

Harm Reduction News

Newsletter Focus

EMPOWERED AGAINST INJUSTICE

by Matt Curtis

Discrimination against drug users and people living with HIV/AIDS is a serious threat to people anywhere in the world where injection-related HIV is a problem. Politicians, bureaucrats, and law enforcement officials behind the international war on drugs have devoted much rhetoric to bringing down drug cartels and stamping out drug-related violence and urban decay. In practice, however, drug war politics cause death and loss of liberty for millions of people. More subtly, HIV-positive people—despite the antidiscrimination laws

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established in most countries in the last decade—continue to be subjected to hatred, denial of health care and work, and attempts at segregation.

The dominant war on drugs approach demands the social marginalization of drug users and a massive prioritization of law enforcement over the rights and well-being of individuals. People may have their property seized, or be thrown in jail for possessing small amounts of illicit drugs, and then denied housing, jobs, or voting rights after release. The result in many communities is that users are the first to be struck with HIV, and the last to receive the treatment and support that non-users may take for granted. Drug laws too often show little distinction between those who possess drugs for personal use, people engaged in small-scale, nonviolent distribution, and those who employ violence or racketeering within illicit drugs industries. The relative ease with which law enforce-

ment operates in many poor or minority communities has resulted in severe penalties for drug users in these groups, and the virtual decriminalization of drugs for people with money or high social status.

Stigma against people with HIV has a direct impact on people's ability to stay healthy and safe. Health policies are often constructed in ways that impede access to information and care for those who need it most. Trade policies around pharmaceutical drugs that put profits before a health emergency prevent millions in lower-income countries from receiving HIV treatment.

As a response to these harsh facts, many drug users and HIV-positive people are taking ownership of the politics that affect them. From working to establish accessible health care and harm reduction services, to organizing direct action in protest of unjust policies, to offering peer support and information, these efforts provide an alternative to the destructiveness of the drug war and the unchecked spread of HIV/AIDS. Strong peer support and community activist organizations have appeared around the world including, increasingly, in Eastern Europe and Central Asia.

This issue of *Harm Reduction News* records the fight of drug users and people living with HIV/AIDS to achieve justice. The goal of building a self-empowered response to drug use and HIV on human rights and public health principles faces powerful obstacles in the prejudices and misconceptions held by many policymakers and members of the public. By showing how people are organizing and making themselves heard, these stories confront this ignorance and provide inspiration for positive change.



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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 180 harm reduction projects in more than 20 countries of Eastern Europe and the former Soviet Union. While all interventions are tailored to local conditions and client needs, most projects include a needle exchange component. Making clean needles available to injection 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 Romani 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.

Advocating for progressive drug and HIV/AIDS policies. IHRD works to support the involvement of drug users and people living with HIV in program development and policy making; promotes human rights and public health oriented drug policies; and seeks guarantees of equal access to HIV treatment and other health care. IHRD funds community organizing efforts, legal advocacy, media and information programs, professional networks, development of best-practice guidelines, conferences, fellowship programs, and other initiatives.

IHRD is part of OSI's Network Public Health Programs and works in close cooperation with the Soros foundations network and the Drug Policy Alliance.

OSI MISSION

THE OPEN SOCIETY INSTITUTE aims to shape public policy to promote democratic governance, human rights and economic, legal and social reform. On a local level, OSI implements a range of initiatives to support the rule of law, education, public health, and independent media. At the same time, OSI works to build alliances across borders and continents on issues such as combating corruption and rights abuses.

A private operating and grantmaking foundation based in New York City, OSI was created in 1993 by investor and philanthropist George Soros to support his foundations in Central and Eastern Europe and the former Soviet Union. Those foundations were established, starting in 1984, to help countries make the transition from communism. OSI has expanded the activities of the Soros foundations network to other areas of the world where the transition to democracy is of particular concern. The Soros foundations network encompasses more than 60 countries, including the United States.

CAN PLWHA CRASH THE PUBLIC HEALTH PARTY?

by Darko Cehic

In the republic of Serbia and Montenegro, people living with HIV/AIDS (PLWHA) are treated badly. My friend, a gay man, found out he was HIV-positive in 1995 after getting an opportunistic infection. Since testing is rare, 90 percent of Serbia's PLWHA find out they are HIV-positive only after they become sick. It was impossible for him to find information on HIV or AIDS because there is little to no information available. Three doctors in Belgrade are responsible for all of the HIV/AIDS patients in the country, which now number 1,400.

My friend went through the next few years struggling to get medication—first he was on AZT, then protease inhibitors—but the cost was outrageous. Sometimes he could only afford to buy the drugs once every three months; sometimes he would buy only one out of the mix of drugs he was supposed to take. He was unaware of what a bad idea this was as it gave him no chance of getting better but still had all of the side effects. Overwhelmingly depressed, he could not even get checkup tests because they aren't available. Rich people go to Europe for the tests. When he got cancer in 2002, his friends tried to find him an oncologist but because of the stigma none would treat him. When he died at the end of 2003, his friends took up a collection to give him a proper burial.

I am fighting to make the situation better for others with HIV/AIDS so that they don't die alone, vilified, depressed, untreated, and discriminated against like my friend.

In 2003, the Global Fund to Fight AIDS, Tuberculosis, and Malaria approved a two-year grant of \$2.7 million to Serbia and Montenegro. This HIV/AIDS project is being coordinated by the Republican AIDS Commission (RAC), whose advisory body is made up mostly of representatives from government and public institutions. I am one of two commission representatives



Ranko Petrovic, UNAIDS National Officer for Serbia and Montenegro, Jim Chauvin, Canadian Public Health Association, and Darko Cehic. Photo by Sue Simon

Sometimes I feel like a token and that others expect me to be satisfied with the fact that I have gained formal access to power, even if nothing changes.

from the country's two nongovernmental organizations (NGOs) that serve PLWHA.

One component of the Global Fund project focuses on infected and affected vulnerable groups: sex workers, injection drug users (IDUs), men who have sex with men, and PLWHA. The coordinator of the component for vulnerable populations is Mira Kovacevic, M.D., from the Clinic for Addictive Diseases, who is also responsible for the IDU part of the project. Through my organization, HIV Aid, I am responsible for the gay population.

The most immediate result for PLWHA of the Global Fund project funding is that it has allowed Serbia and Montenegro to purchase highly active antiretroviral therapy (HAART) at a reduced cost, as well as buy reagents (pharmaceuticals necessary for the tests that monitor HIV-positive patients). In addition to working to provide access to treatment for PLWHA, I would like to make advances on the prevention side, such as creating an HIV resource center.

My bureaucrat public health colleagues on the RAC seem well-intentioned and willing to learn but uninformed. Many of them have been receiving funds for work in the area of HIV/AIDS for 10 years and yet we still do not have any basic voluntary and confidential counseling and testing. We have far to go and I have to work hard to get my points through. Sometimes I feel like a token and that others expect me to be satisfied with the fact that I have gained formal access to power, even if nothing changes.

The Global Fund cannot force other members of the RAC to take my views seriously. But the fact that the Global Fund has given this grant brings impressive scale and indisputable importance to the efforts of activists and policy makers to address PLWHA issues in Serbia and Montenegro. And that's a start.

Darko Cehic is the founder and secretary general of HIV Aid in Belgrade, Serbia.

SELF-EMPOWERMENT: FROM COLLECTIVE UNDERSTANDING TO ACTION

by Richard Elovich

In HIV/AIDS circles, the notion of the self-empowered individual has a rich and discursive history. In the 1980s, AIDS activists in the United States transformed the popular understanding of someone with AIDS as a victim or patient into a *person*, someone fully in control of her or his self-identity. By taking charge of their lives, AIDS activists were not only demanding adequate treatment but, equally important, they wanted people with HIV to be able to shape their own representation. Through public testimony they gave visibility to a collective struggle to break silences, challenge stigmatization, and demand government action.

This process helped people transform their experience of HIV from shame about the mode of transmission to pride in belonging to an activist movement, and gaining, perhaps for the first time, access to social and material support related to HIV that was often lacking in their families, neighborhoods, and in medical and social services. Consciousness and empowerment gave them the tools to resist, challenge, and negotiate the terms of how they lived their lives. Many AIDS activists can recall a transformative moment in a training, at a demonstration, or attending a conference, when they felt seen by others in a positive light for the first time.

Demonstrations bring people out of isolation
and shame, empowering the participants
to continue the struggle.

The American AIDS activist networks, such as the AIDS Coalition to Unleash Power (ACT UP), drew heavily from the women's health, gay liberation, and civil rights movements. The women's health movement—under the slogan, “the personal is political”—encouraged women to experience, learn, and share their own authoritative knowledge of their bodies as distinct from the authority of knowledge possessed by professionals, lawmakers, churches, and cultures, largely dominated by males.

The gay liberation movement encouraged lesbian, gay, bisexual, and transgendered individuals to take on precisely what was used to stigmatize them and turn that into an identity of resistance and pride. One of their slogans was: *We're here, we're queer, get used to it.* If the women's health movement allowed AIDS activists to conceive of empowered people with AIDS who could be assertive with medical professionals and educate each other about treatment options and

safer sex, gay liberation allowed AIDS activists to leaven demonstrations with spectacle and theater, often driving home deadly serious points with humor. This also provided media with images they were eager to broadcast.

Both of these movements drew in turn on their predecessor, the nonviolent direct action of the American civil rights and antiwar movements in the Vietnam War era. Central to these were actions that taught people how to collectively train and prepare for direct nonviolent action—such as mass marches or street demonstrations, sit-ins or die-ins, seizure or disruption of offices or office routines where power resided—and to take their case to a larger public by capturing the attention of the media through theatrical demonstrations and mass arrests.

Outside of America, in South Africa and Brazil, for example, the response to AIDS was shaped by local liberation struggles as well as the globalization of AIDS activism. South Africans taking on AIDS activism were still in the process of successfully overthrowing the white regime of apartheid. Songs and demonstration tactics drew explicitly on the history of liberation struggles. In both South Africa and Brazil, the idea of a shared stake in social transformation has proved as important as individual empowerment. There is a pronounced collective and political dimension to self-empowerment not just within the marginalized or stigmatized group but across all of society. In other societies, such as the United States, empowerment is not seen as necessarily connected to political or collective change.

The empowerment movement has a self-help dimension as well. The current organization of drug users can trace its roots in part to the 1930s in the United States when, during the Great Depression, alcoholism was at an all time high. Two alcoholics who were deemed hopeless by medicine came together to help each other, and in hand-to-hand organizing launched Alcoholics Anonymous (AA), a social movement that today numbers in the millions. AA and Narcotics Anonymous have been locally reproduced in diverse communities across the world.



Street demonstration by the drug users' group VANDU. Photo © 2004 Elaine Briere

Harm reductionists impatient with twelve-step identification with abstinence or the transformation of the AA model into government-funded treatment programs often forget the grassroots power of AA. The key principle is not that the AA meeting is drug free but that members share their stories with each other. The alcoholic—so often seen as a failed patient, a failed citizen, a failed family member—within the AA group is empowered to share experiences, strengths, and hopes. The revolutionary foundation of AA is that only another struggling alcoholic can help a struggling alcoholic. Not the doctor, the minister, or family relation.

Many models for empowerment are drawn from the work and writings of the Brazilian educator, Paolo Freire. A social psychologist in Brazil working with poor young people in Rio uses Freire's work. Vera Paiva says the key is not to treat people in a vulnerable population as if they were empty bank accounts waiting to be filled by expertise, but to facilitate a process where they can collectively empower themselves to be more competent in their everyday world. The method is simple. People are encouraged to create and enact scenes reflective of their realities. Discussing the scenes in a group allows individuals to see themselves as subjects acting rather than as objects being acted upon—an essential building block of empowerment. They examine the larger social forces that influence their scenes and discover possibilities for alternative actions.

Paiva's approach draws on Freire's process of *conscientization*. By subjecting "what everyone just accepts or knows"

or "what goes without saying" to scrutiny, people are able to see social inequalities more clearly. In Uzbekistan, for instance, police reportedly avoid traffickers and local dealers in the likely event they are well-connected and powerful. Instead, they criminalize and shake down drug users. In Ferghana City, users believe the police observe the people who come and go from the harm reduction center. Consequently, drug users rely on outreach workers whom they know and trust to come to their *yamas* (apartments where users prepare and administer heroin or opiate and socialize in relative safety) to exchange syringes. But outreach workers say there are other services—counseling, acupuncture, showers, food, medical doctors—at the center that users aren't getting.

A critical analysis of this situation may generate alternatives and possibilities: How can the outreach workers bring life saving information and services to the *yamas* without disrupting the scene; or how can the center become more friendly to users? And how can the local police better understand harm reduction programs so that they do not threaten or interfere with the drug users who use their services? The analysis is a process of social change because through enacting and analyzing scenes collectively, individuals can learn how social and cultural context regulates their lives and frustrates their intentions to control their own fates.

Self-empowerment—the transformation of the individual—is contingent on the availability of and access to a specific social group of other people who share a commonality.

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INTERNATIONAL DRUG USERS' DAY

Besides repressive drug policies and hostile public opinion, drug users also have to cope with homelessness, unemployment, and lack of social aid and medical treatment.



During IDUD, an apple tree was planted by activists from 16 countries in memory of deceased drug users.
Photo by Michael Witzer

by Milena Naydenova

It took Zhenya Guz weeks of effort to work out all of the necessary details and scrape together sufficient money to travel from his home town, Omsk, Russia, to Copenhagen, Denmark, for International Drug Users' Day (IDUD) last year. On the train ride home from Moscow he ran out of cash and didn't have anything to eat for two-and-half days. Now he is not afraid of anything. Because of the remarkable and supportive people he met at the meeting, he looks optimistically beyond the obstacles he faced.

IDUD was started just for this reason, to empower drug users like Guz with individual self-respect as well as a sense of belonging to a group. Since Theo van Dam from the Dutch group LSD (National Interest Group of Drug Users) organized the first IDUD in 1996 in Amsterdam, this annual meeting on November first has evolved into a more effective and more international event.

The meeting's goal is still to support the growth of national networks of drug user organizations by facilitating information exchange between self-help users' groups; supporting their efforts to protect human and civil rights of people with addictions; and giving them the tools to present and protect users' interests in discussions with professionals, politicians, and the media. Yet this year's meeting, which was hosted by the Danish Drug Users Union, took on a more focused and determined tone.

Instead of opening the conference to everyone, fewer than 100 participants were selected from the most active drug users' organizations. The smaller size enabled participants to focus closely on the workshops and have in-depth conversations with fellow activists. This year, as in all previous years, IDUD was followed by a party—a time when drug users need not be ashamed of who they are. But

the engaging and productive seminars that preceded the party were definitely the priority and highlight for IDUD attendees.

Representation at the IDUD from countries of Central and Eastern Europe and the former Soviet Union (CEE/fSU) has grown over the years. In 2000, convening activists from Western Europe concluded that Europe would never be united in the way drug users wished if the people from CEE/fSU did not participate in drug user activism, too. The conditions of hopelessness that could not touch our fellow citizens and politicians motivated our Western friends to help us organize self-help groups all over CEE/fSU. IHRD launched a series of activities to urge the development of drug user organizations, asking local OSI offices, for instance, to help groups legally register. Years after the demise of totalitarianism, users in CEE/fSU finally managed to organize themselves and play an increasingly important role in public life.

For users from CEE/fSU, participation at the 2003 IDUD was exciting but surreal. We were painfully aware of the almost impossible difficulties in our countries and the enormous effort necessary to become equal partners with the Western European user organizations. But we do have the advantage of learning from the successes and failures of practices developed in the West.

In the context of a united Europe, our most important long-term task is to fight for the equalization of drugs-using legislation across the region. User organizations in countries with more repressive drug policies must overcome negative opinions and prove to the public that good can come from harm reduction, prevention, treatment, rehabilitation, and resocialization, all of which work effectively

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USERS STARTING TO HELP USERS

by Sherboto Tokombaev

It is understandable that only two people in all of Kyrgyzstan have gone public with their HIV status. Everyone seems to harbor misconceptions and negative stereotypes about people who are living with HIV/AIDS (PLWHA). People in Kyrgyzstan condemn PLWHA as gay, drug addicts, prostitutes, and society's outcasts, and treat them as such. After taking an HIV test, a doctor told one PLWHA: "You are already dead—you have a maximum of one-and-a-half to two years to live." In shock, he went on a suicidal drug binge for six months.

This man is doing better after joining our self-support group, "Renaissance +," which started working in Bishkek last summer. Once a week we meet to talk in a home-like community center and share experiences of living with HIV and hepatitis C. Any person with HIV can join Renaissance +, but our group is mainly made up of injection drug users.

In Kyrgyzstan, HIV transmission occurs largely through dirty syringes. Indeed, finding a clean rig is next to impossible. Some say that somewhere respectable men and women who work in warm, well-lit offices do some sort of needle exchange. But I have never had a chance to shoot up with a clean rig received from a harm reduction program. And I am not the only one.

Drug users do not go to these programs because from what we can tell they are run mainly by ex-Soviet medical officials. The "support organizations" they have set up reflect little or no understanding about HIV or drug use. The discrimination from authorities as well as local charity organizations has led PLWHA to give up hope that anyone will help them. Slowly, PLWHA are getting involved themselves in advocacy and creating self-support networks.

Renaissance + reflects the understanding and tolerance that comes from a support group created and sus-



Sherboto Tokombaev near the Norus River in Kyrgyzstan.

Renaissance + reflects the understanding and tolerance that comes from a support group created and sustained by users.

tained by users. We do not allow people to bring drugs to the group meetings but if they have used during the day they may still come. We also talk frequently over the telephone, visit each other, and provide mutual support during hard times.

Our group bases itself in the idea expressed in a legendary story about Ghandi. According to the tale, a woman and her son walked 300 miles to talk with Ghandi, only to be told by him to come back in two weeks. The woman wanted Ghandi to tell her son to eat less sugar. After two weeks they returned and Ghandi simply told the boy to eat less sugar. Upset, the woman wanted to know why he couldn't have said that earlier. "Because," Ghandi replied, "two weeks ago I was eating sugar myself."

Our group works like this, too. We speak from personal experiences—not information that we get from books—and so we trust and listen to each other. Sometimes we have hot debates, but

our group is not a place for personal conflicts and critiques. Every person is appreciated and respected. We value all personal victories and achievements, regardless of how big or small they actually are.

In the fall, we started a support group in the city prison with the HIV ward that houses all of Kyrgyzstan's HIV-positive prisoners. Many prisoners are serving long terms with no access to treatment. Yet after just a couple of meetings, the prisoners we met began to change their attitude toward life and become hopeful.

So far, our group is still small, but this is only the start. We have many problems and much to do, and we are determined to try to be involved in anything in the country that relates to people living with HIV/AIDS, from setting up new harm reduction programs to changing drug policies.

Sherboto Tokombaev is a founder of the Ranar Center in Bishkek, Kyrgyzstan.

THE REALITY BEHIND THE NUMBERS



Members of Peter Positive +. Photo courtesy of Humanitarian Action

by Andrey Panov, Vadim Kuznetsov, and Konstantin Proletarsky

Over 27,000 cases of HIV infection are registered in St. Petersburg, Russia's second largest city. Experts believe that the real number of people living with HIV/AIDS (PLWHA) is three to five times higher. Experts also believe that HIV is spreading faster in Russia than anywhere else in the world. But what is the reality behind these numbers? What is life really like if you are HIV-positive in St. Petersburg?

Drug users, who make up the majority of PLWHA in St. Petersburg, can receive free HIV testing, but they are reluctant to go to state-run institutions. For a drug user to seek such medical help is to invite certain humiliation and condemnation from staff that will not bother to explain what to do next if that person has HIV.

PLWHA are maligned and segregated from the rest of society. The logic goes something like this: If you are a drug user it's your own fault. There is no sense in helping you because you got what you deserved. And anyway you won't adhere to the treatment schedule, so money should not be wasted on you.

To curb the epidemic, the state will have to openly admit to the HIV problem. The government so far claims that there is no problem, even rejecting funding for a new city HIV prevention program. One of St. Petersburg's parliamentarians recently argued that there is no need for an HIV program. "If we had a special HIV program, we might as well adopt a special hemorrhoids treatment program," he declared.

A few good things are happening for PLWHA in St. Petersburg. On the bus that the nongovernmental organization Humanitarian Action drives around the city, people exchange injection rigs, get tested for HIV, and get counseling and referrals to the few medical institutions that do not turn drug users away. Botkin Hospital, also, is doing good work. It runs an HIV Prevention Center that provides PLWHA with desperately needed assistance. The doctors who work in the Center received special training from Humanitarian Action, and they try to help without moralizing or stigmatizing clients.

Some of us who came from Humanitarian Action and met at the HIV Prevention Center decided to start a self-support team. The goal of our group, Peter Positive +, is to help PLWHA access adequate treatment, especially antiretroviral therapy.

Kostya is one of the many people who makes Peter Positive + work. He learned about his HIV-positive status when he entered a drug treatment program. At the AIDS Center he was told to sign a form stating that he is criminally liable for endangering other people. That was it. But Kostya is stubborn and repeatedly asked the doctors what to do, even though they could not or would not answer him. Kostya knew that there must be some sort of treatment to stop the progression of the disease. At the AIDS Center he saw an announcement for the HIV Prevention Center. Kostya met people from the Peter Positive + team there and finally got answers to the questions he had had all along. He learned, for instance, about effective and simple ways to prevent opportunistic infections. No one in the AIDS Center had told him that.

PLWHA must help each other and persuade the public and officials that treatment for drug users is important. If we don't, thousands of people will die alone. When PLWHA do get involved we make progress. Humanitarian Action's scrupulous work with professionals at Botkin Hospital is evidence that change is possible. And now Humanitarian Action is developing a training program that would reach the entire city health system. The group's dozen staff members can reach and teach many people, but widespread, systemic change will be impossible unless the Russian government, too, changes its attitude of ignorance and begins to care for its citizens.

Andrey Panov, Vadim Kuznetsov, and Konstantin Proletarsky are members of Peter Positive + and Humanitarian Action in St. Petersburg, Russia.

FAILED PROTEST ALTERS TACTICS

by Peter Saposi

We had it all planned perfectly. We secured permits to hold our rally in Budapest's Vörösmarty Square. Popular musicians agreed to play, and the world-famous novelist George Konrad was coming, too. It was the spring of 2003 and the Hungarian Hempseed Association was joining the international Million Marijuana March that was planning demonstrations all over the world to urge the legalization of marijuana. The march coincided with Hempseed's goal of fighting for a more sensible cannabis policy in Hungary.

Once they heard about the rally, ultraconservative citizens' groups moved quickly to obtain a police permit of their own for a counter-demonstration in the same square at the same time. The "circles of citizens," as they call themselves, proclaimed that our demonstration would lead to the "assassination of youth." These circles are reputed to be antisemitic, ultranationalist, and aggressive. It was, frankly, risky of the police to allow them to demonstrate right next to our rally.

People gathered on both sides of Vörösmarty Square. On our side there were mostly young women and men—a peaceful crowd with optimistic expectations. On the other side we could see neonazi youngsters, misguided and paranoid parents, and frustrated old women and men with political badges on their hats. On our side were a few placards saying "peace" and "respect." From their side came shouting and booing—"You want to murder our children," "Fucking junkies"—and then they started to throw eggs, bottles, and stones. It was pure luck that nobody got hurt. The counter-demonstrators started to break through the patchy cordon between the groups. George Konrad tried to speak reason to the berserk mob: "Are people guilty who don't harm others?" The response was more shouting of swear-words in a hypocritical attempt to protect the morals of our youth.

After only one hour the demonstration failed. Their disruptive tactics worked. To prevent any further conflict, the chief of police called on both groups to leave the square.

It was shocking to see the hate and incomprehension on the faces of the counter-demonstrators. When I asked a short-tempered elderly woman why she came to shout, she answered: "It's a war against liberals, don't you see? We are fed up." Some people genuinely believe that drug reforms are weapons in the hands of the devil. It's not surprising that Hungary's right-wing press claims we are paid by George Soros and the Columbian drug mafia to promote drugs in Hungary!

Drug laws are, in fact, slowly liberalizing in Hungary. As of March this year drug users may choose therapy instead of criminal prosecution. The new drug czar of Hungary, Edina Gábor, announced that the government would like to move toward decriminalizing the consumption of small amounts of drugs, provided it can get the public to see the sense in it. Still, the marijuana march showed the harsh reality in this country: The police do not adequately protect civil rights; people are misled by conservative media and demagoguery; and objective information is hard to come by.

In the last year we learned that tactics other than public protest might be more effective. I translated the book *Marijuana Myths, Marijuana Facts* into Hungarian in hopes that it will help people understand that drug users are our family, friends, and neighbors, and that decriminalization does not promote drug use. We also launched our first annual charity ball to benefit a local harm reduction project, which was a great success in raising awareness as well as funds.

Perhaps our biggest lesson, however, is that this is a much larger issue than we first believed. Hempseed's mission has been revised and expanded from legalizing marijuana to advocating for a more sensible drug policy as a whole in Hungary.

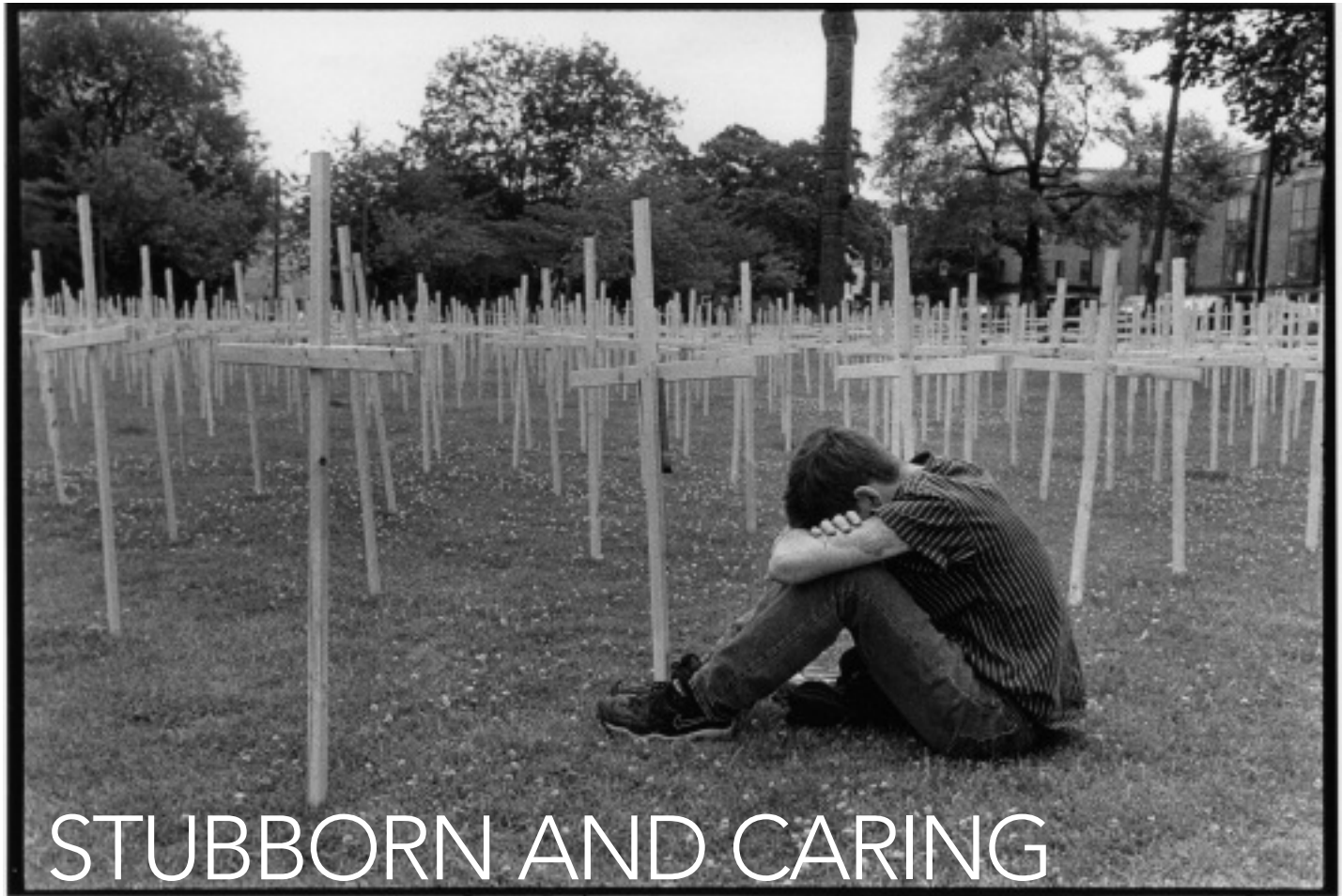
Peter Saposi is a member of the presidential board of Hungarian Hempseed Association and the editor of its website, www.kendermag.hu.



DRUG USERS' ART

The drug user support group, UHO, in Zagreb, Croatia, surveyed drug users in October 2003 and found that they have a radically negative self-image—"like being rotten and ugly, not worthy of anything," reported UHO's president, Xenia Daniel. She was shocked at the uniform perspective, even among artists and successful reporters and bank managers. "Low self-esteem is at the very root of drug use," said Daniel. The art by and about drug users, such as this drawing from Croatia, tends to give expression to that self-loathing, emphasizing the grotesque or shocking. The images help define an identity for users, supporting the idea that appropriating a negative image of oneself is better than not having an identity at all. More art by drug users can be seen at www.drugusers.ru.

Drawing by TAT, courtesy of UHO.



STUBBORN AND CARING

THE SAGA OF STARTING A USERS' GROUP IN CANADA

by Ann Livingston

I have the impression that things are grim for people who use illicit drugs by injection in Poland and Russia and in Romania and all over Eastern Europe and the former Soviet Union—that they feel hated—that they have nowhere to go—that they feel that no one cares if they live or die—that they have hurt people they care about and can't go home or that they never had a home to go to.

I want to inspire them to take action.

The story I'm going to tell you is about people being unreasonable, unrealistic, stubborn, and caring. It is about penniless homeless people addicted to drugs demonstrating on the street with placards—afraid of the police but doing it anyway. It is about Bud Osborn, a poet and drug user getting appointed to the local health board and raising hell by bringing motions to declare the high rate of HIV among drug users a public health emergency and then demanding funds for a supervised injection site.

I arrived to the Downtown Eastside area of Vancouver, Canada, in 1993 as a single mother of four boys. Downtown Eastside has a population of 12,000, one of the most open street drug markets anywhere, and the same tuberculosis rate as Pakistan. There were so many people overdosing here that the sirens went off day and night. My children and I saw people overdose right before our eyes. It got so bad that

the coroner held a special inquiry and found that illicit drug overdose was the leading cause of accidental death in British Columbia in 1993–2000 among young people aged 25–40. An average of one person was dying every day in the province.

I thought that drug users should be brought together to inform each other about what was going on. Most users knew that many of their friends were dying of overdose but few knew what to do about it. We put up a poster that said, *Attention Drug Users: There will be a meeting to discuss such topics as setting up a junkies' union, cooperative drug buying, setting up safe injection facilities, etc.* Vancouver's first user meeting was held in April 1995 and about 25 users showed up. Police informants attended that meeting but soon gave up. We met week after week on a budget so small that I made cookies for the meetings. Eventually we got three small grants that allowed us to rent a place and start putting together the organization that would become the Vancouver Area Network of Drug Users (VANDU).

Yet its original funding was stopped and for over a year there was no group for drug users until, through a miracle, VANDU got \$50,000 in 1998 from a city-run agency to operate for its first year. I became project coordinator and we held meetings with about 100 users a week every Saturday at 2:00

p.m. no matter what. During its first year of operation, over 400 people joined VANDU. It was tough to get things done in an office with a leaky roof and a broken computer, but we did.

Drug users came to the conclusion that non-drug users probably didn't know that users lived in hotel rooms smaller than jail cells; that they shared toilets and showers with 20 people; and that there was no place for users to go because facilities for poor people do not allow drug users and so they stand in the rain sick and shoot drugs in alleys. To raise the Canadian public's awareness of the horror, squalor, and death of the most at risk drug users, VANDU members decided to demonstrate on the street. They held placards reading, *Drug users are people too*, *We need housing not hatred*, *The war on drugs is a war against the poor*, and *Safe injection sites save lives*. The media covered the VANDU demonstrations and every week or two we added a guest to our meetings: elected officials, members of the health or police boards, experts on tuberculosis, hepatitis, vein care, civil rights lawyers, and even police inspectors came to hear the complaints of drug users.

After one year VANDU lost its funding, again, but we mounted a campaign to get it back. The trust and respect we had won during the year from politicians, the media, and bureaucrats enabled us to get our funding back with a small increase. By the end of VANDU's second year, our membership had grown to over 800 but we didn't have enough space to hold our general membership meetings. The local community center put unreasonable and humiliating conditions on us for using its space so we filed a human rights complaint that took two years to settle. In the meantime, we met in gutted buildings under renovation, in a church basement when we could, and our smaller subgroups (a methadone group, a hepatitis C support group, and the VANDU board) met in our office.

Forming and running a registered nonprofit organization proved to be an empowering process for drug users. VANDU membership elects a board of directors that meets weekly to make all of the organization's decisions. Instead of calling the police when there is violence, we have our own way of handling the situation that is transparent and just.

At the heart of VANDU is a sense of justice that is valued more perhaps than anything else. About half of our funding pays members for jobs they do for the organization. It is rare among nonprofit organizations to pay "clients," and it demonstrates that users actually do make policy at VANDU and that we are not a service provision organization that uses most of its money for staff wages, rent, and equipment.

VANDU, now with 1,500 members, played a prominent role in pressuring the government to open the first supervised injection site in North America. Hundreds of users who were injecting in alleys are now safe from the police, filth, and predators who take their drugs. The opening of the site in September 2003 was a huge political victory in the face of opposition from the U.S. drug war apparatus.

Nevertheless, conditions for Downtown Eastside's 5,000 illicit drug users are worse than ever. They have a 40 percent prevalence of HIV and nearly 99 percent hepatitis C. Treatment for drug addiction is inaccessible, while increasing funds are being spent on the police force. The city spent tens of millions of dollars looking for the body parts of murdered sex workers and yet there is no place for living sex workers to go at night to get warm or to use a toilet. VANDU, which helped to form a legal aid society of lawyers, sex workers, and drug users, also intends to get clean needles into prisons where there is much drug use and many people with HIV.

These are only a few of the relentless obstacles we have faced while creating and maintaining a group by and for users. After conquering them—one by one—it feels as though anything is possible. The same will be true for you. If you keep going, even when things seem hopeless, you will prevail.

Ann Livingston is the project coordinator of Vancouver Area Network of Drug Users in Vancouver, Canada.

Photo (opposite): On July 11, 2000, VANDU planted 2000 crosses in Oppenheimer Park as a memorial for victims of poverty and drugs. On the same day, activists blocked street traffic and burned reports about how to save lives that were never acted on. Photo © 2000 Elaine Briere

VANDU RULES

- ▶ Ask forgiveness NOT permission—do what needs to be done to save lives and foster caring among people who use illicit drugs with whatever resources are available.
- ▶ When people attack (even allies will attack a successful user group) be guided by the question: Are we helping the most marginalized street drug user? If the answer is "No" then choose a different approach.
- ▶ User groups are not service providers (although they may create separate user-run entities to contract services), they are groups of citizens who come together to solve community problems. They value friendship, neighborliness, caring, and the betterment of their community over getting paid.
- ▶ When people who are perceived as the problem work together to solve the real problems, true empowerment occurs: They go from being "criminal scum" to valued community volunteers who are involved in good works.
- ▶ When we catch ourselves imitating our oppressors we can keep our sense of humor—and then stop it.
- ▶ Create a welcoming policy in your group—newcomers are always welcomed with the first choice of paid jobs or whatever other privilege can be given.
- ▶ Listen for moments of reverence when users who are caught up in the daily grind of looking for their next fix to avoid a debilitating withdrawal can step back and remember the reason we sacrifice our time and energy—to create a more kind and inclusive community, to stop the deaths and disease.
- ▶ Encourage the unique culture of users so that the movement will be empowered against coercion. Even a weak notion of unity and an expression of this through rituals can mean the survival of a chaotic and unfunded group.
- ▶ If you are not a user and you work with users, appreciate who you are—your privilege and good health—and even though you may get hurt involve your heart in your work—take risks and befriend people who use illicit drugs.

A PARTNERSHIP OF CARE

We do not divide ourselves by whether or not we use drugs. We collaborate in an effort to help our community members live healthier, better, and longer lives.



Zarir Simrin, user activist and executive director of the users' group PASSAGE, training health care providers in Skopje, Macedonia.

by Branko Dokuzovski

Harm reduction service providers and drug users can learn a lot from each other. Indeed, they must. Mutual sharing and learning is the foundation of a successful client-centered program. If the two sides do not collaborate then there is little or no hope of success.

When users are directly involved in planning and implementing services, service providers gain valuable experience-based information. They can gauge better the needs of the community and they can find the right "feel" for the projects, all of which help make the work relevant to and realistic for the community. In turn, users can get some of the skills they need to provide services and peer education in their community from the service providers.

Healthy Options Project Skopje (HOPS), a nongovernmental organization that started operating with support from the Open Society Institute and the Lindesmith Center

in 1997, has had a partnership with drug users from its beginnings. In fact, HOPS started as a joint initiative of drug users' groups and people with close contacts in the drug using scene in Macedonia's capital Skopje. This natural and logical approach to the scene resulted in over 700 established contacts with injection drug users in the first year.

We do not divide ourselves by whether or not we use drugs. We collaborate in an effort to help our community members live healthier, better, and longer lives. All contributions are appreciated, admired, and seen as essential. HOPS has worked with the drug using community in Skopje to design and implement harm reduction interventions for injection drug users, with special attention to outreach activities. It has also helped organize and empower the drug using community in Macedonia to advocate for its own interests.

HOPS supported the creation of the user activist group PASSAGE (Macedonian Association for the Protection of Drug Users Rights.) Since December 2002 PASSAGE has advocated for changes in public perceptions of drug users, protection of drug users' human rights, improvement of standards and conditions of drug dependence treatment, and the destigmatization, resocialization, and reintegration of drug users into society.

Unfortunately, HOPS and its programs are the exception in Macedonia. Drug users still face prejudice and resentment, especially by public health and social service providers. Within the drug using community, too many people still

remain passive or lack the capacity to effectively address the issues that affect them.

Bringing service providers and drug users together is a long process that has to start with annihilating stigma and prejudice on both sides. Building mutual confidence takes patience and experience and it has to be mediated with care. HOPS has taken on the mediator role to improve access to public health services for injection drug users in Skopje by running a series of harm reduction training seminars for direct service providers—doctors and nurses in the primary health care system. The first response to seeing that some of their trainers were drug users was outrage: "You brought patients here to teach us how to do our job? You cannot be serious!" But as the process went on many service providers' attitudes gradually shifted and the results of the training have been encouraging.

Finally, I have a few words for users' groups. Do not let the idea of self-empowerment and the need to advocate for your own interests become so dominant that you reject the people who support you and with whom you should build close relationships. People who are not drug users and the organizations that are not user organizations can be important allies and strong advocates for drug users' interests. Building a partnership starts by freeing ourselves from both the positive and negative judgments of what it means to use drugs.

Branko Dokuzovski is the executive director of HOPS in Skopje, Macedonia.



Photo © 2004 John Renard

PROGRESSIVE PROGRAMMING NEEDS PROGRESSIVE FUNDING STRATEGIES

by Gary Schwartz

Bringing activists into the process of making grants has never been a widespread practice in traditionally run foundations. So when foundations started to look at supporting progressive harm reduction programs, a new approach to grantmaking itself seemed necessary. Tides Foundation and the Open Society Institute (OSI) were pioneers in ensuring that activists played a central role in deciding who in the harm reduction community would receive foundation grants.

Tides Foundation began funding needle exchange and harm reduction programs in the United States in 1997 with a \$1 million grant received from OSI. The multi-level matching requirements of the OSI grant included the responsibility of Tides Foundation staff to bring in collaborative funding partners over the next few years.

Grant applications to this fund were reviewed in detail by panels of syringe exchange activists and service providers from across the United States. The panelists reviewed proposals through a consensus building process that provided input on the creation of funding priorities. Ultimately they made the final funding recommendations on the programs funded through Tides Foundation. Since 1997, the original \$1 million contribution has been leveraged to attract an additional \$3.5 million in grantmaking, totaling nearly \$4.5 million in grants raised and distributed to needle exchange programs in the United States.

The expertise and diversity of the panelists has ensured that grant applications to Tides Foundation are reviewed with an eye toward what is most needed in a particular community. Panelists share their personal insights and opinions about the applicant organizations and remove themselves from the process if there is a conflict of interest. Tides Foundation has historically relied on activists to participate in funding partnerships over the course of its 27 years.

In 2003, Tides Foundation partnered with OSI, the Ford Foundation, and three anonymous donors to fund community activist programs that aim to improve access to HIV treatment and overcome stigma toward people with HIV/AIDS and drug users in Central and Eastern Europe and the former Soviet Union. The pilot project will soon have

counterparts in regional funding programs in the Caribbean, Latin America, Southeast Asia, and Sub-Saharan Africa.

The HIV Collaborative Fund (the project's working title) focuses on funding treatment preparedness efforts in resource-challenged areas of the world. It will employ a similar grantmaking model of incorporating activists from each region into the entire grants process, from identifying the needs of particular regions to determining the process for request for proposals. Funding partners that have already been identified in 2004 will be included in the oversight of the grantmaking program.

Many of the activists who have been involved with Tides Foundation's grantmaking programs have been people living with HIV, sex workers, active and former injection drug users, and other experts in the harm reduction field. Use of the community review panel (CRP) model ensures that affected communities have direct input into how funds are utilized to meet the needs of their constituents.

The CRP model helps to build and sustain community leadership by offering people directly affected by HIV an opportunity to shape the development of policies and programs to prevent HIV transmission and care for those infected or affected. Finally, the experience gained by individuals through participation in the CRP can be used to support other efforts, including representation on government and international panels, managerial work within community organizations, and the building of national and regional community networks.

In a rewarding twist, having activists at the helm of Tides Foundation's grantmaking activities has empowered those of us employed by the foundation as well as its grantees. The CRP process is not without problems, but Tides Foundation will continue to experiment with it as its international work increases in the coming years.

Gary Schwartz is the director of the New York office of Tides Foundation in New York City.

Many activists recall how certain events allowed the unthinkable to become reality. It might be dangerous for an individual or small group to march through the street or into a seat of corporate power shouting, risking arrest. But when individuals or small groups join throngs of hundreds and thousands, spectacle is possible, as are mass arrests.

Many activists recall leaving the bedside of an ill or dying friend to march arm-in-arm through the streets, shouting chants. They released the bottled up feelings of desperation, grief, and anger to the group. Often amidst the spectacle and shouting, tears streamed down faces. People hugged and comforted one another. Demonstrations have strategic objectives with fact sheets listing demands, but they also bring people out of isolation and shame, empowering the participants to continue the struggle. The small affinity groups in which individuals collectively train, brainstorm ideas for spectacles, and create costumes and signs, over time also serve multiple purposes—creating care groups for members who are ill, opportunities for people to self-actualize by taking on new responsibilities or by “being gay” in front of others for the first time, and forming life long friendships.

Collective self-empowerment is an ongoing process across the world. When Thai activist Paisan Tha-Ud stood up last year at the International Harm Reduction Conference and identified himself as an HIV-positive drug user, he defined the terms of an identity of resistance. When people with HIV in St. Petersburg stage a World AIDS Day demonstration, this tells the world that a community is mobilized.

Through this identification, we can claim our rights.

In his essay, “Invisible Women: Class, Gender and HIV,” (in *Infections and Inequalities*, University of California Press, 1999) Paul Farmer warns us that we often exaggerate personal agency because of Western society’s fixation on the individual as a unit of explanation. The individual in American society is expected to be an independent, autonomous unit, concerned primarily with pursuing individual desires. Most folks, however, depending on their economic and social location and gender, see themselves embedded in families, work environments, and social networks, with their norms and constraints, which provide them with the opportunity for survival and meaning.

The danger of self-empowerment rhetoric, notes Farmer, is that it can easily slide into blame of the individual. “There is nothing wrong with underlining personal agency,” writes Farmer, “but there is something unfair about using personal agency as a basis for assigning blame while simultaneously denying those who are blamed the opportunity to exert agency in their lives.” Attempting to change individual low-self-esteem and powerlessness—unless it is combined with collective action—deflects attention away from the real engines of the AIDS pandemic: the structures of inequality that condition vulnerability and risk and limit people’s options and access to resources.

Richard Elovich is a senior consultant to IHRD and Soros foundations in Uzbekistan and Tajikistan.

INTERNATIONAL DRUG USERS’ DAY CONTINUED FROM PAGE 6

in countries with comparatively liberal drug policies.

Most of us are too young to remember that under totalitarian regimes using drugs was a criminal act and a single dose meant being sent to a labor camp or a lunatic asylum—and in any case having to endure a forced withdrawal. Since then, many formerly totalitarian countries have liberalized drug policies so that we are basically where our Western European friends were when they started their fight. After the collapse of Communism in CEE/FSU, users faced challenges we did not know existed: poverty, unemployment, lack of information and misinformation, and the invasion of “new” drugs that were previously unknown in the region.

Users still live under desperate and hopeless conditions 15 years later. Besides repressive drug policies and hostile public opinion, we also have to cope with homelessness, unemployment, and lack of social aid and medical treatment. Many of us are doomed to live without the right to human dignity



Part of the library of the Danish Drug Users Union that holds scientific reports, conference programs, European Union drug policy reports, publications from almost every user association in the world, and more. Danish public libraries send researchers here because of the superior resources. The extensive 24-room office in the middle of town shares a building with a public library and other groups who praise the association and its activists as good neighbors who participate in joint activities and maintain the building gardens. Photo by Jørgen Kjær

or hope for change. Few users, in fact, get involved in activism for the simple reason that they are fighting for their physical survival. When you have zero income, no place to stay, and you’re freezing and starving on the streets, you are not very interested in protecting your rights.

The support of the international community has helped us to take our destiny into our own hands. No one took us seriously at first. Now, realizing that we are a real and substantial power, many government institutions are against us. It should not be so difficult for people to understand that these are senseless wars to wage, especially with us, who have nothing to lose. Because of the crucial support from international donors and Western European harm reduction activists, our organizations have survived and are beginning to thrive. With every annual IDUD meeting we can take stock of our growing strength by getting acquainted with people like Guz, providing each other with support, and developing strategies for fighting for a better and worthier life for all users. This makes IDUD one of our most valuable activities of all.

Milena Naydenova is the executive director of Hope/Sofia Foundation in Sofia, Bulgaria.



Katya Kotova is the editor of *Mozg*, a journal for drug users that includes interviews, news, analysis, poetry, and comics. *Mozg*, which means *brain* in Russian, was created by a Moscow outreach team in 1999 to help overcome discrimination of drug users and people living with HIV. *Mozg* is available in Russian at www.m03g.ru. Photo © 2004 John Ranard

help lead a public awareness campaign in Russia aimed at preventing the spread of HIV/AIDS and eliminating stigma and discrimination against people living with HIV/AIDS. A new Ukrainian public awareness campaign was presented as well.

DOCTORS WHO STARTED ONE OF THE FIRST CLINICS for drug users in Iran organized a seminar for Persian-speaking countries in Teheran in March. Participants came from Iran, Afghanistan, and Tajikistan, with experts on methadone and drug policy attending from the U.S. and Eastern Europe. Iran has an estimated 2 million drug users, out of which 200,000 are injection drug users.

NEWS BRIEFS

THE ROLE OF COMMUNITY-BASED ORGANIZATIONS in scaling-up access to antiretroviral therapy in the European region was discussed at a WHO/UNAIDS meeting in Berlin in January that was supported by OSI and the Robert Koch-Institute. HIV activists and representatives of PLWHA and AIDS service organizations from Eastern Europe proposed specific ways in which community participation can help implement WHO's "3 by 5" initiative that is intended to provide antiretroviral therapy to 3 million people with HIV/AIDS in developing countries by the end of 2005. For a copy of the Berlin declaration, see www.soros.org/harm-reduction.

THE COMMISSION ON NARCOTIC DRUGS—the body responsible for setting U.N. drug policy—gathered in Vienna in March for its annual meeting. IHRD was there, too, working to strengthen alliances, identify allies, gather information, and convene a satellite session to help delegates understand how resolutions in Vienna conference rooms affect real lives across Asia and the former Soviet Union. The satellite session included the release of a policy paper by IHRD on how global illicit drug policies fuel the HIV epidemic. For a

copy of the paper, see www.soros.org/harm-reduction.

PROGRESS ON DRUG POLICY IN UKRAINE. In February the Ministry of Health approved "Ukrainian Methadone Treatment Guidelines" prepared by the All-Ukrainian Narcological Association, opening the way for the initiation of treatment for opiate-dependent persons in Ukraine. Also, the Parliament approved a decree on HIV/AIDS, drug use, and alcoholism that provides new ground for positive policy changes in Ukraine. For copies of the documents in Ukrainian, see the decree at www.rada.kiev.ua and the guidelines at www.chat.ru/~psycho/Methua.doc.

A GLOBAL MEDIA AIDS INITIATIVE was launched at the U.N. in January when Secretary-General Kofi Annan hosted a roundtable meeting with over 20 world media leaders to discuss how the media can use its resources to raise awareness about HIV/AIDS and leverage broad support for the global fight against AIDS. The meeting was organized by UNAIDS, the Kaiser Family Foundation, and the Bill and Melinda Gates Foundation. At the meeting, Gazprom-Media announced plans to

THE FIRST INTER-MINISTERIAL CONFERENCE ON HIV/AIDS in Europe and Central Asia was hosted by the Irish government in February in Dublin. Government representatives from 55 countries discussed issues related to HIV in the region, including the U.N. Declaration of Commitment on HIV/AIDS. In partnership with regional NGO representatives, IHRD presented the main challenges of the region.

THE MOSCOW-BASED NEW DRUG POLICY PROJECT can take some credit for convincing Russian legislators to pass a measure in November 2003 that should sharply decrease the number of people wrongfully imprisoned for drug trafficking. Since 1996, police had classified tiny amounts of heroin, cocaine, or cannabis as either "large" or "extra large," making virtually all drug users liable for the more serious crime of large-scale possession. Under the new law, only quantities of drugs 10 times larger than an average single dose will be considered "large." The reform package also exempts HIV-positive individuals who disclose their serostatus to their sexual partners from criminal liability.



Photo © 2004, John Ranard

THE WARSAW DECLARATION

A FRAMEWORK FOR EFFECTIVE ACTION ON HIV/AIDS AND INJECTING DRUG USE

Participants at the 2nd International Policy Dialogue on HIV/AIDS, held in Warsaw, Poland, in November 2003, wrote the Warsaw Declaration to encourage more effective policy-making on HIV/AIDS and injecting drug use. The Warsaw Declaration supports the goals of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) by providing a concrete basis for dialogue between HIV/AIDS and drug policy makers. Such dialogue is essential to the development of policy that promotes and respects the needs and rights of injecting drug users, and creates an environment where the spread of HIV via drug use can be addressed and reduced.

Indicators from official UNGASS reporting show that drug users continue to be underserved and that the goals set by UNGASS are still far from reaching this vulnerable population. The 40 Warsaw participants came from countries and organizations all over the world, and brought with them a variety of backgrounds, from community activism to national policy-making on HIV/AIDS. UNAIDS, Health Canada, the Open Society Institute, and the Canadian International Development Agency co-sponsored the dialogue, which was hosted by the government of Poland, one of the first countries in Eastern Europe to embrace harm reduction.

Gail Steckley, Health Canada, and Kasia Malinowska-Sempruch, IHRD

EXCERPTS: THE WARSAW DECLARATION

Preamble

Two decades after the AIDS epidemic was first recognized, the spread of HIV infection through injecting drug use is an increasingly serious public health problem in many countries and regions of the world. Abundant, high-quality evidence of effective, safe, and cost-effective harm reduction strategies exists, yet in many countries, the implementation of such strategies is still “too little and too late.”

Purpose

The purpose of this declaration is to provide a framework for mounting an effective response that will slow and eventually stop the HIV/AIDS epidemic among injecting drug users worldwide.

Context

Decisive policy action at the regional and national levels is needed for an effective response to HIV/AIDS and injecting drug use. The following guiding principles and policy objectives are intended as the foundation for such policy action. They flow from and build upon the UNGASS Declaration of Commitment, the UNAIDS Global Strategy Framework on HIV/AIDS, the WHO Global Health Sector Strategy on HIV/AIDS, and the global priorities outlined in the UNAIDS Report from the XIV International AIDS Conference, Barcelona 2002. They are also informed by specially commissioned papers reviewing the evidence on reducing the risks, harms, and costs of HIV/AIDS and injecting drug use and proposing policy approaches.

Guiding Principles

Pragmatic Focus. The need for an urgent response requires that the scope of policy action be clearly defined and pragmatically focused on factors that reduce the immediate risks and harms of HIV transmitted through injecting drug use. The challenging issue of overall prevention and control of drug use must be balanced by a primary and immediate focus on reducing HIV transmission through injecting drug use. The harm reduction framework provides for a continuum of approaches, ranging from needle exchange programs and substitution therapies to abstinence from drugs.

Intersectoral Action. Effective policy action must involve many sectors, recognizing the health factors, the legal framework and law enforcement practices, and

the cultural, social, and economic environments in which HIV/AIDS and injecting drug use emerge.

Comprehensive Response. The most effective policy response will include objectives and interventions that comprehensively address the range of factors that contribute to the risks, harms, and costs of HIV/AIDS and injecting drug use. This will include actions to reduce the risk of infection, to reduce vulnerability to infection created by factors such as stigma, discrimination, and social exclusion, to ensure equitable access to HIV/AIDS treatment and care, to reduce the negative impact of HIV on those infected and affected, as well as their communities, and to evaluate interventions.

Broad Involvement. Input about policy objectives and actions to accomplish them should involve all levels of government, civil society organizations, including nongovernmental and community-based organizations, people living with HIV/AIDS, previous and current injecting drug users, researchers, and professional organizations.

Evidence Based. Policy development must be informed by empirical evidence about reducing the risks, harms, and costs of HIV/AIDS and injecting drug use.

Awareness and Advocacy. Informed individuals and groups, including people living with HIV/AIDS and injecting drug users, have key roles to play in stimulating and facilitating decisive policy action.

Policy Objectives

▶ Protect the health and well-being of injecting drug users, their families, and their broader communities by achieving control of HIV infection associated with injecting drug use.

▶ Improve the health and social conditions of injecting drug users, in order to reduce their vulnerability to HIV/AIDS, and improve their capacity and support for adopting safer injecting practices.

▶ Reduce HIV transmission among those who inject drugs through strategies which decrease the use of contaminated injecting equipment and increase the adoption of safer injecting practices; and are delivered through sustained high-coverage programs of information, education, and communication aimed at reducing risk-taking behaviour; expanded access to sterile injecting equipment; and increased availability of a range of drug dependence treatment services, including substitution treatment and rehabilitation programmes.

▶ Reduce the proportion of the population of drug users who inject drugs, through access to appropriate and effective education, information to promote changes in the route of administration, and prevention and treatment programs related to both HIV/AIDS and injecting drug use.

▶ Ensure that injecting drug users in the highest risk and most marginalized situa-

tions, including those in penal institutions and among those engaging in sex work, have equal access to HIV/AIDS and injecting drug use risk reduction, prevention, care, treatment, and support opportunities that address their unique needs.

▶ Reduce transmission of HIV between injecting drug users and their sexual partners, with a particular focus on injecting drug users who engage in sex work or whose partners engage in sex work.

▶ Reduce mother-to-child transmission among current and former drug using women as well as among pregnant partners of HIV-positive male drug users.

▶ Provide access to comprehensive HIV/AIDS treatment and care, including antiretroviral treatment for injecting drug users who have HIV/AIDS.

▶ Ensure that drug control laws and their interpretation and enforcement are complementary to HIV/AIDS strategies and do not hinder HIV/AIDS prevention measures among injecting drug users, increase the risk of HIV infection faced by drug users, or hinder drug users' access to care, treatment, and support.

▶ Increase empirical evidence to guide the development and delivery of policies and interventions addressing HIV and injecting drug use.

For the full text see IHRD's website.

EXCERPTS: REMARKS BY KATHLEEN CRAVERO AT THE WARSAW CONFERENCE

More often than not, people who use drugs are subject to intense stigma and discrimination. Such discrimination increases their isolation, reduces their likelihood to seek help and drives them underground. This is particularly significant in relation to HIV, since we know that reaching vulnerable groups with prevention and treatment options is critical to stemming the tide of AIDS.

Reducing drug use is obviously ideal—but there is an equally important parallel goal: reducing the harm of drug use to people directly affected as well as to their partners and families. This includes reducing their vulnerability to HIV infection. This is not a theoretical construct—we know how to reduce the harm of drug use in ways that protect

people from HIV. Relatively simple, low-cost measures are largely ignored or rejected.

Let's be clear. We have the mandate to act with regard to drug use and HIV/AIDS. The Declaration of Commitment on HIV/AIDS, adopted in June 2001, calls on all nations to: (1) establish national prevention targets to reduce HIV infection among injecting drug users; and (2) expand access to condoms and sterile injecting equipment, and ensure the availability of harm reduction efforts related to drug use. Also in 2001, the United Nations defined a comprehensive package of measures related to HIV and injecting drug use. Finally, in 2002 the Commission on Narcotic Drugs called for the harmonization of drug

control and HIV prevention policies and endorsed the implementation of measures that reduce or eliminate the need to share non-sterile injecting equipment.

Unfortunately, declarations are worth little without commitment to act—and actions in this area have been tragically disappointing.

The forces of AIDS complacency must be reckoned with but not allowed to discourage prevention and treatment efforts. They should be seen as formidable—but surmountable—challenges in our continuing struggle to roll back AIDS.

Kathleen Cravero is deputy executive director of UNAIDS.

THE CHANGING FORTUNES OF DRUG LEGISLATION

A legislative proposal tries to reverse the effects of a 1999 drug law that was found to be ineffective and costly.



Czech Deputy Prime Minister Petr Mares, center, supports progressive drug legislation.

by Tomas Zabransky

The history of drug use in the Czech Republic is much like other European countries. Therapeutic cannabis and poppy brews are well documented by folklore songs and tales. Some evidence also exists for pagan rituals that used psychotropic plants and fungi. As part of the Soviet sphere of influence after World War II, “Western” drugs—such as cocaine and heroin—were unavailable, but abuse of medications (often in combination with alcohol) was widespread, and kitchen methamphetamine laboratories started to spread in the late 1970s. According to experts, before the fall of Communism in 1990 there were 30,000 users of psychotropic substances in what is now the Czech Republic.

In the 1990s the patterns of drug use changed. Heroin and methamphetamine dominated the market. The number of “problem drug users” grew to around 35,000 in the Czech Republic. Thanks to the early implementation of harm reduction measures, however, the infection rate of HIV in drug users is extremely low (less than 0.1 percent.)

The patterns of drug legislation changed in the 1990s as well. When Communism was abolished, so was the criminalization of drug possession. The emergence of open drug scenes and better visibility of the problem led to a legislative measure to recriminalize drug possession. A majority of experts opposed it and then-president Vaclav Havel vetoed it in 1998, but the parliament overrode his veto and the law went into effect in 1999.

The government evaluated the early impact of the legislation in a scientific study, known as PAD, which was released as a report in November 2001. The report found that the legislation was ineffective, created substantial costs, and had no benefits.

The government took the PAD report seriously, and responded to the law’s failure with a legislative proposal to amend the law. The proposal, prepared by the Ministry of Health, the Ministry of Justice, and the secretariat of the National Drug Commission, classifies two kinds of illegal drugs—cannabinoids and all other drugs—according to their health and social risks, and the different punishments appropriate to different quantities of possession. The intention was to separate the two markets of drugs, which reversed the merging of drugs and punishments that came with the 1999 law and was described by the PAD study as one of the law’s unintended and negative consequences.

The proposal is currently under discussion and is facing strong opposition from Christian Democrats and Communists. According to them, the “gateway” drug of marijuana is just as lethal as any other. Legislative change, in their view, would send the wrong signal to Czech youth. The head of the Police Drug Squad, who is extremely active in public criticism of the proposal, is the most significant political player in favor of ultra-repressive drug policy.

The International Narcotics Control Board (INCB), the United Nations’ quasi-independent drug agency, expressed its concern about the proposal in a letter to the Ministry of Foreign Affairs. Evidently, the INCB is afraid that yet another country will make legal sanctions for cannabis-type drugs different from other drugs—something the INCB has not been able to prevent in half of the European Union countries since the late 1990s.

The proposal, however, has some powerful advocates. Czech Deputy Prime Minister Petr Mares, who also heads the National Drug Commission, has supported the proposal as legislation that is grounded in solid scientific research and the fact that similar legislative steps have been undertaken by other European governments, including Belgium, Switzerland, and the United Kingdom. Furthermore, about 40 percent of the Czech population favors decriminalization of cannabis, although full legalization of cannabis has much lower support at 26 percent.

The government is scheduled to decide in the spring of 2004 whether or not to amend the law according to the proposal.

Tomas Zabransky, a Czech researcher in drug epidemiology and drug policy, is currently a Hubert Humphrey Fellow at Johns Hopkins University in Baltimore, Maryland. The PAD report can be found at www.drogy-info.cz/filemanager/download/8/PAD%20english.pdf.

LEARNING ADVOCACY

by Sergey Kostin

In Russian, the term *advocate* describes a lawyer who defends citizens' rights and legal interests. Therefore, harm reduction activists in countries of the former Soviet Union have thought of *advocacy* as the provision of legal aid to their clients. Many of the first harm reduction advocacy projects were indeed concerned exclusively with defending clients' rights.

A broader definition of advocacy came to the field two years ago when IHRD urged harm reduction projects to start influencing the political context in which they worked. Before that, fledgling projects had focused on their own growth—and rightly so. But it was clear that they had grown about as much as they could within the political contexts that often obstructed their interests.

Since advocacy is a high program priority for IHRD, it has been offering advocacy trainings to harm reductionists. Representatives of nongovernmental organizations from Kazakhstan, Uzbekistan, and regions of Russia had the opportunity to refine their advocacy skills at one IHRD training held in Moscow in November 2003.

In fact, many of the 18 participants had been using advocacy techniques without knowing it or calling it by that name. While they may not have planned out a distinct advocacy program, they certainly had experienced obstacles and figured out ways to overcome them. Advocacy often happens spontaneously.

Given all of the variations in the political landscape, how can harm reduction projects create allies in a systematic way?

In pushing for their programs, project activists usually encounter resistance of one kind or another. They are often surprised to find that the problem is not in the system as much as in the individuals who run the system. But, then, they might find that they are able to establish positive contact with a reasonable individual in spite of an unfavorable situation.

Given all of the variations in the political landscape, how can harm reduction projects create allies in a systematic way? As a point of departure, one must understand that advocacy is an independent professional activity with its own tools and strategies, much like any other project activity. One needs an advocacy team with defined goals and objectives. The key target figures have to be identified and messages have to be tailored to each audience. And the advocacy plan has to be flexible enough to include an on-going assessment of the team's plans and actions.

The biggest problem for activists is creating an effective message. Even those of us who have been at it for a while have problems. In September 2003, 60 “Outstanding Social Entrepreneurs” from the Schwab Foundation were invited to meet prior to the World Economic Forum in Davos. Those of us working in the harm reduction field attempted to demonstrate the social importance of our work. All of the businesspeople there conceded that our work was exceptionally important, but that none of us presented it concisely, coherently, or convincingly.



A workgroup at the pilot advocacy training in Krakow, Poland, in May 2003.

And even then a persuasive argument is not enough. One has to deliver it convincingly as well. Participants at IHRD's Moscow training learned this for themselves during the role-playing debates. Every debater's argument—without exception—was thrown off by the psychological state of the opponent. Instead of impartially presenting information, they launched into a dialogue of conflict. They learned some tricks for better dialogue skills, including using facts rather than rumors or personal opinions, tailoring messages to different audiences, and being mindful of the personal interests of the opposition and reflecting it in the message.

Participants also learned the practical skill of mapping out power. Even one of the three advocacy trainers, Alex Tsekhanovich, the director of Humanitarian Action Foundation, discovered new links in his native city of Saint Petersburg between the project and local authorities after developing a map showing the connections between various officials, government agencies, and civic organizations during the training session.

Sergey Kostin, chairman of the board of the Way Home and an IHRD technical advisor, lives in Odessa, Ukraine. He was one of the leaders of the Moscow advocacy training.

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All of us at IHRD bid a fond farewell to program coordinator Yulia McCutcheon who is moving home to Moscow. Yulia was a great team member and provided tremendous support to the harm reduction movement. She will be missed very much!

IHRD ADVISORY GROUP

Desmond Cohen is the former director of the HIV and Development Programme at the United Nations Development Programme.

Judit Fridli is the founder and chair of the Hungarian Civil Liberties Union.

Zuhra Halimova is the executive director of Open Society Institute Assistance Foundation–Tajikistan.

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Ethan Nadelmann is the executive director of the Drug Policy Alliance.

Aryeh Neier is the president of the Open Society Institute.

Robert Newman is the director of the Baron Edmond de Rothschild Chemical Dependency Institute of Beth Israel Medical Center.

UPCOMING EVENTS 2004

May 20–22	June 3–5	July 11–16	September 8–10	Nov 11–14
The Youth Forum for South East Europe: Reducing Drug Related Harm and HIV/AIDS	13th International Symposium on HIV & Emerging Infectious Diseases	XV International AIDS Conference	16th International Congress on Addiction	The 5th National Harm Reduction Conference
Belgrade, Serbia	Toulon, France	Bangkok, Thailand	Vienna, Austria	New Orleans, Louisiana, USA
www.vanguard2004.net	www.avps.org	www.aids2004.org		www.harmreduction.org