



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

SUMMARY

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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.



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