



Perception of drugs in Central and Eastern Europe and Central Asia: overhaul needed

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Executive summary

Prejudices and fears have surrounded drugs, not always agreeing with facts and humanness. These prejudices and fears, however, have been validated by drug prohibition. The simplified fear-based thinking is rooted so deeply in minds and hearts that many believe misconceptions to be true, without questioning their evidence: all illegal drugs are seen as evil, from which we need to be protected. Those perceptions shape how we treat people affected by drugs, influence policies and have major impact on systems that are supposed to address drugs. Therefore, understanding of the evolution, roots and impact of perceptions and misconceptions about drugs is critical. This briefing seeks to outline exactly those aspects. Importantly, the exploration of interest and feasibility of Eastern European and Central Asian Commission on Drug Policy will benefit from other two background reports, which will cover the issues of drug policy and trafficking. To highlight less covered issues, this paper looks in greater detail at the health issue, as one area for the impacts of perceptions, but not the systems of justice and law enforcement.

Drugs have been present in Eastern Europe and Central Asia (EECA) over millenniums and centuries. They have been consumed for food, medicinal purposes, rituals and/or recreationally. However, the 20th century saw major transformations in drug use and the perception of drugs by the authorities and societies. At the beginning of that century heroin and cocaine were legal in pharmacies, but that changes with prohibition. Many of the today's narratives and high levels of stigma of people who use drugs and drug use could be traced back to the Soviet ideological constructs of the 20th century, such as: importance of elimination of 'social evils' like drug use, social control approach to prevent 'social evils', changing culture in the name of 'enlightenment' and defining drug use as foreign, Western issue while placing drugs under the taboo topics. The dissolution of the Soviet bloc saw increased drug use and more openness. By late 1990s, the drugs have become the major concern of the public. That recognition often came with the public moralistic and populist proposals calling for stricter regulations and repressive solutions. From then-on, countries took different paths in drug policy. Russia and some others moved towards securitization, while much of Central and South-Eastern Europe and the Baltics have been exposed to and took more complex, balanced, pragmatic and evidence-informed approaches, similar to those in the European Union.

Drug prevention, palliative care and drug dependence care are the areas which very foundations have been influenced by the misconceptions and fears. As the result, those foundations often are based on what some believed to work and not necessarily what science and beneficiaries see as effective and needed. In prevention, the simplistic paradigm of the 'just say no to drugs' have been taken – despite that more than 40-year experience of the United States have shown it to be ineffective and have negative impact on drug use and it related risks (even if parents and schoolteachers believed the approach was effective). In palliative care, most countries in the region continue to have inadequate pain management with underused morphine because of opioidophobia in the health professional community, among patients and society at large. The perceptions inhibited evidence-based care towards drug dependence. Drug-related care have moved to a blurred line between law enforcement and health, i.e. between controlling of and providing support to people. As part of the post-Soviet Union's heritage, a number of countries continue using state registers of people who use drugs to share and control their data, limiting their ability to work, drive or being parents. Furthermore, in Eastern part of the region, most drug treatment systems have not seen reforms and evaluations, while evidence based interventions like harm reduction and opioid substitution therapy remain questioned and surrounded by myths despite repeated evaluations.

The current public portrayal of people who use drugs misrepresents the full complexity of who people using drugs are, mistakenly concentrating on drugs as the defining element of individuals who use drugs. In reality, people who use drugs have multiple roles and aspects in their lives – they are children, parents, also there are people who use drugs in various groups of the society – among artists, students, bankers, or unemployed. However, in the public eye, at worst, people who consume drugs are seen as criminals whose place is in prison and isolation. At best, they are seen as victims of drugs who need compassion and treatment. If they are women, the views and misconceptions are particularly harsh, even among health professionals. The stereotypes reinforce the image that all people who use drugs have health, social and justice issues, confirming the public perception of drugs as dangerous and that everyone who uses them should be treated and only drug-free people can meaningfully contribute to society and public discussions. However, statistics is clear: the majority of people use drugs episodically and/or occasionally, hiding their drug use, are not necessarily socially marginalized. The stereotyping has major impacts on people's lives creating barriers for (re)socialization and their engagement in participating in shaping the public and political discourse. Changing the stereotypes, reducing stigma and rejection of people requires changing the language used in drug policy and giving voice to people who use drugs.

In the public domain, anti-drug propaganda has been the driving force that propagated beliefs that shaped moral panic in society at large and among key opinion leaders, like media, faith leaders, politicians, the police or even educators. Drug use is seen as a moral failure and a threat to community safety, therefore deserving of punishment. Intolerance of drug use is one of the key intentional elements in anti-drug propaganda, while it feeds intolerance of people who use drugs, and by extension also marginalizes their families. The moral panic-based beliefs made the focus punitive drug policy and emphasis on security very popular in the general public and among politicians. There is little public debate on drug policy and its effectiveness. Opposing drugs is an easy communication message that can score political popularity, therefore it continues to be exploited. In contrast, expression of alternative ideas, moving beyond emotional and ideological rhetoric towards rational, fact-based analysis is stigmatized but is occurring more frequently and offer important lessons how to break misconceptions, open new debates on drug policy and show that people who use drugs can and should be meaningfully involved in discussing policy.

There is a need for change and to open up discussion of facts and values concerning drugs. Opening that discussion will be a long journey. On that journey informed leaders from among law enforcement, health, researchers, politicians, civil society and others can help to sort out facts from myths and acknowledge the complexity of the issue. As countries have their own cultural, political and drug policy paths, their approach and pace to breaking the silence will be different. As the first step, the principles of intended drug policies should be agreed upon. The principles offered by the Global Commission on Drug Policy (presented in the next section) could be adapted for the EECA region.

How important are perceptions towards drugs?

Box 1. What is a drug?¹

In the broadest sense, a drug is any substance that has an effect on either mind or body. From the pharmacological perspective, caffeine, nicotine and alcohol are drugs just as cocaine and heroin are.

In popular usage, “drug” has taken on a different meaning. Over the last century, “drug” has come to mean a psychoactive substance that is illegal. In this sense, cannabis is generally a drug while alcohol is not (in most countries); and substances such as morphine or cannabis are “medicines” when used by doctors, and “drugs” when used outside medical settings. Psychoactive substances are more accepted by society when supplied as medicines. Whether a substance is a drug in this usage depends on the intention behind its use, the mode of administration, the social class of the user and the country. While in many cases the active substances remain the same, the perception is very distinct.

Some psychoactive substances (drugs) are legal, some are illegal, depending on the context, as indicated in Box 1. However, substances and people using them – depending on substance’s legality – are perceived very differently. The distinct perceptions are rooted in a popular belief that the definition what is legal and what does not match the strong evidence of the benefits, risks and harms caused by these drugs. The reality is more complex, as shown in a 2007 study published in the leading medical science journal, the *Lancet*².

Scientists used objective criteria to measure the physical, psychological and social risks related to different substances. Once both individual and societal harms were factored in, alcohol, a legal drug, was assessed as the most dangerous one. The scientists’ assessment of risks produced a rated list of substances by harm. There were major differences between the levels of harms caused by the different drugs and the degree and the way those same drugs are addressed as controlled substances under the three UN Drug Conventions³ (see *Figure below*). The perceptions of harms of drugs in society also differ significantly from the conclusions of the scientists and are influenced by which drugs prohibited and which are regulated and available.

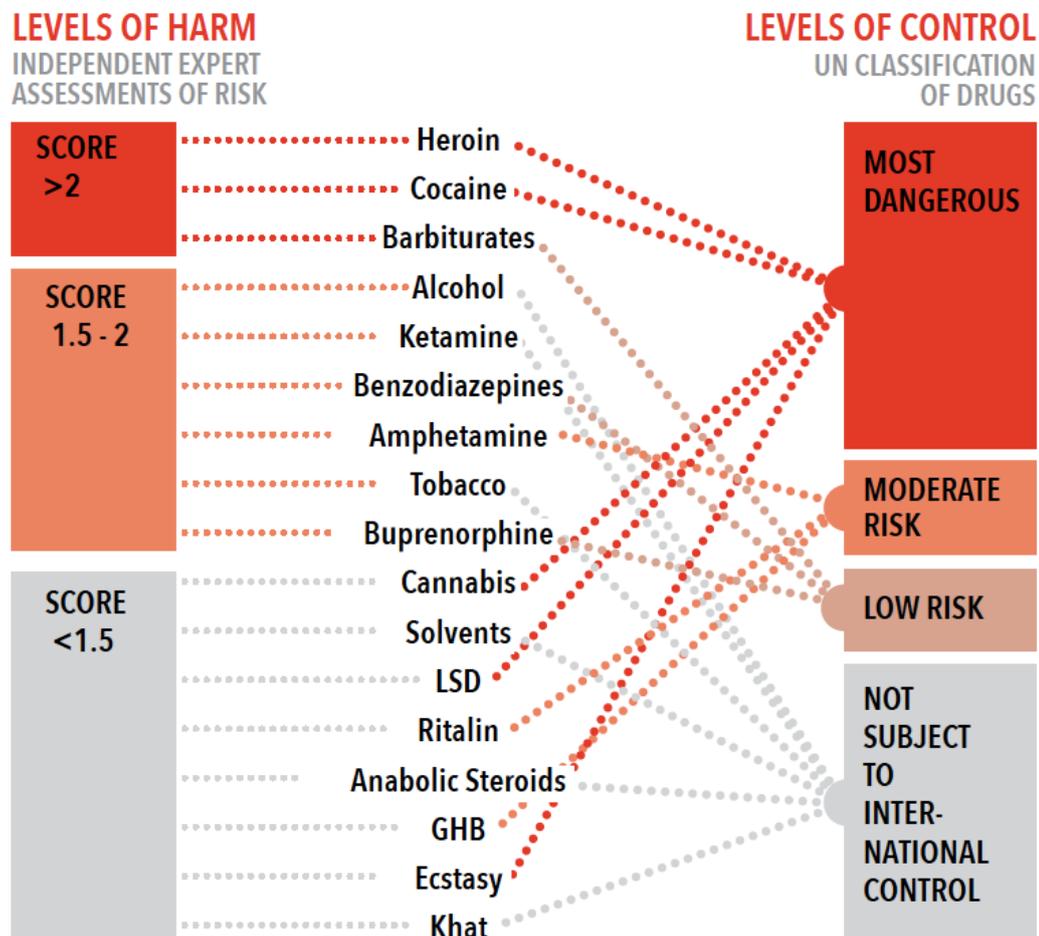
1 Based on the GCDP. *The World Drug Perception Problem. Countering Prejudices about People who Use Drugs*, 2017

2 Nutt, D., King, L.A., Saulsbury, W., Blakemore, C. (2007) Development of a rational scale to assess the harm of drugs of potential misuse. *The Lancet*, 369 (9566), pp. 1047–1053.

3 All the countries in the region are parties to the three Conventions:

- the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol;
- the Convention on Psychotropic Substances of 1971; and
- the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Figure: Classification of drugs: levels of harms vs levels of control



Global Commission on Drug Policy, 2018

Drugs have been regarded as substances that must be avoided and eliminated from societies at all cost. The 1961 UN Single Convention on Narcotic Drugs even used very strong words, 'a serious evil,' talking about addiction to illegal drugs. Building 'drug-free' societies involved strong communication of that 'evil' and similar messages to build the total rejection of drugs at all costs. That has been seen around the world and this report shows how this takes place in the region of Eastern Europe and Central Asia.

Prejudices and fears have surrounded drugs, not always agreeing with facts and humanness. These prejudices and fears, however, were validated by drug prohibition. As a result, people who use drugs have been perceived by society as immoral and deviant and as people who should be isolated in order to prevent the spread of drug use.

Few recognize that most people who have used drugs in the world and the region of Central and Eastern Europe and Central Asia are occasional or experimental users who are healthy and who are fully integrated in society. Many people mistakenly think that trying drugs once will lead to drug dependence and put the equality sign between drug use and drug dependence. While isolation and compulsory measures towards people who use drugs have seen little success and are against the WHO

recommendations⁴ or ethics standards and public health, these measures are perceived as the key solution to the “drug problem.” Moreover, supporting people who use drugs in community settings, without isolation, is mistakenly believed to spread drug use. The evidence is not examined and not questioned. Unfortunately, many health and justice systems still practice incarceration, compulsory treatment and other measures of control without questioning the science or ethics of these approaches. Society at large including even family members of people who use drugs support those measures, having no knowledge of alternative approaches.

Today, it is clear that a simple rejection is not the answer to the complex issue of drugs. Globally, an increasing number of countries are moving to revisit their drug policies and interventions. A number of countries have begun to take pragmatic approach to drugs, implementing policies based on evidence of their effectiveness in promoting health and welfare for both people who use drugs and society at large. The evidence is generating a shift from moving from punitive drug policies to public health-based approaches. The World Health Organization acknowledges that policies and practices criminalising of drug use, along with stigma, discrimination and rights violations of people who use drugs, feeds the HIV epidemic (by increasing vulnerability to HIV and inhibiting access to prevention and treatment thereof) and therefore recommends decriminalisation of drug use⁵. UN agencies have also been more vocal, speaking in one voice about the failure of drug policies and the need to shift to pro-harm reduction⁶, public health and human rights agenda⁷. New UN guidelines on human rights and drug policy were published in 2019, contextualizing the state obligations under human rights standards and providing reference guides for health, criminal justice and development in the intersection with drugs⁸. At the practice level, more questions are posed: Why is prevention of drug use not working?; How effective, efficient and humane are various approaches to treatment of drug dependence? Should policing be focused on large drug trafficking networks rather than on people who use drugs? Are prisons the right answer to people with drug dependence or drug use? Should abstinence become the sole goal of drug dependence treatment?

4 Currently WHO and UN Office on Drugs are updating standards on drug dependence treatment. The 2009 WHO's Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence are explicit that as a minimum standard that treatment should not be compulsory, explaining the following: “In line with the principle of autonomy, patients should be free to choose whether to participate in treatment, unless another ethical principle overrides this. The principle of autonomy may be overridden, for example, when a person is incapacitated by a mental illness and can no longer care for themselves, or when a person poses a risk to others.<.> in most cases, those who have lost control over opioid use are not necessarily considered to have lost the ability to care for themselves in other ways.”

5 WHO. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2014.

6 Harm reduction is a set of policies, programmes, services and actions that aim to reduce the harm to individuals, communities and society related to drugs, including HIV infection. Harm reduction is key in the prevention of HIV infection among people who inject drugs (PWIDs) and their sexual partners. Further information on the website of the WHO Regional Office for Europe: <https://www.euro.who.int/en/health-topics/communicable-diseases/hiv/aids/policy/policy-guidance-for-areas-of-intervention/harm-reduction>

7 UN System Chief Executives Board for Coordination. United Nations system Common Position supporting the implementation of the international drug control policy through effective inter-agency collaboration. [Annex 1 in Summary of deliberations: Chief Executives Board for Coordination, 2nd regular session of 2018, New York, 7 and 8 November 2018.](#)

8 International Centre on Human Rights and Drug Policy, OHCHR, UNAIDS, WHO, and UNDP. [International Guidelines on Human Rights and Drug Policy](#), 2019.

The Global Commission on Narcotic Drugs offers the following principles for revisiting drug policies:

1. Drug policies must be based on solid scientific evidence. The primary measure of success should be the reduction of harm to the health, and the promotion of security and welfare of individuals and society.
2. Drug policies must be based on respect for human rights and public health. The criminalization, stigmatization and marginalization of people who use drugs and those involved in the lower levels of cultivation, production and distribution needs to end, and people with problematic drug use need to be treated as patients, not criminals.
3. The development and implementation of drug policies should be a globally shared responsibility, but also needs to take into consideration diverse political, social and cultural realities, and allow experiments to legally regulate drugs at the national level. Policies should respect the basic rights of people affected by production, trafficking and consumption.
4. Drug policies must be pursued in a comprehensive manner, involving people who use drugs, families, schools, public health specialists, development practitioners and civil society leaders, in partnership with law enforcement agencies and other relevant governmental bodies.

How drugs are perceived in society is strongly interlinked with drug policies. On one hand, the policies has shaped the perceptions. On the other hand, public opinion and views of opinion leaders such as: politicians; law enforcement; those in health systems; civil society; religious leaders; the media and others shape debate around drug policy. They can either enable or inhibit policy change or even whether debate around policy takes place. They might use arguments rooted in misconceptions widely accepted as truths in the society. Furthermore, they influence the perceptions of frontline systems that work with the drugs issue and people who use drugs. Therefore, understanding of the evolution, roots and impact of perceptions and misconceptions about drugs is critical in order to promote drug policy and practice that pragmatically promotes health and well-being.

This briefing looks at several aspects of the views towards drugs and people who use drugs in Central and Eastern Europe and Central Asia, starting with the historic heritage. It looks into how drugs are perceived in the medical community, in the general public and among policy makers. Given that other two background reports cover the issues of drug policy and trafficking, it does not go into details of the interlinkage between perceptions and the systems of justice and law enforcement. The report ends with recommendations how to address the perceptions.

Historic evolution

The 20th century saw major transformations in drug use and the perception of drugs by the authorities and societies around the globe and across the region. This historic evolution helps to understand the roots of the today's narratives and high levels of stigma of people who use drugs and drug use but also that those norms are not set in stone and can change.

Today, some substances are thought to be foreign to the local cultures in the region and very much West-imposed substances. Alcohol is the dominant mind-altering drug and is often seen as part of the local culture throughout the history, particularly in Central and Eastern Europe. While less is known about them, evidence is clear that other mind-altering substances have deep roots in the region, and across other nations in Europe and Asia⁹. They were used not only in medicine but also rituals, recreation and food.

Box 2. The long history of drugs in the region

In prehistoric and early historic Eurasia including locations in Caucasus, Central Asia, South Russia, Ukraine, Romania and others, the opium poppy, ephedra, cannabis and/or hallucinogens have been used for food, medicinal purposes, rituals and/or recreationally^{10,11}. There are records of cannabis being a 'socially approved intoxicant', for example, by early inhabitants of the Eurasian steppes from the Sredni Stog culture (currently territories of Russia and Ukraine), who celebrated 'its significance by imprinting it on their pottery' in about 4500–3500 BCE. Similarly, the Greek historian, Herodotus, described how people of the mid-first millennium BCE in the Caspian Steppe region smoked cannabis during the burial rituals. Cannabis was important in the Zoroastrian tradition as part of faith and mortuary practices during the first millennium CE and is referred to as a 'good narcotic' in its records called *Vendidad* of the *Zend-Avesta*, *Bangha* (*Bhang* of Zoroaster)¹². Furthermore, mind-altering hallucinogenic mushrooms are depicted in rock carvings in Far North dated 1st millennium BCE to mid-1st millennium AD, signaling their cultural significance to the local people. In the 18th century, expeditions report of the Siberian indigenous nations having oral legends about the significance of the mushrooms and still using them for recreation and rituals including shamans to predict the future, while alcohol starts 'taking over' under the Russia empire's influence¹³.

9 A cross-cultural survey of 'relevant ethno- graphic literature' involving 488 societies in the 1970s indicated that 90% (437) of these groups 'institutionalized, culturally patterned forms an altered state of consciousness. Given the Iron Wall, it is unclear if any/how many of these societies were from Central and Eastern Europe and Central Asia.

10 Merlin M. D., Archaeological evidence for the tradition of psychoactive plant use in the Old World. *Econ. Bot.* 57, 295–323 (2003).

11 Russo EB, Jiang HE, Li X, et al. Phytochemical and genetic analyses of ancient cannabis from Central Asia. *J Exp Bot.* 2008;59(15):4171-4182. doi:10.1093/jxb/ern260

12 *ibid*

13 Elert ACh, Alcohol and Hallucinogens in the Life of Siberian Aborigines. 25 Dec 2007, [GREAT NORTHERN EXPEDITION: in the wake of the academic detachment](#) , volume 18, N6

The changing perception of drugs in the early 20th century

Like in many other parts of the world, in early 20th century, even after the 1917 Soviet revolution in Russia, opium, cocaine, and morphine were legal and available in pharmacies. However, in Russia and other Soviet republics of the post Tsarist Russia and the Bukhara Emirate, the relatively short period starting with World War I until 1932 witnessed a fundamental transformation in the attitudes of both authorities and professional communities towards drugs and drug dependence¹⁴. As one researcher points, it was then that drug use was 'first constructed as a delinquency, and thus as a social problem requiring immediate intervention'¹⁵. There is evidence on an increased use of morphine within and outside medical settings in the aftermath of World War I, during the ongoing conflict and transformations. Under the new Soviet ideology, drugs were seen as part of 'contamination' of previously 'clean' social groups including workers, soldiers, sailors. In 1925, following the introduction of criminal sanctions for drug sale, the USSR's People's Commissar of Public Health Nikolai A. Semashko published an ideologically charged article claiming that the new sanctions were not aimed at punishing people who use drugs but instead to penalize 'the parasite that makes a profit from a morbid predisposition'.

In Central Asia, where opium and hashish use had been part of the local culture (rather than alcohol) were the focus of intervention from authorities. Under the Soviet power, the traditional teahouses, where opium and hashish were often both traded and used, were replaced with red tea houses where these substances were not available as part of the 'Soviet Enlightenment Project'. There were two narratives about this action. On one hand, it aimed to 'liberate the locals from their drug habit, an approach which was viciously imposed on them by Tsarist Russia and the feudal rule of the Bukhara Emirate', on the other hand it was to enlighten 'backward' and 'primitive' cultures and traditions, by eradicating 'uncivilized' ways^{16,17}.

This was also the period when the Soviet medical discourse was being shaped. A new psychiatric discourse began to be more influential than won than the perspectives of above mentioned social hygienists. Psychiatrists used the term '*narcomania*' as a synonym for both drug dependence and drug use and promoted institutionalized treatment. Social hygienists employed the term '*narcotism*', arguing that majority of those using drugs do not experience psychotic illness and that non-biologic aspects of social and economic life need to be addressed in order to tackle drug use.¹⁸

By the early 1930s, the market for drugs in Russia, Central Asia and other parts of what was then the Soviet Union, was heavily regulated: drug sale was criminalized, and physicians and criminologists began to label drug users as bourgeois, degenerate, or otherwise socially anomalous people who should be sent to special camps¹⁹. By the mid-1930s, the authorities had largely stopped monitoring the drug situation in the country and by the end of 1930s they announced no drug addiction (like poverty, child homelessness or prostitution) existed in the USSR. Less is known about the narrative of other parts of the region until after World War II and forming the Soviet bloc.

14 Vasilyev PA. Drug Addiction and the Practice of Public Health in Late Imperial and Early Soviet Russia // Вестник Санкт-Петербургского университета. История. 2018 Т. 63. Вып. 4.С. 1100-1119.

15 ibid

16 Latypov A. Choikhonai Surkh: The Replacement of "Opium Dens" with Red Teahouses and the Limits of the Soviet Enlightenment Project in Tajikistan. Central Asian Affairs 7(2020) 236-266

17 Latypov A. (2015) Soviet Psychiatry and Drug Addiction in Central Asia: The Construction of 'Narcomania'. In: Savelli M., Marks S. (eds) Psychiatry in Communist Europe. Mental Health in Historical Perspective. Palgrave Macmillan, London.

18 ibid

19 Vasilyev PA. Drug Addiction and the Practice of Public Health in Late Imperial and Early Soviet Russia // Вестник Санкт-Петербургского университета. История. 2018 Т. 63. Вып. 4.С. 1100-1119.

‘Capitalist decay’ and social control in the Soviet bloc

There was no unified drug policy across the Soviet bloc. Only in the 1960s, immediately after the Soviet countries cooperated with the US and others in drafting the first UN drug convention, were sanctions for drug possession and use unified within the Soviet Union. Drugs were taboo throughout the region. They continued to be viewed as the problem of the West, with people using them seen as engaged in social evils and even ‘capitalist decay’, equally foreign to Soviet Czechoslovakia²⁰ or the Soviet Union. As with other ‘social diseases’, social control was regarded as the key ‘medicine’.

For prevention, the unwanted behavior had to be reported, recorded, publicly exposed and condemned by neighbors, colleagues, family members and the communist party, particularly in the Soviet Union. With the climate of general reforms in 1980s, some states saw not only signs of acknowledgement of the presence of drug use but also some public debate around policy. For example, as a result Poland decriminalized drug possession in 1985²¹.

From a non-existent phenomenon to a major public concern in the post-Soviet period

In the 1980s and 1990s, with reforms, the fall of the Berlin wall, and the dissolution of the Soviet Block and the Soviet Union came major social and economic transformations in the countries of Central and Eastern Europe and Central Asia. They were accompanied by the surfacing of a number of issues and open discussion of previously hidden issues. Social norms and values were changing rapidly drug use began to be seen part of freedom. A major expansion of the drug scene and emergence of the commercial drug markets was documented across the region. Availability of heroin significantly increased as war burdened the world’s major drug manufacturer, Afghanistan, and borders became porous.

The issue of drugs grew and became more complex with new substances available but it was still not immediately recognized as a local (and not only a Western) issue. For example, in 1994 the drug problem was seen as a priority for their country by less than 3% of population in Estonia and Latvia; 8% in Lithuania; and 14% in Poland.

However, by 2000, that percentage increased already to 21% among Poles²². In 2003, in Saint Petersburg in Russia, drug dependence was ranked as the number one problem in a public poll, and, in the next year, President Putin indicated that ‘the drug trade and crime connected with it are one of the most serious threats to the security’ of the country²³.

20 Malinovska J, Mravcik V. Problem Opioid Use in the Czech Republic from a Historical Perspective: Times are Changing but Opioid Pharmaceuticals Remain. *Adiktologie*, 18(3-4), 215-222.

21 Bujalski M, Hellman M, Moskalewicz J et al. Depoliticising addiction: Who gets to speak in European press reporting, 1991-2011. *Nordic Studies on Alcohol and Drugs* 2018, Vol. 35(1) 52-68.

22 Lagerspetz M, Moskalewicz J. Drugs in the Postsocialist Transitions of Estonia, Latvia, Lithuania and Poland. *European Addiction Research* 2002;8:177-183.

23 My Lilja (2013) Chapter 5. Russian Media Narratives About Young Drugs Users, Substance Use & Misuse, 48:13,1336-1349.

This increased public concern with drugs also increased ‘moralistic and populist proposals calling for stricter regulations and repressive solutions.’ As a result, in late 1990s even countries like the Czech Republic and Croatia introduced criminal sanctions of drug possession^{24,25}.

Additionally, in late 1990s and early 2000s HIV outbreaks have been recorded, largely in the Eastern part of the region, with exponential growth of the epidemic where/until drug services were absent. In many countries, drugs have become associated with and blamed for one of most feared and stigmatized infections – HIV.

The last 30 years: countries taking differing paths

During the post-Soviet or independence period, countries chose their own paths and phases of discourse leading to different approaches across the region. For example, Russia started with a health and psychiatric-dominated discourse up until approximately 2003, followed by an increasingly prevalent discourse focused on security after 2007 and, more recently coupled with a conservative cultural discourse²⁶. On the other side of the spectrum, the Czech Republic, and Croatia took a pragmatic path to maximizing health and welfare, responding early to a rapidly evolving drug issue, and growing a generation of addiction professionals and scientists who combined traditions with international knowledge, and using evidence-based for revisiting drug policies towards decriminalization of drug possession^{27,28}. In several countries of South-Eastern Europe, the drug issue also lost its political interest – reportedly, national drug strategies have expired in 2017 or 2018 for example in Bulgaria and Croatia, and no plans are set for developing new ones²⁹.

Broader political and cultural context remains the major factor affecting drug policies. Russia continues to have significant influence on its security partners in the region. Experts and politicians from the countries in Central and South-Eastern Europe and the Baltics were exposed to the approaches of the European Union which call for balanced and evidence-based, pragmatic drug policies.

24 Mravčik, V. (De)criminalisation of possession of drugs for personal use – A view from the Czech Republic.

25 Diogenis. Drug policy and drug legislation in South East Europe, 2013.

26 Marshall A, [From drug war to culture war: Russia's growing role in the global drug debate](#). Global Drug Policy Observatory, Policy Brief 5, July 2014.

27 Malinovski, J., Mravčik, V. (2018). Problem Opioid Use in the Czech Republic from a Historical Perspective: Times are Changing but Opioid Pharmaceuticals Remain. *Adiktologie*, 18(3–4), 215–222.

28 Diogenis. Drug policy and drug legislation in South East Europe, 2013.

29 Information from Milutin Milosevic, Drug Policy Network – South Eastern Europe (DPN SEE), March 2021.

Impact on prevention and medical care

Perceptions of drugs within the medical community, in education settings and among patients and their families have profound impact on access to and quality of medical care and prevention. For example, people who use drugs report facing stigma and discrimination in healthcare settings especially where medical professionals have had less experience and education around drugs. They face more stigma in primary care or family planning facilities than they do in HIV or drug dependence treatment facilities. Fear of stigma is a major reason people who use drugs delay or avoid seeking for help in health system. Perceptions of drugs also influence the medical research agenda. Research is severely limited on substances categorised as Schedule 4 (substances under the highest control ‘with little to no therapeutic value’) under the 1961 UN Single Drug Convention’s. Following a recommendation by the WHO, the UN Commission on Narcotic Drugs decided to remove cannabis and related products from Schedule 4 enabling increased research into this substance³⁰ which is already used for medicinal purposes around the world for some time. For other substances, research remains restricted. A new generation of psychiatry scientists in the Czech Republic did research into hallucinogens (LSD-25, psilocybin and others) back in 1950s-70s but the scientific inquiry drastically reduced following the escalation of the global war on drugs³¹. Perhaps most importantly, perceptions of drugs in medical and education contexts influences prevention, palliative care and the medical treatment drug use disorders which are addressed in detail below.

Prevention that does not work: just say no to drugs

The more than 40-year experience of the United States has shown the simplistic paradigm of the ‘just say no to drugs’ campaign is ineffective and actually has negative impact on drug use and it related risks, despite parents’ and schoolteachers’ beliefs of its high effectiveness^{32,33}. However, the region continues these failed approaches, leaving teenagers and youngsters ill-equipped to respond in healthy ways to highly accessible psychotropic substances. In 2020, in research covering Bulgaria, Hungary, Lithuania, Poland and Serbia,³⁴ half of 1406 youngsters surveyed could access illegal substances, but saw the prevention messages as largely ineffective and not helpful: most of the formal drug education young people receive is based on the scare and ‘just say no’ tactics, instead of an honest, evidence-based, and non-judgmental approach. There are positive but small-scale examples of more targeted and progressive prevention which builds life-skills among youth, enables open discussions what to do in different

30 UN news. [UN commission reclassifies cannabis, yet still considered harmful](#), 2 December 2020.

31 Miovsy M, Miller P, Grund JP et al. Academic education in addictology (addiction science) in the Czech Republic: Analysis of the (pre-1989) historical origins. *Nordic Studies on Alcohol and Drugs*. Vol.32, 2015:5 (527-538).

32 McGrath M. Nancy Reagan and the negative impact of the ‘Just Say No’ anti-drug campaign, *The Guardian*, 08.03.2016

33 Lilienfeld SO, Arkowitz H. [Why “Just Say No” Doesn’t Work. A popular program for preventing teen drug use does not help. Here’s what does.](#) *Scientific American*, 01.01.2014

34 Maria Plotko, J. Stola, I. Molnar, P. Sarosi, T. Jovanovic, R. Karczewska, K. Smukowska, M. Arlauskaitė, Y. Georgieva Let’s Talk about drugs: Assessment of drug education in Bulgaria, Hungary, Lithuania, Poland, and Serbia. Regional report. Vilnius, Lithuania: Eurasian Harm Reduction Association, 2020.

situations and links to personal and family counseling and services. But in most cases educators often are not provided with knowledge and skills themselves. Discussing drugs remains largely a taboo at school and at home, and therefore this topic is left to the space of internet, social media and peers.

Parents might be also the ones blamed for their children using drugs, without questioning effectiveness of prevention or drug policies. For example, the Belarus President Lukashenka commented on parents whose children are incarcerated under the drug consumption and dealing charges: “The “Mothers of 328” are often discussed and often cry. Of course, we understand them: [their children in prisons for drug charges] are disappointments to their families. [The Mothers of 328] should have dealt with their children in the right time and not cry now and blame the authorities.”³⁵

Box 3. Voices from youth and youth educators: drug prevention we want

“As a minimum, speaking about these issues shouldn’t be taboo.”

“[Education is] one-sided, where young people are told only that drugs are bad and forbidden.”

“It would be great if education would be provided more from the rational side, [...] what we have now is one-sided emotional information.”

“No one ever explained specifically what a drug/narcotic means, just like a certain concept of ‘new psychoactive substances.’ You don’t know what it is, but you have to be careful. You also have to be careful, because you might try it once and die.”

“[Youngsters] have a lot of information about drugs, but they do not have the emotional maturity and experience to make informed and responsible decisions about their lives or control their emotions and behaviour.”

From Plotko M, Stola J et al. Let’s talk about drugs: Assessment of drug education in Bulgaria, Hungary, Lithuania, Poland, and Serbia

Inadequate pain management in most countries

The international guidance from WHO is clear on the critical role of narcotic substances in pain management, like in the palliative care for cancer patients, cardio-vascular diseases, lung, HIV/AIDS, multi-drug resistant TB and a range of other non-communicable diseases from multi-sclerosis to rheumatological arthritis. The 1961 UN Single Convention on Narcotic Drugs explicitly affirms the need for opioid analgesics to treat pain and suffering. However, according to the Atlas of Palliative Care in Europe³⁶, Central, Eastern Europe and Central Asia remains significantly behind in terms of access to and the uptake of morphine and similar pain opioids. With the exception

35 Sputnik. Лукашенко потребовал новых антинаркотических мер, 29.10.2019 <https://sputnik.by/society/20191029/1043117960/Lukashenko-potreboval-novykh-antinarkoticheskikh-mer.html>

36 Arias-Casais N, Garralda E, Rhee JY, Lima L de, Pons JJ, Clark D, Hasselaar J, Ling J, Mosoiu D, Centeno C. EAPC Atlas of Palliative Care in Europe 2019. Vilvoorde: EAPC Press; 2019. Available at: <http://hdl.handle.net/10171/56787>

of four Central European countries (Slovenia, Czechia, Slovakia, Hungary), the EECA countries had mid-low or low consumption of legal medical opioids in 2017. Tajikistan, Uzbekistan, Armenia, Azerbaijan, Kazakhstan and Ukraine failed to reach even 1 mg per capita per year (for comparison, Austria, Germany, the Netherlands and Switzerland and some others had above 250 mg per capita per year, while nearly all Western European countries had at least 100 mg per capita per year).

Opiodophobia

Myths and bias against opioids (sometimes also referred to as '*opioidophobia*') in the health professional community, among patients and society at large is a major barrier to the development of the palliative care.^{37,38} Some of the prevailing myths are related to abuse of medicines and causing addiction. However, the international literature confirms that only 0.05% of patients develop dependence, while some 0.43% abuse the medicine³⁹.

Box 4. Myths in palliative care that contradict facts and even legislation

- Morphine will make one dependent on drugs for life
- Morphine can only be applied in hospitals, under supervision, and not at home
- The medicine is prescribed only if the person is the last days of life
- Children cannot receive morphine
- The use of morphine causes respiratory depression
- Using morphine accelerates death

Based on Sobornist: Myths and facts about morphine. Popular scientific edition, 2019 [in Ukrainian]

Regulations hardly inhibit drug misuse but dramatically inhibit pain relief

In a number of countries, regulations focus more on control of patients, their families and doctors and less on promoting access to needed medicine in some of the most difficult moments in the lives of patients. As one Russian analysis highlights, "medical pain medicines have not been sought by drug addicts and the combined amount of illegal drugs in Russia exceeds the legal medical ones by hundreds of times...legislation reduces the risk of non-medical use to a minimum, however, creates excessive barriers to quality and timely palliative care."

37 Бевзирива ДВ, *Острые проблемы на пути становления паллиативной медицинской помощи в России*, Презентация главного внештатного специалиста по паллиативной помощи минздрава России, главного врача «Хоспис №1 им. В.В. Миллионщиковой ДЗМ, 2015.

38 Daniela Mosoiu, Karen M Ryan, David E Joranson, Jody P Garthwaite. Reform of drug control policy for palliative care in Romania. *Lancet* 2006; 367: 2110–17

39 Noble M, Tregear SJ, Treadwell JR, Schoelles K. Long-term opioid therapy for chronic noncancer pain: a systematic review and meta-analysis of efficacy and safety. *J Pain Symptom Manage.* 2008 Feb;35(2):214–28.

Doctors do not want to take on the risk of criminal liability for potential violations related to prescribed narcotic analgesics like morphine⁴⁰. Providing and getting access to medicines is accompanied by extremely high levels bureaucracy and multiple procedures for receiving and reporting on the use. There are major restrictions⁴¹ on: who can prescribe (e.g. general practitioners still cannot prescribe in Kyrgyzstan, North Macedonia, Bosnia-Herzegovina, Slovakia and Tajikistan); the availability of opioids in the public health sector (e.g. only specialized pharmacies, under an oversight of law enforcement, greatly limiting physical accessibility in Armenia and Georgia); on the timeframe of prescriptions which are limited to only several days in several countries (in some EE and SEE countries, as well as Slovakia and Slovenia).

Some countries in Caucasus and South-Eastern Europe still require palliative care patients to register as opioid users in order to receive opioid analgesics. Patients are required to bring back used ampoules as part of the control mechanism and failure to do so leads to another level of controls.

Signs of progress

In most countries, there has been major progress in the last 5-15 years in improving the laws on narcotic drugs among other steps for palliative care (e.g. a set of legislative and regulatory changes in Russia, simplified procedures in Latvia and Moldova, electronic prescriptions in Lithuania etc.)^{42,43}. Voices of families and doctors who are struggling, armed with a number of research papers, drove the change. The inclusion of lessons on palliative care in graduate and postgraduate studies is reported critical for combating myths with education and science in the health community. Polish guidelines on palliative care even explicitly guide doctors to address opioidophobia among patients⁴⁴. The new Russian Minister of Health has reportedly been “the main ally in highlighting the pain-relief issues” for the last four years. The movement is gaining more momentum⁴⁵. Despite the reforms, opioidophobia, however, remains one of the main challenges at least in some countries⁴⁶.

40 Щепин В.О., Тельнова Е.А. Карпова О. Б. Проклова Т.Н. Паллиативная помощь: история, состояние сегодня, перспективы. «Национальный НИИ общественного здоровья имени Н.А. Семашко». г. Москва, Россия. No 2(2018), p.98-110.

41 Arias-Casais N, Garralda E, Rhee JY, Lima L de, Pons JJ, Clark D, Hasselaar J, Ling J, Mosoiu D, Centeno C. [EAPC Atlas of Palliative Care in Europe 2019](#). Vilvoorde: EAPC Press; 2019.

42 Щепин В.О., Тельнова Е.А. Карпова О. Б. Проклова Т.Н. Паллиативная помощь: история, состояние сегодня, перспективы. «Национальный НИИ общественного здоровья имени Н.А. Семашко». г. Москва, Россия. No 2(2018), p.98-110.

43 Arias-Casais N, Garralda E, Rhee JY, Lima L de, Pons JJ, Clark D, Hasselaar J, Ling J, Mosoiu D, Centeno C. [EAPC Atlas of Palliative Care in Europe 2019](#). Vilvoorde: EAPC Press; 2019.

44 Wordliczek J, et al. Pharmacotherapy of pain in cancer patients – recommendations of the Polish Association for the Study of Pain, Polish Society of Palliative Medicine, Polish Society of Oncology, Polish Society of Family Medicine, Polish Society of Anaesthesiology and Intensive Therapy and Association of Polish Surgeons. *Pol Przegl Chir.* 2018 Aug 31;90(4):55-84.

45 Комсомольская правда. [Новый министр здравоохранения Мурашко работал волонтером в хосписе](#), 22.01.2020

46 Rama R, Çarçani V, et al. Palliative Care-Albania. *J Pain Symptom Manage.* 2018 55(2S):S14-S18.

Treatment of drug dependence: perceptions inhibiting evidence-based care

Historically, during the Soviet period, due to isolation, the EECA countries developed approaches to treating drug dependence without interaction with the advances in the West. Once opened to the rest of the world in 1990s, states like the Czech Republic (*see Box below*), Slovenia and Croatia and some others quickly digested global knowledge and applied it to their developing drug scene.

The path of the countries that emerged from the Soviet Union was more complex. Some countries, like the Baltic states, advanced faster, while others remained closer to the Soviet model of narcology.

Box 5. Addictology in the Czech Republic: inter-disciplinary and evidence-based approach to drug use and dependence

The Czech Republic cross-fertilized different disciplines to understand and address drug use and dependence as a complex bio-psycho-social phenomenon beyond an issue of individual behavior. Specialists called ‘addictologists’, are trained through specialized programs and are licensed as a separate and independent medical specialty but do not replace nurses or doctors. The historical preconditions for this field to emerge include an early interest in self-help activities, followed by development of specialized treatment programs and intensive integration of harm and risk reduction interventions in the post-Soviet period. The state invests in research in the area.

Based on Miovsky M, Miller P, Grund JP et al. Academic education in addictology (addiction science) in the Czech Republic: Analysis of the (pre-1989) historical origins

Controlling people: the blurred line between law enforcement and health

The Soviet Union’s field of ‘narcology’ (care for drug use disorders and dependence) is rooted in the concept of social control, where law enforcement and control dominates over public health and medical ethics. One of the manifestations of this approach is state registers of people who use drugs (*‘narkouchiot’*)⁴⁷. As a control measure, these registers were used to enable cooperation between the health system and law enforcement including for compulsory treatment but also other means of control including at workplaces, education institutions and NGOs for early identification and registration of users⁴⁸. While some countries like Lithuania stopped using the registers, others

47 Open Society Institute. The Effects of Drug User Registration Laws on People’s Rights and Health: Key Findings from Russia, Georgia, and Ukraine, October 2009.

48 Министерство здравоохранения СССР, Министерство внутренних дел СССР, Приказ от 20 мая 1988 г., п 402/109 Об утверждении инструкции о порядке выявления и учета лиц, допускающих немедицинское потребление наркотических или других средств, влекущих одурманивание, оформления и направления на принудительное лечение больных наркоманией

kept it. Georgia re-instituted it in specialized legislation on drug crimes⁴⁹. Those registers continue to be used for imposing restrictions on civil rights of those listed in them, ranging from deprivation of driver's licenses to banning from certain jobs (teacher, lawyer, physician etc.) to limitation of the right to stand for public office. Employers may ask people to present a certificate showing that they are not included in the register and often, if a person is listed in the register, they would be rejected from the job opportunity. Being on the register sometimes leads to limitation of parental rights. The registers brand people as drug users for years, creating enormous challenges in employment, income, family and social integration, with other health providers and risk that the information will be shared in their communities, children's schools etc. For people with a criminal conviction with comes its own restrictions, an additional level of limitations is added further inhibiting their ability to re-integrate into society.

The blurry line between the means of law enforcement and health is not limited to the register. For example, in Kyrgyzstan, doctors accompany the police raids, in Armenia the police representatives sit on the treatment commission deciding who should start opioid substitution therapy, in addition to examples provided earlier within the context of palliative care.

Little focus on comprehensive reform

Traditionally the Soviet Union's narcology was based on several problematic principles:

- (1) the conflation of treatment for different dependencies (e.g. alcohol and opioids);
- (2) detoxification from drugs was nearly universally characterized as treatment for dependence (WHO is clear that detoxification is only treating of symptoms of withdrawal and is a short-term intervention while drug dependence is a long-term problem);
- (3) restricting the measure of treatment efficacy to "cure" versus "failure to cure," without admission of its poor outcomes or recognize alternative frameworks for gauging treatment, i.e. requiring abstinence as the proof of success of treatment. Cure and achieving full abstinence is the goal rather than improved well-being⁵⁰.

The evidence-based approach has not been part of the narcology tradition and has a difficult path even today in countries like Russia⁵¹. However, narcologists themselves often do not see the need for change⁵². Voices in favour of reforms are marginalized or even censored⁵³. Narcology's media image is often positive. One comprehensive media analysis in Russia noted an overwhelming confidence in the fact that drug user treatments were available including what was thought to be all forms of treatment. Even treatment such as lobotomies and chemical treatment were regarded positively (in spite of being neither effective nor humane). Narcologists are represented as authorities and their statements are not questioned by the media⁵⁴.

49 Otiashvili D, Tabatadze M, Balanchivadze N, Kirtadze I. Policing, massive street drug testing and poly-substance use chaos in Georgia – a policy case study. *Subst Abuse Treat Prev Policy*. 2016;11:4. Published 2016 Jan 16.

50 Elovich R, Drucker E. On drug treatment and social control: Russian narcology's great leap backwards

51 Mendelevich VD, Zalmunin Kyu. Paradoxes of evidence in Russian addiction medicine. *International Journal of Risk & Safety in Medicine* 27 (2015) S102–S103.

52 Менделевич ВД. Наркомания и наркология в зеркале общественного мнения, 2006.

53 Higgs P: Vladimir Mendelevich: fighting for drug substitution treatment. *The Lancet* 2006, 368(9532):279.

54 My Lilja (2013) Chapter 5. Russian Media Narratives About Young Drug Users, Substance Use & Misuse, 48:13, 1336-1349

The rapid increase in drug use caught narcology off-guard in 1990s and drug interventions evolved, often without a comprehensive plan and multi-stakeholder consultation. In the last 30 years there has not been a comprehensive evaluation of public narcology systems and the methods they use to see how effective they are in meeting their objectives in the mid and longer terms or to see what portion of the population in need manage to utilize the services, or to see how much different approaches cost in terms of time and other resources. A number of rehabilitation centers have been established by NGOs, private practice, faith-based communities and some by state. While they are positively viewed, their accountability for effectiveness, and adhering to the human rights principles is limited. This is in a sharp contrast to opioid agonist treatment which undergone external evaluations.

Box 6. Non-evidence-based methods in demand

There is a strong stream of what Russian professor Krupitskiy called ‘scientifically-decorated shamanism’, namely hypnosis-based ‘coding’ used not only for drug dependence but also problems with alcohol, excess weight, and other problems. This approach, first patented by Dovzhenko in 1985, is not part of the national standards and lacks an evidence base, but it is still widely popular in Russia, Ukraine, Belarus and beyond (but not in the whole region). While medical charlatanism in Russia and elsewhere is not new with the expectations of miracle solutions based on the ‘evidence’ of someone’s personal experience and no information of any side-effects⁵⁵ the scale and demand of this profit-oriented phenomenon in addictions is staggering. In early 2000s, each month some 500 private narcologists in Moscow conducted around 60,000 home visits; in many cases these narcologists worked in state institutions⁵⁶.

Marginalization of opioid agonist therapy and its patients

The biggest achievement of narcology in the last 20 years is that most countries have managed to introduce and develop opioid agonist therapy, the most effective intervention for opioid dependence management and HIV prevention according to World Health Organization⁵⁷. Few, however, achieved the WHO recommended medium level of access at least 20-40% of the estimated number of people with opioid dependence. Furthermore, the perception of this treatment among experts, even among people who use drugs and law enforcement can be generally negative, which hinders its successful expansion.

Russia, Uzbekistan and Turkmenistan, do not practice opioid agonist therapy at all. Russian legislation prohibits the use of narcotic substances in health care for people with drug dependence and actively promotes its position against the use of methadone and opioid agonist therapy internationally.

55 Невинная И. Русская моча вместо скальпеля врача//Готовится к выходу энциклопедия шарлатанства в медицине. Российская газета – Неделя №. 126(6398)

56 Сошников С. «Кодирование» от алкоголизма и кризис Российской наркологии. Блог. Эхо Москвы, 30.04.2012

57 WHO. Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence, 2009.

Box 7. Balancing control and health during COVID-19

To access opioid substitution therapy, the most effective intervention for opioid dependence management and HIV prevention according to WHO, many countries require patients to visit dispensing sites daily (to prevent possible diversion of the medicines to the black market). During the COVID-19 pandemic, this requirement was removed in all countries in the EECA region except Azerbaijan, Belarus, Bulgaria (only state institutions), and Kazakhstan, where the health of medical staff and patients continues to be put at extra risk due to the daily visits. Additionally, North Macedonia made the medicine available for longer periods only for selected people, while the Serbian capital city has not managed to change the normal practice. Georgia have reversed the flexibilities for patients once the quarantine was lifted.

Based on the Eurasian Harm Reduction Association. Review of harm reduction programs in the situation of the COVID-19 crisis in 22 CEECA countries, May 2020

Harm reduction

Needle and syringe programmes (through which sterile injecting equipment is provided to people who inject drugs in order to enable them to avoid blood born infections and to engage with them for health promotion) are part of the WHO and UN-recommended essential package of HIV and viral hepatitis services for people who inject drugs, often called “harm reduction,” were established throughout the region in the last 20-25 years. Once established, those programmes managed to reach more people than the state registers because they engaged pragmatic approaches including: that they went to streets and places where people who use drugs gather in order to reach people otherwise fearful of accessing medical services; they engaged people who used drugs in the design, implementation and evaluation of the programs to ensure they were appealing to people who use drugs; they interacted with people who use drugs without stigma and discrimination; they did not require passport data or real names and they never shared data with the police; and they never made abstinence from drug use a condition for receiving assistance. Needle and syringe programmes confront different myths repeatedly proven wrong by science, for example, to increase drug use.

Misconceptions around drug use is part of the reasons making it easier for governments fund, for example, drug-free care than harm reduction. Today, harm reduction programmes remain dependent on international donor in half of the countries in the region, and in many they continue to be largely underfunded. Recently several additional countries, notably North Macedonia, Ukraine, Georgia, took progressive steps towards public financing of those programs implemented by NGOs. In many cases this funding comes not from drug programmes but rather the HIV field, which has been less about ideologies and more what works to stop the epidemic.

Stereotypes of people who use drugs

The current public portrayal of people who use drugs misrepresents the full complexity of who people using drugs are, mistakenly concentrating on drugs as the defining element of individuals who use drugs. In reality, people who use drugs have multiple roles and aspects in their lives – they are children, parents, also there are people who use drugs in various groups of the society – among artists, students, bankers, or unemployed.

In the public eye, at worst, people who consume drugs are seen as criminals. At best, people are seen as victims of drugs who need compassion and treatment. The stereotypes reinforce the image that all people who use drugs have health, social and justice issues, confirming the public perception of drugs as dangerous and that everyone

who uses them should be treated and only drug-free people can meaningfully contribute to society and public discussions. However, statistics is clear: the majority of people use drugs episodically and/or occasionally, hiding their drug use, are not necessarily socially marginalized. Below we detail stereotype-charged words and why it matters how we speak about drugs. While stereotypes are well known by many, one particularly impactful and difficult to address is around women who use drugs.

A criminal and threat to the community

Criminal rubrics remain the main place where media covers the topic of drugs and people who use drugs. Moreover, fear of people who use drugs might be the dominating emotion experienced by the public and even various professionals when interacting with people who use drugs. People who use drugs are seen as a direct threat to security and safety in communities (*see Box below*). Several years ago, an overwhelming majority of Moldovan policemen considered people who use drugs to be criminals but their fears are related not to public safety but to fear of contracting HIV, viral hepatitis or tuberculosis⁵⁸. In the public opinion court, people who use drugs are even regarded as being capable of even violent crimes like murder, despite little evidence of their involvement in such crimes more than people who misuse alcohol. Russian data shows that 12.4-fold more violent crimes are conducted under the influence of alcohol than drugs⁵⁹.

Box 8. Most dangerous members of communities?

Survey of nearly 2500 community members in two Ukrainian towns, Irpin and Poltava, showed that people who use drugs are seen as the most threatening population. Nearly 80% of inhabitants in Irpen and 62% in Poltava thought so, which is more than 3-15 times greater than the percent of people who thought that the Roma population, former prisoners and people with alcohol problem were the most threatening populations.

Among the surveyed residents, 26-50% associated drug use with thefts and robberies. They also saw people who use drugs as associated with the spread of infectious diseases and polluting the environment with used syringes. Notably 25% of them associated people who use drugs with provoking street fights and more than 10% associated them with potential murders. Drug use per se, not social conditions or other elements, is seen as the roots of the threatening behavior.

While half of respondents indicate that providing with rehabilitation, detoxification, other medical assistance, employment would eliminate the threats posed by people using drugs, one quarter saw isolation as the best solution. Very few would agree to have people who use drugs as a colleague or be engaged in the same community activities with them.

Based on Human Rights Expert Center and International Renaissance Foundation. [Opportunity assessment for integration of the vulnerable population groups in life of Irpen communities for creation of safe environment](#), & [Opportunity assessment for integration of the vulnerable population groups in life of Poltava communities for creation of safe environment 2018](#). [in Ukrainian]

58 Promo-LEX. The Perception and Treatment of Injection Drug Users by Police Officers in the Republic of Moldova 2014.

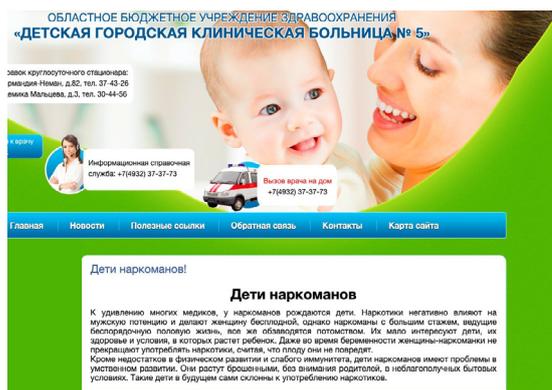
59 Meylakh P. Drugs and Symbolic Pollution: The Work of Cultural Logic in the Russian Press. Cultural Sociology Volume 3(3): 377-395, November 2009.

Harsher stereotypes make women particularly vulnerable

Women who use drugs have been targeted by harsh stereotypes as particularly immoral, irresponsible, harmful to ethnic gene-pools, and bad mothers. They are told by their doctors that they cannot have healthy children (see *examples below*).^{60,61} There are myths that children of mothers who use drugs have damaged brains and physical disabilities (see below) even though the WHO is clear that women who use drugs can have healthy children and should be supported, with the underlying principle of “safeguarding her from stigma and discrimination”⁶². As one social worker in Russia described the prevailing attitudes:

“The place of women [...] is worse than males, because there is a special stigma attached to women who use drugs because women are mothers... Playing the role of mother and custodian of family values does not go well along with drug dependence, drug use or alcohol use...If you at the same time turn yourself into this ‘monster’ who uses drugs, what kind of children can you have?”⁶³

Public communication that is not based on facts and in contradiction with the WHO guidelines⁶⁴



Russian children hospital has a special section ‘Children of Addicts’, which starts as follows: “To the surprise of many doctors, addicts have children. Drugs negatively effect on men’s potency and makes women sterile.”



*Public promotion placard from Ukraine:
“Mummy why am I freak?
Addicts do not have healthy children”*

60 E.g. stories discussed Офицера Е. [Замкнутый круг. Как наркозависимые женщины страдают от систематического насилия](#). 23.07.2020

61 [Matyushina-Ocheret, D.](#) (2020), “Access Barriers to Health Services for Women Who Use Drugs in Eastern Europe and Central Asia”, [Buxton, J.](#), [Margo, G.](#) and [Burger, L.](#) (Ed.) *The Impact of Global Drug Policy on Women: Shifting the Needle*, pp. 75-83

62 WHO. [Guidelines for the identification and management of substance use and substance use disorders in pregnancy](#), 2014.

63 [Margo, G.](#) (2020), “Policing and Sentencing Practices in Russia and their Impacts on Women Who Use Drugs”, [Buxton, J.](#), [Margo, G.](#) and [Burger, L.](#) (Ed.) *The Impact of Global Drug Policy on Women: Shifting the Needle*, Emerald Publishing Limited, pp. 113-121.

64 WHO. [Guidelines for the identification and management of substance use and substance use disorders in pregnancy](#), 2014.

This stereotyping has made women particularly vulnerable. They experience levels of intimate partner violence and other forms of gender-based violence between 5 and 24 times higher than females in the general population⁶⁵. They are also routinely victimised by law enforcement. For example, in Ukraine, 66% of women who use drugs have been sexually abused by the police⁶⁶. Psychological abuse by the police is frequent towards women, particularly in relation to removing parental rights⁶⁷. HIV prevalence is at least 1.5 times higher among women who use drugs than males in countries of the region with data reported. Women delay or even avoid accessing antenatal care and depend more on males who use drugs for access to drug-related services. At the same time, because they are the minority among those using drugs (from 10 to 25% according to different estimates in the region⁶⁸), drug services are not well adapted to their needs or to the fact that they are responsible for caring for children.

Voices of people who use drugs – still rarely heard

A growing number of media stories feature people who have substance use disorder and dependence⁶⁹. However, it does not necessarily mean that views of people who use drugs are truly represented. They might be selected to illustrate the narrative selected and 'staged' by a journalist and not give them a chance to have their voice heard⁷⁰.

Moreover, there is a lack of portrayal of the statistical majority of people who use drugs – those who are socially integrated and might be using recreationally and may not be drug dependent. Their experiences are neither featured nor mentioned by specialists who largely engage with drug dependent individuals or are involved only in cases where people are experiencing negative effects of drugs. Actually, public acknowledgement of one's current drug use would be seen as a professional and societal suicide. But because of this gap, the public image reinforces that all people who use drugs are criminals or have drug problem.

Need to change terms and language

Like in other fields, in drug policy, terms used to describe the person and the issue can have such a major negative charge that using them contributes to stigma and rejection of people. Attaching negative labels to a person results in reducing his/her significance in the society. Therefore, changing the terms is recommended in order to reduce stigma and negative bias when discussing drug use, dependence or methods of interventions.

65 [Stoicescu, C.](#), et al (2020), "Nexus of Risk: The Co-occurring Problems of Gender-based Violence, HIV and Drug Use Among Women and Adolescent Girls", *The Impact of Global Drug Policy on Women: Shifting the Needle*, pp. 49-57.

66 Kutsa O, Marcus R, Bojko MJ, et al. Factors associated with physical and sexual violence by police among people who inject drugs in Ukraine: implications for retention on opioid agonist therapy. *J Int AIDS Soc.* 2016;19(4 Suppl 3):20897.

67 Promo-LEX. *The Perception and Treatment of Injection Drug Users by Police Officers in the Republic of Moldova 2014*.

68 [Matyushina-Ocheret, D.](#) (2020), "Access Barriers to Health Services for Women Who Use Drugs in Eastern Europe and Central Asia", [Buxton, J.](#), [Margo, G.](#) and [Burger, L.](#) (Ed.) *The Impact of Global Drug Policy on Women: Shifting the Needle*, pp. 75-83

69 Bujalski M, Hellman M, Moskalewicz J et al. Depoliticising addiction: Who gets to speak in European press reporting, 1991-2011. *Nordic Studies on Alcohol and Drugs* 2018, Vol. 35(1) 52-68.

70 Sirvinskiene A, Leipute U. The issues of the representation of HIV infected individuals dependent on psychotropic substances in internet portals [in Lithuanian]. *Visuomenes sveikata.* 2015/1(68)

“Narkoman” is the commonly used term to describe people who use drugs and has strong negative connotations, linked with popular negative stereotypes as a criminal, sinner or a person just for one purpose – drugs. While people who misuse alcohol might be also depicted in negative terms, not every person who uses or even misuses alcohol would be described as alcoholic. Moreover, heavy alcohol use would often be justified as rooted in social problems or a hard period in life. Rarely would the label be directly linked with reducing public safety without contextualizing and looking at the individual first.

Table: Samples of problematic and preferred terms

Term to avoid	Why	Preferred term
'Addict', 'наркоман', 'narcoman', 'nash'amand' (Tajik), 'norik', 'ćpun (Polish)	Highly negatively charged conflates two terms	Depending on the situation: 'Person who uses drugs' (наркопотребитель) or 'person with drug dependence' (наркозависимый)
'Narkomania' (largely in the countries of Soviet Union)	Conflation of drug use and drug dependence, some still use in medical literature to indicate the drug dependence. Also 'mania' is connected with psychiatric manic disorders, i.e. shows link with the purely psychiatric view towards drug use and drug dependence instead as more holistic one with social and psychological factors in addition to bio-physical ones.	
Opioid substitution therapy *Medication-assisted treatment *Pharmacological treatment	It is a misconception that medications merely “substitute” one drug or “one addiction” for another. * <i>Some international partners also use 'medication assisted' or 'pharmacological treatment' to contrast this treatment approach to drug-free approaches. However, that, for example, in Russia, might mistakenly denote non-evidence methods used, involving medicines in the Russian narcology for drug dependence.</i>	Opioid agonist therapy *Medication-assisted treatment *Pharmacological treatment
Fighting drugs, anti-drug strategy	The war-like language sets the unnuanced, negative-only approach to substances. It sets the tone for focus on law enforcement, leaving little space for public health and people who use drugs.	Strategy on drugs, addressing the drug issue

Public and political discourse

In the public domain, anti-drug propaganda has been the driving force that propagated beliefs that shaped moral panic in society at large and among key opinion leaders, like media, faith leaders, politicians, the police or even educators. Drug use is seen as immoral behavior and a threat to community safety, therefore deserving of punishment. Intolerance of drug use also created intolerance of people who use drugs, and by extension also marginalized their families. It created barriers for resocialization and their engagement in participating in shaping the public and political discourse. The moral panic-based beliefs made the focus punitive drug policy and emphasis on security very popular in the general public and among politicians. Expression of alternative ideas are stigmatized but are occurring more frequently and offer important lessons how to break misconceptions, open new debates on drug policy and show that people who use drugs can and should be meaningfully involved in discussing policy.

Moral panic

Over the last 20 years media, politicians and even specialists^{71,72,73,74} have continued to contribute to building 'moral panic' in the post-Soviet society, by emphasizing and negative social reaction to the dangers related to drugs. Common ideas expressed about drugs included:

- Drugs are demonized ("they are evil") and pathologized ("you are hooked after using once"). Their use is seen as a disease that spreads fast and causes death. Drug use and drug dependence are conflated.
- Those involved with drugs are seen as enemies of the state from within and 'symbolic polluters' of the society, blamed for the moral decline of society. Drugs are believed to corrupt the morals of the young, and therefore are a direct threat, undermining the purity and the future of the nation.
- Drugs are linked to foreign Western behaviours and contrasted with local (often Christian or Muslim values) and their use are seen as 'theirs' or 'others' rather than 'ours.' Links are made between drug distribution and other ethnic groups (e.g. the Roma people), or other nationalities.
- Sensational tone and categorical 'truths' are used to strengthen the statements (e.g. that drugs are a threat to security and are the main cause of crimes, or that they are more dangerous than alcohol, or that all drugs are the same).

71 Meylakhs P. Drugs & Symbolic Pollution: The Work of Cultural Logic in the Russian Press. *Cultural Sociology* 3(3):377-395, 2009.

72 Meylakhs P. The discourse of the press and press of discourse: Constructing the drug problem in the Russian media, 2005.

73 My Lilja Chapter 5. Russian Media Narratives About Young Drugs Users, *Substance Use & Misuse*, 48:13,1336-1349, 2013.

74 Lankauskas M. Particularities of the construction of drug control: Lithuanian case study in public discourse of cannabis [in Lithuanian]. Doctoral thesis, Vilnius University, 2018

In today's Russia drug use is seen as the top immoral activity, even above corruption, problem use of alcohol, smoking, stealing, or resisting the police: 90% of Russians treat drug use specifically as immoral in comparison with 48% considering resistance to the police as immoral⁷⁵. In Tajikistan, three out of four pharmacists and students explained their negative views of drug use referring to Islam's prohibition of drugs. Therefore, they view using of drugs as a sin and a crime worth of punishment.⁷⁶

Box 9. Potential role for faith leaders to find more compassion and prioritize health?

Religious institutions and leaders have taken positions in drug policy, often against reducing drug-related sanctions (e.g. in Georgia and Lithuania in discussions on decriminalization of drug use and possession even for personal use). However, at the same time, they are often seen as leaders and source of compassion. Moreover, they have engaged in delivering aid for pain relief, rehabilitation services or even needle and syringe programming. The Head of the Orthodox Church of Ukraine Epiphany explicitly favoured the medical use of substances including opiates and cannabis but opposed full legalization: "what we understand under legalization, and what we understand under the concept of medical cannabis: if it's good for people, if this medical cannabis is used as opioid medicines are, prescribed rather than in free access, we accept it."⁷⁷

Drug policy as a national security issue

Strong stance against drugs leads to securitization of drugs, not evidence-based policies

Polish President Aleksander Kwaśniewski is probably the only politician who publicly reversed his position on drugs. He called his past vote on increased drug criminalisation a mistake, built on wrong assumptions, hence confirming some popular intuitive beliefs have little evidence behind them:

"We assumed that giving the criminal justice system the power to arrest, prosecute and jail people caught with even minuscule amounts of drugs, including marijuana, would improve police effectiveness in bringing to justice persons responsible for supplying illicit drugs. We also expected that the prospect of being put behind bars would deter people from abusing illegal drugs, and thus dampen demand."

75 "Всероссийский центр изучения общественного мнения" (ВЦИОМ). Россияне определились с моралью. [Топ-5 аморальных поступков. Коррупция и наркомания – самые осуждаемые из аморальных поступков.](#) В целом же наше общество стало существенно мягче относиться к ненормативному поведению. 10.03.2020

76 Ibragimov U et al. Stigmatization of people who inject drugs (PWID) by pharmacists in Tajikistan: sociocultural context and implications for a pharmacy-based prevention approach. *Harm Reduction Journal* (2017) 14:64.

77 Interview to Espresso.tv, <https://youtu.be/MBtKaaL9nEQ> [in Ukrainian]

We were mistaken on both of our assumptions. Jail sentences for the possession of illicit drugs – in any amount and for any purpose – did not lead to the jailing of drug traffickers. Nor did it prove to be a deterrent to drug abuse.”⁷⁸

Heads of states in countries with a strong concentration of presidential power, like Belarus, Russia, or Turkmenistan, publicly have been very vocal against drugs for ensuring security and safety. Turkmenistan President Berdimukhamedov participated in the televised burning process of drugs in 2020. President of Belarus Lukashenka is actively participating in discussing the sanctions for drugs and even asserts political opponents consume drugs (*see Box*). Russian President Putin proactively announced his objections to debate of differentiated views towards controlled substances and soft drugs⁷⁹. Russia also prioritized drugs in its foreign policy – globally and in the region (*see Box*).

Box 10. Presidential rhetoric from Belarus with stereotypes and judgement

- “Drug use is a disease. It is a disease worse than drinking alcohol or smoking. And we must fight this terrifying evil and take strict measures.”⁸⁰
- “I have said many times: if we focus only on the consequences and not the causes we will not get to the root of the situation. The most effective barrier to the spread of drug use is a total rejection by society. If there is not demand, there will not be supply. This is what we need to strive for.”⁸¹
- [About the 2020 post-election protesters.] “We arrested the organizers who hid behind corners – about 3000 of them, half of them in Minsk. Many of them were stoned [due to smoking drugs] or drunk...Also in possession of drugs. It’s terrible.”⁸².

Opposing drugs is an easy communication message that can score political popularity, therefore it continues to be exploited. For example, during city elections in Prague, the Czech Republic, people who use drugs were ridiculed and used as scapegoats for social problems. Some candidates went further, making the closure of drug services a central part of their agenda or repeatedly promising that none of taxpayer’s money would go to centers for “junkies”⁸³.

78 Kwasniewski, A. *Saying No to Costly Drug Laws*, New York Times, 10-05-2012.

79 Речь Президента РФ Путина ВВ на *заседании Совета Безопасности РФ*, обсуждая проект Стратегии государственной антинаркотической политики России до 2030 года и меры по его реализации, 16.11.2020

80 <https://reform.by/lukashenko-poobeshhal-pomilovat-nekotoryh-osuzhdennyh-za-hranenie-narkotikov>”

81 <https://sputnik.by/society/20191029/1043117960/Lukashenko-potreboval-novykh-antinarkoticheskikh-mer.html>

82 ZNAK. Лукашенко о протестующих в Белоруссии: «Обкуренные, пьяных много, с наркотиками», 10.08.2020 https://www.znak.com/2020-08-10/lukashenko_o_protstuyuchih_v_belorussii_obkurenyye_pyanyh_mnogo_s_narkotikami

83 Csete J. A Balancing Act: Policymaking on Illicit Drugs in the Czech Republic. Open Society Foundations, 2012.

Russia has used “the general drug war discourse to both increase the levers of influence available to it on the international arena, and to press for greater convergence and harmonisation of drug policies within the Commonwealth of Independent States (CIS)”⁸⁴ and elsewhere. Russia provided major financial contributions to UN on drug issues and successfully lobbied its diplomat to be appointed as the head of the UN Office on Drugs and Crime in 2010. At the same time, it opposed WHO, OHCHR engagement in the drug policy, e.g. saying that “it is unacceptable to enshrine alternative approaches for international drug control through the human rights context”⁸⁵. The then head of the Russia’s Federal Drug Control Agency linked the vast production of drugs with the failures of West, including explicitly NATO, and mentioning its role in ‘political destabilization and... the destruction of [Russia’s] economic potential’⁸⁶. In run up to UNGASS on drugs in 2016 and 2019 review, it utilized regional and bilateral cooperation, the G8, and BRICS to promote its hard-line stance. It hosted a series of high-level meetings, for example in 2017 with parliamentarians from 43 countries to agree on a stance against reforms of UN treaties and drug law reforms.⁸⁷ Additionally, at the regional level, the security dimension of the Central Asian drug trade dominates the drug discourse. Russia promoted collective security with its Central Asian neighbours through the Shanghai Cooperation Organisation, which now has a 2018-2023 anti-drug strategy⁸⁸.

Box 11. Russia’s challenge to West-dominated global order: opposition to reforms

Since 2010, Russia has prioritized drugs in its foreign agenda as a global security issue and the area for challenging the “Western-dominated order”, creating alternative alliances and becoming the organizer of the opposition to drug reforms, as part of Russia’s efforts to increase its influence within the United Nations beyond the Security Council^{89,90}.

*“The drug threat is global. Therefore we must actively develop international cooperation on drugs, first of all in authoritative and influential structures like the UN, BRICS, CSTO [Collective Security Treaty Organization or ОДКБ], SCO [Shanghai Security Organisation] by expanding the exchange of information and experience in countering international and cross border drug crimes,” said Russia’s President Putin at State Security Council, 16 November 2020.*⁹¹

The recently approved State Anti-Narcotic Policy until 2030⁹² names any global drug reform attempts including legalization of cannabis among the threats. This is reinforced in the recent speech by President Putin talking of a “*lie [about]... so-called safe, civilized use of so-called soft drugs*”⁹³ and strong reactions of the Russian diplomats to Canada’s steps on cannabis regulation or even the UN communication about cannabis rescheduling.

84 Marshall, G. From drug war to culture war: Russia’s growing role in the global drug debate. Global Drug Policy Observatory, Policy Brief 5, July 2014.

85 As cited in Jelsma M UN Common Position on drug policy – Consolidating system-wide coherence. IDPC & TNI, 2019.

86 Galeotti M. Narcotics and Nationalism: Russian Drug Policies and Futures. Foreign Policy at Brookings, 2016.

87 ibid

88 Lemarchal O for the Russian International Affairs Council. Tackling the Illicit Drug Trade: Perspectives from Russia, 14.09.2020

89 Bewley-Taylor D. Drug diplomacy: Russia promotes hard-line global drugs regime. Jane’s Intelligence Review, 2019.

90 Jelsma M. UN Common Position on drug policy – Consolidating system-wide coherence. IDPC & TNI, December 2019.

91 Речь Президента РФ Путина ВВ на заседании Совета Безопасности РФ, обсуждая проект Стратегии государственной антинаркотической политики России до 2030 года и меры по его реализации, 16.11.2020

92 УКАЗ ПРЕЗИДЕНТА РОССИЙСКОЙ ФЕДЕРАЦИИ 23 ноября 2020 года N 733 Об утверждении Стратегии государственной антинаркотической политики Российской Федерации на период до 2030 года

93 <http://www.kremlin.ru/events/president/news/64424>

Spots and leaders opening the debates

Overall, there is little public debate on drug policy and its effectiveness. The topic is pictured using strong emotionally-charged language and often lacks room for rational, fact-based analysis though there are some exceptions.

In Georgia, a broad platform of health professionals, drug users, youth activists, public health experts, human rights groups and others has been formed. A broad youth sub-culture openly questions the current policing approaches. Following more than 5 years of intensive debates on drug legislation and reforms, politicians have remained reluctant to make decisive changes in law and policies. Nevertheless, societies have gained the perception that change is needed. A survey of 5000 people favoured the revisions to legislation – treating individuals with drug dependence as patients (an estimated 69%-70%), rather than as criminals and removing the sanction of imprisonment for smoking cannabis or injecting drugs⁹⁴.

In Moldova, cooperation between National Anti-Drug Commission, UN Office on Drugs and Crime and NGOs led to several public debates across the country few years ago. It engaged experts from: ministries of health and justice; the police; narcology; and people who use drugs. The overwhelming majority of the public following those debates favoured views that drug dependence is a disease and alternatives to incarceration are needed⁹⁵.

There is a new wave of younger politicians and youth movements taking a stand on cannabis, particularly in light of the increased legalisation of medical cannabis and more countries around the world revisiting its legal regulation. For example, in a 2020 political campaign in Lithuania, a new Freedom Party successfully ran on the platform of 5 demands, one of which was legalisation of recreational cannabis, appealing to younger electorate.

The leaders of debates can be also parents or experts. In Belarus, mothers of those incarcerated for drug charges 'Movement Mothers 328' (the name based on the Article in the Criminal Code) have taken the lead in opening the debate about one of the harshest incarceration measures in the region. Similarly, Estonia sees intensified evidence-based debate. In addition to people who use drugs, health and drug experts, a critical voice promoting a public health approach and need to focus on wellbeing of people affect comes from its Chief of Police who said:

“There are thousands of injecting users in Estonia who have been socially marginalised due to their addiction. In many cases these people are stuck, they are unable to get help and don't see any way out of their situation. They need someone to listen to their worries and help them make the first steps towards finding a solution and improving their lives and actively promoting evidence-based public health practices.”

94 Kirtadze, I., Otiashvili, D., Tabatadze, M., National Survey on Substance Use in the General Population in Georgia, 2015. USAID and CzDA funded Addiction Research Development in Georgia Project. Tbilisi, 2016

95 Позитивная инициатива. «Нет тюрьме и наказанию, да –альтернативам заключения». Итоги социальной кампании «Вместе ради жизни», 13.06.2017

The way forward

Major misconceptions about drugs and people using them prevail among the general public and among decision makers in the region. A whole belief system, with many elements that are not backed by evidence, is strongly emotionally enshrined in our societies. But, some frontline professionals working in fields that address drugs, civil society groups, researchers, people who use drugs and their families and rare political leaders are beginning to raise voices to challenge key misconceptions.

There is a need for change and to open up discussion of facts and values concerning drugs. Opening that discussion will be a long journey. On that journey informed leaders from among law enforcement, health, researchers, politicians, civil society and others can help to sort out facts from myths and acknowledge the complexity of the issue. As the first step, the principles of intended drug policies should be agreed upon. The principles offered by the Global Commission on Drug Policy could be adapted for the EECA region.

- As countries have their own cultural, political and drug policy paths, their approach and pace to breaking the silence will be different. Nevertheless, learning from others could help.
- Political leaders should open up to constructive dialogue on evidence- and human rights-based drug policies and enable multi-disciplinary voices from state institutions to speak freely. They might consider discussing drugs along with the country's approaches towards other substances, notably alcohol and tobacco. Finding leaders from different political parties would enable balanced and sustainable political leadership.
- Voices from law enforcement, justice, human rights, health, faith, media and other institutions that are trusted as opinion leaders should open up to learning facts about drugs, and help lay the path towards transforming the public misconceptions.
- Broad civil society including groups of people who use drugs, their parents, women's networks, good governance experts and young people should be capacitated to offer their vision of and contribution to the pathway towards the debate. While civil society is diverse with different ideologies, evidence and human rights principles should enable finding bridges and unifying factors and showing it is possible for the society and politicians.
- A stronger link should be made with local researchers from criminology, sociology, communications, political, law, finance, history, pain medicine, drug disorders, and other health fields to address missing pieces of knowledge and enable construction of accountability and build an evidence-base for discussing drug policy. Analysis of the anatomy of changes in political dialogue and perceptions should be evaluated.
- University and graduation programs should be supported to update curriculums and education of critical professionals who are at frontline with people affected by drugs in health, social, education, law enforcement and others. This should include upgrading the terms, revisiting the role of attitudes and stigma, as well as promoting critical – not stigmatizing – thinking.



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