

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

June 2020

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

Across the Western Balkans region, countries need to adopt a more comprehensive, balanced, integrated and multidimensional approach to drug policies.¹ Evidence-based prevention, treatment and harm reduction and recovery services, even when included in national drug strategies, are left in practice without funding and without support.

In the last years, many of the drug prevention, treatment, harm reduction and recovery programmes led by civil society organisation have closed down or are struggling to survive. This is particularly the case for harm reduction services as well as rehabilitation centres, as local authorities have been unwilling to fund them after international donors withdrew from the region.² Local authorities are also failing to consult meaningfully with civil society when designing and implementing drug policies.³ As a result, services are insufficient in scale, and their geographical coverage is uneven, cutting off rural areas.⁴ The rights and needs of people who use drugs in the Western Balkans, including the estimated over 60,000 people who inject drugs,⁵ are not fulfilled.

We urge the EU institutions to use this dialogue, and the accession negotiations with candidate and potential candidate countries, to call on the authorities in the Western Balkans to align with the standards on drug prevention, treatment and harm reduction set by the EU Action Plan on Drugs 2017-2020, with 2016 UNGASS outcome document recommendations and with the recommendations of the EMCDDA.

1. Reduced availability of key drug services

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

Relevant action in the EU Action Plan on Drugs 2017-2020: 1-1, 2-6, 2-7, 2-8, 2-9, 3-10, 5-22, 10-33, 10-36, 13-45, 12-44, 13-51, 14-50, 14-51, 15

1.1. Data on drug use in the Western Balkans

In general, countries in the Western Balkans do not carry out consistent and reliable monitoring of drug use and people who use drugs,⁶ or people in recovery. While there is much variation in reporting, according to the EMCDDA upper national estimates have suggested that the total number of people

who injected drugs in the region according to a study published in 2015 amounted to more than 63,500 people in total, which is the result of adding up more than 8,000 in Albania, around 12,000 in Bosnia and Herzegovina, 3,500 in Kosovo, around 10,000 in North Macedonia, and more than 30,000 in Serbia.⁷

In addition to that, the number of people who have reported lifetime use of illegal drugs ranged from 4% to 8% of the total population, which is 2.5 lower than in the rest of Europe.⁸ The most frequently used illegal drug is cannabis, but an increase in use of stimulants has been reported.⁹

The reported prevalence of HIV amongst people who inject drugs in the region is very low, though there are concerns about the reliability of data in countries like Kosovo.¹⁰ In contrast with this, there is clear evidence of significant epidemics of Hepatitis C among people who inject drugs, with HCV prevalence rates ranging from 12% to 77.4% in different studies across the region.¹¹

According to the EMCDDA, available data on drug related deaths in the Western Balkans are generally weak and should be treated with caution.¹²

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

Across the region, drug prevention, treatment, harm reduction, and recovery services are provided by a combination of non-governmental organisations (NGOs), funded by international donors and regional networks, and some state programmes.¹³ Again, data on the provision of treatment is patchy and unequal due to different methodologies used across the region.¹⁴

For harm reduction services

While the situation will vary from country to country, in general access to harm reduction interventions and drug treatment in the Western Balkans remains clearly insufficient. When it comes to harm reduction interventions, it should be noted they are a key part of the EU Drugs Strategy¹⁵ and the EU Action Plan on Drugs¹⁶. The UN Special Rapporteur on the Right to Health has recently highlighted that these services are essential for the protection of the life of people who use drugs, and states must make sure that they remain available, accessible, of adequate quality and free from discrimination.¹⁷

Figure 1: Extent of harm reduction services in the Western Balkans countries according to Harm Reduction International, 2019¹⁸

| Country | At least one NSP | At least one OST | At least one safe injection site ¹ | Take-Home Naloxone | OST in one prison | NSP in one prison |
|-----------------|------------------|------------------|---|--------------------|-------------------|-------------------|
| Albania | Yes | Yes | No | No | Yes | No |
| BiH | Yes | Yes | No | No | Yes ² | No |
| Kosovo | Yes | Yes | No | No | No | No |
| Montenegro | Yes | Yes | No | No | Yes | No |
| North Macedonia | Yes | Yes | No | No | Yes | Yes |
| Serbia | Yes | Yes | No | No | Yes | Yes |

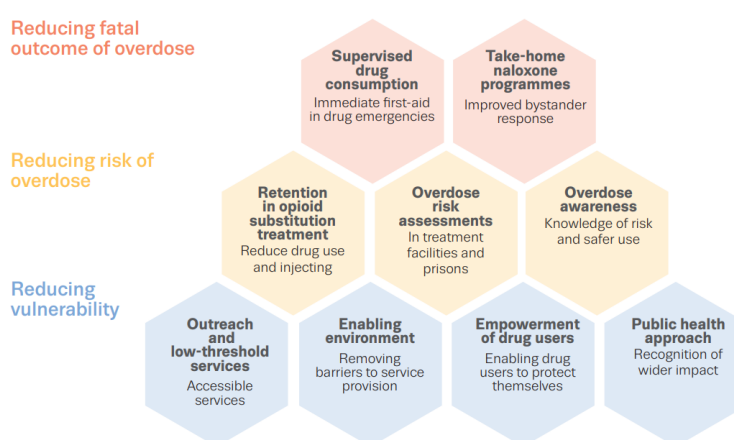
¹ Safe injection sites are supervised drug consumption facilities, where illicit drugs can be used under the supervision of trained staff. They primarily aim to reduce the acute risks of disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services. See: https://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en

² But not in Republica Sprska (see below in the text).

On the positive side, it should be noted that all countries have in some way or another at least one Opioid Substitution Therapy (OST) programme, and one Needle and Syringe Programme (NSP). However, the following major areas of concern remain:

- **Lack of scale.** The coverage of drug treatment programmes, as well as of harm reduction services like OST and NSP programmes, remains generally too low to guarantee a significant and sustainable impact,¹⁹ and there is a clear need to scale them up,²⁰ In Albania, up to 75% of users at risk do not have access to treatment.²¹ In Kosovo, less than 0.3% of the estimated number of people who inject drugs receive OST.²²
- **Uneven geographical coverage.** All reports point out that drug treatment and harm reduction services are available in urban centres only, and people from rural areas need to travel in order to access them. For instance, in Bosnia and Herzegovina services are mostly focused on Sarajevo and Banja Luka only,²³ (drug treatment) and Zenica and Tuzla (the only harm reduction services in the country run by NGOs),²⁴ while in Kosovo services are available only in three municipalities.²⁵ In Albania, several regions do not have access to NGO-run services.²⁶
- **Lack of appropriate responses to overdose.** Authorities in the Western Balkans are failing to put in place several life-saving interventions that have been recommended by the EMCDDA to prevent opioid-related deaths (see figure 2)²⁷, including take-home naloxone, and safe injection facilities. People who inject drugs are most vulnerable to overdose on release from prison due to reduced tolerance to opioids, yet naloxone is reportedly unavailable to prisoners post-release in every country across the Western Balkans.²⁸

Figure 2: EMCDDA recommended interventions for preventing opioid-related deaths²⁹



- **Lack of services in prisons.** In both Kosovo and in Republica Srpska (in Bosnia and Herzegovina)³⁰ there is no access to OST in prisons, which means that incarcerated people who use drugs go through extremely painful withdrawal symptoms without treatment, which can constitute a violation of the right to be free from torture under the case law of the European Court of Human Rights,³¹ and goes against the recommendations of the Council of Europe's Committee for the Prevention of Torture.³² There are also no NSPs in prison, which means that people who inject drugs in state custody are more likely to share injecting equipment, thus increasing the risk of transmission for blood-borne diseases like HIV and HCV.

For drug prevention treatment and recovery, civil society organisations from the region have reported to the CSFD that the methods used by local authorities require stronger evidentiary basis, and a closer compliance with minimum quality standards. There are little to no mechanisms for monitoring

the impact of existing interventions, and the staff involved in prevention and treatment are not provided with regular training on key issues like stigma and marginalisation.³³ For instance, in Bosnia and Herzegovina there are no quality standards for prevention programmes.³⁴ Moreover, the support system for re-inclusion and recovery should be enhanced with concrete measures and activities, coordinating the work of employment or education services for marginalized groups.³⁵

1.3. Criminalisation of possession of drugs for personal use

The possession of illegal drugs for personal use remains a criminal offence in all the countries in the Western Balkans (though it has been decriminalised in neighbouring Croatia),³⁶ even though UN bodies have found that criminalisation can deter affected persons from seeking treatment and recovery services.³⁷ Sanctions for personal use vary from country to country, from fines in Montenegro to up to three years of prison in Serbia.³⁸

An added problem is that, in general, in the Western Balkans countries definitions of personal use are limited to much smaller quantities of drugs than in most countries in the EU. For instance, in 2014 in Albania possession of anything beyond a ‘single dose’ for an individual constituted drug trafficking, while in Kosovo the threshold for personal use is 3 grams of any illegal drug.³⁹ This means that minimum mandatory sentences for drug trafficking of at least 3 years in prisons can be triggered easily,⁴⁰ even for the possession of quantities that in other countries of the EU would be presumed to be for personal use.

In 2014, in the whole region quantity thresholds triggering criminal sanctions for drug offences did not vary across types for drug, which raises important questions of lack of proportionality.⁴¹

We call on the EU to encourage and support Western Balkans countries in having more reliable and consistent data on drug use. Moreover, we call on the EU to provide as much support as possible to improve the availability, affordability and quality of drug-related services in these countries, which should be evidence-based and should meet minimum quality standards. We also urge the EU to engage in dialogue concerning the implications of criminalization of drug possession for personal use in the view of the UN-System Coordination Task Team on the implementation of the UN System Common Position on drug-related matters’ report “What we have learned over the last ten years”. In line with the EU Council conclusions on alternative measures to detention,⁴² we call on the EU to encourage and support Western Balkans countries in setting up and expanding alternative to coercive sanctions for drug offences, to promote social rehabilitation and reintegration.

The CSFD remains at your disposal to support the EU regarding the point 10.36 of the EU Action Plan on Drugs 2017-2020 which refers to the support to third countries, including civil society in those countries, to develop and implement risk and harm reduction initiatives particularly where there is a growing threat of transmission of drug related blood-borne viruses associated with drug use including but not limited to HIV and viral hepatitis, as well as sexually transmittable diseases and tuberculosis.

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

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

Relevant action in the EU Action Plan on Drugs 2017-2020: 1-1, 2-6, 2-7, 2-8, 2-9, 10-36, 12-44, 13-45, 13-46,

Across the Western Balkans, drug prevention, treatment, harm reduction and recovery services have been historically provided by civil society without financial support by local authorities.⁴³ Until 2014, harm reduction programmes were largely funded by international donors, but as these international

actors are leaving the region given that most Western Balkan countries do not meet anymore the economic criteria for eligibility, many services have closed down, or are struggling to survive.

The situation of harm reduction services in the region is a case in point. Most of these services in the Western Balkans have been funded by The Global Fund to fight AIDS, Tuberculosis and Malaria (“the Global Fund”). The Global Fund’s investment in the region peaked in 2013 with 12 million USD, but then dropped sharply to one million USD per year, which has collapsed the services in the region.⁴⁴ The prospects for sustaining current services and their quality remain unclear.⁴⁵

For countries like Serbia, the end of Global Fund grants led to spikes in infections and closing of programmes. As a consequence, there were no harm reduction centres in Belgrade from 2015 to 2018, and in Nis -the third city by size in the country- there is still none since 2015.⁴⁶ Serbia subsequently became re-eligible for funds due to increases in disease burden.⁴⁷

In Bosnia and Herzegovina, all but one NGO providing harm reduction programmes had to close down,⁴⁸ with the result that in several regions harm reduction services are provided exclusively by the staff of Margina (that is working on a non-paid basis since May 2019), a local NGO working in Zenica and Tuzla, which had to close operations in cities like Sarajevo due to lack of sustained support.⁴⁹ The director of Margina has warned that if no funding is made available soon, all the organisation might close down by the end of June.⁵⁰ In spite of the approval of a relatively balanced national drugs strategy in 2018, civil society is still waiting for the government to approve action plans that include significant budgetary allocations for this work.⁵¹

In Kosovo, all OST programmes are operating with the financial support of the Global Fund and, for the time being, there is no contingency strategy in case funding is discontinued.⁵²

Research conducted in the Western Balkans shows that building the capacity of local civil society to conduct budget advocacy for harm reduction services, and providing financial support to these efforts, has been effective in increasing budget allocations in countries like Montenegro and Serbia.⁵³ Therefore, policy-makers should consider adopting a bottom-up approach to budget change might be an effective way to ensure that these interventions are funded sustainably and in the long-term.⁵⁴

Box 1. The impact of COVID-19 on drug services in the Western Balkans

In the wake of the COVID-19 pandemic, civil society across the world⁵⁵ raised the alarm that the pandemic could greatly reduce access to crucial life-saving interventions, from harm reduction to drug treatment, as lockdown movement restrictions, lack of protective equipment for staff, and disruptions in supply chains could result in the closure of a number of services and centres. Recent research by the EMCDDA shows that these fears were well-founded, with a sharp decline in the availability and demand of both drug treatment and harm reduction services in Europe.⁵⁶

The situation in the Western Balkans confirms this trend in extremely concerning ways. According to the Drug Policy Network South Eastern Europe (DPNSEE), civil society-led harm reduction services are in a critical situation in several countries in the region, particularly in Albania (where the stock of methadone is not enough to cover the needs and procurement can be done only at the end of June), in Bosnia and Herzegovina (where Margina, the only NGO providing harm reduction material, has stock until June and then will most probably close), and Montenegro.⁵⁷

Many services have either closed down or are operating at a low level, though online and phone-based recovery services have been expanded. Authorities in Bosnia and Herzegovina have issued orders to close drop-in centres, while in other countries services are operating either with reduced working times, or distribution is organised by outreach teams.⁵⁸ Many organisations report lack of personal protective equipment, especially masks, gloves, and disinfectant. There are concerns about further budgets cuts as a result of the pandemic.

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

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

Relevant paragraph in the UNGASS Outcome Document: 1-e, 1-f, 1-l, 1-m, 1-q, 4-a, 4-b, 4-e, 4-f, 5-a, Relevant action in the EU Action Plan on Drugs 2017-2020: 2-6-b, 2-8, 9-31, 10-36,

3.1. Inadequate national drug strategies

Civil society from the region has reported to the CSFD that most national drug strategies in the region are not truly integrated, comprehensive and balanced, and do not follow the footprint of the EU Drugs Strategy 2013-2020.⁵⁹ The lack of a balanced approach has deep impacts on all drug-related matters. These are some of the most salient ones:

- **National drug strategies present important gaps.** For instance, in Montenegro there is no official programme to prevent overdoses;⁶⁰ in North Macedonia, there is no programme for children and youth who use drugs.⁶¹ Because drug use is not closely monitored, the new strategies do not include appropriate action plans for new trends in the region, such as the increasing use of stimulants.⁶²
- **Lack of implementation.** The 2018-2023 State Strategy for Narcotic Drug Control, Prevention and Suppression of Narcotic Drug Abuse in Bosnia and Herzegovina has been mentioned as a step forward, as many actors operating in drug policies were involved. However, it has hardly been implemented – the Working Group to monitor the implementation of the Strategy should have been appointed in November 2018, but that is yet to happen.⁶³ No Action Plan has been approved either.⁶⁴
- **Hostility towards harm reduction is common.**⁶⁵ For example, legislation in Serbia and criminalises drug checking services,⁶⁶ even though these exist in several countries across the EU.⁶⁷ With the exception of Bosnia and Herzegovina, North Macedonia and Montenegro (partly),⁶⁸ Western Balkan countries lack legal frameworks for harm reduction, resulting in a lack of coordination among organizations and agencies involved in these services, uneven distribution of funding, and difficulties in the evaluation of progress made in the field.⁶⁹
- **Stigma and marginalisation** remain a major obstacle in access to treatment and recovery services. The most frequent cases of discrimination are related to stigmatization in various respects, the relationship between the police and the judicial system (including the right to information in criminal proceedings), the protection of personal data, basic and specific health care, social protection, the right to education, employment and many other areas of life which should be available to every person.⁷⁰ This would require awareness training for the public and the staff involved in drug treatment, and investment in support services, education, and socialisation.⁷¹
- **Lacking coordination of services** There is an absence of system measures to reduce drug use demand through cooperation of all institutions involved in the multidimensional aspects of drug policies, from education and health care to law enforcement.⁷² It is also shown in the absence of measures addressing stimulant use, which is increasing in the region.⁷³

3.2. Lack of support for and engagement with civil society

In a regional dialogue between local NGOs and national drugs authorities held in 2018, the overwhelming concern voiced by civil society organisations was that, even when the role of civil society in national drug strategies, such commitments on paper are not followed in practice, as programmes and funding are almost exclusively centred on law enforcement.⁷⁴ As a consequence, organisations from Serbia, Bosnia and Herzegovina and Albania had received no funding or material support by their governments.

As a good example, the Bosnian NGO NARKO-NE informed the CSFD that they recently received the official green light by the Ministry of Civil Affairs to create a first addiction prevention centres in Bosnia and Herzegovina, after 4 years of negotiations. Negotiations with decision makers are now taking place, particularly on the funding for the centre.⁷⁵ However, it is important to ensure that those positive initiatives get finally implemented.

Across the region, only Montenegro, Serbia, and Bosnia and Herzegovina have structured regular consultations between government and civil society. In Montenegro, the National Council for Drugs was regarded as a body existing more in paper than in practice.⁷⁶ In Serbia and in Bosnia and Herzegovina, consultations have been regarded as positive by local civil society.⁷⁷ The consultative role of civil society should be anchored in legislation, and formal agreements should be checked against implementation.

3.3. Recommendations raised by civil society from the region

As reported in the research carried by CSFD member Diogenes,⁷⁸ and in the correspondence between the CSFD and local NGOs ahead of this submission,⁷⁹ some of the asks of civil society organisations in the region were as follows:

- Establish secure, sustainable sources of funding for NGOs.
- Carry out periodical population surveys, needs assessment and monitoring of the situation of people who use drugs, and of the effectivity of prevention, treatment, harm reduction and recovery services.
- Adopt a bottom-up approach, funding civil society and local and regional authorities
- Ensure equal geographical distribution of services in all settings (e.g. hospitals, prisons, recreational settings)
- Establish targeted interventions focusing on certain categories of people (e.g. women, youth, migrants and refugees, ethnic minorities).
- Conduct regular staff trainings on minimum quality standards, and on stigma and discrimination.
- Development of protocols and quality guidelines for drug prevention, drug treatment, harm reduction and recovery services.
- Recovery should be promoted as an explicit goal of all segments within demand reduction and guidelines should be created that would contribute to building a recovery-oriented care system. Initiatives led by people in recovery should be encouraged.
- Authorities should consider creating a network of drug treatment centers, to be included in the the overall system of care, and provide it with sustainable financial support.

- Countries should create standards for the development and implementation of prevention programs. They should also have a system for accreditation and continuous assessment. The effectiveness of existing prevention modules in primary schools needs to be monitored, and addressed.
- There is need for a stronger focus on psychosocial support at all stages - prevention, treatment, rehabilitation, recovery.

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

4. The situation of migrants, minorities and vulnerable populations

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

Relevant action in the EU Action Plan on Drugs 2017-2020: 1-1-b, 2-7-e, 2-8-c, 13-48-b,

The EU Action Plan on Drugs has highlighted the need for demand reduction activities addressing the situations and needs of ethnic minorities, migrants and asylum seekers. This has resulted in the development of specialised preventive interventions in a number of European countries. Intervention range from prevention programmes led by peer educators, to psychosocial teams to access specialised treatment.⁸⁰

Migrants and refugees. Western Balkans countries host a significant number of migrants and refugees, as these aim to reach destination countries in Western Europe through the so-called 'Western Balkans route'. According to the Frontex, the number of 'illegal border crossings' in that route was 5,859 in 2018, 12,179 in 2017, and 130,325 in 2016.⁸¹

Many migrants have lower rates of substance use than their host communities, but some may be more vulnerable for reasons such as trauma, unemployment and poverty, loss of family and social support, and the move to a normatively lenient setting. The EMCDDA has warned that drugs can be used as a coping mechanism,⁸² and that has been confirmed by civil society organisations providing aid and support to migrants in the Western Balkans, who report use of drugs like tramadol and benzodiazepines,⁸³ as well as over-the-counter sleeping medications. In correspondence with the CSFD, one of these NGOs noted that

“use of tramadol along the border areas is often a reaction to the violent conditions imposed upon refugees and migrants along the European Union's external borders. Brutal beatings, material violence, and psychological trauma are communicated onto a majority of the people traveling on this route.”⁸⁴

We could barely find information on the provision on drug prevention, treatment, harm reduction, and recovery services for this particular population, which is certainly worrying.

Roma communities. The same observation should be made about Roma communities in the Western Balkans, which are estimated to include around one million people.⁸⁵ In general, studies have found that Roma communities in the Western Balkans have worse self-rated health status and face major barriers in accessing health care due to social determinants, including marginalisation.⁸⁶ The CSFD has found very little to no information on the prevalence of drug use amongst Roma communities in

the region. Reports from other countries like Hungary point out that drug use in these communities can be higher than in the general population, with disproportionate health and social consequences due to lack of access to mainstream services.⁸⁷

An intersectional approach incorporating a gender focus is especially necessary. Women that are part of Roma communities remain the most discriminated population in many aspects, including in access to health care.⁸⁸ The same trend goes beyond Roma communities: In a survey in Kosovo, men who injected drugs were reported use of harm reduction services twice as frequently than women who injected drugs.⁸⁹

We call on the EU to ensure that vulnerable and marginalised populations are not left behind and should be granted access drug-related to services tailored to their specific needs.⁹⁰ In this context, local authorities must ensure cultural competency within existing services, to overcome language barriers, to identify and meet existing needs, and to ensure access to services. We encourage to include the provision of these services -if not yet included- in the responses and support from the EU'side and in the dialogues touching aspects of Human Rights and migration.

5. Ensuring adequate access to controlled medicines

Relevant paragraphs in the UNGASS Outcome Document: Chapter 2.

The availability of opioids for medical and scientific purposes in the Western Balkans are low. In 2013, in Serbia and Montenegro the average consumption was 1500 Daily defined doses for statistical purposes (S-DDD)/ million inhabitants/ day and had increased over the period from 2001-3, but in Macedonia and Albania the average consumption is only about 100 S-DDD/million inhabitants /day and in Macedonia the use has decreased substantially since 2001-3.⁹¹

This compares poorly in relation the global average of 2735 S-DDD/ million inhabitants/day in 2014-16,⁹² and in 2013 in the UK the average consumption was 5,000 and in Germany 23,000.⁹³ The International Narcotics Control Board would see these low doses in the Western Balkans as “inadequate”. Further studies in Serbia have shown that average consumption was only 14% of the average of the top 20 countries worldwide.⁹⁴

A study in Serbia showed that the barriers to the accessibility and availability of opioids were lack of education and training in the use of opioids, societal attitudes (with fears of opioids and a misconception that there was a strong relationship with dependency and death), financial issues and complex legal and regulatory issues.⁹⁵ There are no details for other Balkan countries but the issues may be similar to those found in Serbia in the research undertaken by the Access to Opioid Medication in Europe (ATOME) project.⁹⁶

The issues of the availability, accessibility and affordability of opioids for medical use need to be addressed so that the many people with pain and distress, particularly at the end of life, can be helped and pain managed effectively. Several UN human rights experts have noted that the failure to ensure access to controlled medicines for the relief of pain and suffering is a threat to the fundamental right to health, and to the right to be free from cruel, inhuman and degrading treatment.⁹⁷

We call on the EU to highlight the key issue of access to controlled medicines with Western Balkan countries, and the need for reforms based on the operational recommendations of the UNGASS Outcome Document and the CND 63rd Sessions EU Draft resolution on Promoting awareness-raising, education and training as part of a comprehensive approach to ensure the access to and availability of controlled substances for medical and scientific purposes and improve their rational use (E/CN.7/202/L.4) to ensure the availability, accessibility and affordability of opioids for medical use.

The Civil Society Forum on Drugs (CSFD) is an [expert group of the European Commission](#) that was created in 2007 on the basis of the [Commission Green Paper](#) on the role of civil society in drugs policy in the EU. Its purpose is to provide a broad platform for a structured dialogue between the Commission and European civil society which supports drug policy formulation and implementation through practical advice. The CSFD is consistent with the [EU Strategy on Drugs 2013-2020](#) and the new [Action Plan on Drugs 2017-2020](#) both of which require the active and meaningful participation and involvement of civil society in the development and implementation of drug policies at national, EU and international level. Its membership comprises 45 CSOs from across Europe and representing a variety of fields of drug policy, and a variety of stances within those fields. Below is the list of CSFD members for the period 2018-2020:

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| 1. ABD - Associació Benestar i Desenvolupament | 23. Forum Droghe |
| 2. AFEW International | 24. FUNDACIÓN ATENEA |
| 3. AIDES | 25. GAT - Grupo de Ativistas em Tratamentos |
| 4. Ana Liffey Drug Project | 26. HRI - Harm Reduction International |
| 5. APDES - Agência Piaget para o Desenvolvimento | 27. IDPC - International Drug Policy Consortium |
| 6. APH - Association Proyecto Hombre | 28. INPUD - International Network of People who use Drugs |
| 7. ARAS - Romanian Association Against AIDS | 29. IREFREA - Instituto Europeo de Estudios en Prevención |
| 8. Citywide Drugs Crisis Campaign | 30. MAT - Magyar Addiktológiai Társaság |
| 9. De Regenboog Groep | 31. Médicos del Mundo España |
| 10. Dianova International | 32. PARSEC Consortium |
| 11. Diogenis Drug Policy Dialogue | 33. Polish Drug Policy Network |
| 12. EAPC - European Association for Palliative Care | 34. Prekursor Foundation for Social Policy |
| 13. EATG - European AIDS Treatment Group | 35. Proslavi Oporavak |
| 14. ECAD - European Cities Network for Drug Free Societies | 36. Romanian Harm Reduction Network |
| 15. EFSU - European Forum for Urban Security | 37. Rights Reporter Foundation |
| 16. ENLACE | 38. San Patrignano |
| 17. EURAD | 39. SANANIM |
| 18. EuroTC - European Treatment Centres for Drug Addiction | 40. SDF - Scottish Drugs Forum |
| 19. EUSPR - European Society for Prevention Research | 41. UNAD |
| 20. FAD - Fundación de Ayuda contra la Drogadicción | 42. UTRIP |
| 21. Federation Addiction | 43. WFAD - World Federation Against Drugs |
| 22. FEDITO BXL | 44. WOCAD |
| | 45. YODA - Youth Organisations for Drug Action |

Endnotes

- ¹ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archive of CSFD.
- ² Diogenis Drug Policy Dialogue (2018), *Harm Reduction in South East Europe*, <https://www.diogenis.info/cms/files/2018/04/HR-Report-Galinaki.pdf>, p. 36.
- ³ Diogenis Drug Policy Dialogue (2018), *Co-operation between NGOs and National Authorities in the field of Drugs in South East Europe*, p. 3. In the archive of CSFD.
- ⁴ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and United Nations Office on Drugs and Crime (UNODC) (2019), *Drug treatment Systems in the Western Balkans: outcomes of a joint EMCDDA-UNODC survey of drug treatment facilities*, https://www.emcdda.europa.eu/publications/joint-publications/drug-treatment-systems-western-balkans_en, p. 31.
- ⁵ EMCDDA (2015), *Drug use and its consequences in the Western Balkans 2006-14*, <https://www.emcdda.europa.eu/system/files/publications/64/TD0215196ENN.pdf>, p. 7.
- ⁶ Celebrate Recovery/Proslavi Oporavak, NARKO-NE, Viktorija, Preporod, Izlazak, (May 2020), *Contribution of civil society organisations gathered by Celebrate Recovery/Proslavi Oporavak for the bilateral dialogues between the EU and Western Balkans countries*. In the archive of CSFD.
- ⁷ EMCDDA (2015), *Drug use and its consequences in the Western Balkans 2006-14*, <https://www.emcdda.europa.eu/system/files/publications/64/TD0215196ENN.pdf>, p. 7.
- ⁸ Ibid.
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