

Speech to the Parliament of the Republic of Poland

17 November, 2003

Kasia Malinowska-Sempruch

Director, International Harm Reduction Development Program, Open Society Institute

If you asked a drug addicted person what his or her life looks like, you would expect to hear a lot about the addiction that destroys both physically and mentally and makes the whole world turn around one, desperately needed 'shot'. Apart from that, you would find out even more about what happens to him or her every day in public institutions such as the Police, courts, medical service.

I would like to quote an arrest report of a couple of drug addicted persons caught on the act of producing drugs for personal use:

"Before they arrived in jail, the authorities made them a 72 hours long living hell on tax-payers expense (...) She's started to strike with her fists (...) and shout for them to call an ambulance. They did. The ambulance professionals gave them a hydroxysin shot. You can try fighting hunger in developing countries with a pack of rice as well (...) They made them wear jail uniforms 5 sizes too big – they only use them for junkies and dirty homeless people. They weren't dirty, they weren't homeless, but that was the procedure – as they were told. When you're craving for a shot, you get terribly cold – they were generous enough to let them stay in their own underwear and sweaters. (...) After a long night spent in a cell, they brought them for interrogation at the public prosecutor's office. During the second twenty-four hours of craving she thought this was what a living dead must have felt like. It was like a slow decay, long agony (...) She remembered saying something about what a horrible death it was, and she actually thought she was dying, and later saying it was against international conventions and human rights and whatever else and that if she was in a civilized country she would be given methadone (...)

Drug addiction is not a problem specific to Poland. This chronic, relapsing disorder in which compulsive drug-seeking and drug-taking behavior persists despite serious negative consequences is treated as an illness, just like alcohol dependence is considered an alcohol illness. What becomes specific to a country as far as drugs are concerned, is a kind of drug policy the country applies. We all have easy access to the latest information about different regulations' effectiveness. We have examples

to learn from. The United States have waged aggressive war on drugs with highly repressive laws. The only consequence is locking thousands of people a year up in prisons only for possession or using drugs. There are half a million of prisoners across America serving sentences only for non-violence offences, which is more than the whole population of prisoners in the European Union. This “zero-tolerance policy” costs over 9 billion dollars a year, yet the addiction rates or consumption levels have not gone down. On the contrary: researches show that the most zealous states in locking drug addicted persons in prisons have the highest rate of consumption of illegal substances. It is evident: such strict and rigorous laws do not diminish the problem and cause enormous social harm instead. Thousands of children are being brought up without their mothers or fathers because they are serving a sentence. People die because they're afraid to ask for help. HCV and HIV infections rates among drug users are going up.

Still, the United States are far away. For us, the situation behind our eastern border is much more alarming. The former Soviet Union countries seem to follow the example from overseas, adopting just as restrictive laws. Political and economic transition caused an explosion of drug consumption and those countries are unable to deal with it. The continually increasing tide of drug consumption is the reason of HIV and other infections growth. This situation is also beyond authorities' power. In countries such as Russia, Ukraine or Kazakhstan, the same law that requires to punish for possession or using drugs gives space for abuses and infringing the fundamental human rights. The population of drug dependant persons in prisons is growing. Lack of any form of harm reduction causes the growth of HIV infections among prisoners. There are 36000 HIV positive prisoners in Russia now. More cases of HIV infections were detected in Lithuania's prisons during two weeks in 2002 than in the whole country during past years. Lack of accessible harm reduction programs on a wide scale, such as needle and syringe exchange or substitute treatment leads to increase of HIV infected population behind our eastern border. Estimated number of infections in Russia is 1 million. 90% of the infected are people who inject drugs.

Western Europe looks at the USA and former Soviet Union with horror. They have become an example of what NOT to do for the European governments. The example the clearer as there is a whole range of measures which have been proven effective both scientifically and practically – measures that can significantly diminish

the scale of the problem. Countries such as Greece, Switzerland, Great Britain, Portugal, Spain or Germany have introduced a rational policy to counteract the drug addiction problem, based on presumption that drug dependence should be considered a disease and treated, not punished. We should follow the example of our western neighbors: the Germans realize that drug addiction is not only a health-related issue, but also relates to economy, society and law. They know how much the growing number of addicted persons costs. They are conscious of the fact that the only way to reduce negative social consequences is a complex care system for drug addicted people. This is why they have developed a coherent and widely accessible system for 30 years. Their system includes abstinence treatment, harm reduction programs such as needle exchange, substitution treatment and controversial but effective 'drug consumption rooms'. Already at the beginning of the nineties Polish workers were employed at stations in Berlin to help Polish citizens rendering sexual services. This example shows that over 10 years ago the Germans realized that whatever happened behind the border line influenced the situation in their own country. And that they had to act while they could. The rest of Europe follows their footsteps. The law in Great Britain wasn't changed, but the dispositions were given not to arrest for possession of drugs for personal use. Thoroughly thought over systems of care and support for drug dependant persons are integral and key elements of health policies in these countries.

This is the only sensible solution. Not only because of life threatening infectious diseases, but most of all because of fundamental human rights. Poland, as a democratic country, should be guided by them on principle. And if this argument isn't good enough, there are verified examples of the USA, Russia and Western Europe. Fortunately we can refer to them and draw a conclusion.

As in many parts of the world, we have a tendency to lay the blame for his or her lot on drug addicted person in Poland. We say: it's his or her own fault. Even if it is true, this is not an exceptional or strange situation. Everyone who fights lungs cancer deserved it than, for he's been working on it by smoking cigarettes for 30 years; everyone who fights liver cirrhosis has been working on it for years by drinking vodka! It's everyone's who's been through infarct fault too – he could have led more healthy lifestyle! But would we even think about not treating them? Or refusing basic human and citizen rights and additionally harassing?

'She wanted to finally loose consciousness. But this is what's craving all about: you can count on NO relief. There's no way to get insensibilized, you can't run away from it, there's just TIME or a SHOT, as someone once said. If instead of heroine they offered her arsenic, she wouldn't hesitate. They asked the cops several times to call an ambulance, but they thought that 'they can hold on a bit longer'. The judge was supposed to arrive any time soon to conduct a meeting and accept or turn down prosecutor's motion for temporary arrest. 'Any time soon' turned into late evening and the policemen continued to refuse to call a doctor 'in order to avoid groundless call'.

The European Union recommendations on prevention of drug dependence and harm reduction in relation to Member States are based on a principle, that access to the best possible medical care is one of the greatest citizen's privilege. When a drug addicted person is concerned, he or she has a right to suitable form of addiction therapy.

Once again we stand in between two worlds: the East and the West. We have an opportunity to make a choice between the approach based on common sense, practiced by the European Union and futile and dramatic with consequences policies of our eastern neighbors. The choice seem to be obvious, as it is supported by years of experience, proven effective both scientifically and practically. We cannot stand and watch what happens behind our eastern border simply because we cannot afford it. We can draw practical conclusions instead. The first step should be a change in narcotic laws. Locking people up in prisons for possession of drugs for personal use is not a solution. Sending a detainee to obligatory treatment is not a solution either, for 'obligatory' equals 'ineffective'. The only sensible solution is to secure a widest possible range of treatment options for drug dependant persons so that they can make their own choice of the most suitable one. And generally accessible harm reduction programs such as needle exchange points and substitution treatment. Countries such as Check Republic and Hungary have already turned towards such pragmatic solutions. The time has come for us to consider which of the two options is closer to our own democracy and freedom ideals.