DPNSEE

Boost

Sub-regional report Sout East Europe

Sub-regional reports present a detailed analysis of the online dialogue meetings held among networks members in specific sub-regions. They would focus on identifying key challenges, advocacy priorities, and opportunities related to the improvement of harm reduction services for people who use drugs. The findings in this report will contribute to a comprehensive regional understanding by the project partners and will guide the discussions in subsequent network dialogues.

Executive Summary

The two online dialogue meetings held in South East Europe, which gathered 30+ participants from 17 organisations in 9 countries, aimed to identify the main barriers and challenges that people who use drugs face when accessing harm reduction services, share examples of successful advocacy initiatives and interventions, and explore possible solutions to overcome these challenges.

As the situation in the region is far from good, most of the dialogue was on the problems that people from key affected populations, their community organisations, service-providing organisations, and institutions face. In the context of our region's challenging situation, discussions primarily revolved around the issues confronting key affected populations and organisations providing support to communities facing elevated risks.

Problems are common across the region. These include the pervasive stigma and discrimination directed at nearly all at-risk communities, particularly within institutional sectors where understanding should be most prominent. The public discourse surrounding these communities often employs disrespectful and discriminatory language, despite the efforts of NGOs to promote appropriate terminology.

Financing and sustainability of support services pose significant challenges, and the civil sector's operational space is limited, reflecting a lack of motivation among institutions and decision-makers to enhance the quality of life for these communities. Existing laws related to these communities are problematic, as is the complex and exclusionary nature of accessing healthcare services and treatment programs. Official registers or record-keeping mechanisms are often lacking, and strategies are frequently rewritten without effective implementation.

The recommendations and conclusions from our open dialogue emphasise the need to focus on these issues. Through lobbying, public awareness campaigns, collaboration agreements, participation in working groups, and partnerships, we aim to improve the current situation. Our goal is to raise public awareness about these critical issues faced by at-risk communities and advocate for improvements in services, policies, and laws. Ultimately, we strive to ensure that members of these communities, who are at an elevated risk of social exclusion, can fully integrate into our society.

Background and context of the online dialogue

The Drug Policy Network South East Europe (DPNSEE) organised two regional online dialogues as part of the BOOST project. The aim was to assess the needs and challenges for the implementation of community-based good practices in the field of HIV/HCV/HBV prevention, treatment, and care for people who use drugs (PWUD).

The region of South East Europe (SEE) comprises 11 countries/teritories. Five of them are EU member states (Bulgaria, Croatia, Greece, Romania, and Slovenia), while six are in the accession process (Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia, and Serbia). The situation in this field is far from good on both sides; it is even worse in some EU member states than in the candidate countries.

DPNSEE is an initiative of civil society organisations, currently with 20 ordinary and 5 associate members from all SEE countries. The Network member organisations are primarily providers of preventive, therapeutic, harm reduction, and rehabilitation services, focused on supporting drug users and connected key affected populations.

There are only a few community organisations in the region, including the Greek Users Union ''Peer Network of Users of Psychoactive Substances - PeerNUPS'' and Re Generation in Serbia. Both are DPNSEE members, while Društvo Areal from Slovenia applied for membership recently.

Similar dialogues will also be conducted by C-EHRN for Western and Northern European countries and EHRA for Eastern and Central European countries.

Date and language of the dialogue

The regional dialogues were held in South Eastern Europe:

- On 28 June 2023 in Bosnian-Croatian-Montenegrin-Serbian
- On 29 June 2023 in English

Detailed Analysis per Category per sub-region

Online dialogue meeting 1

18 participants
Countries represented: Croatia, Montenegro, North Macedonia, Serbia, and Slovenia

a) Contextual factors

- Most of the organisations provide harm reduction services to people who inject drugs, but also to other people who use drugs, those infected by Hepatitis C and people at risk, especially in HIV/AIDS prevention.
- Organisations also work on building the capacities and sustainability of civil society organisations from this area.

- The use of stimulants and new psychoactive substances has greatly increased in countries in the region. Governments have no answer to this phemomenon, and organisations are afraid that situations similar to the heroin crisis of the 1990s may be replicated. Civil society organisations are working on designing appropriate harm reduction services (SER, CRO, MNE).

- Drug use and possession for personal use are still criminalised in several countries in the region.
- In Serbia, a survey conducted by DPNSEE indicated that, in the period 2010 – 2021, 69% of all persons reported for crimes related to drugs were charged with drug possession (Article 246a of the Criminal Law), while 30% were charged with the production and distribution of drugs (Article 246). Even more, the numbers of those charged with drug possession are increasing every year, while the numbers of those charged with crimes related to drugs are decreasing.
- Legislation in Montenegro doesn't specify the amount of drugs for personal use. That leaves space for police officers or prosecutors to define which amount is for personal use and which is for trafficking.
- In North Macedonia, after 20 years of advocacy, the criminal law was changed so that drug possession for personal use is not a criminal act. Still, the practice of determining which amount is for personal use and which is for trafficking is unclear, so it may happen again that people who have a certain amount for personal use are treated as criminals.
- Media are usually running after sensations, very often use inappropriate stigmatising language, and don't respect rules of privacy protection.
- Populations in the region are ageing. That includes people who use drugs. The average age of people who die as a consequence of drug use is getting higher and higher. That is an additional burden for the health system, which in general is not in good shape.
- Registers do not exist. Some of them, like the register of people who use drugs, are critical methods with no specific purpose.

- The concept of voluntary activism is under threat. Usually, a few bigger organisations are pretty stable; they are regularly supported every year, while small and new organisations have a hard time surviving and providing services.
- Space for civil society organisations is shrinking. The civil sector in general is seen as only criticising, "non-productive" and, in a way, unuseful, so the government should not "invest" in it.
- Civil society organisations (CSOs) are often forced to implement programmes that are given (supported) by governmental institutions, which distracts their focus from their mission.
- International donors have left SEE, while national sources are scarce or not available. Even when they are available, distribution is done in a recently agreed-upon way. In a number of cases, it is just money laundering for government/ruling party-organised NGOs.

- Most of the SEE countries don't have a national drug strategy, or it is not implemented as planned.
- The situation in the area of drugs has been getting worse and worse in the last 3 – 5 years.
- One of the key issues in the region is political will. This may be supportive, but it is usually an obstacle to change.
- The political situation is unstable, and agreements and even achieved may be quickly changed or dismissed.

b) Access to, Availability, Accessibility, Acceptability, and Quality of harm reduction interventions

- Services are not available throughout the region. Several have closed recently. There are no harm reduction services in Bosnia and Herzegovina or Bulgaria.
- People who use drugs are mostly stigmatised by police officers and then medical and staff in social services – people who should understand their problem and situation (MNE, SER). Each of these systems has its own method of doing it. Discrimination by medical staff is one of the key reasons for people who use drugs and/or are infected by HIV or HepC to avoid accessing treatment. Discrimantion is systematic in ambulances, pharmacies, stomatologies, etc. There are cases of people who died because they were not on treatment because of discrimination.
- In North Macedonia, people who use drugs, especially women, have no access to family doctors, who are the entry point to healthcare and whole health system. There was a civil society project of Open Government Partnership to overcome this problem, but there are no more funds to support it. Also, CSOs provide legal representation in such cases.
- There are cases of unannounced drug and alcohol testing in schools and at work (or distributed to parents) using fast screening tests that are not reliable. Tests on drugs can be positive a few days after drug use. People who use drugs recreationally at weekends lose their jobs during the week. Being discriminated against, they can hardly find a new job.
- The draft law on volunteering in Serbia defined that a person with lived experience in alcohol or drug use has to be in abstention for at least three years if s/he is engaged in voluntary activities with young people. This provision was revoked after a strong civil society campaign.
- The language used when talking about drugs is still discriminatory, using “narcoman(y)”, addiction, and other stigmatising words. This happens even in civil society organisations working with people who use drugs.
- There are no specific gender-based services, especially for women who use drugs and experience home-based violence.
- Some countries still have mandatory treatments.

- Financing services are unstable and often delayed. Most organisations depend on international funding; some survive with personal donations.
- Opportunities for financing from both national and international sources are constantly decreasing. One of the key donors for a long period of time – Open Society Foundations – changed their strategy and closed their health programme.
- The transition from the Global Fund to national funding of HIV prevention programmes was not successful. Most of the SEE countries are not eligible for Global Fund support. Even if it is available in some countries, organisations are complaining that it is not distributed in an effective way. As a consequence, harm reduction services have closed in Bosnia and Herzegovina and Bulgaria, and those in Albania, Kosovo, and Romania struggle to survive.
- After 5 years of relatively stable (although unsatisfactory) financing, the budgetary provision for harm reduction was reduced by more than 60% in North Macedonia. This, in combination with problems with public procurement, caused a shortage of buprenorphine in ambulances and hospitals, and people who use drugs now have to buy it at high prices in private pharmacies or ambulances (the same case happened in Montenegro). The budgetary cut affected all organisations, especially those that work in smaller cities and are fully dependent

on that source of funding. Local communities, including capital Skopje, are half a year late with signing a contract and distributing funds.
- Communication, procedures, deadlines, reporting, and many other practices in the governmental sector are non-professional and demanding towards the civil sector.

c) Access to specific health interventions

- People who want to be tested and treated for HepC have to bring a certificate indicating that for at least half a year they have been on OAT or haven't used drugs (MNE). Some people have known for 15 years that they are HepC positive, but they can't access the treatment. The only response from the authorities is that they consider reducing this period from 6 to 3 months.
- There are doubts about the efficiency of HIV self-testing, especially among medical staff. An initiative for installing a vending machine for purchasing tests in drop-in centres was rejected because of doubts that the results would be false.
- The distribution of naloxone is restricted in most of the SEE countries. Some organisations purchase it in neighbouring countries (Italy). Civil society organisations launch initiatives for the wider distribution of naloxone.
- In Slovenia, taxi drivers are available for urgent cases of overdose. There were more than 200 cases of overdose prevention in the last 4 years.
- Medical treatments for people living with HIV and/or HepC are available and efficient in Slovenia.
- Drug-induced deaths across the region are usually registered as caused by another reason (heart attack, stroke, etc.). Data about overdoses or other drug-induced deaths is usually obtained from clients. This unclear situation is not a good basis for designing overdose prevention services.
- Medical care in prisons is not appropriate. People got HepC-infected because of the use of non-sterile equipment.

d) Access to broader health interventions

- Countries in the region experience problems with the procurement of medicines, from slow and complicated procedures to an occasional lack of money.
- The braindrain of medical staff to countries in the Western Europe affects SEE countries, while educating new generations is insufficient.

e) Access to social care services

- Housing problems are very common among people who use drugs. They are more present, or more visible, in developed countries in the region. There are no initiatives for action.

<u>Online dialogue meeting 2</u>

15 participants
Countries represented: Bulgaria, Greece, Montenegro, Romania, Serbia, and Slovenia

Note: Some participants in the first dialogue participated in this one. On a few occassions, they repeated what was said the day before, but they also made some new contributions.

a) Contextual factors

- In Romania, there were several initiatives for increasing penalties for imprisonment for drug possession and use. They passed in Parliament in February 2023. The law doesn't define the quantity for private use, but it is according to the policy officer's estimation. A new proposal is to treat possession of 3 grammes of cannabis as a fine.
- In most countries, there is an unclear situation with small and large quantities of drugs that are treated as "for personal use" or for "illegal distribution".
- Drug-induced deaths are not treated as such (rather as heart failure or lung failure, etc.) due to ignorance of police and medical staff (include stricter rules and more administration) and stigma (families would avoid clasifying them as such). The only information comes from peer drug users. Without reliable data, it is not possible to prepare effective prevention measures.

- Drug use is highly stigmatised in the region.
- Political parties don't have drugs on their agenda or in their campaigns.
- Some politicians advocate for getoising people who use drugs.
- Responses on social media posts are full of stigma and discrimination. When there is no official, formal support, this is inevitable.
- Self-discrimination is also present among people who use drugs. The first step is reluctance to access services.

- The population of homeless people has significantly increased, and it is one of the biggest problems in Slovenia. This is a hidden or invisible problem in some other countries in the region.

- The national drug strategy adopted in Bulgaria in 2020 was just a copy of the previous strategy.
- The government in Bulgaria started using harsh language against people who use drugs after some traffic incidents with people who were using drugs, especially celebrities.
- A user organisation was recently created and registered in Bulgaria.

b) Access to, Availability, Accessibility, Acceptability, and Quality of harm reduction interventions

- Drug users, especially those who inject drugs, have multiple vulnerabilities. They need complex services. In situations where even basic harm reduction services are not stable, the lack of such comprehensive care is frustrating, both for the clients and service providers.

- In Romania, services are the responsibility of the Ministry of Internal Affairs and their National Antidrug Agency. So police officers are fighting distribution and, in theory, providing harm reduction services. In reality, they have counselling centres for young people and parents, but nobody wants to go there because they are run by police officers.
- For the first time, ARAS in Romania just signed a contract with the National Antidrug Agency for financing services, but only for four months. There are no discussions about continuity or sustainability of these services when this funding ends. They are also about to sign a contract with the City Hall of Bucharest for a project that includes only testing people who use drugs and are at risk of starting to use drugs.

- The law that defines the use of methadone for OST is very prohibitive and not at all friendly with drug users. If drugs are found in their urine, they are thrown out of the treatment. Even if these people want to stop using drugs, it is very complicated due to legal limitations.

- In Bulgaria, the wave of infection was stopped as a result of the prevention services. After they closed, due to a lack of financing, the situation quickly worsened with high numbers of new HIV infections. Similar to this, in the last four years, since services started closing around the country, the number of newly infected people has increased from 14 to 60 annually.
- There are several places in Bulgaria where people use drugs on the street in terrible conditions. Some people get infected intentionally because har reduction programmes are not available, while treatment is a quick way to get support. There are no tests, except for the people that are in OST programs, and no safe injection rooms. People without medical insurance or documents cannot access medical treatment for HepB or HepC.
- Some OST centres offer services of very low quality.
- It is very hard to buy needles and syrenges in pharmacies in Bulgaria (and in a number of pharmacies in several other countries).

- In Greece, the health system is deteriorating. HIV clinics are called "special infection units". It has been obvious for more than a decade that they are understaffed. People working there are burned out and underpaid. In addition, most of them were used to deal with the COVID-19 pandemic.
- There is a constant HIV epidemic among drug users. There was a big outbreak in 2011 – 2013. Now, there is a smaller outbreak since 2019, but in the second-largest city of Thessaloniki, while the centre of transmission was and still is in Athens. Most likely, it will be spread to other urban settlements.
- There is availability of (community) HIV testing, counselling, and street work in these two major cities. There are mobile units and CSOs working very closely with the large state organisms working on HIV. They hold the monopoly for the provision of OST. A drug consumption room has opened in Athens and will soon open in Thessaloniki.
- A reason for people not accessing services is a very punitive approach, even in harm reduction services. People are expelled, which means that they are sent directly to the street drug scene.

- In Slovenia, at least 2/3 of people on OST have to visit the centre every day or at least once a week. One of the reasons is that the methadone centre is billing the insurance company per head of user, and their interest is to have as many visits as possible. It is not fair because most of the people who are in OST are trustworthy, while only about 10% have a chaotic drug use style. And we have a good example from the COVID-19 period, when larger doses were available to reduce people's mobility.

- The shelters for women who experienced home violence don't accept women who have experience with drugs. They remain on the streets.

- There are a lot of nightlife opportunities (clubbing and festivals) in the region, some of which attract (young) people from all around Europe. Drug use is very much present, but there are not enough harm reduction programmes.

c) Access to specific health interventions

- Women in Serbia who live with HIV don't access men-dominated harm reduction services. They come from a low level of the econimic ladder. In addition, they are an ageing population, which adds to their health additional problems like menopause.
- There are no programmes for children from the families of parents who use drugs.
- There are not (enough) programmes for minors who have experience using drugs.
- Civil society organisations in Montenegro and Serbia have implemented a project to support refugees from Ukraine and displaced people from Russia, supported by the UNODC. They have significantly changed the situation in the area of drug use and the LGBTI population (as they are very active in nightlife and chemsex) and brought additional risks of HIV and HepC transmission. Unfortunately, the project ended in May, and the government in Serbia is completely ignorant about supporting harm reduction services for key population refugees since then (although CSOs offer whatever they can from their regular sources).
- CSOs work closely with public organisations in the Roma settlements of Thessaloniki.
- The population that is totally excluded, marginalised, and lacking access to almost any kind of service are migrants and refugees who use drugs, and Greece is a country with very high migrant population. Contrary to the average white Greek citizen with a social card, for whom things are working well, a migrant from an Arab or African background who smokes very low-quality crystal meth, lives with HIV, and has developed mental health comorbidity very often may fall out of the opportunity for basic life-saving medical services. These people are dying in the street. Even so, there is no protocol on how to deal with this population. This was possible recently, but such an opportunity disapeared with the introduction of electronic medical referrals and prescriptions.

d) Access to broader health interventions

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e) Access to social care services

- Social services don't have any/enough experiences, expertise, and capacities for working with families who have children who use drugs or with children whose parents are using drugs.

Advocacy Priorities and Challenges

a) National and regional advocacy priorities identified

The following national-level priorities have been identified:

- Strategic planning: developing comprehensive strategies to address the unique challenges faced by marginalised communities.
- Enhanced coordination: facilitating improved collaboration among various stakeholders, particularly government agencies, involved in our areas of focus.
- Strengthened civil society collaboration: enhancing cooperation among civil society organisations to exert collective pressure on government bodies and political parties to advocate for marginalised communities.
- Interdisciplinary civil society partnerships: collaborating closely with civil society

organisations from diverse fields of interest to leverage broader support and resources.

In the regional context, areas of potential cooperation to address the needs of at-risk populations include:

- Decriminalisation: advocating for the decriminalisation of certain behaviours or conditions that disproportionately affect marginalised individuals.
- Strategic planning: developing regional strategies to create a more inclusive and equitable society.
- Combating discrimination and stigma: working collectively to combat discrimination and reduce the stigma associated with social exclusion.
- Formation and support of community organisations: establishing and providing support to grassroots community organisations that can empower and represent marginalised communities effectively.
- Active engagement on European and international platforms: taking an active role in European and international forums and initiatives to raise awareness and address issues affecting at-risk populations.

b) Key challenges faced by service providers and people who use drugs

Key challenges experienced by service providers and individuals who use drugs encompass:

- Stigmatisation and discrimination: enduring negative perceptions and bias against both service providers and people who use/inject drugs.
- Ensuring sustainable funding: securing reliable, long-term financial support for programmes and services.
- Navigating donor policies: adhering to the complex requirements and conditions imposed by funding donors.
- Addressing corruption: dealing with issues related to unethical practices and misuse of resources within the context of drug-related initiatives.

Role of Regional Networks

a) How regional networks can support advocacy

Regional networks play a pivotal role in enhancing and supporting advocacy efforts related to people who use drugs, as well as influencing laws and policies in this domain. These networks can effectively support advocacy through various means:

- Knowledge exchange and capacity building: regional networks provide a platform for member organisations to share knowledge, best practices, and experiences. This collective wisdom helps develop the advocacy skills and strategies needed to influence laws and policies.
- Amplifying voices: by uniting various organisations across the region, these networks amplify the voices of people who use drugs and those advocating for their rights. This collective strength garners more attention from policymakers and facilitates a more powerful advocacy stance.
- Data and research: regional networks can pool resources for comprehensive research on drug-related issues, creating a strong evidence base to support advocacy efforts. Access to reliable data can be a potent tool for influencing policy decisions.
- Policy advocacy: coordinated efforts within regional networks enable targeted

advocacy campaigns aimed at shaping regional and national drug policies. This can involve joint lobbying, advocacy meetings, and engagement with policymakers.

- Resource mobilisation: networks can assist member organisations in accessing funding opportunities at regional and international levels, thereby ensuring the sustainability of advocacy efforts.
- Regional and international platforms: Regional networks can facilitate participation in larger platforms, such as the European Union, the United Nations, and international conferences. This broader reach enhances the impact of advocacy campaigns.
- Public awareness: collaborative efforts within regional networks can help raise public awareness about issues related to people who use drugs and the need for supportive policies and programmes.
- Joint campaigns: regional networks can plan and execute joint advocacy campaigns, leveraging the strengths and expertise of various member organizations. These campaigns can have a more significant impact than isolated efforts.
- Policy harmonisation: regional networks can work towards harmonising drug-related policies across member countries, creating a more consistent and equitable regional approach.

b) Opportunities for joint advocacy and collaboration at sub-European and European levels

Maintaining strong relations and fostering regional cooperation within these networks is crucial. The opportunities for joint advocacy and collaboration at sub-European and European levels are vast and can significantly advance the cause of improving the lives of people who use drugs and reshaping related laws and politics.

Key Findings

a) Common unmet needs and gaps in harm reduction services

- Limited access to harm reduction equipment: many harm reduction programmes struggle to provide an adequate supply of sterile syringes and other equipment, leading to increased risk of bloodborne infections among people who inject drugs.
- Insufficient outreach programmes: outreach efforts often fall short, leaving out marginalised or hard-to-reach populations, thereby missing opportunities for education, testing, and support.
- Limited availability of opioid agonist therapy (OAT): access to evidence-based OAT, such as methadone or buprenorphine, remains inadequate in many regions, leaving individuals without a vital tool for managing opioid addiction.
- Stigma and discrimination: Stigma and discrimination against people who use drugs persist within healthcare settings, deterring individuals from seeking help and support.
- Lack of comprehensive services: comprehensive harm reduction services, including counselling, mental health support, and treatment for co-occurring disorders, are often fragmented or unavailable, hindering holistic care.
- Overdose prevention and response: there is a need for broader distribution of naloxone, training on its use, and improved access to emergency medical

services to address opioid overdoses effectively.

- HIV and Hepatitis C testing and treatment: access to testing and treatment for HIV and Hepatitis C among people who use drugs remains inadequate, contributing to the spread of these infections.
- Inadequate support for harm reduction workers: harm reduction workers often lack proper training, protection, and compensation, impacting the quality and sustainability of services.
- Legal barriers: laws that criminalise drug possession and use can deter individuals from seeking harm reduction services due to fear of arrest or prosecution.

b) Shared barriers and challenges faced by service providers and people who use drugs in accessing services

- Stigma and discrimination: both service providers and people who use drugs encounter societal stigma and discrimination, which can hinder the delivery and uptake of harm reduction services.
- Resource constraints: service providers often struggle with limited funding, staffing, and resources, while individuals who use drugs may face economic challenges that affect their ability to access services.
- Policy and legal obstacles: laws and policies that criminalise drug use can create barriers for both service providers and users, leading to a climate of fear and mistrust.
- Lack of awareness: many people who use drugs are unaware of the existence of harm reduction services, and service providers may struggle to reach these populations effectively.
- Geographic disparities: rural areas may lack the infrastructure and resources needed to provide comprehensive harm reduction services, affecting both providers and users.
- Cultural and language barriers: language and cultural differences can hinder communication and understanding between service providers and individuals who use drugs, making it difficult to deliver effective care.
- Transportation issues: limited access to transportation can prevent individuals from reaching harm reduction centres, while service providers may struggle with outreach efforts.
- Mental health and trauma: both groups may grapple with mental health issues and past trauma, which can complicate the delivery and acceptance of harm reduction services.
- Inadequate data and research: a lack of comprehensive data and research on the effectiveness of harm reduction services can hinder advocacy efforts and policy changes.

Addressing these common unmet needs, gaps, and shared barriers is crucial for improving harm reduction services and ensuring that individuals who use drugs receive the support and care they require.

c) Successful advocacy initiatives and interventions identified

- In scope of the “Budget advocacy and monitoring in countries of South East Europe”, 9 political parties in Serbia signed the Declarations for a sustainable national response to HIV.
- Campaigns are a good channel to inform general public and raise awareness.
- Memoranda of Understanding with governmental institutions are a good way to

cooperate and build partnerships, expecially on specific projects and issues.

- Prime-time media shows where all sides will present their positions would be of great use to change perceptions and practices.
- Building partnerships gives fruit; not only with organisations from our niche (gender, home-based violence, youth, etc.).
- Including young people is necessary. Our organisations are also ageing. We need to be closer to the new generations, to involve them. They can offer us another perspective, open eyes to current situation.
- We should work on softening positions of general population. We should not "talk only to ourself".
- Use of campaigns like Support. Don't Punish is a good opportunity for promotion and awareness raising.
- In some countries (Greece, Montenegro, North Macedonia), politicians pay attention to people from communities. Those are usually presidents, but not those with executive roe.
- For most of the SEE region, the EU accession proces is an opportunity to improve laws and practices in our countries.
- Some results may be achieved by establishing parliamentary groups – on HIV prevention, drug policy, etc. Work with youth wings of political parties is seeding for the future.
- There were good results in some local communities where organisations participated in creating a local public health plan or even (general) local development plan. Thast proved to be a good basis for entering into local budgets which support these plans.
- Civil society organisations in North Macedonia have developed workshop on ethical treatment of people who use drugs for law enforcement officers.
- Workshops tailored to specific groups of stakeholders: health workers, social workers, police officers, parents, teachers, youth (outreach) workers, etc. may be a good way of changing their approach.
- Re Generation has been doing a couple of researches in Serbia on gender minority access to healthcare and women who use drugs and women who live with HIV.
- There was a lot of "backstage" lobbying activities in Greece which gave fruit. For instance, recently the Law against discrimination of HIV people in working spaces was voted.
- One of the solutions for ex-communist countries is to educate people from communities about their rights, especially to health services. It is also important to work with general population to undrstand and accept that this is also the right of people who use drugs.

Appendices

a) List of participants and their affiliations

b) Additional resources and references:

- Invitation letter
- Presentation used at the dialogues