DRUGS, HARMS AND YOUTH

THE STATE OF DRUG USE AND HARM REDUCTION AMONGST YOUTH IN EUROPEAN COUNTRIES.

YOUTH ORGANISATIONS FOR DRUG ACTION
www.euro-yoda.org

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INTRODUCTION

This paper was created by young professionals and activists working in the fields of harm reduction, drug treatment, public health, social policy and human rights in various European countries: United Kingdom, Italy, Poland, Montenegro, Serbia, Albania and Romania. We are all members of Youth Organisations for Drug Action, a network that connects and supports young people who are working to reform drug policies in Europe, towards a model based on the principles of scientific evidence, human rights and cost-effectiveness. All contributors have both some educational background and work experience in areas related to the topic of this paper.

PAPER'S AIM

In this paper we aim to discuss the current situation regarding drug use in Europe among young people (aged 15-30, with variation in definition across countries) and the availability of services aimed at young drug users or potential users. We will also compare approaches adopted in examined countries to show which has proven to be to be most effective at reducing overall drug prevalence among young people as well as related risky behaviors and harms. Regional differences in drug culture, historical context and developing trends will also be taken into account.

This papers' aim is to provide clear evidence and perspectives of young professionals and young drug users about drug policies, for both national and international policy makers as well as public opinion. We hope this will help young people to participate in the policy-making process that will result in the adoption of provisions that are more sensible and compassionate in the future. As European drug and public health laws are shaped by national governments, European Union and the United Nations, we make officials from all three of these institutions the primary addressees of our work. However, this paper will also be made available for young people to inform them of the differences in the drug situation across the countries involved.

According to Eurostat there are 140 million people aged 15-29 in Europe, which accounts for roughly 20% of a total 700 million European population (Eurostat, 2013). Youth to total population ratio varies between countries with a general trend showcasing a higher proportion of young people, relative to other age categories, in Eastern European countries. Drug laws, consumption levels, drug cultures and general approaches to the issue of drug use are greatly varied among European countries, ranging between models based mainly on a Public-Health orientated approach to harshly punitive ones.

PREVALENCE

Almost all around the world young people consume more psychoactive substances, including illegal ones, than any other demographic of users. This trend is consistent in Europe where according to the European Centre for Drugs and Drug Abuse [EMCDDA], students and young adults are the biggest group among recreational users of illegal drugs. 11.7% of people aged 15-34 used cannabis at least once in last year. Two-thirds of heavy cannabis users, who were using substance daily or almost daily, were below 34 years old (EMCDDA, 2013).

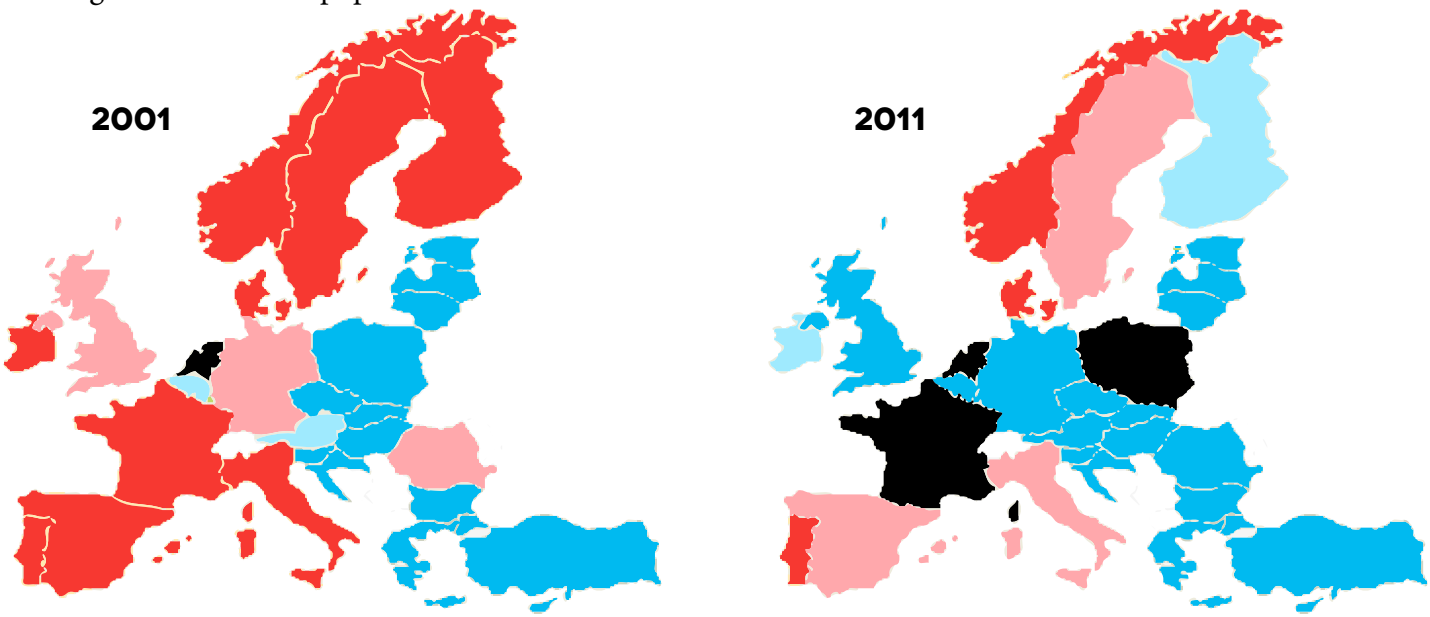
Just like the differences observed between drug use in Western vs Eastern European countries, there is a clear difference regarding drug use in different generations observed between Western and Eastern, post-communist, Europe. For a number of reasons including travel restrictions, existence of police states and general lower economic status, the older generations (up to 64 years old currently) in post-communist countries tended to use drugs much less frequently at the time than their peers in capitalistic and democratic parts of the continent. In the Western European countries, average lifetime prevalence of cannabis use in the age group 15-64 is 20%, while in Eastern European (at least in those listed in the research; excluding Turkey as Eastern with no communist history) this percentage is 13.8% on average. However, this gap clearly changes when we compare a younger age group (15-34), which was raised and lived most of their lives after the fall of the Iron Curtain. In Western Europe the average lifetime prevalence of cannabis use is 27.8% and in Eastern it is 32%. On the one hand we observe that younger Europeans generally tend to use these psychoactive substances at a much higher rate and wider scale than the generation of their mothers and fathers. This change is significantly prevalent, at a doubled rate, in the former Soviet Bloc: 18,2 percentage points (pp), comparing to 7.8 pp. in the countries that were free-market and fully or partially democratic since Second World War. (EMCDDA, 2013)

Recreational drug use (other than cannabis) remains steady, although there still remains a relatively high level of use among young people. In most of the EU countries 2.1% to 6.8% of people aged 15-24 used ecstasy at least once in their lives. For cocaine

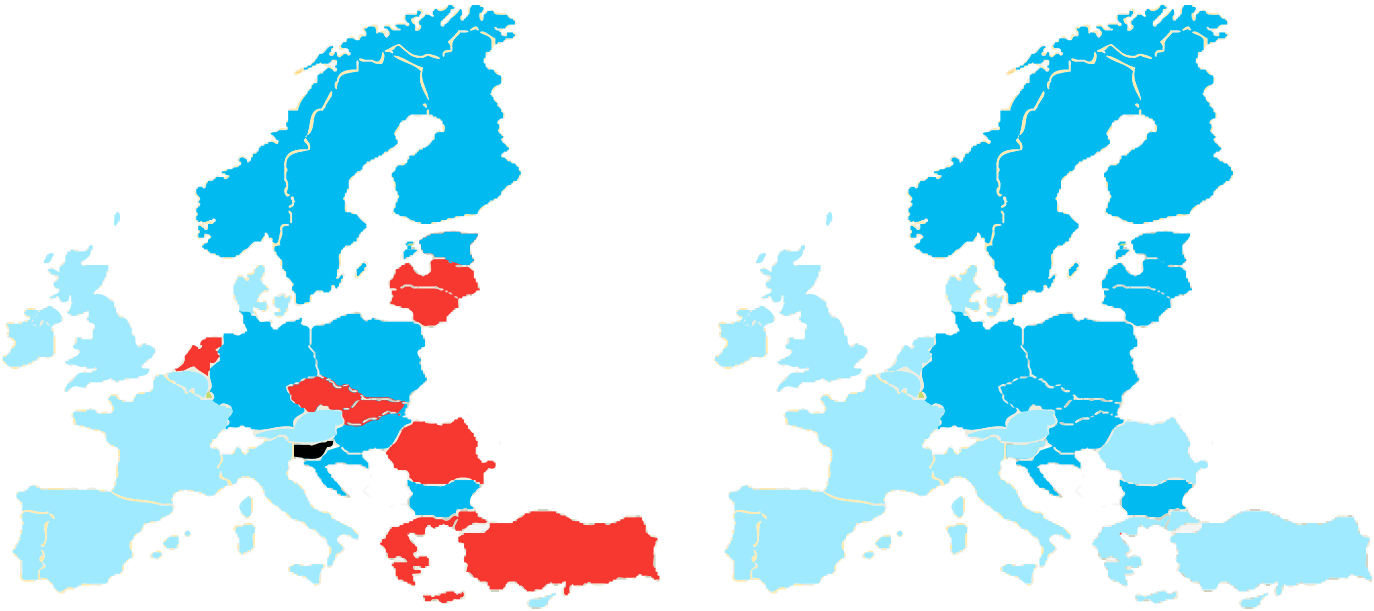
this figure varies from 0.1% to 9.9%, 4.4% on average (EMCDDA, 2013). In both cases drug use is much higher among frequent nightclub goers, which should be reflected in the number of harm reduction actions focused on this group as the demand is higher among this group (EMCDDA, 2010).

When we look at more specific data regarding young people, for example students, in particular Eastern European countries we can observe over twofold raise in drug use amid school pupils since the mid-nineties. Lifetime prevalence of cannabis use among students in Poland; 1995-2011; European School Survey Project on Alcohol and Other Drugs, 2011.

Alongside historical factors shaping youth drug consumption in Europe, regional drug cultures, trafficking routes and related availability of certain substances also play a major role. This is clearly visible when we look at cocaine and amphetamine or cannabis and hash consumption in different countries.



PREDOMINANT CANNABIS TYPE, RESIN OR HERB AMONG NUMBER OF SEIZURES IN 2001 AND 2011



PREDOMINANT STIMULANT DRUG BY LAST YEAR PREVALENCE AMONG 15- TO 35-YEAR OLDS

PRIMARY STIMULANT DRUG IN FIRST-TIME TREATMENT ENTRANTS

Predominant stimulant drug by last year prevalence among 15 to 34-years-olds and by primary drug in first-time treatment entrants, European Monitoring Center for Drugs and Drug abuse, 2013

HARM REDUCTION SERVICES FOR RECREATIONAL USERS

Harm reduction services for young recreational drug users are much less available than prevention, treatment and abstinence programs or harm reduction for injecting users. In those countries where they exist they are mainly focused on nightclub parties and summer music festivals, and include services such as advice on drug effects, overdose prevention and outreach drug testing. One of the most noticeable and recent examples of a social campaign aimed solely on harm reduction among recreational drug users is "Styr Pa Stoffer" created in 2013 by Danish NGO Psykiatrikfonden. The campaign advised young people to educate themselves about the drugs they are going to use. Other social campaigns were usually focused either on prevention/abstinence or on drug-driving.

HARM REDUCTION SERVICES FOR PEOPLE WHO INJECT DRUGS

Availability and access to harm reduction services for young people who inject drugs are vastly different between the countries. In some countries, such as the Netherlands and Germany, every drug user, no matter what age, can become a client of a harm reduction program. In others, like Hungary or Ukraine, there are regulations that do not allow underage users in the programs or require them to have a parental consent to participate which in reality makes services inaccessible as many young users hide the fact that they are using drugs from their parents and some do not maintain any relationship with the family.

While in almost every European country the average age of an injecting drug user is under 30 years old. This is not reflected in the average age of client of harm reduction program, in which the young people account for approximately 15-30% of all clients, depending on the country (EMDCCA, 2010). Participation of young people in such programs is unacceptably low considering that they are more exposed to drug-related harms such as blood-borne viruses infections and poverty than older, more experienced users.

Another worrying fact is that within the EU, in most of the relatively new member countries, like Czech Republic, Romania or Slovakia, young people (under 25 years old) constitute roughly 40% of all injecting users, while in most of the Western European countries this percentage is about -halved (EMCDDA, 2010).

NEW PSYCHOACTIVE SUBSTANCES

One of the major trends among young drug users in Europe is the use of novel psychoactive substances, known as "research chemicals", "smart drugs" or "legal highs", for example mephedrone. European Monitoring Centre for Drugs and Drug Abuse defines such substances as:

A new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the 1961 United Nations Single Convention on Narcotic Drugs or the 1971 United Nations Convention on Psychotropic Substances, but which may pose a public health threat comparable to that posed by substances listed in these conventions.

In 2012 alone 72 new psychoactive substances had been reported in the European Union, and the use of "research chemicals" has significantly escalated in the last few years, especially among young people. In some countries over 90% of students know about these substances, 20% visited so called headshops, where they can be obtained, and 15% admits to using them at least once in their lifetime (ESPAD, 2011). Use of new psychoactive substances became a major issue among injecting drug users as well. Even with "classical" drugs, older injecting users tend to prefer opiates over the stimulants. In comparison many outreach workers in Eastern Europe report that injecting use of new synthetic stimulants seems to be much more popular among young people. Health risks of such use seems to be notably higher than in case of opiates, mostly because of shorter duration time which requires users to inject them much more often (sometimes over 10 times a day) which increases the risk of HIV and other blood borne virus transmission, vein infection, abscesses, and other health problems.

POLICIES

Although penalties for drug possession/consumption are relatively low in most of the European countries, compared to other continents, the possibility of arrest and persecution remains one of the biggest risks regarding drug use. In most countries possession of a small amount of drugs for personal use is punished by a fine, however in Central European and Balkan countries, like Poland, Slovakia, Hungary, Montenegro and Albania, possession of any amount of any drug is theoretically punishable with a prison sentence, which is usually suspended in practice (EMCDDA, 2014).

There is no general European data on the number of stop-and-searches and drug arrests but looking at the examples of particular countries, where such data is

available, we can safely assume that young people, especially with lower social-economic status and/or being from minority groups, are much more likely to be arrested and receive a sentence for drug crimes than other groups. For example, in Poland 53% of all people charged with possession of drugs for personal use were below 24 years old, and 86% below 30 (Institute for Public Affairs, 2008). In the UK black people use drugs at half of the rate of white people yet are 6 times more likely to be stopped and searched (Release, 2013).

Drug-related arrests, criminal persecution and the possibility of a criminal record which may deter young people from entering some jobs in the future are still one of the biggest risks related to the drug use, yet professional and free of charge legal advice aimed specifically at the drug laws is poorly available in Europe. Non-governmental organizations in only 3 countries – United Kingdom (Release), Denmark (Gadejuristen) and Poland (Ombudsman for People Using Drugs) provide such services free of charge, and even in these cases their work is restricted by limited funding and capacity, allowing them only to help a fraction of those in need.

SUMMARY

Policies, drug cultures, use prevalence and drug-related problems are highly varied across the continent. In this paper we will explain the situation of youth drug use and what changes should be applied to lower minimalize the harms of drugs and failed policies for young people. We will use examples from a select few countries with differing historical and current social and political situations to highlight certain parts of Europe needing drug policy reform based on our evaluation and recommendations.

CONTRIBUTORS

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Apart from counseling experience Erlind Plaku has worked as a trainer in reproductive health, drug prevention and harm reduction programs in Albanian high schools.

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Ioana Tomus, Aliat, Romania

Ioana Tomus is currently working as a Program Director in one of the biggest non-profit organisations in the addiction field in Romania called ALIAT. Her work in the field of harm reduction and social support services for various at-risk groups started in 2009 in Romanian Harm Reduction Network (RHRN) as a project manager. To complement her advocacy work with capacity building of direct services, in 2011 she also joined one of the major services provider –ALIAT- in the harm reduction field as an advocacy specialist and later on being appointed as Program Director of the organization.

Ioana has previously attended major harm reduction events such as at the XIX International AIDS conference, 22-27 July, 2012, in Washington D.C. and one in Vilnius, at the International Harm Reduction Conference, in 9-12 June, 2013. Through participation at these international events she had the huge opportunity to network and communicate with communities from all over the world, and discuss the need to scale-up national Romanian advocacy work, and to become more visible in efforts to get and stay connected through sustainable and long term development projects.


ALBANIA

INTRODUCTION

The Republic of Albania resides in Southeastern Europe within the collective of Western Balkan countries. It borders the Adriatic Sea and Ionian Sea, between Greece in the South and Montenegro and Kosovo in the North. The surface area of the country is 28,748 square kilometers. As of July 2010, the population of the country is 2,986,952. The age structure is as follows:

0-14 years: 23.1%

(male 440 528/female 400 816);

15-64 years: 67.1%

(male 1 251 001/female 1 190 841);

65 years and over: 9.8%

(male 165,557/female 190,710).

Since the victory of democracy in 1992 Albania experienced rapid and in-depth political, social and economic changes. A total opening of the country and a free movement of ideas and people contrasted with the extreme international isolation under the up-to-then communist dictatorship; the free market economy substituted the former centrally planned one. The political and social situation remains fragile which means that further deterioration of any single condition could lead to unrest and possible turmoil (as was the case mid-1997). The recent Kosovo war (mid-1999) had the greatest economical and social impact on Albania where all but a half million Kosovo refugees found their temporary accommodation. Within a climate of such political, social and economical instability a complex myriad of indicators of risk concerning the drugs phenomenon is emerging. It is particularly likely to affect the younger segment of the population.

(European Monitoring Centre for Drugs and Drug Abuse [EMCDDA], 2000)

CURRENT SITUATION

Up to the end of 2010, no survey on drug use among the general population has ever been conducted. The total number of all adults (aged 15 to 64 years) who have ever tried any kind of illicit drug has been estimated at around 5,000 (lifetime prevalence of 0.2%) in 1995 and 20,000 (lifetime prevalence of 1.0%) in 1998, while the current estimated figures range up to sixty thousand (lifetime prevalence of between 2.0% and 2.8%)a substantial increase since1995. (EMCDDA ,2009)

There is currently no national register of problem drug users [PDUs]. The number of PDUs in the country is estimated to be 4,500–5,000 people, though it should be emphasized that this figure is strictly an estimate, based on the country experts' opinions. The Institute of Public Health is gathering data about drug treatment from different actors working in Albania: Ministry of Interior, Albanian State Police, UN and other NGOs that are involved in this sector. They are providing these figures but the absence of reliable data is due to difficulties in cooperation and collaboration between relevant organizations, as well as a lack of expertise in estimating problem drug use. For several years EMCDDA had been assisting Albania in setting up an online national database that will gather data from all the key actors working with people who are taking drugs but until now nothing has been completed.

THE POPULATION OF ALBANIA IS THE YOUNGEST IN EUROPE, WITH AN AVERAGE AGE OF 29 YEARS AND A FULL 40% OF THE POPULATION UNDER 18 YEARS.

The sub-populations of those most at risk in Albania are also young. Sexual transmission accounts for over 90 per cent of HIV cases in Albania. Young drug users are exposed to an elevated risk of getting infected by HIV and other blood-borne infections. They lack experience and are highly vulnerable compared to the more experienced users; for example, they tend to hide from their friends, families and other siblings because of stigma and discrimination.Until the end of 2010, no survey on drug use among the general population has been conducted. Latest data on lifetime prevalence of selected illicit drugs can be found in the Youth Risky Behaviour Survey (YRBS), second round in 2009 carried out by the Institute of Public Health [IPH].

The YRBS, a national survey, focused on the high school population, had a sample size of 3 878 school children 15–18 years old. The YRBS variable on lifetime prevalence of drug use complies with the EMCDDA case definition. The survey showed that 7.4 % of those aged 15 to 18 years had experimented with cannabis, 4.2 % with ecstasy; 1.2 % with heroin, and 3.2 % with cocaine. During the YRBS, respondents were not asked about drug use in the last year and

last month. Lifetime prevalence of illicit drug use was slightly higher in the capital, Tirana, compared to the rest of the country, and was several times higher for males than for females. Illicit drugs have been offered to more than 8 % of the respondents whilst they were in school settings (IPH, 2005).

The first round of YRBS, conducted in Albania by the Institute of Public Health in 2005, demonstrated the following results: 5.4 % of persons aged 14–18 had experimented with cannabis, 4 % with ecstasy; 1.4 % with heroin and 1.6 % with cocaine. Prevalence was again slightly higher in the capital, Tirana, compared to the rest of the country; it was also reported the prevalence for males was several times higher than for females. (IPH, 2005)

Compared with the average for all countries, the Albanian students report relatively moderate substance-use habits. For six out of the eight key variables studied, their results are definitely below average, while the other two variables more or less equal the average. For example, roughly half as many Albanian students reported cigarette use in the past 30 days compared with the ESPAD average (13% versus 26%). The variables relating to alcohol use also indicate that the Albanian students are definitely more moderate. However, the one figure that is particularly low by comparison is the prevalence of lifetime use of cannabis (4% versus 17%). Lifetime use of inhalants is also definitely below average, while use of illicit drugs other than cannabis and non-prescribed use of tranquillizers and sedatives are at roughly the same level as the ESPAD average. However, the last two results do not change the impression of Albania being a low-prevalence country in the ESPAD context. (ESPAD, 2011).

Given the unknown level of drug injections and sexual risk, it is difficult to get an accurate picture on the level of HIV prevention knowledge amongst PDU's. It is most likely severely inadequate considering the lack of general information available around drug consumption and lack of population level statistics and monitoring. Only 60.3% of respondents were aware that using a clean, unused needle for injecting drugs reduces HIV transmission risk and less than 78% knew that using condoms correctly could protect from HIV infection (IPH, 2011).

In the first 11 months in 2013, 96 new cases of HIV infection have been reported in Albania, bringing the total to 671 people diagnosed with HIV in the country. According to ATT the figure indicates an increase of reported HIV cases over the years in Albania. "Throughout 2013 we saw the highest number of HIV infections ever reported since the first case was detected 20 years ago in 1993 in Albania, (Institute of Public Health, 2013)

671 HIV/AIDS REPORTED CASES.

120 PEOPLE HAVE DEVELOPED AIDS (118 HAVE DIED)

PREVALENCE IS LESS THAN 0.1%

Almost 93 percent of the infections occurred through sexual transmission, attributed to unsafe sexual practices.

The data from laboratory surveys of Hepatitis B among people who inject drugs (PWID) in 2003, 2006–07, and 2009 demonstrated a prevalence of Hepatitis B at 10.1%, 22.8%, and 20.2% respectively. The data from laboratory surveys of Hepatitis C among IDUs in 2003, 2006–07, and 2009 demonstrated prevalence at 12.6%, 29.4%, and 28.1% respectively. Prevalence of hepatitis C has increased over the years and shows a high circulation among drug users, especially when it is compared to the general population(IPH, 2013).

HARM REDUCTION SITUATION

Harm reduction programs began in Albania in 1998. They are currently offered by the NGOs,Aksion Plus, Stop AIDS and Aprad, operating in the field of drug demand and HIV/AIDS reduction with a clear focus on harm reduction activities. In addition, they receive help from the public Voluntary Counseling Testing Centers for the HIV/AIDS/STIs National Program. There are a number of outreach activities aimed at targeting PWIDs including needle exchange, counseling, medical support, training and peer education and referrals. These services are offered mainly in the capital of Tirana and there is still an insufficient distribution across the country as a whole. Mobile outreach teams have been set up to establish contact with hard to reach substance-using populations via support from the appropriate NGOs. A mobile outreach team is operating in Tirana through Stop AIDS, reaching PWIDs and other high-risk groups at their main gathering places in the city. Through such programs the PWIDs are not only exchanging needles and syringes but also provided with condoms, disinfectants, information and education materials, as well as social and psychological assistance. It is estimated that around 3,700 IDUs have benefited from needle exchange programs so far. (EMCDDA, 2010).

Methadone maintenance treatment (MMT) has been implemented since 2005 by Aksion Plus, funded by International Harm Reduction Development and Open Society Institute. The programme has been ensured continuity (2008 onwards) as a free-of-charge service by the HIV/AIDS Global Fund financial support. The overall (cumulative) number of clients who began this free-of-charge methadone program as outpatients, from June 2005 until the end of 2009, is 593(Aksion Plus, 2009)the program also includes a proportion of the prisoner population (within the respective above figures) in accordance with an agreement with the Ministry of Justice. From mid 2008 this service has been extended outside the capital Tirana, with centers established in five other big cities: Durres, Korça, Elbasan, Shkodra and Vlora.

The NGOs, Aksion Plus and Stop AIDS, supported by the UNICEF, have started a project named "Break the Cycle" in 2009; the main focus of the project was targeting young people who injected drugs and educate them to be safer (from injecting drugs to sniffing for example) in terms of consumption thereby reducing the harms related to injecting drugs . "Break the Cycle" supported young drug users working in outreach to build focus groups in the field with young IDU-s to practice harm reduction when taking drugs and not to teach other people who are taking drugs in other ways for example; sniffing or smoking how to inject. In this way the chain of injection among young will be reduced, also the harm related. The project connects primary prevention and harm reduction philosophy, and aims at minimizing the risk of drug users, especially drug injectors, pressuring other adolescents into starting drugs and injection.

There is little information concerning drugs used for recreational purposes. It is mainly spread among Albanians who come from abroad and other young users. There are rumors that such activity occurs in discos and pubs but it is very difficult to intervene given the non-collaboration from the owners and fear from the Police.

On July 2006 Aksion Plus and Ministry of Justice (MOJ) endorsed an agreement of cooperation in delivering Harm Reduction and MMT to inmates who use drugs. The majority of them are jailed because they were charged with possession of drugs and/or drug dealing (Aksion Plus , 2007). The Albanian Penal Code has not a clear-cut definition of quantity of drugs for the judge to decide whether the accused is a drug users or a drug dealer.

In collaboration with the General Directorate of Prisons (which is under the jurisdiction of MOJ) we are providing MMT to PWID inmates in the prisons of Tirana and four other towns. Aksion Plus trainers are invited by this Directorate to provide training sessions to prison staff on the following topics: Drug use and its effect on the individual, family and on the community at large; Harm reduction; MMT approach; Drug Situation in Albania; Legislation and Drug Policy; human rights of drug users and so on.

HARM REDUCTION SERVICES

National Strategy Against Drugs 2004–2010 regarding MMT says:

Programs of methadone maintenance treatment (long-term substitution) should be covered by specialized centers;

Prescriptions in the first period should not be extended to family doctors;

There should be a strict requirement for special training for methadone-prescribing physicians; and

Methadone maintenance treatment should be extended to other areas and vulnerable groups across the country.

In reality, the NGO Aksion Plus, has provided the most successful model of MMT since 2005. MMT is a relatively new approach in the Republic of Albania and is not yet a fully explored area of operation. There are no comprehensive and reliable studies conducted by agencies including the IPH and Ministry of Health. This is also down to the relatively recent introduction and implementation of such interventions (we mean long term and OST maintenance for heroin users) in Albania. The government is still unwilling to meet the needs of the population who are in serious need of harm reduction and drug treatment services. The only available specialised service is provided by the Clinical Toxicology Service of Tirana and according to law mandated to provide treatment for cases of intoxication, but because of the lack of sufficient regulations, this clinic is delivering short-term care and detoxification for drug users, mainly opiate users (the cases of overdose are treated at this center). The level of stigma is high, and there are also noted cases of abuse, corruption and violation of human rights.

Treatment availability is fairly limited in Albania and the main focus is on substitution treatment (methadone). Buprenorphine treatment and other heroin-assisted treatments (including slow-release morphine

and buprenorphine/naloxone combination treatment) are not yet available. The Ministry of Health does not yet allocate special funds for drug treatment service. Detoxification treatment, including the essential medications, is not funded by the national health insurance agency, which is a part of Ministry of Health.

Psychosocial interventions are still frequently lacking and treatment of problem drug users remains outside mainstream health services and general practitioners and primary healthcare services are not familiar with this kind of intervention. Public social services are still not clear about their role or responsibility in the drug treatment field and the private sector has not yet become involved. Some substance users have been treated abroad in countries such as Croatia, Montenegro, Italy, Germany, Slovenia and Greece. These foreign organisations mainly operate without registration fees or in cases of payment the drug users generally are supported by their families. Findings from interviews at the MMT center of Aksion Plus showed that some of the clients imported MMT illegally from other neighboring countries: either by smuggling or through the use of other legal channels. Naltrexone is sold in some of the licensed pharmacies, but the prices remain high.

TRENDS

Members of Parliament and decision makers are increasingly determined to make changes and amendments to the Penal Code. Already there have been two parliamentary session hearings by the Commission of Health and Social Affairs where Aksion Plus and other civil society actors were invited. It is apparent that all the parties involved are committed to making some improvements to the existing law with the intention of decriminalization and depenalization of drugs for personal use. Though there is some attempt to involve drug users in the above mentioned processes, there is still significant difficulty considering the low level of public awareness and interest. To improve awareness focus groups have been developed at Aksion Plus with the support of UNFPA. Alongside this comes support from the UNODC to facilitate the whole process of connection with the state structures.

RECOMMENDATIONS

The critical question is how to allocate scarce resources to obtain the best public health outcomes.

DRUG DEPENDENT PATIENTS ARE FROM VARIOUS SOCIOECONOMIC BACKGROUNDS BUT THE STIGMA AND DISCRIMINATION ARE ALSO HIGH AND PREVENT THEM TO ORGANIZE THEMSELVES AND WORK FOR THEIR RIGHTS.

Reliance on privately funded treatment and medications reduces access to treatment and potentially creates serious risks of sustaining and supporting an increasingly widespread black market.

Workforce development

The consolidation and expansion of MMT (and of other harm reduction services) in Albania will require staff gaining experience and skills across a range of addiction treatments.

Service development

It is better to start with a regulated system and move towards a more liberal (diversity of services with controlled/limited access to them) one as more experience is gained, rather than begining with a liberal program which risks giving OST a bad reputatio(, as occurred in the 1990s in Albani). Heroin supply is plentiful in Albania, and persisting use of heroin during methadone treatment (and relapse after drug free treatment) is common AEMCDDA, 2010))

Partnership

The fundamental, resource neutral, first step is to establish a meaningful partnership among all the involved stakeholders, both Governmental and non-governmental. There needs to be professional relationships between addictions services so that patients receive consistent, clear advice, as well as a good referral system. This needs to be based on a formal partnership describing the roles and responsibilities of the servicesand improved co-ordination between all those involved.

POLITICAL ENGAGEMENT

Several respondents from the Parliament and from line ministries admit that there is no clear political or bureaucratic responsibility or leadership on the issue of expanding access to treatment. A previous review (SAIMS, 2011) noted the lack of central coordination of drug policy. The inter ministerial committee charged with responsibility for drugs has been inactive. The Country Coordinating Mechanism of

GFATM is acting as the substitute of the above Committee. Several respondents expressed concern that without clearly identified government or bureaucratic leadership, implementation of the Drug Strategy will be problematic.

UNFORTUNATELY, DIVISIONS AND COMPETITION BETWEEN SERVICES MAKE THE GOVERNMENTS' ROLE MORE DIFFICULT. WHEN SERVICES HAVE DIFFERING OBJECTIVES, DIFFERENT BELIEFS ABOUT WHAT IS EFFECTIVE, AND DIFFERENT TREATMENT APPROACHES, PATIENTS, FAMILIES AND GOVERNMENT RECEIVE CONTRADICTORY MESSAGES.

Some of the special issues concerning drug treatment in Albania should focus on:

HARM REDUCTION

HR is strictly limited to street and Roma users. There is not a well developed and structured drug scene, and mainly HR work is focused on outreach with PWID who have been identified some time ago (and no new PWID) and some sex workers who are using drugs.

Some of the priorities after the Global Fund support ends might include the following:

- To expand harm reduction activities, including development of IEC (Information, Education andnCommunication) materials on safer drug use, condom distribution.
- To expand harm reduction/outreach programs to main cities and other vulnerable groups.
- To ensure that harm reduction strategies are also carried out in prisons and among the Roma population.
- To promote HIV testing according to assessed needs with a particular emphasis on confidentiality and pre- and post- counseling.
- Support NGO's already involved in response efforts and promote the participation of new ones, particularly in the area of psychosocial services.

Capacity building

- Training of police officers from the anti-drug unit on issues related to HIV, human rights, ethics and harm reduction and MMT concepts. Similar capacity building activities should be carried out among media professionals.
- To carry out capacity building activities for health personnel and social workers. Already Aksion Plus is involved in a small project targeting health and social work professionals supported by UNODC.


ITALY

YOUTH DRUG USE AND NEW TRENDS

The population of Italy is approximately 61 million people. Of this total estimate the population classified as potential drug users (15-64 years) is around 40 million people (World Factbook 2012). According to the Ministry of Interior it has been estimated that in 2012 the total number of drug users (both occasional and dependant) was approximately around 2.327.335 people. In recent years there has been a slight decrease in drug consumption among the general population aged 15-64 years, as shown in the following table:.

However, among the younger student population aged 15-19 years, there has been a recent overall slight increase in drug consumption as shown by the following table:

Cannabis remains the most common illicit drug used among young students over the last decade, with a slight increase in consumption between 2011 and 2013. Even among young people and young adults aged between 18-34 years old cannabis represents the most used recreational drug despite a slight decrease in percentage of consumers in 2012: 12.12% for 18-24 years of age and 5.66% for 25-34 years of age(EMCDDA, 2012). Thus, an average of cannabis consumption for young people and adults between 15-34 years can be summarized for the year 2012: 12,3%.

Although the current situation indicates a steady increase in drug consumption among young people aged 15-19 years, an overall picture has to be outlined for the general population 15-34 years by comparing data before and after the application of the Fini-Giovanardi Law in 2006, which is the national law on drugs.

SUBSTANCE	PREVALENCE 2010	PREVALENCE 2012	DIFFERENCE 2010–12
Cannabis	5,33	4,01	1,32
Cocaine	0,89	0,60	0,29
Heroin	0,24	0,12	0,12
Stimulants	0,29	0,13	0,16
Hallucinogens	0,21	0,19	0,02

Drug consumption (prevalence %) among general population (15-64) 2010-2012. At least once in the previous 12 months.

Antidrug Policy Department, 2013.

SUBSTANCE	PREVALENCE 2011	PREVALENCE 2012	PREVALENCE 2013	DIFFERENCE 2012–13
Cannabis	17,91	19,14	21,43	2,29
Cocaine	2,00	1,86	2,01	0,15
Heroin	0,41	0,32	0,33	0,01
Stimulants	0,92	1,12	1,33	0,21
Hallucinogens	1,88	1,72	2,08	0,36

Drug consumption (prevalence %) among students aged 15-19. 2010-2012. At least once in the previous 12 months.

Antidrug Policy Department, 2013.

Cannabis was used by an average of 16.3 % of people aged 15-34 in 2005 (EMCDDA, 2006). Cannabis use tends to be significantly lower in the age group 35-64 years: 1.50% of consumers in 2012 (EMCDDA, 2012) and 3.25% of consumers in 2005 (EMCDDA, 2006).

There has been a steady decline in heroin use among young people aged 15-19, with the lowest figures recorded in 2013. In the 15-19 year old age group the average was 0.32% in 2012, while for the same year was 0.13% for 18-24, and 0.26% for 25-34 age groups. Overall this shows that the percentage of heroin consumers in the 15-34 category is 0.24% in 2012. In comparison, the overall percentage of total users in 2005 was 0.38% (EMCDDA, 2006).

Speaking about cocaine, the table indicates a steady increase in recent years among young people aged 15-19. In addition, the comparison between 2005 and 2012 in the 15-34 age category, cocaine consumption was around 3.3% and 1.49% (EMCDDA, 2006).

The use of stimulants (ecstasy or amphetamines) has increased among the 15-19 age group in recent periods: from 0.92% in 2011 to 1.33% in 2013. In 2012, percentage was 1.12% for age group 15-19 years, 0.25% for age group 18-24 and 0.04% for age group 25-34 (EMCDDA, 2012). The percentage of young consumers (15-34) of stimulants was about 0.47 % in 2012, while that for the same targeted group was about 0.95% in 2005 (EMCDDA, 2006).

Finally, the use of hallucinogens has also been increasing in recent years in the age group 15-19 years by shifting from 1.72% in 2012 to 2.08% in 2013. For the 18-24 and 25-34 age group the prevalence is lower, in 2012 prevalence was 0.68% and 0.26% respectively (EMCDDA, 2012). Overall, the prevalence of hallucinogen use among 15-34 years old was about 0.88% in 2012, while in 2005 the prevalence was about the same: 0.87% (EMCDDA, 2006).

YOUTH DRUG CULTURE AND EMERGING PROBLEMS

By and large, it is interesting to note how drug culture in the young Italian population has started to change in recent years: by shifting from the idea of drug consumption as way and expression of transgression and rebellion, to that of a 'normalization' and 'institutionalization' of drug use now unofficially accepted by the general public (Gocci, 2005). This means that drug use has progressively lost the scope to identify a counter- or sub- culture as was in the 60's with LSD and hallucinogens, in the '70s and '80s with heroin or in the '90s with ecstasy, which used drugs as a form of expression of new sort of values, ideas and needs. Today the new youth culture accept drug use as a normal and widely recognized ritual in order to keep up with the requirements of an increasingly fast-paced, competitive, globalised and commercialised society, where the decline of ideals and values has been absorbed by a silent acceptance of a perpertual state of economic, personal and political uncertainty and insecurity about the future. This problem has been escalating in Italy for thousands of young people particularly due to the more pronounced repercussions of the economic recession in this region. Drug use today is directed more to respond to social normalisation behaviors according to a context in which it is necessary to act in a way that condones and accepts this (Gocci, 2005). Therefore, the use of substances is not separated from general culture and chemical drugs are being widely used inside a popular framework of general acceptance and respectability. Thus "ecstasy is used for staying together and having fun, antidepressants for fighting sadness, doping for being winners in sports, cocaine and amphetamines for having top performances" (Gocci, 2005).

However, there are some positive signs of increasing safety and use of harm reduction among users, such as a general trend in the fall of new HIV infections among injecting drug users and the stabilisation of heroin use. Unfortunately, new data emerging around the use of new synthetic, 'designer' drugs (novel psychoactive substances, or 'legal highs') are alarming. Young people in particular are most likely to be the first to experiment with the use of these as yet completely unknown, unregulated and dangerous chemical substances.

According to the 2013 National Report on Drug Use and Drug Addiction in Italy, young adults aged around 35 years old represent the largest share of consumers buying these new substances via the internet or in smart shops. In 2010, 41 cases of intoxication from synthetic cannabinoids have been registered (Antidrug Policy Department [APD], 2013). More specifically, many new drugs are known as derivates of methamphetamines like shaboo, ice and christal, or derivates of hallucinogens like ketamine, poppers or GHB. In addition, a widely used variety of new drugs are known as 'smart drugs' because are legally purchased in Internet or in smart shops like synthetic cannabinoids (eg. Spice) sold as incense or mixture of herbs with far stronger and much more dangerous effects than marijuana (Gocci, 2005).

Italian authorities have started, following the of the application of the Fini-Giovanardi law, a war against rave parties where hundreds of young people enjoy

electronic music and different illegal substances in order to get high. Despite this being a popular and positive outlet in which young people socialize, and ideal for open dialogue and the dissemination of harm reduction and safety around drug use, by prohibiting rave parties young consumers are inadvertently being pushed by the law to other unregulated, more dangerous spaces where taking pills and other drugs limits the possibility to monitor risks and provide information to ravers by well known harm reduction associations constantly present at rave parties (Gamberale, 2013).

In particular, according to the Italian online newspaper L' Inkiesta, the phenomenon of polydrug use among young people is increasing, which is strictly interconnected with what has been mentioned before, that it is a normalization of drug use in parallel with everyday life activities. A wide range of new synthetic drugs is helping this new way of consuming drugs by permitting to users to have an apparent normal existence d distancing themselves from stigmatized negative connotations of traditional users such as marginalised 'junkies'. Therefore, there has been an increasing use of sedatives like ketamine, pain killers, synthetic cannabinoids and inhalants. Moreover, young people tend to take more drugs, including unknown novel psychoactive substances, all together, often mixed with alcohol (Bassan, 2012). A study conducted in 2011 by the European School Project on Alcohol and Other Drugs (ESPAD) on substance use among students in 36 European countries, reveals how Italy is in line with the average of ESPAD countries.

Based on a target population of Italian students about 15-16 years old, 10% reported a lifetime use of tranquilizers without a doctor's prescription, 3% a lifetime use of inhalants and 3% reported having taken alcohol together with pills in order to get high, while 13. 1 % reported to have used 2+ substances and 6.2% 3+ substances among tobacco, alcohol, cannabis, other illicit drugs and tranquilizers, sedative without prescriptions (Hibell, 2011).

Although polydrug use has also been noted in the 15-54 aged population, the phenomenon is predominant among adolescents and young adults between 15 to 19-years old. These trends are reflected in the data collected in 2012 by the Italian Department for Anti-drug Policies showing the distribution of conditional prevalence of licit and illicit drugs among those who admitted using illegal drugs during 30 days before the survey.

An additional layer in the newer youth drug using scene, adding to the complexity of the recent drug trends and personal insecurities, has emerged recently in the progressive spread of gambling exacerbated by the economic crisis which is threatening the economic stability of many Italian families. According to 2013 data of Ministry of Interior, among adolescents aged 15-19 years, 49.4% responded to having ever gambled, while more than 10% can be considered as pathologically addicted gamblers. Overall, 54% of Italians aged 18-64 years responded to having ever gambled (APD, 2013).

DRUG TYPE	ALCOHOL	TOBACCO	CANNABIS	COCAINE	HEROIN
CANNABIS (12,94%)	90,88%	89,63%	ΔΔΔΔ	6,81%	1,27%
COCAINE (1,06%)	92,37%	92,37%	83,42%	ΔΔΔΔ	18,16%
HEROIN (0,23%)	91,67%	88,10%	70,24%	82,14%	ΔΔΔΔ

Distribution of conditional prevalence of polydrug users in the student population aged 15-19 in the 30 days prior to the survey. EMCDDA, 2012.

STATE OF HARM REDUCTION

National drug policy appears to be focused more on prevention and criminalization of drug users, but harm reduction services, especially those aimed at reducing infectious diseases, seem to be supported and most effective Main programs are delivered through mobile units for young people in recreational contexts (20%), mobile units (23.6%) and drop-in for injecting drug users (29.1%). The main services offered are needle and syringe exchanges and delivery of other hygienic material (74.5%), listening/counselling and analysis of needs (98.2%), direction to other support facilities (89.1%), condom distribution (81.8%) and sanitary education (92.7%). The largest percentage of people who are serviced by harm reduction programs are those between 30 and 39 years of age (43.1%), 12.7 % is represented by young people under 18, 18.1% by adults between 40 and 49 and 6.5% by over the 50's. Heroin is the most popular drug used (54%), followed by polydrug consumption of heroin + cocaine (42%), cocaine (34%), psychopharmacological drug (27%), amphetamines (3%), cannabis (4%) (Coordinamento Nazionale Comunita di Accoglienza, n.d.).

HARM REDUCTION SERVICES IN ITALY ARE POSITIVELY TAKING ACTIONS TO ENHANCE PREVENTION AND REDUCTION OF INFECTIOUS DISEASES LIKE HIV AMONG INJECTING DRUG USERS, FROM 74.6% IN 1985 TO 7.7% IN 2008

Although harm reduction services in Italy are positively taking actions to enhance prevention and reduction of infectious diseases like HIV among injecting drug users, from 74.6% in 1985 to 7.7% in 2008 (Associazione per i Diritti Degli Utenti e Consumatori, 2010), as well as to prevent and reduce drug-related harms in youth drug use and in recreational settings, some drawbacks are to be underlined. First, here is a disproportionate distribution of services in the national territory with increased provision in the North and in the Centre compared to the South. The quality and type of services are not equally distributed, there are limited supplies and disruption to the continuity of the relationship between professional and user. Second, as mentioned before, the war on illegal rave parties and festivals is limiting the possibility to effectively provide harm reduction services because of the scattering of young drug users in different and unknown places. Third, harm reduction in prisons, where 7% of inmates are HIV-positive, still face many problems because sex, injecting drug use and making of piercings and tattoos are often made in an unsafe and unprotected way, exacerbated by the fact that in Italian prisons harm reduction services are limited to information services but any distribution of condoms and sterile syringes is not provided (Ceroli, 2013).

NATIONAL DRUG POLICY: THE FINI–GIOVANARDI LAW

Youth drug consumption and prevention of drug-related problems can not be explained without taking into consideration the national drug policy, which is the Fini-Giovanardi law entered into force in 2006. The political and ideological content of this law recalls the goal and scope of the broader global war on drugs, based on a violation of human rights for drug users and a refusal of a scientific- and evidence-based approach to drugs.

The principal provisions of the law are: the comparison between hard and soft drugs for which the same sanctions are applied to marijuana, cocaine and heroin users, the introduction of a quantitative limit beyond which a drug user can be considered a drug dealer (500 mg of active principle for cannabis, 250 mg for heroin and 750 mg for cocaine), and imprisonment for a period from 6 to 20 years for all substances, the time extension of administrative sanctions and the augmented difficulty to benefit of alternative measures for drug addicts.

In this context, one out of three people that are imprisoned are addicted to drugs as shown by the table on page 21 (Fuorilogo, 2013):

With regard to youth drug use and punitive effects of the law, the majority of those who are incarcerated in Italian prisons are young adults by an average of 33.8 years of age and have some association with drugs and/or drug misuse (Ristretti Orizzonti, 2011). Moreover, inmates younger than 29 are imprisoned mostly due to the violation of the Fini-Giovanardi law on drugs (Ministry of Justice, 2011). In 2012, 78.56% of warnings given by authorities due to the violation of the law were made because of marijuana possession, followed by cocaine and heroin. In addition, minors given warnings increased from 2629 in 2010 to 2993 in 2012. Finally, there is a significant reduction in the number of incarcerated drug addicts, who would better benefit from rehabilitative programs: from 6713 in 2006 to 340 in 2012 (Fuorilogo, 2013).

YEAR	ENTRANCES	DRUG ADICTS	%
2005	89,887	25,541	28,41
2006	90,714	24,637	27,16
2007	90,441	24,371	26,95
2008	92,800	27,397	29,52
2009	88,066	25,106	28,51
2010	84,641	24,008	28,36
2011	76,982	22,432	29,14
2012	63,020	18,225	28,92

Distribution of conditional prevalence of polydrug users in the student population aged 15-19 in the 30 days prior to the survey, EMCDDA, 2012

RECOMMENDED POLITICAL AND INSTITUTIONAL CHANGES

First, the national policy on drugs has to be abolished by introducing a non-discriminatory and a non-criminal approach to recreational drug users who can not be legally or administratively punished because of their personal choice of taking drugs. Also to drug addicts, who can not be stigmatised and criminalised but rather treated as human beings with a medical condition of drug dependence, the negative consequences of which have to be reduced as much as possible (harm reduction services and easier access to rehabilitative measures for drug addicts) . The European Court of Human Rights has condemned Italy for the overcrowding in prisons, where more than 38% of inmates are drug users or small drug dealers while 24% are drug addicts.

Second, a radical change is needed in the approach to drug use and drug culture by Italian institutions, which means shifting the focus from repression to information, prevention and harm reduction services: in Italy 3% of total amount of the 'war on drugs' is invested in harm reduction services and 76% in repression activities (Gruppo Abele, 2011).

Third, Italian authorities must be more flexible in their approach to understanding the context of youth recreation, like rave parties, festivals, pubs and night life clubs, in order to allow for harm reduction professionals to effectively intervene by having the possibility to interact, communicate, and to provide informative and useful material to young drug users (like the pill testing).

Summary

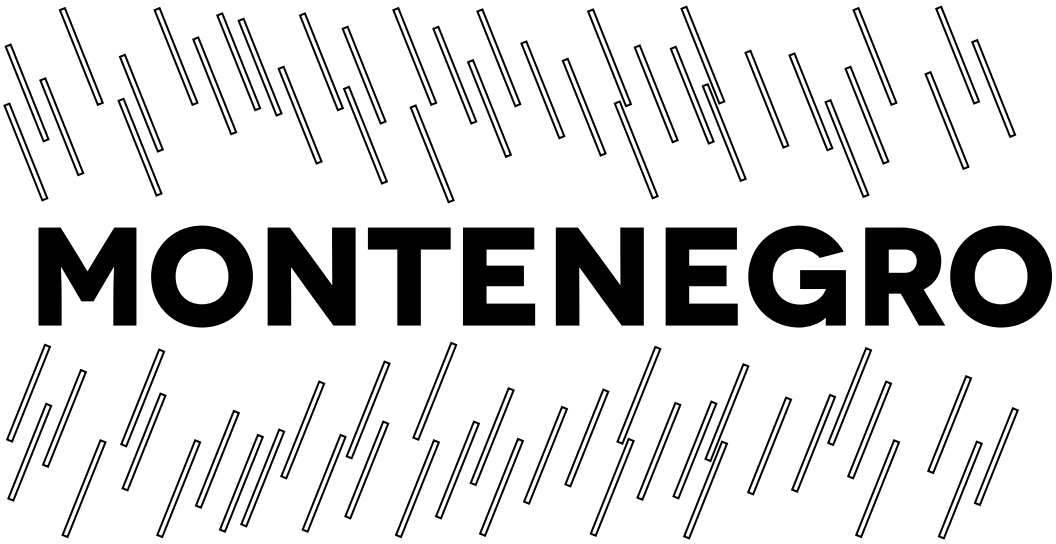
- Although there has been a recent slight decline in drug consumption among the general population 15-64 years of age, among adolescents aged 15-19 years percentages of drug use are increasing: positive difference 2012-2103 is + 2.29% for cannabis, + 0.15% for cocaine, + 0.01% for heroin and + 0.21% for stimulants. This data show the spread of drug use at school in adolescent culture which is surprising if considering a slight general drug use decline in targeted group 15-34 years of age from 2005 to 2012;

- It is clear there is a changing youth drug culture, where taking drugs is becoming normal as an everyday activity in response to the requirements of a rapidly changing society with increasingly uncertain and insecure prospects for the future. Simultaneously, new and dangerous chemical drugs are entering into the recreational youth drug landscape and often are taken together with other drugs where the phenomenon of polydrug use is widely accepted among young people;

- Harm reduction in Italy is inconsistent, focused primarily on preventing infectious diseases like HIV/AIDS among injecting drug users. However, drawbacks are highlighted like the fact that national drug policy is centred more on repression and criminalisation rather than prevention and reduction of harms. In fact, the Fini-Giovanardi law is not only responsible for the imprisonment of many drug

addicts (one third of total inmates) causing overcrowding and favouring inhumane conditions in Italian prisons, but also of the repression of recreational youth contexts in which would be possible to effectively manage harm reduction interventions and minimise risky drug taking behaviours;

- Recommended changes to institutional and political thinking to youth drug use have to primarily consider the abolition of the Fini-Giovanardi law by shifting from the repressive to a human rights and scientific-evidence based approach, which would help to better understand changing youth drug cultures and develop better interventions in order to limit drug-related harms.


MONTENEGRO

YOUNG PEOPLE, DRUG USE AND HARM REDUCTION SERVICES

INTRODUCTION

According to the Population Census 2011 there are 625,266 people living in Montenegro and 187,085 of them live in Podgorica- the Capital. By Montenegrin Law a child is classified as 0-18 and a young person is classified as 18-30 years old. There are 145,126 children aged up to 18 years, living in Montenegro, who account for 23,4% of total population. Also, there are 214,696 people under 25 years old, making up 34.3% of total population and 48,7% of people are aged under 35 years. (Statistical Office of Montenegro, 2011) The total of these figures places almost half the population of Montenegro at under 35 years old.

The problem of drug misuse is relatively recent in Montenegro, as the first cases of heroin usage date back since the early 1990s. Heroin appeared on the streets in 1994, some time after the earlier spread of its use amongst neighboring countries. This has caused a trend of drug addicts younger than 35 in Montenegro for two decades now. Nowadays the use of drugs has become a significant public health issue. There is no 'recreational' use of drugs recognised, nor 'problematic', as such, all drug use is simply defined as 'use' with no further differentiation.

The territory of Montenegro is placed along one of the main routes for drug trafficking to the EU, known as a "Balkan route". Due to a complicated post-conflict situation in Montenegro, as well as the global economic crisis, there is an increasingly higher rate of criminal activity of the last decade in particular, especially ones connected to violation of property, against life and body (including murder, attempt to kill and serious bodily injuries) and drug related crimes. In 2011, 61.7% of total prison population were incarcerated, for the offence of crimes against life and body, drug related crimes and violation of property (Ministry of Justice [MOJ], 2012). Data presented in the Report on State and Work of Institute for Execution of Criminal Sanctions in 2011 [Institute for Execution of Criminal Sanctions, 2012], shows a high percentage of young prisoners: over 50% of total prison population is under 30, and 9.3% are under 20 years. Many of these prisoners have had relatively limited education; 60% of inmates finished secondary education, 27.8% primary education and only 2.8% with higher education. According to data, one in ten inmates in 2011 had no education at all, and the same proportion of inmates were under 20 years old. Data shows that 28% of criminal acts are drug related crimes, defined by Criminal Code of Montenegro as the illegal production, possession and distribution of drugs, as well as enabling the use (MOJ, 2013; Criminal Code Act, 2011). However, there are no official data on people with a drug abuse history within prison settings as most of them are sentenced for offences of violation of property, such as robbery, burglary, etc.

FIELD SITUATION

There has not yet been any research on drug use in the general population.

Research on the use of drugs among young people has been conducted since 1999. Research conducted in 1999 by the Health Protection Bureau among a sample of 4 054 primary and secondary school students from across the whole of Montenegro revealed that 3.1 % of all participants had tried a drug in their lifetime: 0.4 % among primary school pupils (11–14 years old), and 6.7 % among secondary school pupils who are14–18 years old (Lausevic, 1999). In 2004, the Public Health Institute of Montenegro conducted a national survey with a sample of 3,964 pupils from the fifth grade of primary school to the fourth grade of secondary school (11–18 years). This corroborated an increase in drug use — 5.8 % of respondents had ever used a drug in their lifetime, more specifically 2.3 % of primary schools pupils and 10.1 % of secondary school students (Mugosa, 2009).

One of the the most relevant and recent studies of youth drug use are the ESPAD surveys, of which two were conducted by the Institute for Public Health of Montenegro in 2008 and 2011. Studies have shown a slight but continuous increase in the use of psychoactive substances among high school students (16 years old ones)- 5% in 2008 and 7% in 2011. The most commonly used substances among them are inhalants, sedatives/tranquilizers and cannabis. While the use of cannabis and tranquilizers has increased from 3% in 2008 to 5% in 2011, the use of inhalants increased from 3% in 2008 to 6% in 2011 (Mugosa et al., 2008-2011).

Although the difference between the frequency of cannabis use in Montenegrin students in relation to ESPAD average is significant,55 vs. 17%, when it comes to the use of other drugs, this difference is much lower, 5% of high school students in Montenegro and 6% of them in the rest of Europe have used drugs other than cannabis in their lifetime. Still, heroin is the most prevalent drug used in Montenegro, together with cannabis (Hibell et al., 2012).

Institute for Public Health of Montenegro in partnership with NGO Juventas and with the support of UNDP CO Podgorica conducted 3 National Bio-Behavioral Studies among injecting drug users in 2008, 2011 and 2013, three of these studies among sex workers in 2008, 2010 and 2012 and 1 National Bio-Behavioral Study among prisoners in 2012.

The Second National Bio-Behavioral Study from 2011 included 350 injecting drug users older than 18, who injected drugs in last month, as well as were living in Montenegro for at least three months in the previous year. The methodology used in this study was RDS- Respondent Driven Sampling. (Mugosa et al. 2011). The majority of respondents included in survey were 18-30 years old (63,5%), among whom the age groups 18-20 represented 5.5% of the sample and 21-25 made up 19.7%. The sample consisted of 83.2% males and 16.8% of females. Data shows that the majority of respondents had started with drug injecting at the age 19-25 (56,5%) and in the ages above (26.3%). A significant proportion of them started injecting drugs at the age of 16-18 (15.3%), while very few of them started at the age below 15 (1.9%). Almost three quarters of respondents reported injecting drugs for 2 to 5 years, and almost one in eleven had a very long "injecting experience", i.e more than 10 years. About two thirds of respondents reported that they shared injecting equipment at least once in their lifetime (63.4%), but 99.6% of them declared that they have everyday access to sterile injecting equipment. The most commonly used drug is heroin. 99.2%, and the lesser percentage goes to the mixture of heroin and cocaine. HIV prevalence was 0.3% in 2011 vs. 0.4% in 2008. The hepatitis C prevalence was very high- 55% in 2011 vs. 53.6% in 2008. Data has indicated that drug treatments in Montenegro never included more than 51% of adult injecting drug users in Montenegro (Mugosa et al. 2011).

The Third National Bio- Behavioral Study in 2012, included 200 female sex workers, older than 18, who had sex with clients in last twelve months , as well as were living in Montenegro for at least three month in previous year. The snowball sampling method was utilised, frequently used worldwide in epidemiological surveys with "hard to reach populations". (Mugosa et al. 2012). Average age of the respondents was 28.8, with the range 18 to 60. Majority of them were 18 to 34 years old (78.5%), among whom age groups 18-24 represented 36% and 25-34 with 42,5%. Data shows that almost a third of the total number of respondents (32.5%) were currently using or had used drugs. In the last twelve months 15% of them had injected drugs, and in addition 9.1% of respondents who injected drugs shared injecting equipment with another injecting drug user in last month. There were no HIV positive results among tested blood samples of respondents, while HBsAg (Hepatitis B) positive antibodies were found among 14% of sex workers and among 15% of them were found HCV positive antibodies (Mugosa et al., 2012).

The National Bio- Behavioral Study in 2012 was the first to include inmates, 293(41% of total prison population), that served sentences in the Institute for Execution of Criminal Sanctions at the time. This study was designed as bio-behavioral cross sectional survey based on the snowball sampling methodology, used worldwide for epidemiological research purposes among prisoners. (Mugosa et al. 2011). This study included adult 19 female and 293 male inmates who were serving their sentences for at least three months prior to study. The average age of the respondents was 32.8 years, with the age range 20 to 68, while the age group 20 to 30 years was represented with 42.1% of total sample. Data shows that 33.7% out of 285 inmates who answered to this question reported crimes associated with their drug abuse were the main reason of them undergoing theier current sentence. More than half (50.4%) of the 276 respondents who answered this question reported that they used drugs in their lifetime and the average age group of first use was 18 to 30 years. Out of the total number of respondents who reported drug use, with regards to the type of crime committed, there were 43.6% of those were related to drug abuse. Average age of first use of drugs was 18.1 years in the age range 8 to 46. There were 33.3% of those reported injecting drug use among them, with the average age of first injection 21.3 years, and age range 12 to 33 years. More than a third of them (36.4%) of them stated that they shared injecting equipment in their lifetime and one in five inmates reported that drugs can be purchased in prison. Of the blood borne viruses tested for through blood samples taken from respondents HIV was not detected in any samples (0%). However, although Hepatitis B virus was found in only 1% of blood samples, the Hepatitis C virus (HCV) was found in 20.1% of blood samples. Of the percentage of HCV positive inmates 34,3% of those claimed ever using drug in their lifetime and even 72,7% of those reported injecting drugs (Mugosa et al., 2012).

HARM REDUCTION IN MONTENEGRO

Harm reduction responses in Montenegro is a relatively recent establishment which includes methadone maintenance programs, methadone detoxification, needle and syringe exchange programs, condom distribution and the distribution of information, education and communication materials. While needle and syringe exchange program started in December 2004 in institutional settings via the Primary Health Centre Podgorica (13 distribution points), there is also methadone maintenance program started in February 2005 (1 distribution point).

In 2006 NGOs Juventas and Cazas started mobile outreach harm reduction services at a national level, and in 2010 Juventas opened the very first drop in center for IDUs in Podgorica. Today, there are 3 drop in centers for people who inject drugs (PWID)and one for sex workers operating in Montenegro. Beside needle service provision (NSP) and condom distribution, drop in centers provide psychological and social support, as well as medical counseling and first aid help. Harm reduction services provided by NGOs although recognized by National Drug Response 2013- 2020, are not legal in Montenegro and requires special permits for functioning from Police and State Prosecutor.

THIS KIND OF FUNCTIONING IS VERY DIFFICULT FOR SERVICE PROVIDERS, AS ALL ACTIONS SHOULD BE ANNOUNCED TO POLICE AND STATE PROSECUTOR IN ADVANCE, AND IN ADDITION TO THIS THERE ARE A LOT OF SITUATIONS WHEN MOBILE OUTREACH UNITS ARE KEPT AN EYE ON BY LOCAL POLICE. THE FREQUENT CHANGE OF RULING STRUCTURES, BOTH AT NATIONAL AND LOCAL LEVEL, MAKE THE WHOLE WORKING PROCESS EVEN MORE DIFFICULT, AS SERVICE PROVIDERS HAS TO REESTABLISH CONTACTS AGAIN AND AGAIN.

A methadone maintenance treatment program in Montenegro is a high-threshold program with strict rules and frequent testing for drug use. It is designed for injecting drug users with a long history of drug use. Methadone is given to clients daily, as an oral solution, dispersed with juice, in individually prepared and packed glasses. Each client has a supporting family member accompanying him/her from the admission to the program, needed to sign the contract between Primary Health Centre, person who injects drugs and family member (first row member, ie a family member that is a parent, sibling or spouse), with no restrictions on the age of patient accessing the treatment. This means despite the age of the patient, they must always require signatures of a family member. There is neither an official legal framework nor guidelines for substitution treatment, but the Ministry of Health made a promise that a protocol on substitution therapy will be created in the near future, as well as guidelines on harm reduction programs. Only a specialist psychiatrist who manages the MMT program is allowed to admit clients to the program, or to change an individual's maintenance dosage. Nowadays there are 3 regional MMT programs running in Montenegro in: Podgorica for central, Kotor for southern and Berane for the northern region.

Buprenorphine has not yet been introduced as substitution treatment.

BY 2016 ALL HARM REDUCTION PROGRAMS IN MONTENEGRO WILL BE CLOSED BECAUSE OF LACK OF FUNDING

There are neither national nor local overdose prevention programs established in Montenegro. There is no existing or eligible data on deaths due to overdose (OD), as most of the deaths due OD are reported as caused by conditions/symptoms associated with OD rather than OD itself. An overdose can only be classified as such after identification via autopsy. This underestimates the problem of overdose in the population of people who inject drugs, and therefore does not highlight it as a significant concern for future policy and public health intervention.

DRUG USE TRENDS IN MONTENEGRO

Across all research collected this far, including those mentioned previously, the most commonly used drug in Montenegro is cannabis. Among injecting drug users, the most commonly used drug is still heroin and very small percentage (0.8%) of this is made up of those who inject a mixture of heroin and cocaine.

Despite recent trends in increasing use of alternative drugs to misuse, such as Krokodil and legal highs, in the region, these have not to the well established drugs. However, what is specific for Montenegro is the injecting of pills, even patches/film. Among the numerous pills that have been injected, the most common ones, as well as for sniffing, are sedatives/tranquilizers, hypnotics, pain killers, etc. A recent trend

has been the injecting of fentanyl patches/film used for pain relief among patients dying from cancer and similar conditions. These patches are used sublingually (although the appropriate use is transdermally with a patch, or with a film, on the inside of the cheek), but when used up, drug users cook several of them and inject the fluid. Besides the standard risks connected with injecting habits, there are higher risks of overdose as plasters can be up to 10 times stronger than heroin.

Prices of drug are relatively low compared to the rest of Europe in Montenegro (EMCDDA, 2014):

- Heroin: EUR 10–15 per gram,
- Cocaine: EUR 60–80 per gram,
- Ecstasy: EUR 3–5 per tablet,
- Cannabis: EUR 5–10 per pack (5–10 grams),
- Buprenorphine: EUR 30-80 per tablet (depends on the quantity and the country of origin).

YOUNG PEOPLE, DRUG USE AND HARM REDUCTION SERVICES

By law, young people in Montenegro are classified as 0-30 years and this makes up 40.21% of the total population. Using this figure in addition to the statistics previously mentioned we can conclude that the majority of drug users, especially injecting ones, are young people.

HARM REDUCTION SERVICES IN MONTENEGRO ARE FORBIDDEN FOR ANYONE UNDER 18. THIS BRINGS US TO AN ETHICAL DILEMMA EVERY TIME A MINOR ENTERS DROP IN CENTERS FOR STERILE INJECTING EQUIPMENT.

Although most of the time they are nearly 18 and our programs are anonymous, the punishment for providing minors with sterile equipment would be, depending on the law interpretation, criminal sanctions- imprisonment for 1 to 5 years (Criminal Code Montenegro, 2011).

Even though methadone maintenance programs are designed for injecting drug users who are adults, in practice it is very difficult to start treatment for drug users under 25, as programs are settled as high threshold programs.

In 2013 Juventas provided services for 689 injecting drug users in one of two existing drop in centres in Podgorica. Of these users, 48% of were under 30 years old, while 25% were under 25 years. Out of the total number of people who inject drugs, 14% were female. During this time we provided individual and group counseling sessions to 215 inmates. All of them were under 35, 75% under 30 and 32% under 25. All of them had history of drug use.

These 689 PWIDs contacted harm reduction services for 4802 times. During this time, we provided them with services:

16235 needles disstributed
11065 syringes distributed
3979 condoms distributed
605 lubricants distributed
423 hepatrombin gel pieces
507 stretch pieces
4644 alcohol wipes
5495 cookers
177 counseling sessions with psychologist
88 counseling sessions with medical doctor
411 counseling sessions with social worker
1873 counseling sessions with outreach worker
11587 returned needles
2555 returned syringes

This data shows that young people in Montenegro are highly exposed to drug use, yet have limited access to the modest provision of harm reduction services established at the moment.

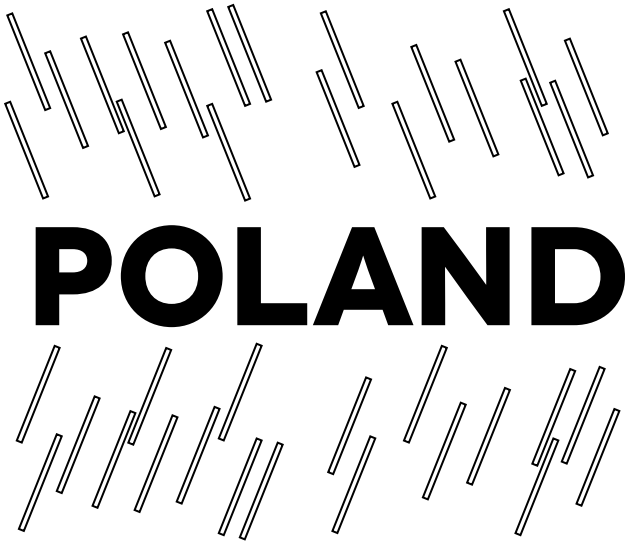
Montenegro is facing a great challenge as all harm reduction services are funded by foreign donations, such as Global Fund for Tuberculosis, AIDS and Malaria. These providers are finishing their mission in Montenegro in June 2015. Service providers are increasingly concerned about whether harm reduction services are going to be scaled up or shut down in the near future..

The State has not made any plans on sustainability of programs.

RECCOMENDATIONS:

In order not to shut down harm reduction services in near future Montenegro has to make a lot of progress:

- State should designate budget for full implementation of the Drug Strategy
- State should designate sustainable funds for continuous work of harm reduction services, both via government and non- government facilitation, especially NSP and MMT programs
- Development of bylaws that regulate harm reduction programs and services, as well as guidelines on licensing service providers
- Development, adaptation and implementation of guidelines on prevention of hepatitis C virus infection and prevention of vertical transmission
- Development and implementation of guidelines on substitution treatments during pregnancy, delivery and neonatal care
- Development and adoption of guidelines on overdose prevention,
- Introduction of buprenorphine as one option of substitution treatment
- Introduction of drug dependence treatments within prison settings


POLAND

INTRODUCTION, HISTORY AND GENERAL DATA

Teenagers and young adults, aged 15-29, make up 24% of the population of Poland which is over 9 million people. This number does not, however, recognize how many of them left the country permanently or temporarily after Poland joined European Union. The total number of recent emigrants is estimated since 2004 at 1.7 million, of which around 500 000 were people aged 15-29 (National Statistical Office, 2013). This leaves us with 8.5 million of young people who still reside in Poland. According to the European Monitoring Centre for Drugs and Drug Abuse [EMCDDA] 2013 annual report on the drug use in Europe, 28.8% of them used cannabis, 8.2% amphetamine, and 6.5% ecstasy at least once in their lives. In the most recent years these percentages were respectively 17.1%, 3.9% and 3.1% which identifies the young people of Poland among the top (recent) drug users in Europe (EMCDDA, 2013).

Since the fall of the Iron Curtain in 1989 Poland has seen a sharp rise in the number of people using drugs, especially among the youth. Firstly, drugs started to become popular amid students of high schools in major cities. The class aspect of the drug use was clearly visible in the early 1990's, as it was with many of the cultural novelties of the time: in 1992 students whose mothers had higher education were almost 5 times more likely to use drugs (27% lifetime prevalence) than students whose mothers had primary education (6% lifetime prevalence). Also in 1994 students getting mostly A's and B's were 50% more likely to use drugs than students getting mostly C's and D's, with lifetime use difference 16% to 12% Institute of Psychiatry and Neurology [IPiN], 2004)

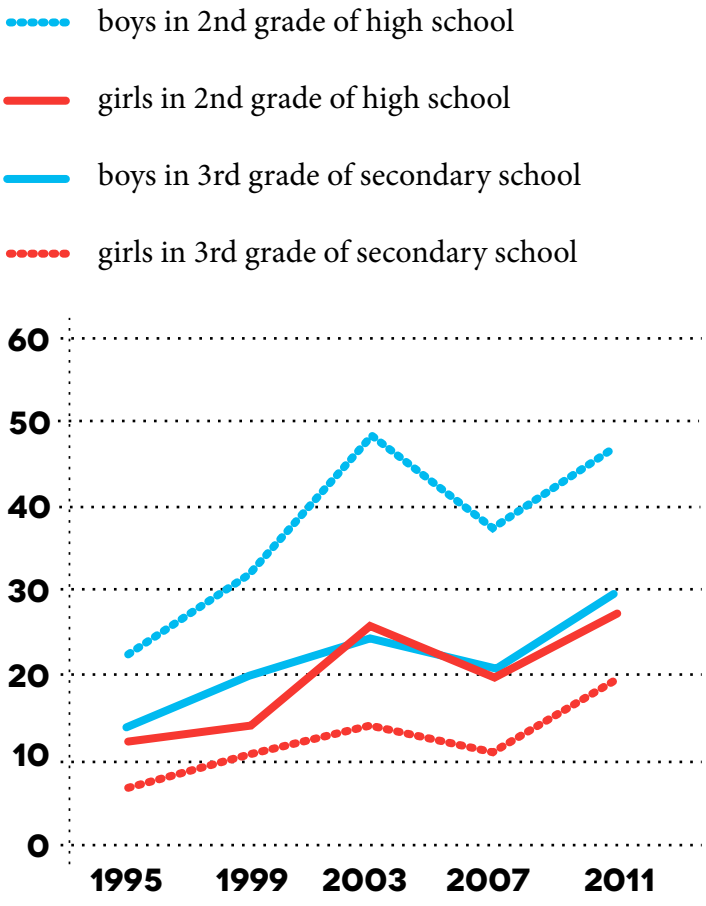
Quoting Institute of Psychiatry and Neurology report on the youth drug use patterns:

Research clearly shows that "fashion for using drugs" was created by the youth characterizing with major social attractiveness, having parents with higher education, living in a households in good financial condition, students of the high schools, obtaining very good grades. Young people with lower social opportunities willingly replicated behavior of more privileged peers

Over the years drug use definitely became more egalitarian. In 2003 29% of students having mothers with higher education used any illicit substance at least once in their life, comparing to 21% of those whose mothers had primary education. As mothers education still remains a factor strongly correlating with youth substance use, "family's financial situation no longer plays any role in it". Relatively new circumstances that correlate with drug use amid students is permanent or temporary emigration of their parents – 27% of students having both parents working abroad, at least once in 12 months prior to survey , used drugs, compared to 14% of those whose parents are in Poland. Among those with at least one parent working abroad, students that having an absent father are more likely (22%) to use drugs than those with absent mother (17%) (National Drug Prevention Bureau [NDPB], 2011).

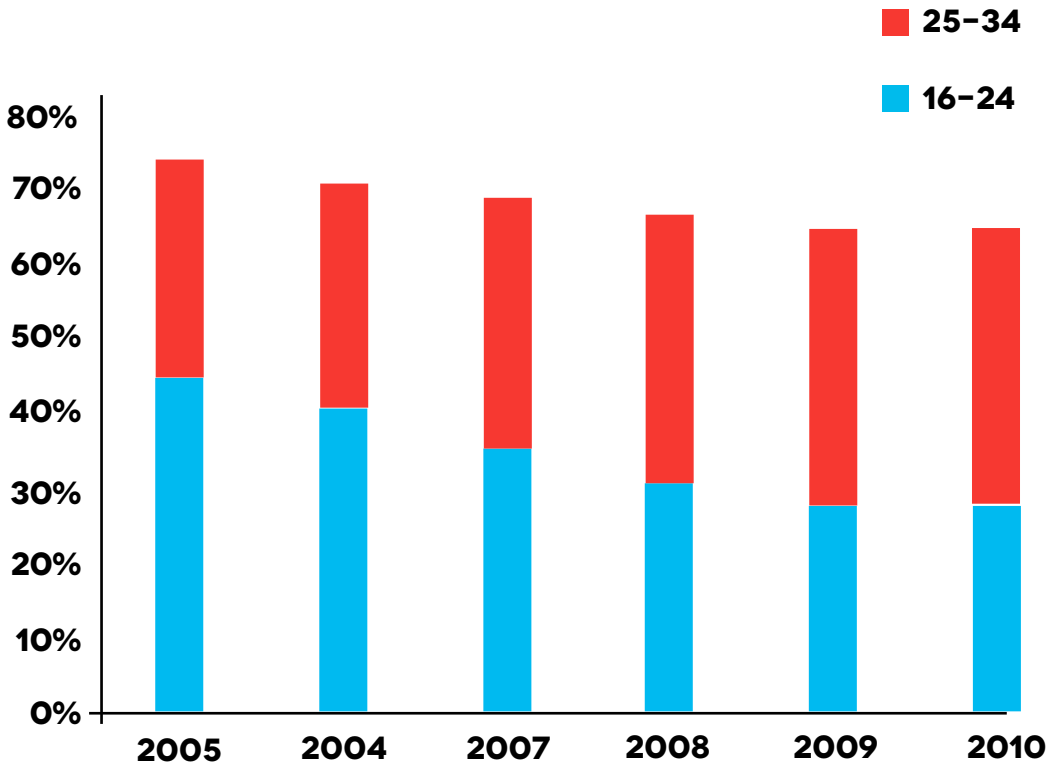
STUDENTS

Regular nation-wide research on the drug use of students started in 1995 as a part of European School Survey Project on Alcohol and other Drugs [ESPAD]. Back then just around 10% among middle school third graders students (usually 16 years old) and around 17% of second grade high school students (usually 17 years old) used any illicit psychoactive substance – usually cannabis - at least once in their lifetime. In 2011 these figures were respectively 24,4% and 38,3%, which is an over twofold rise, with highest lifetime prevalence of 46,7% amid male high school second graders (IPiN, 2011).



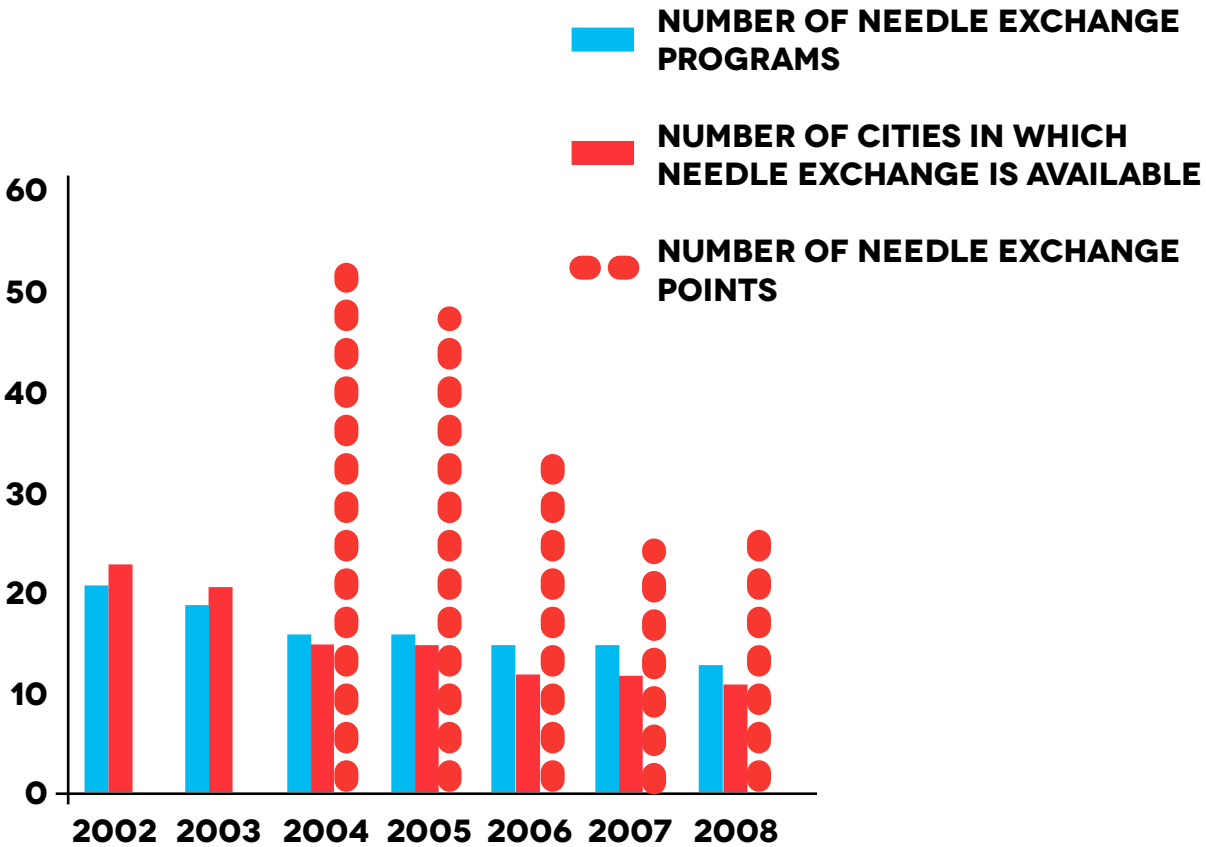
Lifetime prevalence of cannabis use among students 1995-2011,

Institute of psychiatry and neurology



People aged 16-24 and 25-34 as percent of patients entering drug treatment

National Bureau for Drug Prevention, 2013



Number of needle exchange programs and cities where they operate 2002-2008 and needle exchange points 2005-2008.

National Bureau for Drug Prevention, 2008

NEW PSYCHOACTIVE SUBSTANCES

Rise in the use and availability of novel psychoactive substances [NPS] in Poland was significant when compared to other European countries. According to United Nations Office on Drug and Crime [UNODC] Poland is among 5 countries, together with United Kingdom, France, Germany and Spain, that account for almost three-quarters of all NPS users in Europe. Most commonly used NPS's are synthetic cannabinoids like JWH-018 and mephedrone-like stimulants (UNODC, 2013).

DESPITE CONTINUOUS IMPLEMENTATION OF HARSH DRUG LAWS IN POLAND SINCE MID-NINETIES, THE PREVALENCE OF DRUG USE AMONG SCHOOL CHILDREN INCREASED TWOFOLD BY 2011.

In 2008 only 3% of young people aged 15-19 declared that they had used such substances at least once in their lifetime. By 2011 this number increased almost fourfold to 11%. In the same time period over 1000 shops selling "research chemicals" were opened in the high streets of Polish cities (Rzeczpospolita, 2013). The most logical explanation of this trend in Poland, when compared to other European states, is that in Poland, punitive laws only address the possession of "classical" drugs for personal use which are listed in the Drug Abuse Prevention Act and therefore illegal however new, as yet unregulated, substances are not accounted for in legislation and therefore do not have same the criminal penalties. As novel psychoactive substances are quite possibly far more dangerous than "classical" ones, particularly because of their unknown, and therefore hard to prevent, effects on human mind and body, this can be considered a counter effect of harsh legislation.

In 2011 government began a crackdown on the distributors of new substances, forcing a huge majority of the shops to close. The number of reported legal highs-related poisonings shows that this apparent 'victory' was only temporary: after an initial drop from 562 cases in 2010 to 118 in 2011 we've seen a rise to 299 in 2012 and 513 in 2013 (NDPB, 2013).

PROBLEM USERS

In 2009 the number of problem drug users in general population (15-64) was estimated at 56,-103,000 of which 10,000 - 19,000 were problem opiate users (EMCDDA, 2014; Sierosławski, 2012), although specific data on young people is not available. Based on the age of people entering drug treatment we can estimate it at around 30-40% of all problem users.

People aged 16-24 and 25-34 as percent of patients entering drug treatment

The latest data on the number of people entering some form of drug treatment comes from 2010 and since 2005 remains steady, oscillating between 12 – 14 000, of whom individuals aged 16-24 in 2010 made for 28% of this number, which is a noticeable drop compared to 45% in 2005. The added percentage of people entering drug treatment in the 16-24 and 24-35 age categories is slowly declining from 74% in 2005 to 65% in 2010 (NDPB, 2013) .

DRUG TREATMENT AND HARM REDUCTION SERVICES FOR PROBLEM USERS

Needle exchange and opioid substitution therapy [OST] are available in Poland although the supply is definitely not meeting the demand. Only 25 OST programs, including 6 in penitentiary facilities, are currently running in the whole country, covering just 7% of all addicted opioid users. To compare, the average for EU countries is around 40%. Although number of OST programs and patients is slowly rising the shortage is still vast and clear, with some of the regions with a population of over 1 million still not having even one program available (Gryn, n.d.).

Latest data on day-care centers and needle exchange programs comes from 2008. It shows significant drop in the number of programs in cities that they are available in and drop-in points. Between 2002 and 2008 number of needle exchange programs dropped from 21 to 13. Number of cities offering such programs dropped from 23 to 11. Number of needle exchange points (which includes outreach) dropped from 53 in 2004 to 27 in 2008. The National Bureau of Drug Prevention claims that most of the closed programs were the minor ones in small towns in South-West Poland with no significant population of injecting drug users, but data shows that closure of programs was followed by major drop in the number of clients – 4614 in 2004 to 3101 which is 32.8% downfall. Number of delivered needles was also lower, with circa 650 000 in 2004 to 425 000 in 2008 (NBDP, 2008).

Number of needle exchange programs and cities where they operate 2002-2008 and needle exchange points 2005-2008

National Bureau for Drug Prevention

Of all needle exchange male program clients men aged 15-29 made for 36% and among women youth made for 54% (NBDP, 2008).

People under 18 years old are prohibited from accessing both OST and needle exchange programs, even if they have parental consent. It's legal to enlist people aged 18-21 to OST under general law although those aged below 21 are not allowed in the programs by specific medical regulations.

HIV/AIDS

HIV and AIDS have been monitored in Poland from 1985. Since then 17 389 HIV infections, 3022 AIDS cases and 1237 related deaths were reported. In the total number of diagnosed HIV infections, 6014 (34.5%) were caused by injecting drug use (National Institute of Public Health, 2014). Between 1999 and 2012 a vast drop in the number of IDU-related infections occurred and drug use lost its first place as a cause of HIV infection: in 1999 284 out of 543 (52%) diagnosed infections were caused by injecting drug use, comparing to 39 out of 1085 only (3.6%) in 2011. Among new HIV/ AIDS cases in IDUs registered in 2012, people aged 20-29 accounted for 13 (26%) Surveys show that more injecting users are testing for HIV/AIDS. In 2008 32.9% of respondents had not been tested in 12 months prior to the survey, comparing to 17.9% in 2010 (NBDP, 2013).

HARM REDUCTION SERVICES FOR RECREATIONAL USERS

Until 2012 harm reduction programs for recreational users were practically non-existent with "dance safe" actions present occasionally in a few clubs in the capital Warsaw, which is a place of residence for 5% of country's total population. Recently an educational campaign "Miasto wciaga", which aims at educating partygoers on the effects of use of certain recreational drugs, was started , yet it's still limited to 10 clubs in Warsaw.

The only country-wide non-abstinence program is CANDIS, helping cannabis users who may be abusing the substance to reduce the consumption. CANDIS programs are run in various cities by different non-governmental organizations and sponsored by state-funded National Bureau for Drug Prevention (NDPB, 2013).

RECOMMENDATIONS

One of the main issues regarding youth drug use and harm reduction in Poland is ineffective allocation of resources. Calculation made by Institute of Public Affairs [IPA] in 2008 estimated spending on enforcement of possession for personal use laws at over 80 million PLN/20 million EUR/27 million USD (IPA, 2008), taking inflation and rise of the salaries in public sector into consideration we can currently estimate this amount at 100-120 million PLN. This is more than the total spending on all drug treatment and harm reduction within National Health Fund [NHF] yet there is no evidence it managed to affect the levels of drug use.

NHF SPENDING IN DRUG TREATMENT AND HARM REDUCTION SYSTEM IS ALSO ASYMMETRICAL, WITH VAST MAJORITY OF FUNDS GOING TO STATIONARY, DRUG-FREE TREATMENT WHICH OFTEN INVOLVES ISOLATION OF THE PATIENT FROM HIS/HER FAMILY AND FRIENDS, HAS HIGH COSTS AND RELATIVELY LOW EFFECTIVENESS.

Only about 15% of funds is being spent on substitution treatment, and harm reduction services for IDU's receive only a fraction of the budget (NDPB, 2008; 2013).

RECOMMENDATIONS

Based on all the facts presented above we can list the following recommendations of urgent changes that should be implemented to reduce drug-related harms among young people:

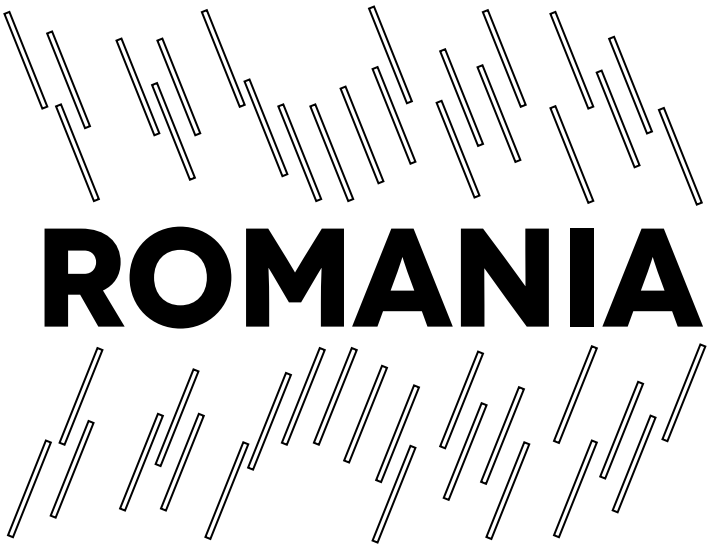
1. To reduce spending on prosecution of possession of drugs for personal use as it has not been proven effective to deter young people from using drugs, and allocation of saved resources to harm reduction programs for recreational users, including "dance safe", CANDIS and educational campaigns. A 30% reduction in the number of arrests for personal possession would allow us to increase the budget of National Drug Prevention Bureau, which is directly and indirectly financing mentioned programs, by fourfold. Fear of criminal persecution may also deter problem users from joining drug treatment or harm reduction programs as their illness is de facto criminal offence. Doctors and therapists from across the country have reported patients

and clients being harassed by law enforcement around medical facilities which caused some of them to leave programs.

2. To lift legal barriers in access to harm reduction services for underage injecting/opiate users, which are causing under-representation of them among harm reduction programs clients when compared to their number in the whole population of problem users. There is no scientific evidence that access to such programs for people under 21 years old increases use of psychoactive substances in this age group or intervenes with other forms of treatment, therefore such barriers are unjustified.

3. To allocate part of the resources from stationary drug-free treatment, which is currently overfunded and under effective, to opiate substitution treatment and needle exchange programs so they can cover more patients and users across the country. Very low OST availability and a major decline in both number of NEP and their clients makes this point especially important.

4. As using criminal sanctions to challenge the problem of new psychoactive substances use had not proved effective in a long period of time, different measures, including new approaches to control the market of these substances, should be explored.


ROMANIA

COUNTRY PROFILE

Romania is mostly a transit area for drug supply, only a fraction of the drugs that pass through are retained for local consumption.

RECENTLY ROMANIA HAS ALSO BECOME A STORAGE AREA, WHERE DRUGS SMUGGLED IN THROUGH THE SOUTHERN BORDER ARE STORED FOR A CERTAIN PERIOD OF TIME AND FINALLY DIRECTED TO MARKETS WITH HIGHER CONSUMPTION AND PROFITS, IE IN WESTERN EUROPE.

Romania sits along an active transit pathway using the Balkan route that includes Turkey, Bulgaria, Romania (by customs Negru Voda, Vama Veche, Giurgiu, Bechet, Nadlac, Bors or Petea) Austria, Netherlands and the United Kingdom. The second section of the Balkan route travels through the eastern part of Romania, through Ukraine and Poland-Germany or Slovakia-Czech Republic, finally destined for western European markets (EMCDDA, 2009).

In the last 2 years Romania has also become a destination country for all types of drugs (heroin, cocain, cannabis), a statement supported by the drug market dynamics in 2012 where the volume of captures has increased with 60% from 2011. (European Monitoring Centre for Drugs and Drug AbuseEMCDDA &National Antidrug Agency, 2013)

In recent years the the synthetic drugs reaching the Romanian markets, have been emerging via new routes both from the Western (Holland, Belgium, Germany) and also from the North (Baltic countries, Ukraine). Opiate trafficking in Romania is largely facilitated by the country's location on a section of the Balkan route and close to the northern Black Sea route. Regarding cocaine, the traffickers have focused on Constanta port as an entry point into Europe. This had made the political situation even more precarious for Romania since 2007 when it became part of the the external border of the European Union.

ROMANIA AT A GLANCE

The regulation sets the institutional framework in which services are provided (Abagiu et al.,2013)

The regulation coordinating the National Anti-Drug Agency sets the institutional framework in which services are provided (Abagiu et at.all,.,2013). The regulation is outlined by the following legislation:

- Decision no. 860/2005 (7) approving the enforcement regulation of the Law no. 143/2000 on preventing and countering the illicit drug use, further amended and supplemented
- Decision no.461/11.05.2011 concerning the coordination and functioning of the National Anti-Drug Agency
- Decision No. 1102/18.09.2008 concerning the National Program on medical, psychological and social care of drug users 2009-2012,

The services that are in place based on that regulation are:

- drug prevention, evaluation and counselling centre [DPECC] (out-patient) - medical, psychological and social care and case management,
- day-time centre (12-hour out-patient care),
- therapeutic community, half-way housing, social housing and others (hotel-type) – care services,
- centre for integrated care of addictions (out-patient) – medical, psychological and social care,
- in-patient detox centres, units and departments (in hospital care) – medical detoxification services,
- harm reduction centres (out-patient or mobile units) – harm reduction services, mental health laboratory with a service running in the day-time – out-patient substitution treatment (methadone maintenance),

The Romanian network of drug addiction medical treatment, psychological and social care has the following structure (Abagiu et al., 2013):

1. Services provided by the National Anti-drug Agency (out-patient):
    - Medical, psychological and social assessment towards the inclusion in treatment integrated programme [TIP] and the formulation of the individualised plan of therapeutic, psychological and social care ([IPC)].
    - Medical services: pharmacological treatment for achieving abstinence (methadone, suboxone, naltrexone), rapid drug testing for HIV, HBV, HCV.
    - Services of psychological and social counselling to achieve psycho-social reinsertion and rehabilitation (individual and group-based).

- Case management – coordination to ensure the implementation of the IPC and assessment of the measures provided for in the plan and their results.

2. Services provided by the Ministry of Health
   - In-patient: detoxification, overdose treatment,
   - out-patient – treatment centres: medical and psychological assessment, pharmacological treatment to maintain abstinence (methadone, suboxone, naltrexone), rapid drug testing for HIV, HBV, HCV, Services of psychological and social counselling and case management.
3. Services provided by the Ministry of Justice (National Administration of Penitentiaries)
4. Harm reduction services – syringe exchange
   - Substitution services – methadone.
   - Therapeutic community services.
   - Services provided by other service providers
   - Private or NGO-run out-patient treatment centres.
   - Private or NGO-run after-care treatment centres.

Harm reduction services provided by NGOs, most of which function under the RHRN umbrella. The Romanian Harm Reduction Network (RHRN) is an informal network of 14 NGOs and state institutions that promote the reduction of drug-related harm by increasing communication between partner organisations and improving the quality of services for drug users, at national level.

The main results of the syringe exchange projects implemented in Romania, with the financial support of UNODC/Global Fund to Fight HIV/AIDS , Tuberculosis and Malaria from 2007 to 2010 were (Abagiu et all, 2013):

- 16,539 IDUs included in the programme;
- 3,314,884 distributed syringes to IDUs;
- 1,133,178 collected syringes from programme beneficiaries.
-

HARM REDUCTION AND YOUNG PEOPLE IN ROMANIA

In Romania the harm reduction services for young people are still only included as part of the harm reduction services for adults, despite the efforts done over the last 5 years by Romanian harm reduction NGOs and UNICEF Romania to scale up interventions for this specific subpopulation.

The lack of dissagragated harm reduction services has a direct impact on the acces to proper care of young people using drugs, thus making this group more vulnerable to health and social harms (e.g. increasing the risk of HIV and hepatitis B and C, social exclusion, lack of proper medical care and lack of official documentation).

The most important issuse linked to access to tailored harm reduction for young people is the legal framework concerning medical and social services for underage population and youth in general in Romania. At the moment the body of legislation tackling drug using in the underaged and young population is the child protection legislation and the social care law. The focus of all available interventions prioritises the treatment component, with a lesser focus on assistance and prevention interventions, including testing for HIV and hepatitis and information campaigns.

Access to services represents a major issue in Romania for young people. The assumption that young people are more inclined to access treatment services, including harm reduction services is invalidated by the low percentage actually documented as accessing services -18,3%.

By the end of 2012 the total estimated number of people using drugs in Romania was 10,583 and most of them were located in Bucharest, a major urban area, where drug use was most common after the fall of the Communist regime in 1989. If we take a look at the total number of people using drugs within a 5 year timeframe (between 2007-2012) we can see a significant decrease in the number of people using drugs in Romania. In 2007 we had 16 867, and by 2011 we reached the highest number of people using drugs, 19 265 (EMCDDA&NAA,2013). We can assume such a major decrease in the number of people using drugs in Romania, from 2011 to 2012, could be linked with the data collection mechanisms that focused mostly, in 2012, on people using drugs who also accessed a form of treatment (besides harm reduction services), however further research is needed to support a significant shift in drug use trends in Romania.

A major limitation on progress continues to be the lack of a proper service infrastructure outside Bucharest as at the moment all major harm reduction

service providers being located in Bucharest. This results in a treatment gap for people using drugs outside the capital city. For young people using drugs the situation is even more uncertain due to the lack of dissagragated data and in-depth research of specific cases. Among children using drugs there is often inconsistent information concerning their behaviour patterns and trends of use, which has a direct impact on the understanding of the exact context of drug using behaviour among this age group.

The service infrastructure in Romania is divided between state and private (mostly non-governmental organizations and 2 private clinics located in Bucharest) services. The National Anti-drug Agency (NAA) service has 47 Centres for Evaluation, Prevention and Counselling – at county level- developed specifically for offering specialized interventions for people using drugs (including young people). Medical services were offered through the Ministery of Health medical units in Bucharest and at county level, and also at the National Administration of Penitenciary.

The harm reduction services are delivered by NGOs. At the end of 2012 only 2 NGOs were still delivering services to people using drugs in Bucharest, ARAS (Romanian Association Against AIDS) and Carusel.

THE OTHER 3 HARM REDUCTION NGOS HAD TO SCALE DOWN OR CLOSE THEIR SERVICES DUE TO LACK OF FUNDING, SINCE IN 2010 THE GLOBAL FUND LEFT ROMANIA (DUE TO ITS EU MEMBER STATUS) AND IN 2011 UNODC HAS ALSO CLOSED DOWN ITS ROMANIAN OFFICE.

The Ministery of Health didn't have the necessary funds to sustain the harm reduction services afterwards, on the scale they were initally designed.

TRENDS OF DRUG USE IN ROMANIA

The drug of choice for people in Romania remains heroin (34,6%), followed by novel psychoative substances aka "legal highs" (33,1%). An important concern regarding "legal highs" in Romania is highlighted in the treatment admission rates of people using drugs in 2012 which was significantlly higher for NPS than for heroin (based on hospital records, twice as high for NPS than for heroin). (EMCDDA&NAA,2013)

Also in Romania the pattern of drug use is linked with a low initiation age, mean 14 y.o., with a significant percent of people using drugs being under 15 y.o. (46,5 %), and 41,2% injecting both heroin and NPS. This pattern of use in the underage population is similar to those with a long term history of drug use (more than 5 years of consumption behaviour). Though in the last 2 years (2010-2012) the patterns of use had slightly changed for people using NPS (espacially young people between 15-19 and 20-24 y.o.) with oral use becoming more prevalent instead of injecting drug use. (EMCDDA,2013)

The data concerning children and young people using drugs in 2012, in Romania gives an insight into the depth and complexity of the phenomena as the information made available through ESPAD (European School Survey Project on Alcohol and Other Drugs) 2011 draws an entirely different picture (EMCDDA&NAA,2013). Romania takes part in the European School Survey, being one of the countries that also makes an in-depth analysis on at-risk behaviours on children, with a focus on cannabis use. Based on the ESPAD survey results Romania is a low prevalence country regarding substance-use among children. The main criteria taken into account are the lifetime use of drugs.

The results show a 7% prevalence of cannabis use and 5% for illicit drugs (including heroin and stimulants), without any significant difference between boys and girls. The average age of the respondents is 16 y.o. A limitation of the survey that has to be taken into account is the fact it's done in schools, during school hours, with parental consent therefore both teachers and parents know the children will be taking part in this research. This has a major implication on the validity of the findings and the unsuitability of the data collection process.

The changes in the patterns of use and the increase in NPS availability, especially among young people (20-29 y.o.), linked with an injecting behaviour has created the following trends (in 2012):

- Signinficant increase in hepatitis B
- Increase of hepatitis C prevalence among vulnerable groups
- Significant increase of HIV among vulnerable groups

ACCESS TO HARM REDUCTION SERVICES FOR PEOPLE USING DRUGS (INCLUDING YOUNG PEOPLE)

In 2012 treatment and asssistance for people using drugs has been provided in 62 Centres all over Romania: 22 medical facilities of the Ministery of Health (20 of them were detox and in patient medical assistance), 31 Centres of NAA, 3 private practice, 2 harm reduction Centres (ARAS and CARUSEL) , 2 Centres within penitenciaries and 2 therapeutic communities. Of the total number of 10,583 people using drugs in Romania 1848 recieved medical assistance (outpatient and inpatient), and a total number of 3788 recived services through various service providers, including harm reduction service providers.(EMCDDA,2013)

Although efforts have been made in creating a sustainable service infrastructure for people using drugs in Romania there is still insufficient service support specifically tailored to children and young people usings drugs. Their age, lack of resources and/ or lack or guardianship can prove a real issue when accessing any kind of medical and social services, including prevention interventions (often only available in schools, under strict supervision, with very little attention paid to confidentiality).

The drug-related problems generated among young people through these ever changing trends are having direct consequances in terms of health (EMCDDA,2013):

• new diagnosed HIV cases in the 15-19 age group (early drug use) has been increasing

• significant increase of HCV (Hepatitis C) for young people within the 25-34 y.o. (in 2008 the prevalence was set at 70.27% and by the end of 2012 the prevalence reached 85.3%).

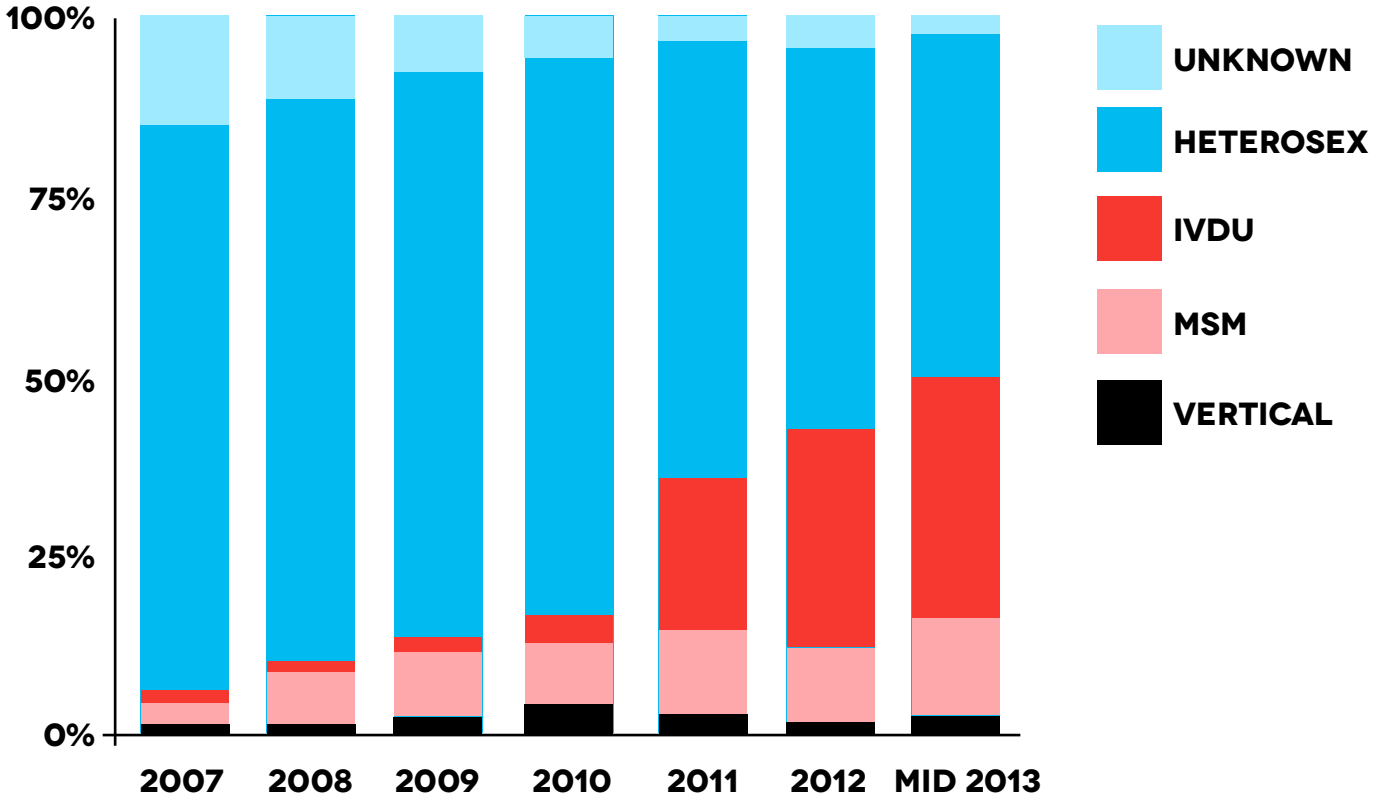
Regarding the high prevalence of HIV among young people using drugs, below the age of 25, in 2008 the prevalence was 0% and by the end of 2012 it reached 24.6%. The same situation was identified among young people aged between 25-34 y.o. where from 2 % in 2008 it reached 24.9% in 2012. (EMCDDA, 2013).

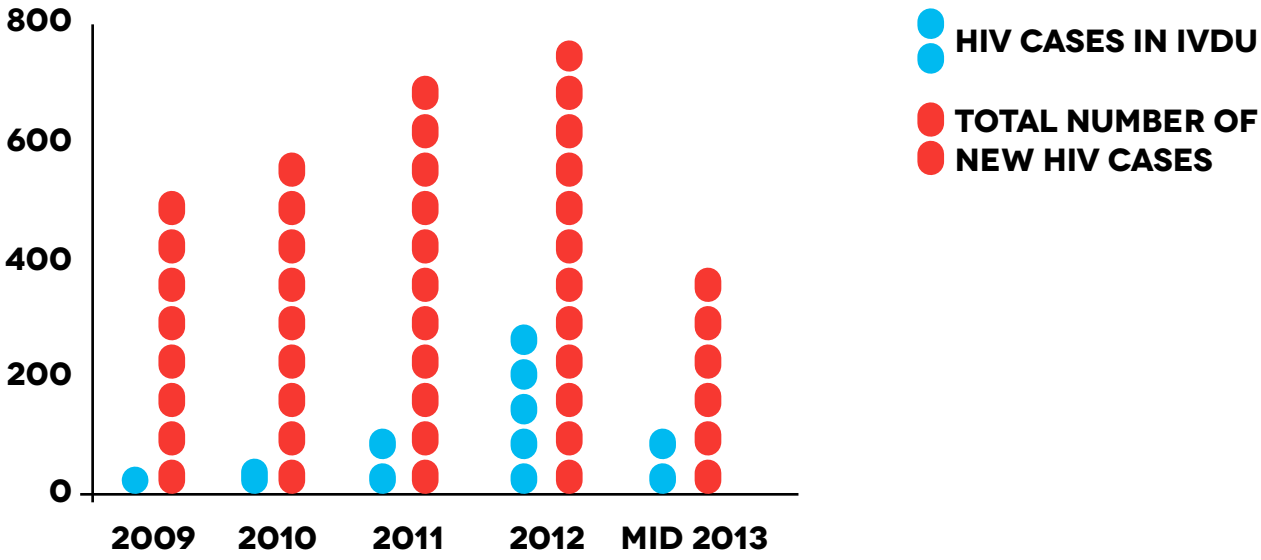
The changes in the patterns of use but also in health trends among vulnerable groups are strongly connected with the scaling down of harm reduction services in Romania, after the Global Fund for HIV, Tuberculosis and Malaria ended its final funding round in 2010. Most of the services closed down at that time and only one NGO in Romania was able to remain open due to a European funded project. All that coincided with changes in the drug markets resulting in the increased use of NPS, frequent injecting and low accessability of services (mostly among young people).

Data from the 2012 BSS among IDUs in Bucharest show significant changes in HIV prevalence among IDUs, with 52.5% of IDUs in the sample being HIV-positive. The HCV rate among IDUs is 78.9% and 40.5% of the IDUs in the sample are co-infected with HCV and HIV. The main drugs injected are, as expected, NPS (the new amphetamine type stimulants) reported by 49.4% of the sample, followed by heroin for 38.1%8. The sample size was 417 and all respondents were recruited using respondent driven sampling. (EMCDDA,2013)

The HIV epidemic in Romania is following a widely observed general European trend: increasing incidence in intravenous drug use and prevalence, particularly among MSM, thus making access to harm reduction services vital to people using drugs (National Institute of Infectious Diseases, 2013).

IN 2009 THERE WERE ONLY 4 NEW HIV INFECTIONS REPORTED AMONGST INJECTING DRUG USERS IN ROMANIA. AFTER 5 OUT OF 6 HARM REDUCTION PROGRAMS WERE CLOSED IN 2011 NUMBER OF INFECTIONS SKYROCK-ETED TO 231 IN 2012.





CHANGE IN DRUG USE

2009> 97% HEROIN
2010> 1/3 AMPHETAMINE-TYPE STIMULANTS

MORE FREQUENT INJECTIONS
MORE LIKELY TO SHARE NEEDLES
ACCES TO STERILE NEEDLES

97,5% HIV+HCV

13,8% HIV+HBV

9,6% HIV+HCV+HBV

2,5% HIV+HCV+HBV+HDV

Sources for the tables from page 38: Romanian Harm Reduction Network 2012, UNAIDS 2012

Obstacles to serving the best interest of the child and respecting the rights of young people:

- Lack of funding for harm reduction services in general, with particular focus on the young population
- Children not allowed to use NSP without parental consent;
- OST is not available for under 17 y.o; under-age drug users in public institutions are sent to detox units
- Police are entitled to take legal measures against harm reduction service providers who work with under-18s
- Lack of proper data collecting mechanisms, even between harm reduction service providers

RECOMMENDATIONS

The vulnerability of children and young people using drugs in Romania is now, more than ever, in need of special attention in terms of design, implementation and evaluation of services and policies.

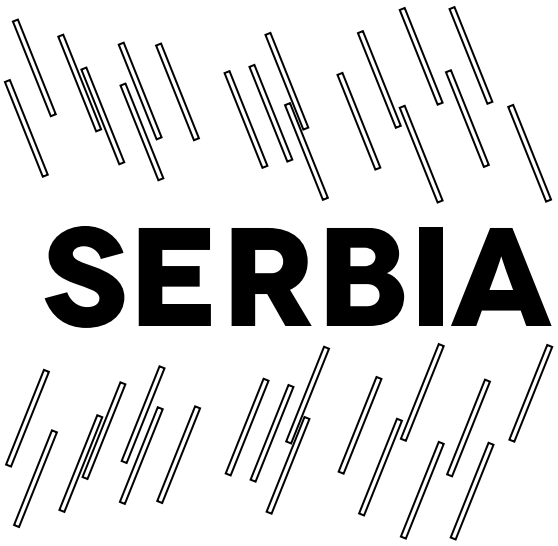
Based on the new EU Drugs Strategy and Action Plan – which provides the framework of the National Drugs Strategy and Action Plan- the following recommendations have to be taken into account:

- The exchange of good practices and efforts to monitor the quality of these services, as well as mechanisms for sustained funding for evidence-based HIV prevention
- Create tailored services designed for children and young people using drugs
- Integrating evaluation mechanisms and indicators for Article 33 of the UN Convention on the Rights of the Child in Romanian child protection legislation and also in the drug related one
- Creating links between drug and youth policies at national level, encouraging the direct involvement of children and young people using drugs in the design and implementation of drug policies and harm reduction services,
- Introducing relevant legislation that treats children and young people as " at risk" and in need of support and care rather than as criminals
- Standardise the way we monitor the number of children and adolescents who inject drugs nationally and internationally
- "Know our epidemic" and how it differs from that of adults in order to "know our response"
- Make guidance accessible, specific and relevant for children and young people using drugs
- Collaborate internationally to produce legal and policy frameworks that respect child rights
- Listen to children and adolescents who inject and demonstrate clearly how what they tell us informs our responses
- Monitor the ongoing situation of HIV cases, HIV prevalence, HCV prevalence, injection risk behaviour and/or changes in drug use patterns, and prevention intervention coverage
- Continue and improve close collaboration between sectors (HIV surveillance, prevention, drug services, civil society and NGOs) to better monitor and improve the response to the prevention of HIV among IDUs, if possible including regular national level meetings with all stakeholders.

It is now clear that the most important measures will include a rapid response ensuring widespread coverage of harm reduction measures like OST and NSP provision and improving the access of the IDU HIV-positive population to ART treatment and support services.

Other specific actions were assessed both by Romanian authorities(Abagiu et al., 2013):

- Approve the national HIV prevention strategy (Ministry of Health) – still on-going.
- Plan and carry out behavioural surveillance (including HIV surveillance) to better target and evaluate interventions.
- Improve syringe sale at pharmacies – while the provision conditions are improving, still many IDUs can still not afford them. The best solution is to involve pharmacies in free syringe distribution and access to exchange so used syringes can be appropriatley disposed of.
- Increase HIV screening among IDUs – it is on-going.
- Identify and apply effective treatment for stimulant-dependent persons.
- Work on defining the population sizes and characteristics of opiate users and injectors.


SERBIA

GENERAL INTRODUCTION

During 90's Serbia faced deep economic and social crises due to the war in Balkan region, and led to economic and cultural isolation of country. This situation resulted in emerged rise of organized crime. The payable goods were weapons and drugs. Weapons market was expanding considering war, and being on drug trafficking routes led Serbia to become important transit in drug trafficking. Until then, Serbian part of heroin distribution net in Europe completely developed, from Asia, through Turkey and Balkans to Western Europe. Society transition, considering new democratic Government in year 2000 and crush of "old socialist" system, low standard of living, unemployment, loss of ethical values, war traumas are the circumstances which influenced street availability and led more young people to start using drugs.

Republic of Serbia has 7,186,862 inhabitants, of which youth (15 to 24 years old) make up to 12.4% (National Statistical Office, 2013).

YOUTH UP TO THE AGE OF 18 ARE PRIMARILY AFFECTED BY HIGH UNEMPLOYMENT AND POVERTY, WITH POVERTY RISK RATE AT 24.6% (NATIONAL STATISTICAL OFFICE, 2012).

Number of young people which completed high school is very high (85%), but the unemployment rate in this population is 50.9% (Serbian Association of Employers, 2012). Economic contraction was followed with rising unemployment, which soared to above 28% nationwide, with rates exceeding 50% in South and Southwestern Serbia (Ministry of Labor, 2013).

There is no official estimation on number of drug users, except estimation on number of injecting drug users (IDU), because of undeveloped informational system and registry database. Central national assessment conducted in 2009 estimated that there were 30,383 IDUs, half of which lives in Belgrade (Ministry of Health [MOH], 2010). Estimated prevalence of IDUs in Serbia in 2010/2011 was 0.7% of Serbian population (15 to 59 years old) (Comiskey et al. 2011). Research among women show that opiate dependence is usually developed through emotional relationships (62.5% of women dependent on opiates live with someone who has drug dependency). Experience of trauma is extremely high (40.6% reported physical and 21.9% reported sexual abuse), as well as depression (56.3%) and anxiety (84.4%) (Raketic, 2013).

CURRENT SITUATION, YOUNG DRUG USERS, PROBLEMS RELATED TO DRUG USE

Characteristics of young drug users

Research show that 8% of young people used illicit substance in their lifetime. Frequency of cannabis use among young people is 7%. Higher percentage of cannabis lifetime prevalence is present among boys compared to girls (9% to 4%). Sedatives without prescription were used by 7% of students, and 3% used licit substances other than cannabis (European School Survey on Alcohol and Other Drugs [ESPAD], 2011). According to ESPAD research there is significant difference in use of psychoactive substances in relation to financial status of family. Most at risk groups consist of young people affected by poverty and young people who are well financially situated but are affected by dysfunctional family relationships. The same research maps places of substance use initiation: 30.6% of youth initiated at parties, 29.6% in their own or friend's home, 18.4% initiated drug use in school and 9.2% in clubs (ESPAD, 2011). Children living and/or working on the street use traditional psychoactive substances such as cannabis, inhalants (glue, bronze, evaporative solvents), heroin and alcohol.

Gender proportion among drug users under the age of 20 is 2:1 in favor of males. Structure of registered opiate dependences indicates an increasing trend of young people initiating treatment: over 90% of registered patients are under the age of 30 (MOH, 2010). Initiation to drug use is mostly happens in early adolescence. Arithmetic mean of the age of first drug injecting was 21.5 years. In the youngest study group (18 to 19 years) the median age of first injection was 16 years. Average age of entering into sexual relations is 15 years old (MOH, 2012).

Challenges in reaching young drug users

Diversity of cultural frames in which young people grow up conditions methods of program planning and implementation. Population of young drug users requires specific conditions of work in drop in centers; because program results are closely related to setting in which programs take place. Effectiveness of program is conditioned by availability of service providers on daily basis, and outreach model is most effective. There are difficulties in reaching young people with higher social status (denial of drug use is more common, they come to drop centers sporadically, one peer group member is usually supplying injecting equipment for the whole group). Among usual challenges like stigma and discrimination there is also widespread myth among youth that all services designed for IDUs are repressive.

Emerging subgroup of young drug users

High availability of heroin and other psychoactive substances lowered prices and quality of drugs on illicit market and resulted in appearance of specific population of drug users, Roma drug users. There are unregulated Roma settlements with high percentage of youth using heroin and alcohol, with frequent use of sedatives and anti-psychotics. Roma children are brought up in environment tolerant towards substance use, they often play with needles and syringes, watching their parents, neighbors and relatives injecting, even assisting in preparation and injecting (standing guard, passing needles and syringes, tightening tourniquet etc.). Compared to general population initiation to substance use happens much earlier and initial substance is considerably often heroin. There is existing multiple vulnerability of Roma population, especially among girls: 1/3 of women aged 15 to 19 had experience of childbirth, 40% experienced abortion, 4% had childbirth before the age of 15, only 3% of women use condom and 20% believe that partner has the right to abuse them physically (United Nations International Children's Emergency Fund, 2011).

IN ACCORDANCE TO THE EXISTING SITUATION THERE IS A NEED FOR SPECIAL MODELS OF PREVENTION AND TREATMENT OF SUBSTANCE USE WHICH WILL BE TAILORED TO SPECIFIC NEEDS OF YOUNG ROMA DRUG USERS.

New psychoactive substances

According to the analysis of the current situation of the National Strategy for Fight Against Drugs, there are a growing number of new psychoactive substances available on the Serbian market, there has been an increase in the use of psychoactive substances and an increasing trend towards the concurrent use of multiple substances - so called multiple drug use.

Regarding new psychoactive substances, most available are synthetic cannabinoids, from the stimulants group - mephedrone and sporadically GHB. Synthetic cannabinoids are sold as "air fresheners" and they can be purchased in smart shops in all bigger cities in Serbia. In Belgrade, free of charge home delivery is possible. Mephedrone is available only on illicit market, a lot of heroin users switched to it as their drug of choice although mephedrone belongs to group of stimulants.

Morbidity and mortality among drug users

From total number of reported AIDS cases (1608), 40 % were IDUs. Since 1991 number of IDUs among all newly diagnosed and reported cases of HIV infection declined from 70 % in 1990 to 7 % in 2011, while sexual transmission of HIV increased over the same period (Institute of Public Health, 2011). Data collected in 2012 through sero-prevalent and behavioral study conducted in Belgrade and Novi Sad showed that prevalence of HIV infection among IDU population is 1, 7% (MoH, 2010).

Transmission categories are not identified in relation to infection by Hepatitis C. The highest age-specific rate of newly reported cases of acute Hepatitis C infection in 2011 were registered in the age group 20 to 29 (3.38 per 100 000) (Comiskey et al., 2007), which is almost as twice as much than in 2010 (1.81 per 100 000) (MOH, 2010) . Prevalence of Hepatitis C among IDU population in 2010 was 77.4% in Belgrade and in Niš 60.5% (MOH, 2010). Generally, there is a strong stigma and discrimination towards drug users in Serbian society which makes them isolated and out of the margins, excluded from the health and social system which increases their vulnerability to contracting HIV/Hepatitis and other infectious diseases.

According to data from Registry of Deaths, from 2008 until 2011, there were 350 deaths caused by drug use, mostly associated with opiates overdose. Most of fatalities happened in the age group 25 to 34, four deaths caused by overdose were among younger than 25 in 2011 and 90 % of all deceased were male. Mortality data are not collected properly in all parts of Serbia, especially concerning primary and secondary causes of death, especially in rural areas. Between 2010 and 2011, 11 cases of 'body packers ' were registered, in most cases substance was heroin (EMCDDA, 2013).

For National Poisoning Control Center the biggest challenge is inability to detect new substances due to lack of adequate equipment. In addition, medical staff has no information about new psychoactive substances on the market, which is another concern. Emergency services and National Poisoning Control Center report growing trend of overdose deaths due to new psychoactive substances.

Drug use in prisons

On December 31th 2011 there were 11094 prisoners in Serbia. Registered drug users were 44 % of the prison population and 128 prisoners were on substitution therapy.

ALMOST 80% OF BENEFICIARIES IN JUVENILE DETENTION CENTERS ARE DRUG USERS.

Quality of medical care has been improved since 2009: voluntary and confidential counseling and testing for HIV and Hepatitis C for all newly admitted prisoners, individual and group counseling, harm reduction services, education on HIV, Hepatitis C and overdose (EMCDDA, 2013). New psychoactive substances are sporadically appearing in prisons, prisoners mostly use marijuana, heroin and cocaine.

HARM REDUCTION PROGRAMS AND OTHER SERVICES AVAILABLE FOR YOUNG DRUG USERS

Prevention

Activities in the field of universal prevention are wide spread. Prevention of drug abuse is involved in eight national programs for health promotion and it is aimed on various target groups. Most of the prevention programs implemented in secondary schools are aimed to prevent substance use (58.2%) (Pavlovic et al., 2009). These activities are mainly based on providing information and raising awareness about issues related to drug use. There is not enough activities and programs related to selective and indicated prevention which is proved to be more effective in prevention of drug use among youth.

Harm reduction programs

Needle exchange programs started in 2002 in Serbia. Pilot program in Belgrade was funded by Medecins du Monde - France, only with arrival of The Global Fund to Fight HIV, Tuberculosis and Malaria these programs were opened in three other cities in Serbia - Niš, Novi Sad and Kragujevac. Programs are not legally regulated yet, there is no governmental body or institution for monitoring and evaluation of these programs, and there is no financial sustainability provided for these programs after Global Fund departs from Serbia in June 2014. Study conducted by "Imperial College" in 2005-2006 showed that on average IDUs inject drugs from 2 to 3 times a day , that means that they need 840 needles per year, in total for Serbia it is nine million needles.

Program activities are carried out in drop in centers and by outreach teams. Program activities include needle exchange, medical, social and legal assistance and various types of education. Minimum package of service includes risk assessment, harm reduction counseling, provision of sterile injecting equipment, condoms, informational materials and referral to local VCCT centers.

In 2011 newly registered beneficiaries were mostly older than 24 years (80.5 %), 81.7 % were male, while 4.1 % were younger than 20 years (EMCDDA, 2013). Research among populations at increased risk of HIV infection indicate that coverage of harm reduction programs is low with 19.7% in Belgrade and 20% in Novi Sad (MOH, 2012) .

Programs are anonymous, they have age limitations, there are no special packages for young and juvenile IDUs, there are no night life outreach programs available through which it could be possible to reach significantly larger number of young people, and there are no specially tailored services for experimental drug users as they are in direct risk for initiation into injecting use during their stay in drop in centers.

Pilot program tailored for young IDUs in Serbia, aged 15 to 21, was implemented in 2010. Program was supported by UNICEF. It was modeled as answer to obligatory implementation of special package of services for young IDUs, as stipulated in National Action Plan for Children until 2015. Although pilot project was evaluated as successful and mandatory as service package for young IDUs, its implementation ended in 2012.

Treatment of young drug users

A few years ago all 4 regional centers for drug treatment lowered age limit for inclusion in treatment from 18 to 15 years which enabled treatment of juvenile heroin addicts. In Serbia there is only one specialized department for treatment of minor drug users and it is situated at the Institute for Mental Health. Treatment method is systematic family therapy. Program has extremely high threshold for inclusion and requires treatment associates, so the most vulnerable groups of children, whose parents cannot or do not want to participate, automatically cannot be included in program. Also, there is no capacity for detoxification of young opiate users, because it is an outpatient clinic.

Opiate substitution therapy

Opiate substitution program is available at all levels of health care; there are 24 methadone centers with more than 2000 beneficiaries (EMCDDA, 2013). One

of the criteria for initiation in methadone program is that beneficiaries must be older than 20 years. In April 2010 Buprenorphine was registered in Agency for Medicinal Products and Medical Devices as drug for treatment of opiate addiction. Nevertheless, the number of patients on Buprenorphine substitution therapy is still insignificant.

Social reintegration

Traditionally slow and ineffective social protection system, supposed to be responsible for social reintegration of young people who stopped using psychoactive substances, provides purely administrative help. Extensive spectrum of programs purposeful for drug users and rehabilitated drug users: additional education, housing units, professional meetings and conferences for interested employers etc. were planned. All of these activities are still deficient.

NATIONAL DRUG POLICY – THE EFFECTS OF POLITICAL DECISIONS

Strategy for fight against drugs in Republic of Serbia 2009 - 2013

Unlike Serbian national drug related laws, Strategy for fight against drugs emphasizes the health aspect of drug dependence. Focus is on treatment and all levels of prevention. For the first time harm reduction programs, encompassing several modalities, such as needle exchange programs and opioid substitution therapy, were officially recognized. Outreach model is affirmed as relevant and effective model in prevention and early intervention, responsive among most vulnerable groups. The role of civil society, as a crucial partner in harm reduction programs implementation, is recognized. The basic postulate is in the Strategy is nondiscrimination towards drug users (National Strategy for Fight Against Drugs, 2009-2013).

Strategy is complemented with Action Plan for indicated period 2009 - 2013. Baseline research to evaluate existing resources for implementation of the Strategy was imposed as fundamental activity. Considering that this activity was not initially implemented, action plan was not completed within planned period.

Omission is evident in activities oriented towards ensuring funds for strategy implementation from Serbian government. Lack of resources and funds had inhibitory and disrupting effect on other planned activities.

Action Plan envisioned standardization of services in faith based therapeutic communities, by adopting regulations and guidelines for these services. Lack of regulation enabled abuse, reveal in incidents of torture and murders in two monasteries. However, even after these incidents regulations for faith based drug treatment were not adopted. Instead, Ministry of Health signed memorandum of cooperation with Serbian Orthodox Church as partners for treatment and rehabilitation programs targeting drug users. Lack of transparency is reflected in the fact that obligations in this bilateral contract are unknown to Serbian public.

Law on psychoactive controlled substances

Law on psychoactive controlled substances is stochastic document with large number of obscurities and completely neglected public health aspects of drug use. Medical aspect of drug dependence is regulated by only four articles and none of them refers to prevention and treatment of drug users (Law on Psychoactive Controlled Substances, 2010). Divergent to this deficiency, it is stated that rehabilitation and social integration are guaranteed, despite the fact that these activities are completely lacking in our country.

Criminal Code

Original version of Criminal Code of Republic of Serbia from 2005 had very repressive changes compared to previous Criminal Code, when it comes to criminal acts related to possession and use of psychoactive substances. Possibility to poses small amounts of drugs for personal use were abolished which led to increased number of prosecuted and convicted drug users. By amending the Criminal Code in 2012, progress was made with differentiation of possession of small amounts for personal use from production and trafficking of illicit substances (amendment/article 246a). Exemption from punishment is provided if a drug user or a dealer declares from whom he/she purchased drugs. This eventuality is completely opposite to Serbian Constitution, which precisely defines the prohibition of statements extortion. Criminal Code also prohibits and punishes facilitating of drugs use and in case of death; penalty is imprisonment within the range of three to fifteen years (Criminal Code of Serbia, 2012). This amendment had escalated fear of calling emergency services by drug users in case of overdose, which increased number of deaths due to drug related overdose.

Law on Execution of Criminal Sanctions

Law on execution of criminal sanctions provides mandatory medical treatment of drug users. This measure can be applied only to those for the first time offenders, but not for relapse (Law on Execution of Criminal Sanctions, 2011), which is frequent among drug users.

Law on Juvenile Offenders and Law Protection of Minors

This law provides possibility of issuing corrective education and treatment measures to juvenile offenders who use drugs. Purpose of corrective measures is not to initiate criminal proceedings but to affect proper adolescent development and strengthen their identity and responsibility, in order to prevent further criminal acts . Law stipulates if a person is under the age of fourteen at time of conducting criminal acts, cannot be imposed to criminal sanctions (Law on Juvenile Offenders and Law Protection of Minors, 2005). Abuse of this law by drug dealers is reflected in increasing number of children (under the age of 14) involved in street sale of illicit psychoactive substances.

Law on Educational System

Law on Educational System declares that "instigating, helping, providing or use of alcohol, tobacco, illicit drugs or other psychoactive substances by students is a serious violation of students obligations and should result with disciplinary action from Director and Teachers Council, high school students should be excluded from school" (Law on Educational System, 2013). The question is whether exclusion can be called educational - disciplinary measure or subtracting one of the best predictors for abstinence and strengthening risk factors?Recommendations

Primary level of proposed changes is relates to adoption, implementation and monitoring of public policies and legal regulations. It is necessary to recognize, predict and fund prevention programs, treatment and harm reduction services through state budget, but also modification and changes in legal regulations that have been ineffective. Establishment of legislation for harm reduction programs that do not apply specific set of services for young people as well as establishment of prevention activities for children of IDUs. All of these changes must be regulated by public policy, with secured monitoring.

Secondary level refers to qualitative improvement of existing services. In order to properly focus prevention and treatment it is necessary to implement population studies, night life outreach programs, increase of field services. Increasing availability of services (continuous access of VCCT on sight of services), pluralism of services and continuing development of treatment, as well as elimination of retributive treatment and less restrictive environment will ensure active participation of users; thereby reduce dependence on social services and more efficient integration into society.


UNITED
KINGDOM

YODA REPORT: UNITED KINGDOM COUNTRY PROFILE

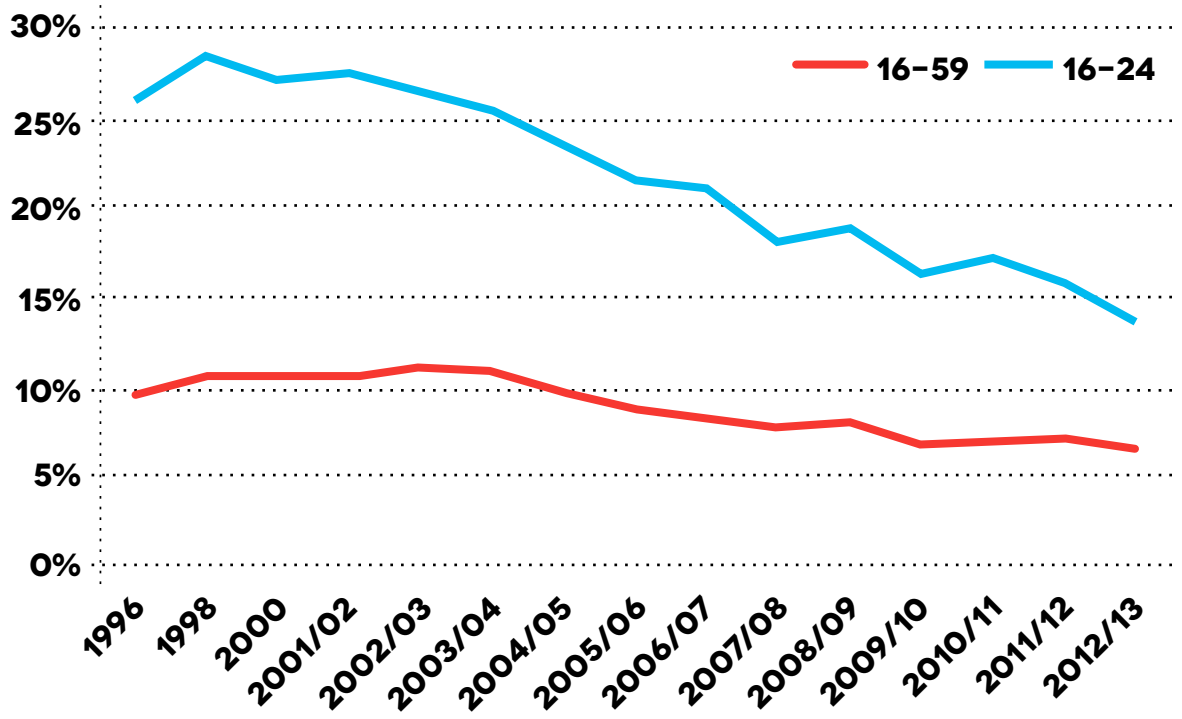
INTRODUCTION

The United Kingdom has amongst the highest rates of drug consumption in Europe, despite recent figures indicating a downwards trend in drug use, and young people (16-24) still make up the largest demographic of users. There is a significant difference between drug consumption and supply amongst young people and the older generation of established users for whom most of the current government drug strategies tend to focus on. The drugs scene has changed dramatically in the last few decades particularly with the advent of the Internet and emerging novel psychoactive substances. Trends in drug use are rapidly changing and current legislation needs a serious overhaul if it is to mitigate the negative effects of drug use amongst young people and the most vulnerable groups in society. Despite repeated calls for reform and re-evaluation of current drug strategies it seems that evidence and rationality in the policy-making decisions surrounding drugs are seldom interconnected, something unthinkable in every other sector of public policy. Only a small percentage of young people develop drug misuse problems and support for the majority non-problematic as well as problematic users is limited.

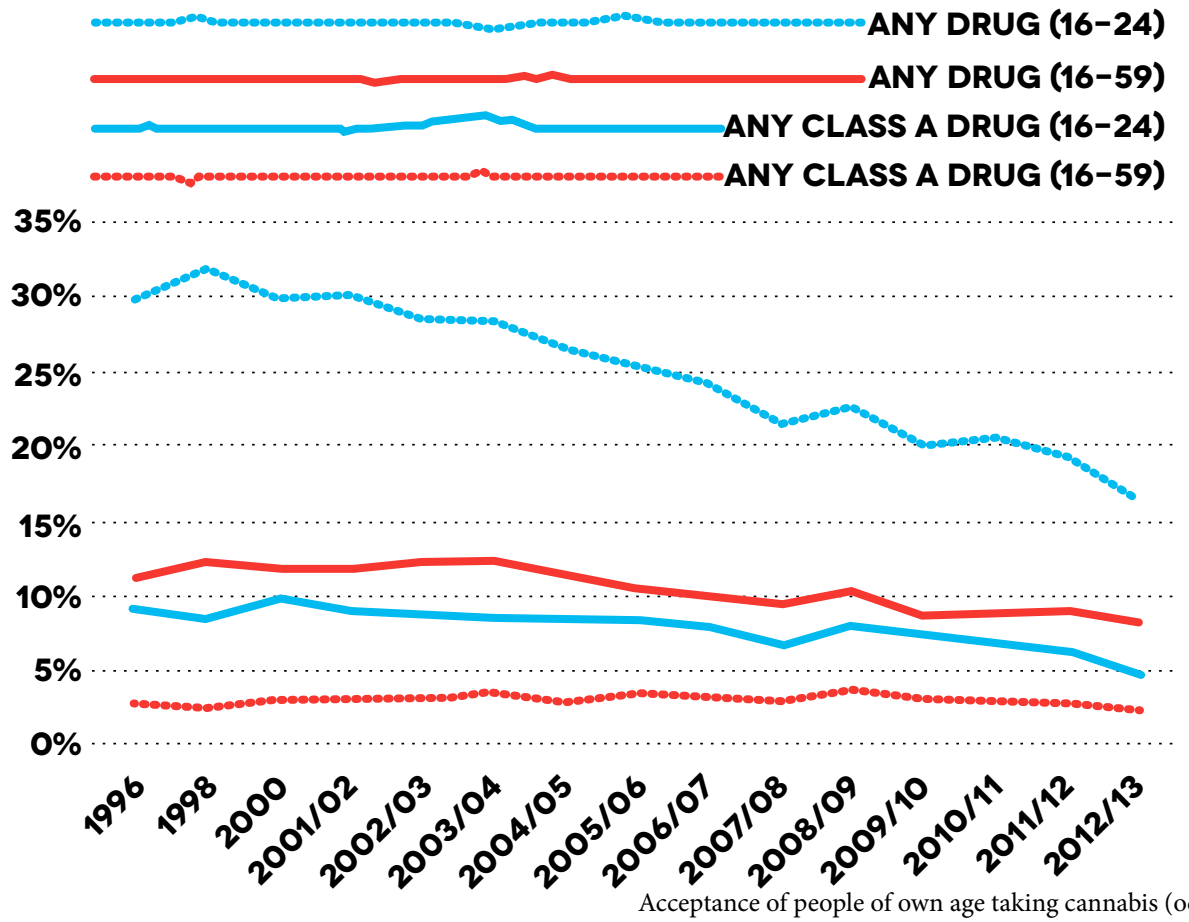
TRENDS AND STATISTICS

The United Kingdom has a population of approximately 63.1 million people according to the most recent census. The majority of the population reside in England, 53 million (83%), followed by 5.3 million (8%) residing in Scotland, 3.1 million (5%) in Wales and 1.8million (3%) in Northern Ireland.

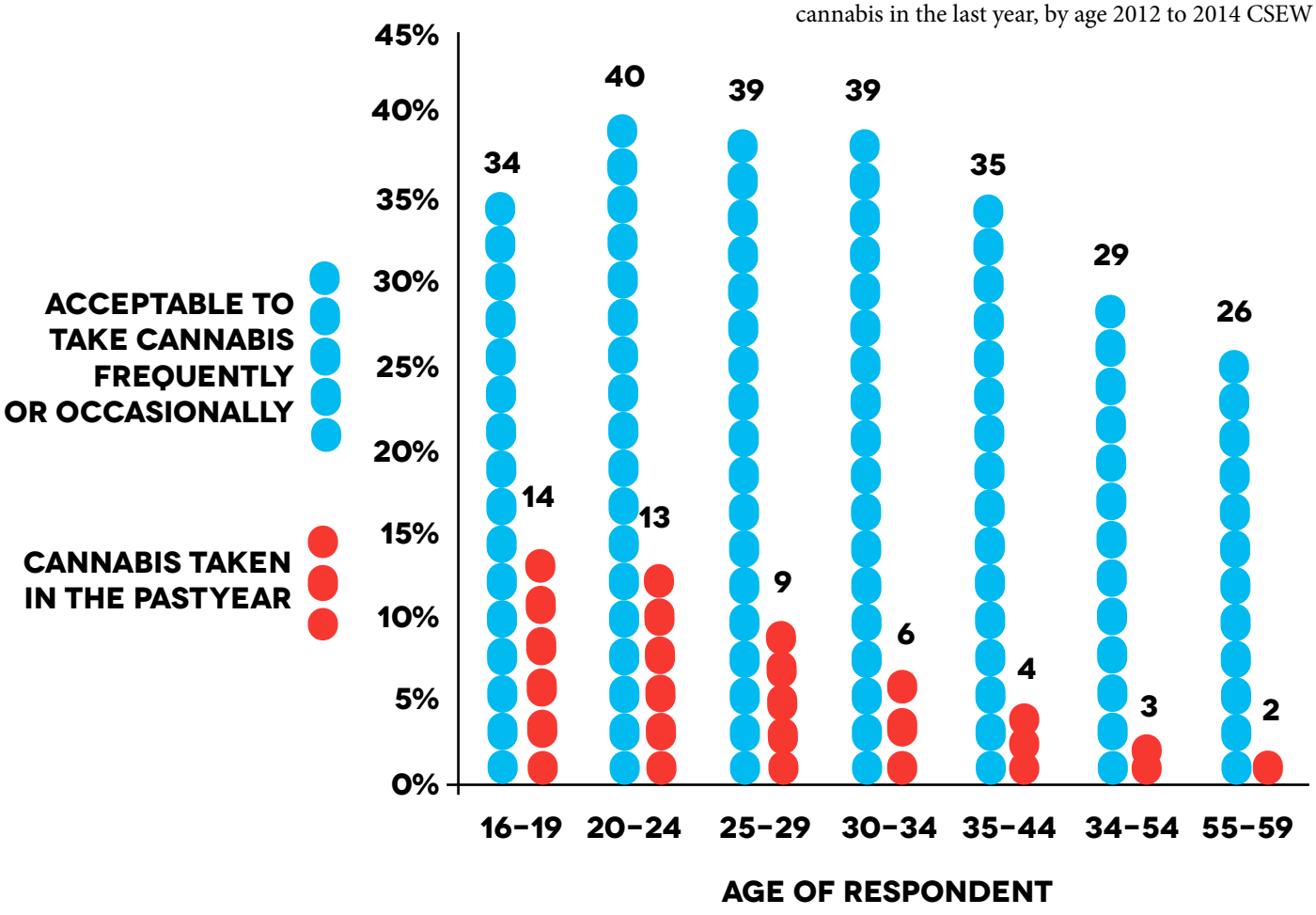
Young people aged 16-24 make up approximately 13% of the population. It is well known that young people make up the largest demographic of illicit drug users which is estimated at around 19.3% (England and Wales), 20.3% (Scotland) and 13.4% (Northern Ireland) of 16-24 year olds (EMCDDA, 2013). According to the Crime Survey of England and Wales (previously known as the British Crime survey) drug use in 16-24years old has been steadily declining over the last few years.



Trends in illicit drug use(excluding mephedrone) in the last year among adults, 1996 to 2012/3, Crime Survey for England and Wales



Acceptance of people of own age taking cannabis (occasionaly or frequently) and proportion of respondents having taken cannabis in the last year, by age 2012 to 2014 CSEW



Extent of last year cannabis use among adults, 1996 to 2012 to 2013, Crime survey for England and Wales

Novel Psychoactive Substances have not been included in national surveys. Questions regarding mephedrone were only added in the most recent year of the England and Wales Crime Survey (2010/2011)

Mephedrone was added to the England And Wales Crime survey in the most recent year however it did not have any statistically significant effect on overall substance use trends.

PROBLEMS ON THE HORIZON

Recent trends indicating stabilisation or reduction in substance misuse amongst young people should be viewed with caution. Current statistics are still limited in their scope and reach. Many young people who are most vulnerable, such as ethnic minorities and LGBTQ groups, are simply not captured in the data can lead to distortion of results. Novel psychoactive substances used as replacement and/or as an addition to illicit substance misuse patterns in young people is unaccounted for in statistics. Supply via online retailers has increased dramatically in recent years through online sites such as Silk Road, however there is not enough evidence or statistics to measure the impact on drug distribution and consumption, particularly of NPS as yet uncontrolled by any legislation. Substance use and misuse is unlikely to ever be entirely eliminated in young people, therefore popular government rhetoric and drug strategies focused on 'recovery' and treatment is completely inappropriate for the majority of young substance users.

Recent austerity measures combined with sweeping public health care reforms have been shifting priorities and funding for much needed specialist services and social programmes. Although the government has announced a number of actions (Department of Health & Home Office, 2013) to reduce substance misuse, there is a significant risk that these cuts and reforms will lead young people, particularly those from the most vulnerable groups, at increased risk of developing problematic drug using patterns and having reduced access to specialised services. If the government wants to reduce misuse among young people it must accept key recommendations from expert bodies such at the AMCD and UKDPC and work directly with young people in order to develop strategies and interventions to minimise harms from drug use and prevent early initiation of use.

LEGISLATION

The United Kingdom, just as any other nation, has its own longstanding and unique history of substance use and attempts to control possession, supply and production. In the former half of the 20th century many pieces of legislation, such as the Dangerous Drugs Act (1920. 1964 and 1967) had attempted to drive down misuse of drugs through punitive measures surrounding supply and possession. There were provisions in order to allow health professionals access to controlled substances with some medical value, which still remain today (Misuse of Drug Regulation, 2011). It is important to note that possession was targeted rather than personal consumption. By the latter half of the century, and in order to comply with the provisions of the international treaties on drug control (See 1961 Single Convention on Narcotic Drugs), the U.K had enacted the Misuse of Drugs Act (1971) which has since been the main legislation controlling illicit drugs. In the decades since the Act, drug policy has been progressively moving from a predominantly harm reduction approach, which went some way in mitigating the most devastating impacts of the HIV/Aids crises (Stimson, 1995), to a more recovery and abstinence based approach. Current strategies and approaches are almost entirely devoid of adequate measures to support harm reduction and appropriate services for young people who are recreational or non-problematic substance users.

The misuse of Drugs act 1971 is the predominant law regulating drug control. The law classifies controlled substances into three categories in order of decreasing harms, A, B and C. The categorisation of drugs into each class is dependent on its relative harm as well as the penalty for its possession, supply and production. The Advisory Council For the Misuse of Drugs is a statutory body of experts, which has been mandated by the MoD Act to conduct research and supply evidence for the classification of drugs. There has been increasing controversy over the classification of drugs in recent times due to the dismissal of recommendations of the ACMD by the home secretaries.

Alongside the Misuse of Drugs Act there is the scheduling of drugs via the Misuse of Drugs Regulation (2001). Controlled drugs are divided into schedules according to the extent of their legitimate medical use.

Unfortunately, due to the political controversy surrounding acceptance of certain recommendations

by the AMCD, drugs such as cannabis, with widely proven therapeutic potential and licensing for medicinal purposes, bring into doubt the process by which drugs are classified. This is also highlighted by the emergence of Novel Psychoactive substances. Many NPS may have some legitimate use as yet unknown however blanket bans and restrictions can lead to further misuse and limited regulation. The EU had proposed a strategy to take more caution in removing full criminalisation for certain NPS. It has been claimed by the EU that 20% of legal highs "have legitimate commercial and industrial uses" (The Guardian, 2014) so as to allow for further research into NPS only NPS deemed to be most harmful would be subject to full criminalisation. The UK has decided to opt out of this regime once again highlighting the disregard for evidence-based rationale towards drug control.

SCHEDULE	CONTROL LEVEL	DESCRIPTION	DRUGS
1	high	No recognised medicinal use.	Ecstasy, LSD, Cannabis
2	high	The most potent and harmful drugs that can be used clinically.	Heroin, Morphine, Cocaine
3	medium	Lighter controls on storage and administration.	Buprenorphine, Tamazepam
4	medium	Lighter controls on storage and administration. Lesser controls on prescription than schedule 3.	Most traquilisers, Ketamine, Steroids
5	low	Contains very low levels of controlleddrugs that can be bought over the counter	Kaolin and Morphine

Drugs scheduling, Home Office 2006

ONLINE DRUG SUPPLY AND NOVEL PSYCHOACTIVE SUBSTANCES

With the recent emergence of Novel Psychoactive substances, otherwise known as 'legal highs' the government has amended the MoD Act to enable the Home Secretary to temporarily control a NPS believed to be of sufficient concern to public health and safety. This Temporary Class Drug Order act lasts for 12 months in order to allow time to determine the classification of the NPS into the appropriate class of controlled drugs. A number of drugs have already been banned under this temporary class drug order however it is clear that this system is inadequate in responding to the seemingly endless barrage of NPS emerging in society. There is an increasing concern that young people are now turning over to 'legal highs' in order to circumvent the dangers of engaging with the black market to acquire the 'classic' drugs. As once NPS is banned a number of others are slightly altered in their molecular composition and so bypass legislation targeting banned substances.

It is clear that manufacturers of NPS are once step ahead of the legislation and are determined to remain above the law in order to sell their products legitimately. The consequence of this cat and mouse game is that young people, who usually wish to avoid issues of criminalisation and prefer a reliable supply, head to online or head shop retailers of NPS compared to black market dealers. Such analogous drugs aim to mimic the effects of previously controlled substances yet through constant pharmacological tinkering become more and more harmful due to completely unknown effects and pharmacological profiles. These are just unknown substances that young people are

exposing themselves to that are arguably far more dangerous than currently controlled substances ever could be.

Mephedrone was reportedly used by 1.6% of 16 to 24 year old respondents to the Crime Survey of England and Wales in 2012/2013 (a fall from 3.3% in the previous year; for comparison ecstasy prevalence was 2.9%). Salvia divinorum (a plant hallucinogen) was reportedly used by 1.1% of respondents in the same survey in the previous year. 6% of 15-24 year olds reported use of mephedrone (and other 'legal highs') in Northern Ireland in 2010/11 (Home Office, 2013).

THE CASE FOR MEPHEDRONE

Mephedrone is a stimulant and came to be the fourth most commonly used drug in the UK (following Cannabis, Cocaine and Ecstasy). It was predominantly sold on the internet as plant fertilizer and its effects were supposed to mimic those of MDMA. The drug itself seemed to have burst onto the drugs scene out of nowhere, although there are reports that its popularity was aided by the poor availability of good quality ecstasy and MDMA causing a 'drought'. Users seeking an available alternative quickly found Mephedrone through online user forums and its availability spread extensively. Many users found its affordability another driver for widespread distribution. Many scare stories were propagated in mainstream tabloid papers, which put increasing pressure on government officials to promptly act. Although the necessary procedure required an investigation from the ACMD, dismissal of key recommendations and the lack of an evidence based decision on its control led to the sacking of prominent researcher and AMCD board member Professor David Nutt. Many other members of the AMCD resigned shortly after due to the drive for classification based on political posturing rather than the evidence. Mephedrone was quickly classified as a Class B drug and was driven into the underground where prices almost doubled. Since then Mephedrone has been added to the usual drug repertoire of regular users and many users have also reverted back to 'classic drug use' such as that of MDMA/Ecstasy.

Many more hundreds of substances have appeared since Mephedrone, most of which are available online. Online drug retailers market their product as 'not fit for human consumption' yet this is a thinly veiled attempt at circumventing certain regulatory legislation regarding food and drugs. Many analogues and chemical variants of Mephedrone, cannabis, MDMA and cocaine have been produced and are flooding the market at a rate that far surpasses the ability of any government to legislate against. Young people in particular, with Internet access, can easily go online and purchase any number of NPS without any warnings or information on the harms that may be involved to the user. Young people cannot ever be entirely prevented from ever using psychoactive substances, whether legal or not, however they can be properly informed of the harms and age restrictions along with regulatory controls on purity and access can vastly improve the dangerous effects of being exposed to such an array of unknown substances.

CURRENT DRUG STRATEGY AND SUBSTANCE MISUSE SERVICES

The United Kingdom has a number of harm reduction measures and treatment services in order to mitigate the worst effects of substance misuse.

- Needle and syringe Exchange programmes
- Opioid Substitution treatment
- Provision of Take home naloxone
- Methadone Maintenance programmes
- Extensive Drug treatment and addiction services provided by the health sector
- Numerous charities and NGO's working in addiction
- Talk to Frank service providing information on drugs in the UK.
- Choices for Life is the Scottish service for providing drug information
- Public Health Strategy entitled "Healthy Lives, Healthy People ' (HM Government, 2010) supporting young children and preventing risk factors for later substance misuse
- £2 billion in support to local councils between 2014-2015 in order to create programmes to prevent substance misuse in young people
- Drugs education in schools
- Club Drug Clinics
    - This is available in London and

Liverpool and are specifically aimed at providing specialist services for young people and for those who wish to seek help and further information surrounding 'club drugs' and NPS.

- Public Health Wales have recently introduced a drug testing service
    - This service will allow members of the public to anonymously send in samples of substances for testing. The results will be available for the public online. This is an approach the rest of the UK would do well to follow, particularly with the concern around NPS there is extremely limited evidence as to what is contained within these unlicensed products. Young people are more prone to using NPs and there is no information available regarding their harms or what is contained within. This service will provide much needed evidence and trends information for the government in able to then provide appropriate public health information.

The most recent drug strategy (Roberts, 2011) clearly emphasises a recovery-based model and Public Health England has recently announced an extra £10million worth of funding for "recovery-oriented drug and alcohol treatment centres". The government is aiming for a 'drug free' existence for dependent users and are "putting recovery first". This is in direct contradiction to the effectiveness of existing harm reduction measures and there is a risk for increase in certain blood borne virus transmissions and associated heath risks in users who are pushed into recovery. Patient health and wellbeing is at significant risk of being compromised by the introduction of new schemes piloting a 'payment by results' scheme. There has been strong criticism to this approach (UK Harm Reduction Alliance, 2012; UK Drug Policy Commission [UKDPC], 2012) most of which centre around the dismissal of well-established and efficacious harm reduction schemes. Although an approach-supporting patient led recovery for those who choose this path towards abstinence is to be commended, it only addresses the needs for a fraction of the overall substance using population. This is clearly an older and aging population of substance misusers and there is very little support in the way of young people who have no affiliation or association with such substances (ie crack and heroin). Many young people do not seek such treatment and there is little in the way of training of healthcare professionals and broader harm reduction information around substances that most young people are most likely to interact with (eg NPS).

INQUIRES AND CALL FOR REFORM

There have been a number of prominent inquires into the current drug control framework however key recommendations have been ignored seriously questioning the governments core principle of evidence based policy making in all public sectors.

The UKDPC was set up between 2007 and 2012 to "provide objective analysis of the evidence concerning drug policy and practice". The commission has come to the conclusion that "drug policy may struggle to address current and emerging challenges if it carries on as it is….We need a new approach if we are to go further" (UKDPC, 2012).

IN 2011 THE HOUSE OF LORDS SELECT COMMITTEE REVIEWED THE CURRENT EUROPEAN DRUG POLICY AND HAD CONCLUDED THAT THERE SHOULD BE A SHIFT IN FOCUS OF THE CURRENT STRATEGY TO FOCUS ON CLEARER AD MORE ACHIEVABLE GOALS.

In 2012 the Home Affairs select committee on Drugs called once again for a royal commission on drugs yet this was denied by the current prime minister.

RECOMMENDATIONS

In order to mitigate the negative effects of substance use and to prevent problematic in young people use a number of recommendations are to be made

- Re-consider recommendations from Independent inquires for regulation of currently controlled substances
- Increase number of Club Drug Clinics to all major Cities and/or substance using hotspots
- Increase training provision for healthcare

professionals, law enforcement officials and educational providers surrounding young persons substance use and misuse based on reducing harm rather than criminalisation.

- Reconsider recommendations to regulate and reschedule controlled substances according to evidence
- Increase funding for research into currently controlled substances as well as NPS
- Introduce nationwide drug testing facilities for better evaluation of drug trends and statistics
- Nationwide drug strategies should engage directly with 16-24 year olds and young adults based on harm reduction and minimisation of substance misuse.

CLASS	DRUG	POSSESSION	SUPLY & PRODUCTION
A	Crack cocaine, cocaine, ecstasy(MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)	Up to 7 years in prison, an unlimited fine or both	Up to life in prison, an unlimited fine or both
B	Amphetamines, barbiturates, cannabis, codeine, methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (mephedrone, methoxetamine)	Up to 5 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
C	Anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (GHB), gamma-butyrolactone (GBL), ketamine, piperazines(BZP)	Up to 2 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
Temporary class drugs*	NBOMe and Benzofuran compounds	None, but police can take away a suspected temporary class drug	Up to 14 years in prison, an unlimited fine or both

* The government can ban new drugs for 1 year under a 'temporary banning order' while they decide how the drugs should be classified.

Drug Penalties
Drugs Act, 2005

SUMMARY

In this paper we have presented a collection of reports about young people's drug use and access to harm reduction services in 7 countries, each with their own unique social, cultural, economic and historical backgrounds.

The United Kingdom and Italy are developed economies, both with well-established democratic political systems and having EU membership for decades. Poland and Romania, belonging to the Eastern Block until 1989, joined the EU in 2004 and 2007 respectively. Albania, Serbia and Montenegro are also post-communist countries, all currently under pending negotiations regarding EU membership.

Despite these differences we can see common patterns, trends and problems in all of the states featured in this paper.

1. Overall drug use among the youth remains significantly more prevalent than in the rest of society and because of social and economic factors young people are more vulnerable to the drug-related harms. These facts do not seem to be adequately addressed in terms of access to harm reduction services and drug treatment.

2. In the aftermath of the most recent economic recession and the ensuing difficulties suffered across the entire continent, harm reduction programs are being scrapped because of the widespread adoption of severe austerity measures by most governments and/or changes in international funding programs. This trend is especially worrying in South-Eastern Europe where international donors were providing most of the funds for harm reduction. In 2013 in Romania all international funding for such services was halted and national government covered only a fraction, soon creating a funding gap which resulted in the closure of almost all programs and a dramatic rise in the number of new HIV and HCV infections. The same can happen in Montenegro, Serbia and other countries of the region if support from Global Fund to Fight AIDS, Tuberculosis and Malaria will be stopped, which may occur in two years from now if no immediate action is taken to prevent this. The result of any gaps in funding will lead to conditions conducive to the spread of epidemics causing an increase the prevalence of BBV (blood borne viruses) and other related health concerns such as depression and anxiety. Even a relatively short funding gap may ruin, and most likely reverse, the positive effects achieved over the last decade in the areas of combating HIV/AIDS and other infections related to the injecting drug use.

3. Novel psychoactive substances are gaining huge popularity all around Europe but the prevalence of their use is far higher in some countries, for example the United Kingdom and Poland who together account for 40% of NPS users in Europe (UNODC, 2013). NPS carry huge risk both for recreational users, as the long-term effects of their use are not well understood or researched, and people who inject drugs, as the duration of the effects of the most popular NPS are notably shorter than of 'classical' ones like heroin or amphetamines. This causes people to drastically increase the number of injections therefore increasing their risk of HIV infection and other health problems.

4. Drug-related HIV infection rates dropped in the majority of European countries yet they still remain a huge public health issue in a select few (UNAIDS, 2013) and in some states (Romania in particular) this rate is on the rise. HCV (hepatitis C) infections, often caused by sharing injecting paraphernalia, are still a major problem in Italy, Poland, Romania and some of their neighboring countries (European Centre for Disease Prevention and Control, 2010).

From this paper we have concluded the following recommendations:

1. Provide sustainable funding, both for national governments and international donors, for harm reduction programs, especially those addressing young people in Eastern and South-Eastern Europe.

2. Establish clear regulations regarding harm reduction services for young people, and to lift existing bans on providing such

services to the underage. Improvements in the monitoring and evaluation of these programs are also necessary.

3. Expand the research on NPS and seek for alternatives to their prohibition. So far the ban on sales and possession in the countries where such measures have been established have not proved effective, or worsened the situation, in reducing individual and social harms caused by these substances.

4. Reconsider reform of the domestic and international drug laws that would begin by the decriminalisation of possession of small amounts of drugs for personal use. Current enforcement of prohibition has not proven to affect drug consumption and is not cost effective: the majority of such punitive laws create a major unnecessary financial burden on national drug prevention budgets. The process of decriminalisation will allow funds to be shifted to more effective methods of prevention of drug use and reduction of drug-related harms among young people.

We hope that our recommendations will be reviewed by governments and international organisations that shape domestic and global drug policy resulting in the creation of more humane, scientific and evidence-based approaches to drug harm minimisation. The facts and numbers presented in this paper represent the countless lives of real people who have used and misused drugs. Everyone is affected by drugs no matter what their social or economic status. Many lives have been needlessly lost and many will continue to suffer and perish if drastic reforms are not immediately enacted. Young people will experiment, they will use and abuse licit and illicit substances regardless of the law. This is the reality we live in, all based on a complex interaction between the political, social, economic and cultural factors of the world we inhabit. It is the duty of every lawmaker and politician to respect the voice of the youth, respect our needs and respect our human rights. Fundamentally, it is our collective duty, as role models and policy makers, to protect the lives of our future generations and treat them with the humanity they deserve.

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