



# *Harm reduction for local drug policies*

Introduction

Global and European Laws,  
Strategies and Trends

# Global Trends in Drug Control – Implications for Drug Use and HIV/AIDS

**The main response to the drugs problem worldwide is repression**



- Instability of drug trafficking routes exposes large populations to illicit drugs
- Injecting drug use follows opiate epidemics
- Penalties are increasingly severe and prisons overcrowded by drug users
- Drugs are easily available in prisons
- Sharing of injecting equipment is common and HIV infections rise among PWID
- Actions to prevent HIV among PWID are confronted with legal, moral, religious, political and public health policy difficulties

# International Treaty System

- 1961 UN Single Convention on Narcotic Drugs (as amended by the 1972 Protocol)
- 1971 UN Convention on Psychotropic Substances
- 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

## **OBJECTIVES:**

- To prohibit the supply & demand of drugs for non-medical purposes
- Ensure adequate access of controlled substances for scientific and medical purposes.

# International Drug Laws

- Over time the international drug control system has degenerated into a war on users, farmers and petty traders.
- The excessive negative consequences and negligible effectiveness have now been broadly acknowledged.
- A process of de-escalation is in full motion in many places.
- The current UN treaty system is plagued with inconsistencies and its ambiguities are an obstacle to policy improvements.

Source: M. Jelsma TNI - The Development of International Drug Control *Lessons learned and strategic challenges for the future* - 2010

# International Human Rights I

- Life
- Self-determination
- Freedom from discrimination
- Equal enjoyment of rights by men and women
- Freedom from torture and cruel, inhuman, or degrading punishment
- Liberty and security of person
- Freedom of movement
- Freedom from arbitrary or unlawful interference with privacy

# International Human Rights II

- Freedom of thought, conscience, and religion
- Freedom of opinion, expression, and information
- Peaceful assembly and association
- Freedom to enjoy or use one's own culture, religion, and language (for ethnic, religious, or linguistic minorities)
- Social security
- The highest attainable standard of physical and mental health
- Education
- Share in cultural life and enjoy the benefits of scientific progress

Adapted from: K. Kaplan - HUMAN RIGHTS Documentation and Advocacy A GUIDE FOR ORGANIZATIONS OF PEOPLE WHO USE DRUGS, OSI  
2009

# European Trends

- Dichotomy between a relatively small number of highly problematic drug users, often injecting, and a larger number of recreational and experimental users, is being replaced by a more graduated and complex situation.
- Heroin plays a lesser part than it did in the past, and stimulants, synthetic drugs, cannabis and medicinal products are becoming more important.
- While deaths related to heroin are generally falling, deaths related to synthetic opioids are increasing, and in some countries now exceed those attributed to heroin.
- Most overdoses occur among individuals who have consumed multiple substances

# European Trends

- Recent outbreaks of HIV among drug users in Greece and Romania, together with ongoing problems in some Baltic countries, have stalled Europe's progress in reducing the number of new drug-related infections. In part, this is associated with the replacement of heroin by other substances and with the absence of sufficient demand reduction interventions, particularly treatment availability, and harm reduction measures.
- A recent EMCDDA–ECDC risk assessment identified a number of other European countries with a potential elevated risk for future harms and health problems.

Source: European Drug Report 2014 download through <http://www.emcdda.europa.eu/publications/edr/trends-developments/2014>



# EU Drug Strategy 2013-2020

**2 policy areas:** drug demand reduction and drug supply reduction

**3 cross-cutting themes:** coordination; international cooperation and information, research, monitoring and evaluation.

## **Responding to new challenges in the drugs market:**

- development of alternatives to traditional law enforcement approaches, responding to the combined use of illicit drugs and alcohol, the misuse of prescription medicines, as well as the so-called 'legal highs' phenomenon.

## **Supporting evidence-based decision making:**

- integrated drug policy, combining all aspects of drugs activities; balanced, concentrating equally on demand and supply reduction measures; and evidence based, drawing on scientific findings.

# EU Drug Strategy 2013-2020

## Addressing health and social issues:

- For the first time, the *'reduction of the health and social risks and harms caused by drugs'* is a policy objective alongside the two traditional drug policy aims of reducing supply and demand.
- The role of civil society in the drug policy-making process is enhanced and explicit support given to the involvement of young people, drug users and clients of drug-related services in policy development.
- Drug use in prison should ensure that the care received by drug users in penal institutions is equivalent to that provided by health services in the community.

Source: The EU drugs strategy (2013–20) download from <http://www.emcdda.europa.eu/topics/pods/eu-drugs-strategy-2013-20>

# Country Assessment

**Where does your country stand with regard to these policies, strategies and laws?**