.org/-/media/field%20office%20eca/attachments/publications/2019/10/regional%20report%20on%20discrimination%20of%20roma%20women%20english.pdf?la=en&vs=1148>, p. 17 and following.

¹⁰⁹ Drug Policy Network South East Europe (2019), *Presentation for the Reitox meeting*. In the archives of the CSFD.

¹¹⁰ International Centre for Human Rights and Drug Policy, UNAIDS, World Health Organisation, UNDP, *International Guidelines on Human Rights and Drug Policy*, https://www.undp.org/content/dam/undp/library/HIV-AIDS/HRDP%20Guidelines%202019_FINAL.PDF, 1.1.i, 1.2.i

include the provision of these services -if not yet included- in the responses and support from the EU'side and in the dialogues touching aspects of Human Rights and migration.

6. EU accession processes and potentials for supporting civil society organisations

The current European Union enlargement agenda covers the partners of the Western Balkans and Turkey.

Accession negotiations have been opened with Montenegro (2012), Serbia (2014), and Turkey (2005). In March 2020, Member States agreed to open accession negotiations with North Macedonia and Albania. Bosnia and Herzegovina got the candidate status in December 2022, while Kosovo (Stabilisation and Association Agreement entered into force in April 2016) is still a potential candidate.

Unfortunately, almost all provisions of the enlargement country reports¹¹¹ refer to law enforcement measures and actions - usually referred to as drug supply reduction. The section on Cooperation in the fight against drugs is under Chapter 24: Justice, freedom and security. It includes references to Institutional set-up and legal alignment and Implementation and enforcement capacity. Some text in the reports on Montenegro and Serbia includes information about the lack of cooperation and coordination, legal framework in this area, national drug information systems and early warning systems for new psychoactive substances. The whole Chapter is coordinated by ministries of interior in six Western Balkans countries.

Only minor mentions of other issues related to drugs can be found in Chapter 28: Consumer and health protection. It usually includes just listing issues as drug use prevention and harm reduction, systematic approach to rehabilitation and social reintegration, health inequalities, support to minor drug users, cross-border health threats and community-based mental health services.

Such provisions are not even mentioned in the reports for 2022 on Kosovo and North Macedonia.

Country reports don't mention discrimination and stigma against people who use drugs. Also, there is no reference to aligning national drug strategies with the EU Drugs Strategy or EU Drugs Action Plan.

Including a full array of different issues related to drug policies, especially in the areas of health, human rights and community and civil society involvement, should be taken into account when discussing future steps in Western Balkans countries accession processes.¹¹²

The DG NEAR Guidelines for EU Support to Civil Society in the Enlargement region¹¹³ outline the results towards which EU support to civil society in the enlargement region will aspire in the period 2021 – 2027. EU support to civil society will continue to focus on strengthening participatory democracies and the EU approximation and integration process in the Western Balkans and Turkey through a strengthened contribution by civil society. Unfortunately, drug policies and needs of people

¹¹¹ Since 2017, DPNSEE regularly extracted segments related to drugs from each of the country accession reports and published them in one document. These annual documents are available at <http://dpnsee.org/publication/european-union-enlargement-country-reports/>.

¹¹² Contribution from the Drug Policy Network South East Europe.

¹¹³ DG NEAR with the support of EU TACSO 3 (2022), *DG NEAR Guidelines for EU Support to Civil Society in the Enlargement Region 2021-2027*, <https://tacso.eu/wp-content/uploads/2022/06/EU-Guidelines-for-Support-to-Civil-Society-in-the-Enlargement-region-2021-2027-1.pdf>

who use drugs and other connected vulnerable populations are not seen as priorities by these Guidelines.

In addition, the civil society in the region of the Western Balkans is disappointed with the approach taken by the DG Near to provide only a limited number of large grants to specific major actors in the region which then provide support and sub-grants to regional, national or local civil society organisations. Instead of engaging costly international consultancies or intermediaries, the EU would support the work of CSOs grounded in knowledge of local needs and challenges and committed to the long-term positive development of their societies.¹¹⁴ The same approach is taken by several other EU institutions.

The Civil Society Forum on Drugs (CSFD) is an [expert group of the European Commission](#) that was created in 2007 on the basis of the [Commission Green Paper](#) on the role of civil society in drugs policy in the EU. Its purpose is to provide a broad platform for a structured dialogue between the Commission and European civil society which supports drug policy formulation and implementation through practical advice. The CSFD is consistent with the [EU Strategy on Drugs 2021-2025](#) and the [Action Plan on Drugs 2021-2025](#) both of which require the active and meaningful participation and involvement of civil society in the development and implementation of drug policies at national, EU and international level. The CSFD has more than 40 members, representing a range of drug policy areas, including harm reduction, treatment, prevention, social reintegration, etc. The geographical balance and the balance between different areas of activities relevant for the drugs policy are important elements of the work of the Expert Group.

Below is the list of CSFD members for the period 2021-2023:

1. AFEW International
2. AIDES
3. Ana Liffey Drug Project
4. APDES - Agência Piaget para o Desenvolvimento
5. ARAS - Romanian Association Against AIDS
6. Asociación Bienestar y Desarrollo - ABD
7. Asociación Proyecto Hombre - APH
8. Citywide Drugs Crisis Campaign
9. Coordinamento Nazionale Comunità di Accoglienza (CNCA)
10. Dianova International
11. Drug Policy Network South East Europe (DPNSEE)
12. Eurasian Harm Reduction Association (EHRA)
13. Europe for Actions on Drugs
14. European AIDS Treatment Group - EATG
23. Fundación de ayuda contra la drogadicción
24. Harm Reduction International – HRI
25. Humaania päihdepolitiikkaa - HPP
26. International Network of People who use Drugs - INPUD
27. Instituto Europeo de Estudios en Prevención – IREFREA
28. Inštitut za raziskave in razvoj "Utrip"
29. International Drug Policy Consortium – IDPC
30. Magyar Addiktológiai Társaság – MAT
31. Merchants Quay Ireland - MQI
32. Odysseus
33. Organization of Friends and Relatives of Addicts of Cyprus - OFSEAK
34. PARSEC Consortium
35. Proslavi Oporavak
36. Rights Reporter Foundation
37. San Patrignano
38. SANANIM

¹¹⁴ Balkan Civil Society Development Network (2022), BCSDN Reaction to the DG NEAR Consultations on the IPA CSF Regional Call, <https://www.balkancsdn.net/bcsdn-reaction-to-the-dg-near-consultations-on-the-ipa-csf-regional-call/>

15. *European Treatment Centers for Drug Addiction*
16. *Federación Andaluza ENLACE*
17. *Fédération Addiction*
18. *Fedito BXL*
19. *Fondazione San Patrignano Onlus*
20. *Fondazione Villa Maraini*
21. *Forum Droghe*
22. *Foundation De Regenboog Groep (FRG) / Correlation European Harm Reduction Network*
39. *Scottish Drugs Forum - SDF*
40. *Unión de Asociaciones y Entidades de Atención al Drogodependiente - UNAD*
41. *Women´s Organisations Committee on Alcohol and Drug Issues*
42. *World Federation Against Drugs - WFAD*
43. *Youth Organisations for Drug Action – YODA*