

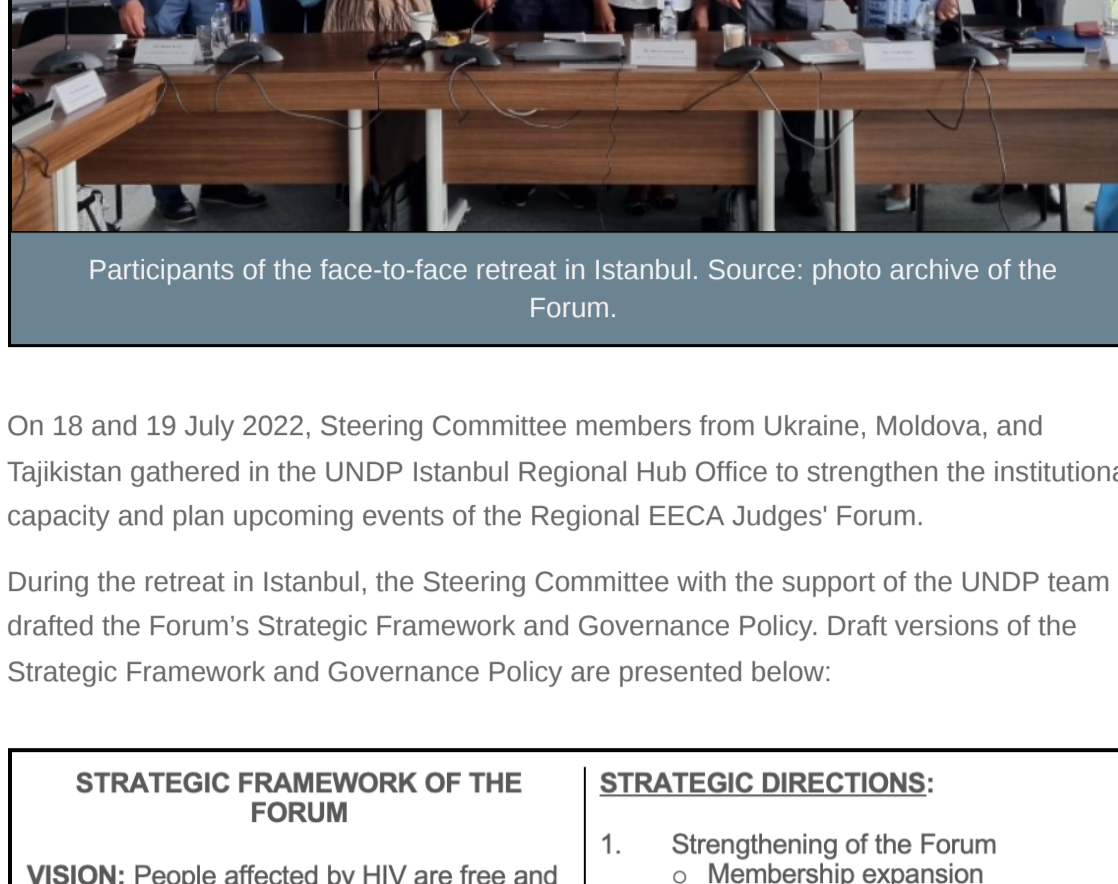
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In this Issue:

- [EECA Regional Judges' Forum on HIV, Human Rights and the Law, Steering Committee face-to-face meeting in Istanbul](#)
- [Analytical report of the Eastern and Central European and Central Asian Commission on Drug Policy \(ECECACD\) "Drug Laws and Policies in Four Regions of Eurasia"](#)
- [Evidence from the scientific publication: Costs and impact on HIV transmission of a switch from criminalization to a public health approach to injecting drug use in Eastern Europe and Central Asia: a modeling analysis](#)
- [The Drug Decriminalization \[e\] Course by the International Drug Policy Consortium \(IDPC\)](#)

EECA REGIONAL JUDGES' FORUM ON HIV, HUMAN RIGHTS AND THE LAW, Steering Committee face-to-face meeting in Istanbul



Participants of the face-to-face retreat in Istanbul. Source: photo archive of the Forum.

On 18 and 19 July 2022, Steering Committee members from Ukraine, Moldova, and Tajikistan gathered in the UNDP Istanbul Regional Hub Office to strengthen the institutional capacity and plan upcoming events of the Regional EECA Judges' Forum.

During the retreat in Istanbul, the Steering Committee with the support of the UNDP team drafted the Forum's Strategic Framework and Governance Policy. Draft versions of the Strategic Framework and Governance Policy are presented below:

STRATEGIC FRAMEWORK OF THE FORUM	STRATEGIC DIRECTIONS:
<p>VISION: People affected by HIV are free and protected by justice</p> <p>MISSION: To ensure effective and fair justice in relation to HIV</p> <p>CORE PRINCIPLES:</p> <ul style="list-style-type: none"> • Relying on cutting-edge scientific evidence and international standards • Accessibility • Openness • "Listen and Hear" • Flexibility and openness to innovation 	<ol style="list-style-type: none"> 1. Strengthening of the Forum <ul style="list-style-type: none"> ◦ Membership expansion ◦ Geographic expansion ◦ Resource mobilization ◦ Ensuring sustainability 2. Information gathering, analysis, and publication <ul style="list-style-type: none"> ◦ International standards ◦ Scientific data ◦ Best practices 3. Promoting positive changes at country level <ul style="list-style-type: none"> ◦ National forums ◦ Training programmes ◦ Dissemination of information

GOVERNANCE POLICY AND TERMS OF MEMBERSHIP

- Forum membership is not the same as participation:
 - participation means attendance at Forum events or subscription to the Forum newsletter, but it does not entail rights and responsibilities
 - membership in the Forum entails rights and responsibilities and is subject to certain conditions
- Members have:
 - a priority right to attend Forum events
 - a right to vote, which allows them to shape the strategic course of the Forum and its governance systems, including the right to elect Forum Steering Committee members
 - a right to be elected to the Forum Steering Committee

Terms of Forum membership

- Membership is voluntary and free of charge
- To become a member, a person needs to submit an application form and confirm that:
 - She meets eligibility criteria
 - She accepts the vision and mission of the Forum, as well as Forum membership rules and conditions

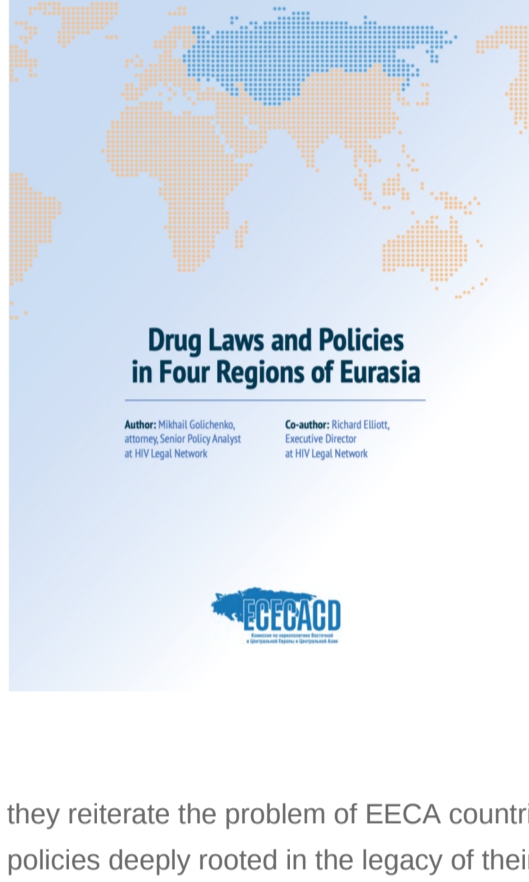
Forum membership criteria

- Professional:
 - Acting judge or
 - Trainer of the School of Justice or another national institution in charge of the training of judges
- Geographic:
 - Working in the Eastern Europe and Central Asia (EECA) region

Forum Steering Committee

- The Forum Steering Committee (SC) is the main coordinating body of the Forum
- The SC consists of five or seven members, depending on the total number of Forum members:
- If the Forum has fewer than 100 members, the SC should have five members
- If the Forum has 100 or more members, the SC should have seven members
- Membership in the SC is voluntary and non-remunerated
- Members of the SC serve in their individual capacity (i.e. they do not represent their respective institutions), but they are encouraged to use their affiliation to promote the work of the Forum
- One term for the SC membership is three years
- Membership is allowed for a maximum of two terms
- If a SC member ceases to meet Forum membership eligibility requirements, she may remain a SC member till the end of her/his term

Analytical Report of the Eastern and Central European and Central Asian Commission on Drug Policy (ECECACD) "Drug Laws and Policies in Four Regions of Eurasia"



On 18 November 2021, a group of distinguished personalities from the EECA region led by the Former President of Poland Aleksander Kwaśniewski launched the **Eastern and Central European and Central Asian Community on Drug Policy (ECECACD)**, a new independent regional body set up to bring evidence-based scientific data to the table to initiate honest conversations with decision-makers in the countries of the region.

In its report "Drug Laws and Policies in Four Regions of Eurasia" authored by Mikhail Golichenko, Senior Policy Analyst at the HIV Legal Network, and co-authored by Richard Elliott, Executive Director of the HIV Legal Network,

they reiterate the problem of EECA countries' imbalanced and outdated drug laws and policies deeply rooted in the legacy of their common Soviet past that greatly contribute to the prevalence of HIV and the Hepatitis C virus (HCV) among Persons Who Inject Drugs (PWID).

With the notable exceptions of the Russian Federation, Uzbekistan, and Turkmenistan, all countries in the region have embraced harm reduction in practice, and to varying degrees, in practice. By 2021, the majority of countries had either introduced or guaranteed all nine of the harm reduction interventions recommended by the World Health Organization (WHO) as a part of a comprehensive package to address HIV among PWIDs. Countries such as Armenia, Moldova, North Macedonia, Kyrgyzstan, Romania, and Tajikistan have gone as far as introducing needle and syringe programmes (NSP), programmes in prisons and Opioid Agonist Therapy (OAT). As a result, harm reduction efforts have yielded impressive results even in some countries where PWIDs have been most heavily affected by HIV. However, these achievements would likely have been greater if not for the negative impact of the criminalization of drugs and people who use drugs.

Every country in the EECA region retains and enforces punitive drug laws. In Armenia, Azerbaijan, Georgia, Moldova, and the Russian Federation mere use is punished as an administrative offense. All the countries of the region prohibit possession (i.e. for personal consumption) of narcotic drugs and psychotropic substances. Most countries apply legally defined threshold quantities of drugs either to delineate administrative liability from criminal liability for simple possession or to decide between prosecutions and employ social or medical alternatives.

Even though the use of threshold quantities can greatly reduce the disproportionate focus of the national drug control system on petty crimes related to drug use rather than on trafficking, this is insufficient on its own to re-balance national drug policies. Other policy measures are equally important. The authors demonstrate it by providing the example of national drug policy responses in the Russian Federation and Portugal - two are considered substantially opposite in this regard.

With threshold quantities comparable with the Russian Federation (even if they are higher than in the Russian Federation), Portugal re-balanced its national drug policy to provide viable mechanisms for referring people who use drugs out of the criminal legal system to health-oriented responses. The Russian Federation also undertook drug policy reforms to provide alternatives to criminal prosecution. However, unlike in Portugal, Russian drug control is dominated by law enforcement, not public health and science. The drug treatment system acts as an extension of law enforcement. Many people who receive treatment as an alternative to a criminal conviction or sentencing quickly re-offend and are charged with long custodial sentences. Thus, despite having a system of threshold quantities and legal alternatives to punishment for drug offences comparable to Portugal, the Russian Federation lacks other criminal justice and public health programmes that could counter-balance law enforcement in response to drugs.

The International Narcotic Control Board (INCB), which monitors and advises States regarding compliance with the international drug control treaties, recommends that countries observe the principle of proportionality as part of a comprehensive assessment of the drug policy response.

Whether or not a State's response to drug-related offences is proportionate depends in turn on how its legislative, judicial and executive arms of government respond in both law and practice. For example:

- Is the particular response necessary?
- To what extent can the response result in the achievement of the desired objectives?
- Does the response legitimately go beyond what is needed?
- Does the response comply with internationally accepted norms concerning the rule of law?
- When the offence has international aspects, is there effective international co-operation between the regulatory, law enforcement, prosecution, and judicial services of all the countries concerned, for example, in obtaining relevant intelligence and evidence, tracing and ultimately confiscating criminal wealth and returning fugitives of justice?

If the answer to the above questions is no, justice may not be done, making the response to the offending manifestly disproportionate.

The criminalization of drugs is a key manifestation of punitive drug laws and policies, but not the only one. Drug addiction and drug use resulting in harm to the person using is the only health condition that, according to national laws of the EECA countries warrants a predominantly harsh punitive and law enforcement response instead of health and social support. People who use drugs are subjected to discrimination in medical settings and in the criminal justice system.

"System appears to have been created in which those who fall into the web of addiction find themselves excluded and marginalized from the social mainstream, tainted with a moral stigma, and often unable to find treatment even when they are motivated to want it."

- UN Office on Drugs and Crime

The conclusions and recommendations provided in the report are based on the principle that drug laws and policies should provide for socio-medical and human rights-based approaches to drug use, including harm reduction and overdose prevention programmes rather than punitive law enforcement methods.

Drug policy reforms should include the following:

- Remove all criminal and administrative sanctions for drug use, possession of drugs for personal use, and possibly social distribution of drugs in the context of social use.
- Limit the scope of so-called "drug propaganda" laws, so that they do not prevent public access to accurate information about drugs and possible ways to reduce harm from their use.
- Immediately provide legal, political, and financial support to make available, accessible, acceptable and of good quality, for all those in need, all the interventions in the WHO-recommended comprehensive package for HIV prevention among people who inject drugs.
- Stop the widespread practice of immediate, automatic termination of parental rights of parents who use drugs or who are drug dependent and provide such parents and families with social and medical support as a first-line response.
- Repeal laws that discriminate against people with drug dependence based on their diagnosis, including the practice of mandatory registration of people who use drugs and the subsequent disclosure of their registration to law enforcement, employers, and educational and licensing institutions.
- Amend laws, regulations, and policies to increase access to controlled essential pain relief medications.
- Formulate guidelines that provide direction to relevant actors on taking a human rights-based approach to drug control, and devise and promote rights-based indicators concerning drug control and the right to health.

Consider the creation of an alternative drug regulatory framework, based on a model such as the Framework Convention on Tobacco Control.

A full version of the Analytical Report is available in [English](#) language.

Evidence from the scientific publication:

[Costs and impact on HIV transmission of a switch from organization to a public health approach to injecting drug use in Eastern Europe and Central Asia: a modeling analysis.](#)

In the study, the researchers use dynamic HIV transmission modeling to investigate the cost-effectiveness of drug policy change in four settings in the EECA region: Belarus, Kazakhstan, Kyrgyzstan, and St. Petersburg (the Russian Federation). In these settings there are a wide range of HIV prevalence (8-48%) and lifetime incarceration (34-76%) among people who inject drugs (PWID), and the coverage of opioid agonist therapy is low (<1% to 4%) or illegal and that of ART is variable (27- 42%). In Kazakhstan, Kyrgyzstan, and the Russian Federation, drug consumption and minor possession are punishable with fines or short detentions, and possession of larger quantities results in incarceration. In Belarus, any drug offences result in incarceration.

The authors modeled the impact and cost-effectiveness of decriminalizing drug use or possession and reinvesting the costs saved into the scaling up of ART and opioid agonist therapy in four settings over the period between 2020-2040. For each setting, the model estimated the impact and costs over 20 years for four scenarios:

1. Baseline scenario included current levels of incarceration and opioid agonist therapy for PWID and ART for PWID and ex-injectors.
2. Decriminalization scenario included removal of incarceration for drug use, possession for personal use, or both while maintaining current levels of opioid agonist therapy and ART.
3. The public health approach scenario included the previous decriminalization scenario with cost savings from reducing incarceration diverted to first increasing coverage of ART in the community and prison (UNAIDS 90-90-90 target of 81%) and then, if funds permitted, to increasing coverage of opioid agonist therapy in the community and prison (WHO target of 40%).
4. Full scale-up scenario included the decriminalization scenario with opioid agonist therapy and ART scaled up to WHO and UNAIDS target coverage levels in the community and prison.

According to the results of the modeled estimation, if the baseline situation is maintained, 74-97% of all expenditures will be spent on the incarceration of drug users, and HIV incidence in each country will continue to rise.

According to the second scenario, if the criminalization of drug use or possession for personal use is removed the incarceration costs will decrease by 17-26%. By 2040, Kyrgyzstan could save €38 million, Belarus - €431 million, Kazakhstan - €773 million, and the Russian Federation - €11 billion. At the same time, the number of new cases among people who inject drugs in Kazakhstan will decrease by 84%, in Belarus - by 64%, in Kyrgyzstan - by 69%, and in the Russian Federation - by 58%.

According to the third scenario, the savings from decriminalization could be reinvested in the expansion of ART and opioid agonist therapy to the levels recommended by WHO and UNAIDS protocols: 81% coverage for ART and scale up to 40% for opioid agonist therapy in all four settings. Over 2020-2040, this approach will prevent 59%-84% of new HIV infections and decrease incidence by 74%-87% by 2030 and 79%-93% by 2040.

In the fourth, full scale-up scenario, the decriminalization with opioid agonist therapy and ART scaled up to WHO and UNAIDS targets will reduce HIV incidence by 74%-87% by 2030 and by 80%-93% by 2040. This will result in improved quality of life for people living with HIV, who will be able to work and pay taxes.

According to estimates, Belarus, Kyrgyzstan, and Kazakhstan could save up to in total of €773 million over 20 years from the decriminalization of injecting drug use and personal possession, increasing to €11 billion in the Russian Federation. These savings are sufficient to scale up antiretroviral therapy up to the UNAIDS target of 90-90-90 and to scale up opioid agonist therapy to higher than current levels (30 - 42%), with model projections suggesting that these investments would decrease HIV incidence by 79 - 93% over 20 years.

Belarus, Kazakhstan, Kyrgyzstan, and the Russian Federation were chosen because of high levels of drug use, disproportionate legislative regulation, and law enforcement practices against PWID. They are politically influential countries in a regional context: the Russian Federation sets the standard for drug policy in many Eastern European and Central Asian countries.

The study was funded by Alliance for Public Health, US National Institute of Allergy and Infectious Diseases and National Institute for Drug Abuse, and Economist Intelligence Unit.

To see the full article click [here](#).

The Drug Decriminalization [e] Course by the International Drug Policy Consortium (IDPC)

On 30 June 2021, the [International Drug Policy Consortium \(IDPC\)](#), a global network of 192 NGOs that focus on issues related to drug production, trafficking, and use, announced the launch of The Drug Decriminalization [e] Course.

To support and equip partners from around the world, The Drug Decriminalization [e] Course was created in 2021 by IDPC in partnership with Mainline, Health(e)Foundation and Frontline AIDS. The course is a free-to-access online learning course that is open to anyone interested in the topic. The course consists of seven modules:

1. **Introduction, definitions, and support for decriminalization** (Available in English, French, Arabic & Russian)
2. **Existing models of decriminalization** (Available in English, French, Arabic & Russian)
3. **Making the case for decriminalization** (Available in English, French, Arabic & Russian)
4. **Designing a decriminalization model** (Available in English & French)
5. **Thresholds and defining drug possession for personal use** (Available in English)
6. **Designing decriminalization: sanctions and intrusiveness** (Available in English)
7. **The 'gold standard' for decriminalization** (Forthcoming)

The course has been designed so that participants can take just one module, or all seven, and in any preferred order. The participants receive a certificate at the end of each Module. [Click here to register and access the course.](#)

We hope that you enjoyed the Fourth Issue of the Newsletter!

In order to make sure we deliver the best and most relevant content, we ask for your honest feedback below. This helps us make sure the Newsletter is useful for Forum members and other readers. Your suggestions and comments will be greatly appreciated!

Feedback

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