

Harm Reduction News

From the Director

Dare to Act

by Kasia Malinowska-Sempruch

The HIV epidemic is a crisis of unprecedented magnitude in Central and Eastern Europe and the former Soviet Union, as the articles in this issue of *Harm Reduction News* make clear. Paralysis or inaction will not solve the problem. The way out of a crisis is to think creatively and to think in increments.

The first wave of the epidemic in this region, for instance, has been among intravenous drug users. The next wave of the epidemic will be—or perhaps already is—the transmission of HIV from drug users to their sexual partners. The next step, then, has to be to promote the sexual health of drug users. This sounds easier than it is. While it would be hard to find someone who didn't know that HIV can be transmitted sexually, many specialists who work with drug users say that the danger of sexual transmission is minimized by the fact that drugs reduce the sex drive. However, the number of condoms distributed by needle exchange sites — when they have them to distribute — speaks of a different reality.

Another example of the need to think in increments in our region is in the area of HIV treatment. We are wasting precious time and lives by waiting for the price to come down on expensive anti-retrovirals manufactured in the West. Yes, this is the most effective treatment known. But there is a lot that can be done along the road to anti-retrovirals. Central and Eastern Europe and the former Soviet Union have the health care infrastructure to employ

simple, inexpensive treatments, such as drugs to prevent mother to child transmission and prophylaxis for tuberculosis.

The people who work in the middle of the epidemic — the needle exchange workers, the social workers, the volunteers, and all the others — are already thinking courageously as well as creatively as they work one-on-one to counter the epidemic. To have a dramatic influence on public opinion, however, political leaders also must be courageous and creative. Positive models are few but poignant. The president of Uganda decides to make HIV the topic of conversation, pastes up billboards, and — in a remarkably short time — HIV is no longer taboo. Simultaneously, the rates of new HIV infection go from among the highest in the world in the early 1990s to the lowest on the African continent. And in Thailand, because leaders in some communities were willing to be open and honest, an astonishing 90 percent of commercial sex workers now use condoms.

The best outcome of the United Nations General Assembly Special Session on HIV/AIDS would be the creative cooperation of grassroots leaders and government leaders, of nongovernmental organizations and government organizations. We can prevent HIV with safe sexual behavior, if we'd only see the need to. We can treat HIV with the resources we already have, if we'd only think to. We can put HIV in the forefront of the public's mind if we'd only dare to. Real, effective action is possible — now.



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IHRD | INTERNATIONAL
HARM REDUCTION
DEVELOPMENT

The International Harm Reduction Development program (IHRD) supports local, national, and regional initiatives in Central and Eastern Europe, the Russian Federation, and Central Asia that address drug problems through innovative measures based on the philosophy of harm reduction. Harm reduction is a pragmatic and humanistic approach to diminishing the individual and social harms associated with drug use—especially the risk of HIV infection. The approach places an emphasis on human rights, common sense, and public health. In practice, harm reduction encompasses a wide range of drug user services including needle and syringe exchange, methadone treatment, health education, medical referrals, and support services.

IHRD reduces drug related harm by:

Providing grants and technical support to local direct service providers. IHRD supports over one hundred harm reduction projects in more than twenty countries of Eastern Europe and the former Soviet Union. While all interventions are tailored to local conditions and client needs, the majority of projects include a needle exchange component. Making clean needles available to injecting drug users has proven effective as an HIV prevention strategy.

Supporting regional, population-based, and topic-specific initiatives. IHRD supports regional conferences, trainings, and projects on issues such as street kids, HIV prevention in prisons, ethnic minorities (such as Roma communities), methadone treatment, and commercial sex workers.

Promoting local and regional capacity-building. IHRD builds capacity by funding and organizing trainings, workshops, and conferences for a variety of harm reduction stakeholders including NGO staff, government officials, policy officers, prison workers, and health care providers.

Creating an enabling public policy atmosphere. IHRD works to influence national-level drug policies and practices by sponsoring advocacy efforts, research, conferences, and decision-maker study tours.

IHRD is part of OSI's Network Public Health Programs and works in close cooperation with the local Soros Foundation Network and the Lindesmith Center-Drug Policy Foundation.

OSI Mission

THE OPEN SOCIETY INSTITUTE is a private operating and grant-making foundation that seeks to promote the development and maintenance of open societies around the world by supporting a range of programs in the areas of educational, social, and legal reform, and by encouraging alternative approaches to complex and often controversial issues. The Open Society Institute is part of the Soros foundation network, an informal network of organizations created by George Soros that operate in over thirty countries around the world, principally in Central and Eastern Europe and the former Soviet Union, as well as in Guatemala, Haiti, Mongolia, Southern Africa, and the United States.

Harm Reduction Programs Exemplify Open Society Values

by Aryeh Neier

The mission of the Open Society Institute (OSI) and the international network of Soros foundations is to transform what were closed or repressive societies into open societies. In addition, where the network operates in open societies, we assist those who are addressing flaws that often involve disregard for marginalized segments of the population. Our aim is to enhance individual autonomy for all to an extent consistent with our concern for the autonomy of others.

OSI supports harm reduction programs because they exemplify values that are central to our mission. These programs provide individuals at risk an opportunity to minimize the damage they suffer because of their drug addiction or their sexual practices by reducing exposure to HIV and to opportunistic diseases such as TB that are often lethal to those with impaired immunity. In the process, we believe

**An open society
can only be built on a
commitment to the
worth and dignity of all.**

that harm reduction programs also contribute to general social welfare by limiting the spread of these diseases throughout the population.

The injecting drug users, sex workers, and the sexual partners of both groups who are the main beneficiaries of harm reduction programs are widely scorned and, as a consequence, are frequently neglected or subjected



Photo: ©2001 Jacqueline Mia Foster

to punitive treatment. In focusing on them, OSI's harm reduction programs manifest our belief that the well-being of everyone matters. An open society can only be built on a commitment to the worth and dignity of all. Moreover, we consider that not providing information and care to those at risk increases the risk to others.

OSI operates a broad range of programs. We promote the rule of law. We support independent, diverse, and high-quality media, and the dissemination of information and ideas through electronic means. We operate economic development programs to support transition to market economies that address the needs of all citizens. We attempt to enhance educational opportunities from early childhood through advanced university instruction. We

assist those promoting the rights and opportunities of women and of minorities suffering from discrimination. We foster the development of democratic institutions. We promote public health. Much of our work is conducted in the formerly closed countries of what was the Soviet empire, but increasingly we also operate programs in other parts of the world: sub-Saharan Africa, Southeast Asia, the Middle East, the United States, and a few other countries of the Western hemisphere.

The work of IHRD and its grantees is an intrinsic part of our comprehensive effort to advance our mission by fostering the development of open societies.

Aryeh Neier is the president of the Open Society Institute and the Soros foundations.

NGOs Arrive at UN General Assembly Special Session

by Dea Varsovczky and Rebecca Foster

HIV is a global crisis. UNAIDS estimates that 36.1 million people are currently living with HIV and that 15,000 more are infected every day. In Sub-Saharan Africa, 25.3 million people live with HIV or AIDS; in South and South East Asia, an estimated 5.8 million. HIV infections are growing at the fastest rate anywhere in the former Soviet Union. For the first time the United Nations is recognizing that the problem merits the highest level meeting it arranges, a General Assembly Special Session (UNGASS) set for June 25-27, 2001, at the United Nations Headquarters in New York City. And nongovernmental organizations (NGOs) will be there.

UN meetings no longer look like they used to, as NGO champion Bella Abzug famously observed, with government delegates in suits and ties making pronouncements and promises on behalf of the global community. Over the last decade, the people most directly affected by those promises – often women in colorful saris, scarves, or head-dresses – have been increasingly integrated into the process.

Down the dusty road from the women's conference in Beijing in 1995 or an expensive taxi ride away at the environmental conference in Rio in 1992, the parallel gatherings of NGOs at UN conferences have been at worst a kind of quaint sideshow and at best a protest voice outside of the main event. Through dogged determination to gain admittance to the inner chambers, NGOs have finally arrived.

NGO participation is the obvious answer to the question of how a UN conference can amount to more than just ignored promises on paper. "Any successes that have been gained throughout this [HIV] epidemic have been accomplished by civil society," Argentine activist Javier Hourcade Bellocq told UNGASS on May 23. "Our governments have

not been on the front lines as we have – indeed, many have been and some continue to be in denial about the epidemic and its devastating effects." The Declaration of Commitment that the UNGASS meeting will produce can translate into real action as long as the people who have the knowledge and experience in the field, and who will be doing the work after the last delegate gets on the plane home, are influencing policy decisions.

But is civil society actually influencing policy? NGO participation has been solicited by the organizers of UNGASS in an unprecedented way. In addition to maintaining a presence at the preparatory conferences, NGOs have used the list server, *Break the Silence* (BTS), to post their ideas frequently and in great volume (email break-the-silence@hdnet.org). Since most of the real work – hammering out the specific language of the final document – takes place before the actual event, the BTS forum has enabled NGOs to make comments and suggestions that could be incorporated. The BTS forum has increased the number of people involved in the discussion and increased the transparency of decision making.

**NGO gatherings at UN conferences have been at worst a kind of quaint sideshow
and at best a protest voice outside of the main event.**



Women in Black sitting in vigil at the NGO Forum at the Fourth World Conference on Women, 1995. An hour's drive outside of Beijing, the NGO Forum was almost completely isolated from the governmental conference. (Photo: Jane O'Reilly)

Not everyone likes what that transparency reveals. Although a “step in the right direction,” NGO participation at UNGASS “will do nothing to challenge the vertical structure of the decision-making process that manifests itself time and time again and continues to keep our influence marginal,” claims Gerardo Isaac Mitre, the executive president of the NGO FUNDAMIND in Argentina. Asserting that vertical decision making has been ineffective against the AIDS crisis, he worries that “we will once again be limited in our participation and in our [ability] to ensure that the proposed declarations are achieved in fact and not just in theory.”

Some NGOs felt that they were sidelined from meaningful participation in the preparatory process and were so disgruntled that by late May a group, including the International HIV/AIDS Alliance, UK, ACT UP New York, and the Lawyer's Collective in India, had decided to protest the UNGASS meeting. The International Harm Reduction Association posted on the BTS forum its disappointment in the draft Declaration. IHRA claimed that the second draft of the Declaration included “few of the comments of the civil society” and was therefore inadequate to address the problem of HIV/AIDS.

“This policy of marginalization,” said a representative of the All-Ukraine Network of People Living with HIV/AIDS, “significantly affects people living with HIV/AIDS in countries

of Eastern Europe, which are the groups most effective in influencing the passivity of the official delegations from their countries.”

NGOs have been calling for government delegations to incorporate more of the changes proposed by civil society and to include NGO representatives on the delegations. FUNDAMIND additionally proposed that each signatory country establish a democratically-elected watchdog committee to oversee the transformation of UNGASS agreements into action.

OSI is helping to see that NGO concerns are heard, taken seriously, and incorporated into official UN documents. IHRD's director, Kasia Malinowska-Sempruch, and associate director, Sue Simon, were invited in February to present statements to UN delegates. They discussed the commitment and contribution of NGOs to HIV and AIDS care and prevention in Eastern Europe and the former Soviet Union (CEE/FSU). OSI also invited the UN Permanent Representatives of the Caucasus and Central Asia to participate in a May meeting where they were briefed on the Soros foundations' activities and other issues of importance in the region, such as the rapid increase of injecting drug use.

Not to detract from the expected focus on Africa, but to try to bring additional attention to the HIV epidemic raging

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through CEE/FSU, OSI is hosting an event parallel to UNGASS for delegates, donors, UN agency representatives, and NGOs working in the region. Country representatives will address the problem of the epidemic; OSI-funded harm reduction and palliative care project representatives will discuss their successes; and participants will examine the institutional barriers that have prevented effective responses to the epidemic and outline the most promising avenues for addressing them. OSI will also host an event focusing on Burma, another area in which OSI is active.

Everyone at UNGASS hopes to have an influence on the outcome. The difference this time is that NGOs probably will, even if it is not as much as they would like. "Our participation in UNGASS will allow us to gain authority about our work and public recognition both in our country and abroad," cheers Sergei Kostin, director of the Odessa Charity Fund. Such authority will create an environment in which the work NGOs devote to HIV/AIDS can succeed.

Dea Varsovczky is OSI's UNGASS consultant and Rebecca Foster is editor of Harm Reduction News.

The Power of Denial: HIV in Ukraine

For most Ukrainians, the HIV problem exists "out there"
— in Africa, among drug users...

by Denis Poltavets

I heard about HIV for the first time in the early 1980s as a medical student. My microbiology professor was fascinated with the topic and spoke a lot about the virus and its biology. In the university clinic we were told that HIV infection and corresponding disorders were rare and spread widely somewhere in Africa. We could hardly expect to meet such a patient.

Within a couple of years I started to hear striking news. Some 40 children were infected in the hospital through contaminated syringes and ten prostitutes in Moscow (so, they existed in the Soviet Union!) got HIV from foreigners. This mysterious disease was getting closer and closer as the country was opening up toward the world.

While the borders opened, however, minds remained stubbornly closed. A few measures were taken. The country started producing disposable medical tools. HIV testing was introduced. Some HIV information-disseminating newspapers appeared. But still the problem

existed somewhere "out there." Ten years ago it was unimaginable to me that I would shake hands with dozens of people living with AIDS – all of them Ukrainians.

Now Ukraine has the fastest rate of HIV growth in the region. UNAIDS estimates that two-thirds of those currently infected are injecting drug users and that six percent of Ukraine's adult population may be infected by 2010.

HIV has become a social phenomenon. There are now special centers throughout Ukraine and there is a network of NGOs and people who address the problem through education, awareness campaigns, and needle exchange programs. International organizations are helping Ukrainians with the epidemic. New treatment options are becoming available, at least for some patients. Government policies on AIDS prevention are improving and more policy measures are being drafted.

But still society seems unable to take full responsibility for HIV. Apparently it is

too difficult to admit that our very lives are threatened by the disease. And most of us prefer to dismiss it: AIDS is the problem of drug users; AIDS is something terribly dangerous...in Africa. This kind of thinking is common, not only among lay people but also among professionals and government officials.

Too often we have seen societies pay the deathly toll of an epidemic until finally people take responsibility and corrective measures. The HIV epidemic could be minimized easily with education and prevention, but the majority of Ukrainians have little information on HIV's symptoms, prevention, and transmission. We need to reach every Ukrainian, open his or her eyes, and say, "Look, there are lots of problems around. One day you will have to think about them. Let's start today and you will be better off."

Dr. Denis Poltavets teaches psychotherapy and is an IHRD public health coordinator based in Kiev.

Reaching Out to Sex Workers

by Katarina Jiresova

Four evenings a week, pairs of outreach workers can be found walking around otherwise unremarkable streets and parks in Bratislava carrying two big green bags filled with such things as condoms, alcohol swabs, filters, water, and ascorbic acid powder. They also carry a plastic container for used syringes and needles. The containers are recycled restaurant oil cans that now have "Odysseus" and a picture of a syringe painted on the side.

The containers and big green bags are a signal to commercial sex workers (CSWs) and intravenous drug users (IDUs) that they have friends in their midst who not only hand out materials for safer sex and injecting but who also talk to them about reducing drug use and sex-related harms.

While prostitution is not forbidden in Slovakia, local governments prohibit the offer of sexual services in public places, and offenders can be fined. This ambiguity means that sex workers many times do not know if their activity is against the law or what their rights are. Prostitution is taboo and there is no open forum to discuss it.

In 1998, Odysseus started the first harm reduction outreach project in Slovakia for CSWs and IDUs. Entering the community of CSWs was easier for the outreach workers than we expected. One reason may be that the team was mostly women. Second, since contact with "official" society is usually unpleasant and mediated through the police, medical doctors, and social workers, we were a welcome change. Third, a woman with a long history of selling sex, a leader of the group, accepted us and introduced us into the community as friendly "angels."



Katarina Jiresova at work.

From October 1998 to March 2001, outreach workers from Odysseus made 16,436 contacts with IDUs and CSWs, collected 117,947 used syringes, distributed 158,899 sterile ones, and handed out 32,290 condoms.

To build a relationship of trust we recommend having a stable team, especially in the beginning. The founding team should spend as much time as possible in the street, become known to the sex workers, and promote the project. During the first six months of our project, our team of five was on the street four nights a week.

In addition to needle exchange and condoms, we offer educational materials, counseling, and social and medical referrals. In the past we have offered medical check-ups and testing for HBV, HCV, HIV, and sexually transmitted infections in an ambulance parked in the prostitution area.

In its effort to help drug users and CSWs attain acceptance as equal members of society, Odysseus ran a project to facilitate access to specialists in the fields of social work, psychology, gynecology, and law. Once a week a professional from one of these disciplines went with the outreach workers to establish contact with the clients, who were encouraged to consult them in case of need.

Katarina Jiresova is director of Odysseus and an IHRD technical advisor.

Courage to Tell

by Vita Ramanauskaite

Her neighbors will not ride in the elevator with her. The parents of her sons' friends tell their children to stay away. Her sister said that HIV is god's punishment. She is reviled and scorned for telling her story – a story she tells so that others may avoid the same fate. Grazina Zakiene was fatherless at 9, raped at 14, and widowed at 18. She started using drugs at 19. Now she's 37, HIV infected, and on a crusade to get drug users into treatment or at least using harm reduction services.

Grazina is an ordinary looking woman with an extraordinary story. It seems that love was always taken from her. "My Daddy meant the whole world to me, I loved him so much," she says in her warm voice. He died when she was only 9, leaving his wife and two daughters. "I never had any feelings for my mother a daughter should," she admits. She can hardly be blamed. More than 20 years later Grazina tries, unsuccessfully, to explain her mother's behavior. "How can you not feel insulted if your own mother calls you a prostitute? I was raped when I was 14 years old. That night, I came home all beaten, and the only words I heard from my mother were 'you got what you deserved.'" She and her mother never got closer.

After that, Grazina says she started hating the whole world. She spent four years watching her sister

producing drugs from poppies, and hated that too. "Strange, isn't it," she reflects. "I saw the whole drug using process, and did not want to try. My sister's friends would come and offer, but I was so full of hatred—even toward drugs."

At 18, Grazina met a young man who later became her husband. She does not talk much about him, just says sadly, "He was wonderful." The young family moved into their own flat in Vilnius, Lithuania, and gave birth to a child. Almost immediately her husband had to go to the army and was sent to Afghanistan, where he was killed. Soviet authorities claimed he accidentally shot himself. "I was depressed, lost, and left alone with a baby," recalls Grazina. She tried drugs for the first time. "Drugs indeed were the medicine and the help I needed—I understood that from the very

first moment I tried them. It was such a relief."

Grazina kept using drugs, and kept trying to quit. During the first of her drug-free periods, she married again and had another son. Her husband, however, was not kind. "My mentality was broken down after I saw him trying to throw his own child out the 7th floor window." The husband left, but the drugs came back. "I know, my emotional shock is no excuse," she acknowledges, "but drugs always seemed to be the best way to forget my problems."

Nobody suspected Grazina of being a drug user. She hid it well from others but still she struggled to quit for her children's sake. Finally, Grazina was among the first drug users to ask for help at the Vilnius Substance Abuse Center in 1995. She stayed in

the methadone program for one and a half years. But walking down the street one day, depressed and upset, she noticed a syringe on the ground. It reminded her of the best way to solve problems, so she went to buy a dose of drugs.

Here the story takes a dramatic turn. About that time Grazina met her boyfriend, and together they decided to stop using drugs. Grazina had health problems, so she went to the hospital. "I had a strange feeling, like things would change after that," she remembers. Change carried the name HIV. "It was such a shock for me. I did not know how I got infected," she says. "I was seriously thinking about the 'golden needle' (an intentional overdose.)"

Nobody knows what would have happened if Grazina had not met Rita Krisciukaityte, an energetic and devoted social worker at the Vilnius Substance Abuse Center. Rita convinced her that life was not yet over and encouraged her to enter the methadone program again. Grazina, free of any bitterness toward the world, says that everything depends on your point of view. "If you think of HIV as punishment, you can go crazy. But if you think of it as a warning from above to change your life and rethink your values, you can live with that."

As a successful methadone program participant, Rita and the program's



Photo: ©2001 Jacqueline Mia Foster

"If you think of HIV as punishment, you can go crazy. But if you think of it as a warning from above to change your life and rethink your values, you can live with that."

director, Emilis Subata, asked Grazina to work in the needle exchange program. "I must educate and enlighten drug users to protect themselves from HIV, to convince them to quit drugs," she says earnestly. She figured out that she got infected from a dose of drugs that was already infected with HIV. She convinced the man who sold it to her to go into the methadone program. How could she forgive him? "I had to, he did not do it on purpose. Exchanging needles and convincing him and other drug users to go to the methadone program is the only way I can assure the protection of other people."

Her sons, aged 15 and 19, understand her drug use as a serious illness. After all, she is still on small doses of methadone. HIV was a shock for them too. Sometimes the criticism and social ostracism seem too hard for her, because she has to protect her sons as well as herself. But she persists in giving lectures and spreading harm reduction information among her sons' friends. Grazina has to keep telling herself, "I must, because I really do help."

Vita Ramanauskaite is a project manager for PR VoxPopuli in Vilnius, Lithuania.

Updating HIV

IHRD is running seven training programs for its grantees this year. The last issue of Harm Reduction News described organizational development; this issue covers HIV and overdose. Upcoming issues will cover the four remaining trainings: needs of drug-using women; serving minority communities; outreach and secondary exchange; and research, data collection, evaluation, and computer skills.

by Agnieszka Lutarewicz

It is hard to keep up with the emerging understanding of HIV and AIDS which are, after all, relatively new phenomena. The IHRD training program, Needs of People Living with HIV/AIDS, was organized to share updated facts

In workshops, we asked participants to confront their own emotions about issues such as people who use drugs, infected women who are pregnant, and the sexual activity of infected people. It is important for caregivers of PLWHA to learn the extent of their understanding and tolerance and to work out effective methods of assisting and supporting PLWHA.

“Before I was thinking that to become a mother when infected with HIV was almost some kind of a crime,” said Anna Pehlivanova, a psychologist working at the Initiative for Health Foundation in Sofia, Bulgaria, who attended the training last December. But now she knows that the transmission of HIV from mother to child in pregnancy is rare. She also learned that people can live more than ten years with the HIV infection.

“I totally changed my attitude toward the sexual life of HIV infected people,” said an empowered Pehlivanova, who believes the training will be “extremely useful” in her work. Since Bulgaria has a low prevalence of HIV, Pehlivanova has yet to meet or treat an HIV infected person. When she does meet someone, she now feels better prepared “to give the person a more optimistic vision for his or her future.”

Participants suggested that the training should be lengthened, that its topics should be broadened, and that large topics could each have a separate training. Above all, and as always when people with different experiences are brought together, their sharing was a highlight of the gathering.

Organized by IHRD, the United Nations Development Program in Poland, and the Social Aids Committee, two sessions have been held so far in Warsaw and in Minsk for 42 people from nine countries. Another session will be held this fall.

Agnieszka Lutarewicz is affiliated with the Social Aids Committee and helped organize the HIV training in Warsaw.



Photo: Jennifer Traska Gibson

“I totally changed my attitude towards the sexual life of HIV infected people.”

on the diagnosis and treatment of HIV. But since the psycho-social aspects of the epidemic are even more poorly understood than the medical aspects, much of the training’s discussion focused on the needs of people living with HIV/AIDS (PLWHA).

To understand the needs of PLWHA in our region, one must understand HIV treatment, the details of mother-child transmission, the need for pre- and post-test HIV counseling, and the profile of the HIV epidemic in different parts of Eastern Europe and the former Soviet Union. These points were brought up throughout the training’s seminars and interactive workshops.

Overdose Preparedness

by Hans-Volker Happel

Heroin overdose cases, which are on the rise globally, are no longer just a concern of the medical profession. Since the introduction of harm reduction practices, outreach workers, social workers, nurses, and volunteers working in drug services have seen the overdose (OD) problem more frequently, and they must develop a semi-medical competence in response.

Two OD trainings have been organized this year by Integrative Drogenhilfe and held in Frankfurt, Germany, for 40 people from 17 IHRD-funded projects. The training gets people started by asking several questions. Have you ever overdosed yourself or attended an OD patient? Did you feel competent to handle the situation? What were your technical or informational constraints? How can we best train drug users to prevent overdoses?

Since most training participants have enough written material on first aid and safe injection techniques, they say instead that they want to learn about equipment (bag-valve-mask and naloxone, a short-acting opiate antagonist), get practical experience, and talk about the problem of repressive law enforcement.

The typical profile of an OD fatality is a longtime user with a heavy dependence on heroin who also uses alcohol or other drugs after a period of abstinence. Most ODs occur at home with other people around. However, the fear of police prevents witnesses from calling for help.



Photo: ©2001 Jacqueline Mia Foster

Harm reductionists see more overdoses than ever and must learn to respond.

The earlier one intervenes in an OD process the chances of success are greater. The early signs of an OD are the reduction of respiration frequency, narrowing of the pupils, blurred consciousness, and motor impediment. One should keep such an OD person active by talking and walking.

A severe OD is characterized by drowsiness or unconsciousness, respiration frequency under 12 breaths a minute, narrowing of the pupils, and evidence of actual drug consumption. In this case, the most important intervention is ventilation support, if available, by respirator, bag-valve-mask, or rescue breathing. If the person is not able to breathe well and independently, 0.2-2 mg of naloxone should be administered subcutaneously, intravenously, or intramuscularly. The pulse count and

the heart rate has to be controlled as well. If necessary, a combination of rescue breathing and chest pressing (CPR) should be administered.

During the training we practice emergency exercises to keep an OD person alive, at least until medical help arrives, including rescue breathing techniques, use of the bag-valve-mask, chest pressing, getting the cooperation of others who are present, observation strategies after intervention, and application of an antidote.

In conclusion we discuss strategies to increase the cooperation of repressive police and narcotic forces, which make the OD problem so much worse.

Dr. Hans-Volker Happel is a professor of Social Education at the University of Applied Sciences in Frankfurt/M. and chair of Integrative Drogenhilfe. He was one of the OD trainers.

Combining Efforts Against HIV

by Sue Simon

Between 1995 and 2000 the number of HIV infections in Central and Eastern Europe and the former Soviet Union (CEE/fSU) swelled from 30,000 to 700,000. With the world's steepest HIV curve, about 80 percent of the HIV cases in the former Soviet Union are traceable to injecting drug use. Since infection rates are quickly multiplying among the estimated 2.3-4 million injecting drug users and their sexual partners, a strong and united public health response to stem this epidemic is clearly needed.

In most countries of the region, the key players in this public health arena are the leading experts for sexually transmitted infections (STI) and narcology (substance use), and the national AIDS coordinator. Linkages between these individuals, however, could be more

“Resources are scarce, but I know that everyone working together can have a significant impact on the spread of HIV.”

effective. Moreover, regional linkages across different stakeholder groups are frequently under-developed because of geographic isolation, closed borders, and lack of resources.

These and other critical issues are slated for discussion by nearly 100 leading government officials, medical providers, and public health advocates from 28 countries in CEE/fSU at the ground-breaking conference, *Strategies for HIV/AIDS Prevention*, in early June, 2001. The Albert Schweitzer Institute is organizing the conference in Warsaw, Poland, in collaboration with OSI's Network Public Health Program and IHRD, the Stefan Batory Foundation in Poland, and UNAIDS.



Emilis Subata, an IHRD technical advisor, is on the program to speak at the Schweitzer conference. He is seen here with Virginija Ambrazeviciene, IHRD's public health coordinator in Lithuania. (Photo: Sue Simon)

“No previous Schweitzer conference has been planned with a greater sense of urgency concerning an impending major public health crisis in the region,” stated Dr. Julius Landswirth, director of Health Care Programs at the Albert Schweitzer Institute. “A major objective of the conference is to facilitate networking among experts positioned to drive public health policy and to promote the political will and public concern needed to avert an HIV/AIDS disaster in the region.” The Albert Schweitzer Institute is a non-profit organization that conducts educational programs in youth ethics and health care development.

The conference plans to share best practice models of HIV treatment, harm reduction, and advocacy; explore strategies for HIV prevention among special populations such as sex workers, prisoners, and vulnerable youth; discuss methods for media outreach and public education; and identify priority arguments for the United Nations General Assembly Special Session on HIV/AIDS, to be held later in the month in New York City. Participants will hear presentations by their peers and by other experts from various United Nations bodies and nongovernmental organizations. They will also take part in professional group discussions and regional meetings.

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UNAIDS, the conference co-sponsor, plays a vital role in helping to coordinate HIV prevention efforts throughout the region. Henning Mikkelsen, a senior advisor at UNAIDS, expressed enthusiasm for the collaborative venture. "The UNAIDS Secretariat considers OSI a key partner in our joint efforts to prevent HIV/AIDS in Central and Eastern Europe and Central Asia. The planned Schweitzer meeting, bringing together HIV, STI, and narcology specialists from all the countries where OSI works, can help to strengthen the multi-sectoral collaboration so urgently required within the countries and develop successful networking across borders."

"No previous Schweitzer conference has been planned with a greater sense of urgency."

Other multi-lateral and donor organizations have expressed hope that this historic gathering of HIV/AIDS stakeholders will serve as an ongoing catalyst for change. "Because the epidemic is just beginning and is still concentrated among injecting drug users, we have an opportunity to stop it by focusing our combined prevention/harm reduction efforts on this group," noted Dr. John Novak, monitoring and evaluation advisor with the Global Bureau's HIV/AIDS Division at the U.S. Agency for International Development. "Resources are scarce, but I know that everyone working together can have a significant impact on the spread of HIV. We, at USAID, look forward to working with you in this effort."

The window of opportunity to halt the burgeoning HIV epidemic in CEE/FSU gets smaller with each passing day. Hopefully, the conference will inspire enhanced collaboration among participants and expanded HIV prevention efforts by every country in the region.

Sue Simon is the associate director of IHRD.

21.8 million people have died since the beginning of the HIV epidemic: 9 million women, 8.5 million men, and 4.3 million children.

5.3 million people were newly infected with HIV in 2000: 2.5 million men, 2.2 million women, and .6 million children.

3 million people died of AIDS in 2000: 1.3 million women, 1.2 million men, and .5 million children.

Women are at least four times more biologically vulnerable to HIV infection than men.

Joint United Nations Programme on HIV/AIDS (UNAIDS)

"It is a gender issue because it is unacceptable for women to say 'NO!' to unwanted and unprotected sex. Cultural beliefs, practices, and values run so deep that women are silenced from making this simple life-saving demand... What the inability to say 'No' or to say 'Yes' underscore is the fact that these gender relations are based on power... We can promote condom use from dawn to dusk and back to dawn, but unless women are able to say 'NO!' and be both heard and respected, these efforts will be limited."

Stephanie Urdang, Advisor, Gender and HIV/AIDS, UNIFEM

"The legal provisions [in Russia] stating that the HIV test should be voluntary and accompanied by counseling are violated openly and systematically... This applies to pregnant women, or women applying for gynecological treatment or surgery... Very often, after the diagnosis is disclosed, a woman loses her job and her income."

United Nations Development Program, Russian Federation, "Women and AIDS," 2000

"Not only is the epidemic intensifying the socio-economic inequality of men and women, it actually involves a death sentence for women as a result of following the rules of 'normal' monogamy."

Sheila Smith and Desmond Cohen, "Gender, Development and the HIV Epidemic," United Nations Development Program, 2000

"Men determine the shape of the HIV epidemic."

Dr. Gro Harlem Brundtland, Secretary-General, World Health Organization

A network of telephone helplines for drug-related advice and services has been joined by some Eastern European NGOs. The network, European Foundation of Drug Helplines, held a conference in Berlin, Germany, March 8-11, during which IHRD hosted a meeting of delegates from Bosnia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Macedonia, Romania, and Russia.

The Kasha II conference in Vystrkov, Czech Republic, April 26-28, brought together a network of reformers working in the drug field to sharpen their project

New IHRD Staff-Budapest

Martin Donoghoe is the new associate director for IHRD's public policy initiative. Previously, he worked with the World Health Organization's Program on Substance Abuse in Geneva, focusing on HIV/AIDS in developing and transition countries. He has held research positions at the Imperial College and the University of London and he has authored 45 book chapters and journal articles on injecting drug use, needle exchange, and other harm reduction issues.

Dr. Monica Ciupagea is a program officer with the public policy initiative. She was a

Nina joined the network three years ago to direct OSI Russia's Public Health Program. She moved to New York last year to become associate director of the network program.

IHRA Conference in New Delhi, India



The International Conference on the Reduction of Drug Related Harm, organized by the International Harm Reduction Association (IHRA), was held in New Delhi, India, April 1-5, 2001. More than 50 participants from 12 countries in Central and Eastern Europe attended the conference. (Photo: Rebecca Foster)



Participants represented needle exchange and methadone programs, drug user self-help groups, and other grassroots harm reduction activities. Next year's IHRA conference will be held in Ljubljana, Slovenia, and focus attention on the region and its steep rate of HIV growth. Here, Kasia Malinowska-Sempruch introduces Boris Shapiro, national director of Kyrgyzstan's HIV/AIDS & STI prevention program, at IHRD's reception for CEE/rSU participants. (Photo: Sue Simon)

Newsbriefs

planning and management skills. IHRD took the opportunity to meet with National Foundation staff in the Czech and Slovak Republics, and with harm reduction grantees and technical advisors in the region.

Commercial sex worker projects that have added a harm reduction component to their work met in Bratislava, Slovakia, May 11-13. The training workshop for 19 participants included a site visit with outreach workers from Odyssey (see page 7). Other technical assistance going to the 34 CSW grantees are a directory of funding and information sources and visits to each of the projects by a technical advisor team.

IHRD funded the participation of seven people from Eastern Europe and the former Soviet Union at the Lindesmith Center-Drug Policy Foundation conference in New Mexico, USA, May 31-June 2. All the participants work in harm reduction and drug policy reform in their home countries of Kazakhstan, Poland, Romania, Russia, and Ukraine. The conference, "Drug Policies for the New Millennium," was the most important meeting to date concerning the rethinking of US drug policy. (<http://www.drugpolicy.org>)

public health coordinator at the Open Society Foundation-Romania, working on harm reduction, continuing education programs for general practitioners, primary care models for Romania, and health care for disadvantaged communities. Her medical training was at Carol Davila University of Medicine in Bucharest.

New IHRD Staff-New York

Matthew Curtis holds the new post of program coordinator for IHRD's public policy initiative. He was with OSI's Central Eurasia Project, and before that the International Foundation for Election Systems in Washington, DC.

Dea Varsovczky is an IHRD consultant coordinating events for the United Nations General Assembly Special Session on HIV/AIDS in June 2001 (see page 4). Dea's college degree is in deviant behavior and social control.

Magdalena Sklarski has replaced Alexis Andrews as coordinator of IHRD's training initiative. Magdalena worked in the private sector, has a masters degree in finance, and is fluent in Polish, Russian, and English.

IHRD congratulates Nina Schwalbe on her appointment as program director of the Network Public Health Program.

What Do We Need To Know? What Do You Want Everyone Else To Know? Send Us News: IHRD@sorosny.org

HIV Infection in Adolescents

by Dan Duiculescu and Cristina Marin

Of all the children in Europe who have AIDS, more than half live in Romania.

Teenagers, in particular, suffer. Adolescence is a period of tempestuous changes – morphological, physiological, and psychological. Just at the point when HIV positive teenagers start to think about a sexual life, they also start to feel guilty about their infection. They are sexually conflicted. On one hand, they are encouraged to postpone sexual activity. On the other hand, they are inspired by the idea of finding partners who are HIV infected too.

What could be worse when you are a teenager than falling in love and running into a life-threatening obstacle? Most HIV positive teenagers in Romania were infected at an early age “horizontally” by blood transfusions or injections from contaminated instruments, rather than “vertically” from their mother during pregnancy or birth. Before 1990, screening of blood donors was not possible in Romania.

The teenager's pain is intensified by complications from the infection. While other teenagers are preoccupied with their “looks” and with entertainment and freedom from their families, the HIV teens who receive medical treatment get pimples and pains in their bones, muscles, and abdomen. The pains are often misinterpreted as signs of illness. The physical pain and the worry that each symptom could be from the disease lead to a self-withdrawal that is amplified by the difficulty of expressing that pain.

Since people no longer get infected by HIV in the way that these teenagers did there is little sympathy for them. Recovery may be possible with the help of the family and of the specialists involved in their care. Communication, however, usually is not good. The family is silent when the subject is discussed and the teenager is burdened a second time by the parents' sadness. Families of HIV infected teenagers need to learn how to

communicate. The parents, especially, must be open and honest and not avoid subjects that they suppose hurt the adolescent. Everyone must participate together in meetings with the professionals.

Their own suffering along with the negative attitude of the outside world pushes teenagers into the role of victim. In fact they are victims of an awful accident. It is possible, however, to rescue teenagers from this role with sexual education programs that give teenagers information on sexual protection and contraception. They can learn that HIV is only one of many sexually transmitted infections. With HIV no longer their sole preoccupation, they have a chance to find hope for the future.

Dan Duiculescu is a medical doctor at “Victor Babes” Hospital for Infectious Diseases, Bucharest, and Cristina Marin is a psychotherapist at SOS Kinderdorf Roumania.

HIV in Other Words

Recognizing that language can empower or disempower and can influence behavior and attitudes, the United Nations Development Program (UNDP) employs a thoughtful HIV-related language policy. IHRD also uses the UNDP principles to help assure dignity and avoid stigmatization of the affected, and assist in creating the necessary social changes to overcome the epidemic.

Language should be inclusive and not create an Us/Them mentality.

For example, words like “control” set up a distancing relationship between the speaker and listeners. Care should be taken with the pronouns “they,” “you,” “we,” etc.

Words should be drawn from the vocabulary of peace and human development rather than from the vocabulary of war. For example, synonyms can be found for “battle,” “fight,” “target,” “surveillance,” etc.

Descriptive terms should be those preferred by the persons described.

For example, “people living with HIV (or AIDS)” is preferred by infected persons rather than “victims.”

Language should be value neutral, gender sensitive, and empowering.

Terms such as “drug abuse” alienate; terms such as “victim” suggest powerlessness; “injecting drug users” is used rather than

“drug addicts.” The term “living with HIV” recognizes that an infected person may continue to live well and productively for many years.

Terms must be accurate. For example, “AIDS” describes the conditions and illnesses associated with significant progression of infection. Otherwise, the terms used include “HIV infection,” “HIV epidemic,” “HIV-related illnesses or conditions,” etc. “Situation of risk” is used rather than “risk behavior” or “risk groups,” since the same act may be safe in one situation and unsafe in another.

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Upcoming Events

September 13-16

Fifth United States Conference on AIDS
Miami Beach, USA

www.nmac.org/usca2001/welcome.htm

October 5-10

Sixth Annual Congress on AIDS in Asia and the Pacific
Melbourne, Australia

www.icms.com.au/6icaap

October 7-10

American Methadone Treatment Association conference
St. Louis, USA

October 27-31

10th International Conference for People Living with HIV/AIDS
Port-of-Spain, Trinidad

www.gnpplus.net/trinidad

July 2002

XIV International AIDS Conference
Barcelona, Spain

www.aids2002.com