

Proposals as per Draft Law Planning

"Private Clinics Statutory Framework, Modernization and Reformative recommendations, The National Public Health Organization establishment, the National Institute of Neoplasms and the other provisions establishment".

ORGANIZATIONS' PLATFORM FOR PSYCHOACTIVE SUBSTANCES¹

Athens, 22.2.2019

On the occasion of the debate at the Continuous Committee on Social Affairs of the Parliament, where we have been invited to comment on the draft law proposed, we hereby present a series of proposals that we believe will improve this legislative initiative.

Commentary1:

The Minister of Health, Mr Xanthos, has been repeatedly asked for the organizations' statutory and consistent involvement in the design of the national drug policy, that, through the participation of our Platform in the National Planning and Coordination Committee for Addressing the Drug problem. This very Draft Law is a good opportunity to make an amendment to Article 50 of Law 4139/2013 and to provide for a representative participation of the organizations' Platform of Psychoactive Substances. Since the Members of the Commission are not financially compensated, this change will contribute to enriching the work without being a financial burden to the state budget.

Regarding Draft Law Article 91 that is today on query and that refers to the operation of supervised drug consumption sites. We are welcoming the Ministry of Health initiative to move to establishing this harm reduction measure, that has been on hold since 2014 after the shut down -due to incomplete statutory framework - of the first supervised drug consumption site 'Odysseas' that successfully operated for 10 months by the Hellenic Organization Against Drugs (OKANA). Aiming to improve the particular provision, to maximize the effectiveness of this intervention and to achieve its fundamental objectives- i.e. reduce the negative consequences associated with drug use and promote the health and well being of people who use drugs , as well as reducing the drug-related harm for the neighbourhoods and the wider community- we hereby propose as follow:

A) In paragraph 3, as a condition for using the premises, it is mentioned that there needs to be a Registry record for the service recipients. In the explanatory statement, there is a special reference to the registry but the means served are not explained. This as a condition might become a major access obstacle as a large number of the possible inflow -the majority for who supervised drug consumption sites are useful to- do not have legalization or identification documents. If those documents are a requirement for registering, a large amount of the target population will automatically be excluded. Furthermore, all of the service recipients' personal data must be safeguarded from transmission to third parties and procedures need to be in line with the General Data Protection Regulation (GDPR). Registry is described as a prerequisite for avoiding drug possession (for use within the premises of the facility) to be considered an offence to the law. Consequently, all those who are not recorded or will be leaving the facility will be considered offenders of Law 4139/2013 over narcotic drugs. This part should be **re- visited** as the fear of police involvement and possible prosecution will

¹ The Platform consists of the following civil society organizations, alphabetically: CENTER FOR LIFE (for the support of people living with HIV/AIDS), DIOGENIS Drug Policy Dialogue, PeNUPS (Peer Network of Users of Psychoactive Substances), POSITIVE VOICE (Hellenic Association of people living with HIV/AIDS), PRAKSIS, PROMETHEUS (Hellenic Liver Patient Association), and STEPS.

become deterrent factor to the use of the intervention. Co-operation between the Police and Local Authorities is in all cases essential so as to avoid arrests happening **outside the facility where drug use possession will still be considered a criminal offence).**

B) Another part we would like to touch is the cooperation between the Ministry and the local authorities as well as with civil society organizations that have relevant experience in the field of psychoactive substances.

In co-operation with the Ministry, Municipalities and Municipal Districts should be involved in the operations of the sites and an addition to Article 22 should be arranged. This will help the Sites' operations to cover more areas and will also give a boost to local government to undertake initiatives on an everyday matter that the citizens hold them accountable for.

C) We recommend that the operation of supervised drug consumption sites is not limited to the authorized by the Ministry of Health operators, but also to include public or private legal entities, that according to their statutes are relevant to prevention and harm reduction services and which of course will meet the criteria and operating conditions the Ministerial Decision will set.

Commentary 2:

In Law 4139/2013 there is no clear indication of harm reduction interventions, resulting in the collaborators who implement such interventions frequently, to work in an insecure-legal-framework way with all what that can imply. We therefore propose the following amendment to Article 60 of Law 4139/2013: 'Within the National Action Plan framework, the approved organizations or National Action Plan realisation bodies, to bring together programs over drugs prevalence, drug use and drug-related harm reduction, and then submit those for approval by the Minister of Health".

Commentary 3:

While the draft law clearly defines supervised drug consumption sites as a harm reduction practice and benefactor to the society's public health, we would like to highlight that no such practice would be pragmatic and effective if manning would not include individuals coming from the community of people who use drugs (PWUD), who are directly affected. The involvement of PWUD in the design and implementation of services has been proven to be beneficial both to themselves (it contributes to their empowerment and social exclusion elimination) and to the construction of friendly and acceptable towards the beneficiaries services. It seems to be easier to establish a relationship of trust by creating a bridge between the beneficiaries and the scientific staff. Within the community there are people with experiential background, theoretical constitution, appropriate analytical skills but above all, experience in working on the field. Fellow peers are the most suitable people for such structures – proven by the many respective examples of European countries.

Commentary 4:

For the efficient and seamless implementation of supervised drug consumption rooms, it is fundamental to establish a clear legal framework. This need occurs from the fact that our country (as a party to the three International Conventions on Narcotic Drugs) has the obligation to take the necessary legislative and administrative measures in order to restrict the use and possession of psychoactive substances for medical and scientific purposes, exclusively. Since number one purpose of the Conventions is the health and prosperity of thy mankind, these do not constitute an obstacle to the implementation of this measure, taken that the intervention aims to reduction of the negative consequences associated with problematic use psychoactive substances. The International Narcotics Control Board (INCB) now considers

these sites an accepted practice based on specific conditions, provided that their 'ultimate objective (...) is to reduce the adverse consequences of drug abuse without condoning or encouraging drug trafficking.. All respective structure should accordingly provide, or refer patients to, treatment, rehabilitation and social reintegration".

Commentary 5:

We add a few more necessary (in our opinion) points regarding the effectiveness of this intervention and the holistic coverage of the target population needs. The beneficial effects of supervised drug consumption sites can gain maximum extent only when the target population has adequate and immediate access to the services. Services must be *available, accessible, acceptable and of quality*². Factors that need to be taken into account when designing this very intervention and that will ensure its effectiveness by covering the current actual needs of people using psychoactive substances are as follow:

- **Adequate geographical coverage and proximity to areas where psychoactive substances use occurs.** It is vital to ensure that the location of the sites meet the needs of the area as well as the users.
- **Extended working hours to adapt to the needs of the beneficiaries**
- **Different substance use patterns call for a variety of safer use measures.** The substance and the way it is being used varies from an area to another and this should be taken into account in terms of services available in the respective site. The equipment provided must fit in local background, considering factors such as the substance type, the way of its use and its preparation³.
- Gender (special services for women), age and nationality based (interpretation, intercultural mediation) **targeted services**
- **Holistic care:** direct access to a complete Harm Reduction Interventions package⁴ and evidence-based treatment services
- **Ensuring a sustainable long-term implementation plan**
- **Involvement of the local society and the community of people who use drugs**
- **Ensuring the right to privacy**
- **Specialized staff that will respect and promote the basic Harm Reduction principles⁵,** following a personal-need based balanced approach. It is vital that part of the staff will come from the psychoactive substances users community itself.
- **Embracing the know-how of good practices^{6,7,8,9} that are already in use abroad**
- **Use of the experience gained during the operation of the supervised site "ODYSSEAS"**

We hope that the points mentioned above will be taken into consideration and the population using psychoactive substances will soon have the opportunity to be allowed to immediate access to the benefits offered by this intervention; a life saving intervention.

Organizations' Platform for Psychoactive Substances

2 <https://rm.coe.int/drug-policyandhumanrights-in-europe-eng/1680790e3d>

3 http://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf

4 <http://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/>

5 <https://harmreduction.org/about-us/principles-of-harm-reduction/>

6 <https://idhdp.com/media/399959/drug-consumption-in-europe-final-2014-1.pdf>

7 http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en

8 https://www.drugsandalcohol.ie/17898/1/IDPC-Briefing-Paper_Drug-consumption-rooms.pdf

9 http://www.akzept.org/pdf/aktuel_pdf/DKR07af1Eng.pdf