

Harm Reduction News

Newsletter Focus

FIGHTING FOR PRISON HEALTH

by Matt Curtis

What do we expect from our prisons? During the last 150 years, the concept of incarceration in many parts of the world has evolved from a *penitentiary* model—literally a place of penitence where the goal is social rehabilitation—to a *penal* model that explicitly focuses on punishment. Prisons and jails are used by the state as a means, directly or indirectly, of social control, whereby “undesirable” people, including drug users, sex workers, ethnic minorities, the poor, and mentally ill, are incarcerated at rates far exceeding their proportion of society.

Prisons are nearly perfect incubators of HIV, hepatitis C, and tuberculosis.

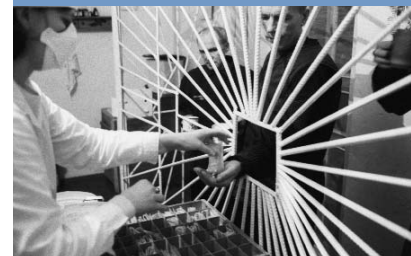
The health and social consequences are staggering. With high rates of injection drug use, risky or coerced sex, and overcrowding, prisons are nearly perfect incubators of HIV, hepatitis C (HCV), and tuberculosis (TB). Violence and corruption in prisons aggravate an already dangerous environment. Major outbreaks of HIV and HCV have been recorded in prisons in many countries, from Russia to Brazil. Many people enter prisons already infected. As the United States National Commission on AIDS has stated: “By choosing mass imprisonment as the...government’s response to the use of drugs, we have created a de facto policy of incarcerating more and more individuals with HIV infection.” Women prisoners, who almost everywhere are locked up for petty drug offenses at a rate much higher than their male counterparts, are particularly vulnerable. In New York State, more than 20 percent of female prisoners are HIV positive, a rate nearly 2.5 times that of men.

TB has also become a major source of morbidity and mortality in prisons,

with infection rates as high as 100 times that of the civilian population. Globally, TB is the leading cause of death for HIV-positive people, who are much more likely to develop active TB and respond poorly to treatment.

Prisons are not sealed off from society—prison staff come and go, and the vast majority of prisoners are released eventually, creating opportunities to spread diseases acquired in prison to the outside community. Yet this can be easily, and cheaply, avoided with measures that safeguard the health of at-risk prisoners and treat those who are infected. In countries where prison-based needle exchange has been introduced, such as Germany, Kyrgyzstan, and Moldova, evaluations have shown substantial reductions in needle sharing and HIV and HCV incidence, as well as stable or reduced rates of drug use. Moreover, negative consequences of needle exchange feared by prison staff (such as the use of needles as weapons) have not been reported. Prison-based methadone programs in Australia, Canada, the United States, and most Western European countries have proven effective in reducing needle use and the rates of post-incarceration recidivism and overdose. A United States study demonstrated that prisoners who receive methadone maintenance therapy were more likely to seek out abstinence-based drug treatment than those who received methadone for detoxification only. TB also can be controlled, as shown by the pioneering efforts of Partners In Health to introduce directly observed therapy in the Russian prison system.

The articles in this issue of *Harm Reduction News* explore the political, social, human rights, and medical problems of drug users in prison, and offer models of action in the fight to improve prisoners’ health.



INSIDE

Beating the Odds in Moldova	3
An Obligation to Act	4
Rewards and Threats Bring Prison Reform	6
Tuberculosis and HIV in Prison	7
Policy Reform Is Key to Harm Reduction	8
Phony Stories, Real Wars	9
A Drug User’s Impression of an Arrest	10
Pioneering HIV Prevention in Prisons	12
Women Prisoners No Better Off Than Men	13
European Network Helps in Prison Reform	14
Can Police and Projects Get Along?	15
Reducing Pre-Trial Detention and Its Harms	16
Progressive Harm Reduction in Iran’s Prisons	17
Letters to the Editor	18
News Briefs	19



Harm Reduction News

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IHRD MISSION & CORE ACTIVITIES

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 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, a private operating and grantmaking foundation based in New York City, aims to shape 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.

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.

BEATING THE ODDS IN MOLDOVA

by Larisa Pintilei and Ilona Burduja

Moldova is a poor country. The per capita gross domestic product is \$400, causing one-fourth of the population to migrate illegally to Western European countries to find work. Injection drug use has been on the rise in the last few years and has been accompanied by an explosion of HIV/AIDS and viral hepatitis infections. The state's repressive drug policies have exacerbated the problem, pushing drug users into a crime zone, boosting crime rates, and, consequently, overcrowding the prison system. Widespread repressive tactics in prison, in turn, enhance the risks of infection. Shared syringe and needle use among injection drug users (IDUs) is not unique, but Moldova's camp-like prisons, where 20 to 100 prisoners live together in barracks, are conducive to high-risk behaviors such as drug use, needle sharing, unprotected sex, and tattooing.

The fact that Moldova has made impressive strides within the last few years implementing harm reduction in prisons despite these conditions should be encouraging news to harm reduction advocates everywhere.

The nongovernmental organization (NGO) Innovating Projects in Prisons (IPP) has been working in Moldova since 1998 to convince local authorities and officials that harm reduction is the most pragmatic and productive way to slow the spread of HIV/AIDS and viral hepatitis among IDUs. IPP has overcome the skepticism among many that syringe exchange in prison encourages drug use by meeting and talking continuously with senior prison personnel, the Penitentiary Institutions Department, and the Ministry of Justice.

IPP's first success was an HIV/AIDS prevention order in December 1999 by the Ministry of Justice that allowed the opening of syringe exchange stalls in prisons. A large seminar in Cricova's Colony No. 4 among senior officials of the colony and the penitentiary department, project workers, colony personnel, prison educators, and psychologists paved the way for the installment in 2002 of syringe exchange stalls at Colony No. 4.

IPP works with prison personnel to break down their resistance to harm reduction. Personnel in the women's penitentiary, which has the highest rate of HIV-positive inmates at 12 percent, argued that inmates did not use drugs. According to April 2004 statistics, however, about 10 percent of female inmates in the penitentiary system had been sentenced for drug-related crimes compared to about 2 percent of the male inmates. After the syringe exchange was opened and proved successful, the prison doctor not only admitted that she had been wrong to oppose it, but she also protected the program by defying the prison security service's demand to name the inmates participating in the program. She understood that people only exchange syringes when they can do it anonymously.

In the three prisons in Moldova with syringe exchanges, IPP has also set up a peer volunteer program among inmates. At first, HIV-positive people distrusted the medical units



At the 7th European Conference on Drugs and HIV in Prison, March 2004: Larisa Pintilei, Vyacheslav Tonkoglaz (vice-director of Moldova's Department of Penitentiary Institutions) and Ilona Burduja. Photo courtesy of Innovating Projects in Prisons.

The fact that Moldova has made impressive strides implementing harm reduction in prisons should be encouraging news to harm reduction advocates everywhere.

and would not go to exchange syringes when the penitentiary's medical personnel were working there. The syringe exchanges, which have been set up in the inmates' large residential quarters, have 24-hour access and also provide supplies such as condoms and alcohol pads.

IPP has won recognition from officials in government ministries for the efficacy of harm reduction programs in prisons. But the data are most impressive. In Colony No. 4 in 2000, the epidemiological monitoring service found five HIV-positive inmates; in September 2003, four HIV-positive people were found; and in May 2004, three positive samples were found.

Despite being entirely dependent on outside funds to sustain and expand its programs, Moldova's striking results and progress in harm reduction have helped make it a model of interest for visitors from other countries, such as Poland, Ukraine, and Lithuania.

Larisa Pintilei and Ilona Burduja are, respectively, the director and the project coordinator of Innovating Projects in Prisons, in Chisinau, Moldova.

HARM REDUCTION IN PRISONS:

AN OBLIGATION TO ACT

The typical official response to illicit injection drug use is to intensify law enforcement—a strategy that has led to an unprecedented growth in prison populations worldwide. Injection drug users, who have become over-represented in prisons, are also driving the HIV/AIDS epidemic in Central and Eastern Europe and the former Soviet Union (CEE/fSU).

These trends are colliding and producing increasingly high rates of HIV infection among prisoners. In Ukraine, where 69 percent of HIV infection is linked to injection drug use, the Nikolaev Charitable Foundation in 1999 estimated that 7 percent of the prison population was HIV positive.

by Thomas Kerr and Ralf Jürgens

Despite the illegal status of drugs and the significant amounts of money invested in preventing their flow into prisons, drugs continue to be available to inmates. Sometimes visitors or prison staff bring them in; sometimes drugs are thrown over the prison walls or hidden in the food or other materials that are delivered to prisons. This demand is fed by the substantial number of prisoners who consume drugs. Many prisoners come to penal institutions with established drug habits, but there is also a high rate of initiation. In a 2002 study by Frost and Tchertkov in Russia, 20 percent of prisoners reported injecting drugs while in prison; 14 percent of these individuals stated that their first injection occurred inside a penal institution. Prisoners often initiate injection drug use in prison in an effort to cope with an overcrowded and violent environment.

While drugs are available, clean or new needles are scarce, and prisoners are forced to reuse dirty and possibly infected needles. The traditional response to disease transmission through injection drug use in prisons has been one of “zero tolerance.” Increased penalties for drug use, tightened security measures, and heightened surveillance of drug users are often put forward by prison officials as “law and order” solutions to public health problems. Implicit in this approach is the notion that any amount of drug use is unacceptable. This notion persists despite an established body of scientific evidence demonstrating that addiction is a chronic and relapsing condition that is shaped by many behavioral and social-contextual characteristics that may not be compatible with abstinence.

International laws and guidelines, including the United Nations Standard Minimum Rules for the Treatment of Prisoners and the World Health Organization’s *Guidelines on HIV Infection and AIDS in Prisons*, call for the protection of prisoners’ health. Prison authorities, however, have clung to their zero tolerance approach and have been slow to

implement harm reduction even though such programs have proven effective in reducing drug-related harms in community settings. While an increasing number of prison systems in CEE/fSU have made progress by implementing educational programs, a greater effort is needed to ensure that prisoners receive the care that will reduce the harms of injection drug use, including methadone maintenance therapy (MMT), bleach distribution, and needle exchange.

Harm reduction is often perceived to be incongruent with security concerns in prisons. In some countries, prison authorities have argued that providing sterile syringes in prisons would lead to the use of syringes as weapons and the increased use of illicit drugs. However, experience and evidence indicate that harm reduction programs can be implemented in prisons successfully. Consistent with research in community settings, evaluations of prison-based syringe exchange programs and MMT in Australia, Canada, Germany, Spain, Switzerland, and the United States have repeatedly shown positive outcomes for prisoner health without breaches of security or increased drug use. Not one of the more than 50 prisons in the world currently implementing needle exchange has experienced needles being used as weapons against staff or fellow prisoners. Prison staff actually report feeling safer with needle exchanges, since they are less likely to prick themselves with infected injection equipment, and since the overall levels of infection are kept down. Prison officials have objected to MMT specifically on the basis that it replaces one illicit substance with another. Evaluations of prison-based MMT, however, have shown that prisoners on methadone maintenance reported lower levels of risk behavior and a positive impact on release outcome and institutional behavior.

The Canadian HIV/AIDS Legal Network, with funding from the Canadian International Development Agency (CIDA), started working with IHRD in 2003 to further harm reduction in prisons in CEE/fSU. During visits to Ukraine and



Increased penalties for drug use, tightened security measures, and heightened surveillance of drug users are often put forward by prison officials as “law and order” solutions to public health problems.

A prison in Moldova.
Photo by Sergei Oleinik.

Russia in March 2004, Legal Network staff met with representatives of local nongovernmental organizations (NGOs), government, and national and regional prison systems to discuss the need for HIV prevention and harm reduction approaches in prisons. With the help of local NGOs, the Legal Network established a working partnership with Ukraine’s national prison authority.

The partnership’s work plan for 2004–2006 will include prison study tours for Ukrainians to Canada, prison-based HIV-risk behavior studies, the development of analytic papers documenting the effectiveness of prison-based needle exchange programs (NEPs) and MMT, and pilot studies of NEPs and MMT. In addition, Ukrainian lawyers will work at the Legal Network’s Montreal office to determine just what the legal barriers are to harm reduction, and draft legislative options allowing for the widespread application of NEPs and MMT in Ukrainian prisons. The Legal Network will continue advocating for the wider application of harm reduction approaches in prisons throughout the region by working with NGOs and prison systems to identify the most pressing needs. The work in Ukraine stands as a good example of what can be achieved with effective international collaborations, although much more work needs to be done to rapidly scale-up harm reduction in most, if not all, prisons in CEE/fSU.

Incarceration is primarily a public safety activity, and prison life has not been organized in accordance with health care needs. Yet a medical model of prevention, diagnosis, care, and treatment in prisons can be balanced with the correctional requirements of custody and control. Any measures undertaken to prevent disease and provide medical care will benefit prisoners, staff, and the public. HIV prevention measures protect the health of prisoners, who should not, by reason of their

imprisonment, be exposed to excessive harms, including avoidable HIV-infection. Prevention measures can also protect correctional institution staff by lowering the overall prevalence of infections and reducing the risk of exposure. Finally, measures to prevent the spread of HIV in prisons protect the public, since most inmates are eventually released back into their communities.

A rights-based analysis of the HIV/AIDS situation in prisons indicates that governments have an obligation to honor the “principle of equivalence,” which states that prisoners are entitled to the same level of health care that is provided in the community. Prisons are obligated to honor international human rights laws that require them to protect the health of prisoners. Access to HIV prevention and harm reduction programs implicates the right to health, given the evidence of their effectiveness in preventing harms associated with drug dependency and injection drug use. The failure to provide measures that repeatedly have been shown to reduce drug-related harms, perpetuates the discrimination and stigmatization of a group of highly vulnerable members of society. Prisoners, even though they live behind the walls of a prison, are part of the broader community, and governments have a legal obligation to ensure that inmates have the same international standards of health and human rights as all other citizens.

Thomas Kerr is the director of Health Research and Policy at the Canadian HIV/AIDS Legal Network and research associate at the British Columbia Centre for Excellence in HIV/AIDS, St. Paul’s Hospital, in Vancouver. Ralf Jürgens is executive director of Canadian HIV/AIDS Legal Network in Montreal. Please see the Legal Network’s website for more discussion of HIV/AIDS in prisons: www.aidslaw.ca/Maincontent/issues/prisons.htm.

REWARDS AND THREATS BRING PRISON REFORM

The attitudes of many inmates, prison and non-prison medical staff, security officers, educators, and senior officials have been changed.



Yuri Chikin, chief psychologist from Penza's Department of Corrections (UIN), and Zinaida Belova, chief psychologist from the UIN in Udmurtija, Russia, at a conference in Penza, 2004. Photo by Sergei Oleinik.

by Sergei Oleinik

If you want to reform an entrenched, conservative penitentiary system, you may want to go down the long road of trying to change people's attitudes. If you manage to win over enough people to your side this way, you may be able to use threats and punishments to finish off the job. The Anti-AIDS Fund, a Russian non-governmental organization (NGO), set off down the long road in 1997 when its proposal for rudimentary harm reduction interventions to the Department for the Enforcement of Punishment (UIN) in the Russian region of Penza was rejected out of hand.

By 1998, Penza's correctional facilities had 130 cases of HIV. The number of hepatitis B and syphilis cases were rising sharply as well. Between drug use, sex, and tattooing, prisons were a prime location for the spread of HIV, and it was clear that the growing tensions between HIV-positive inmates and other inmates and prison staff required immediate intervention.

In spite of the UIN's initial resistance, staff and volunteers from the Anti-AIDS Fund used symbolic

gestures, such as providing HIV-positive inmates with a Christmas tree, to gain trust and eventually introduce harm reduction into the Penza prisons with trainings for juvenile delinquents and inmates. Although many UIN officials and administrators still believed that the isolation of HIV-positive inmates was the best way to fight the spread of HIV, the Anti-AIDS Fund's initial

efforts helped cultivate trust and mutual understanding with the UIN.

Citing the progress the Anti-AIDS Fund had already made in the Penza penitentiary system, Médecins Sans Frontières piloted a health care project there in 2000. The project included education for inmates and staff, preparation of information materials, and the provision of condoms and disinfectants. The Anti-AIDS Fund ran 20 harm reduction workshops and training sessions for prison staff and inmates that involved 240 people, including 30 HIV-positive inmates. The attitudes of many inmates, prison and non-prison medical staff, UIN security officers, educators, and senior officials have been changed. Our work on round table discussions between the UIN and the regional public health ministry led to more productive dialogue between the two agencies since the UIN felt, for the first time, that its problems were discussed comprehensively.

In 2002, a harm reduction project financed by IHRD supplied disinfectants, condoms, and sterile medical

instruments to prisons. Another project for expanding and promoting harm reduction is the monthly prison newspaper *Together*, which was launched in 2003 by the Anti-AIDS Fund and UIN to cover issues from HIV/AIDS to the rights of inmates. Many employees at the Anti-AIDS Fund are former prisoners and drug users, such as the coordinator of the prison project, Igor, who spent fifteen years in prison and seven years using drugs. The Anti-AIDS Fund dreams of creating a rehabilitation center for drug users, including HIV-positive users.

But to really see improvements in prison health care, firmer tactics are becoming necessary. While the administrators of Penza's penitentiary system now understand the need for harm reduction programs, senior officials of the national penitentiary system—who should be accountable for protecting the health of inmates and the general public—do not. The Anti-AIDS Fund is working with the Organization for Human Rights and the Moscow Helsinki Group to monitor the rights of people living with HIV/AIDS. With the support of human rights organizations, the prosecutor's office examined the Penza region's compliance with the Law on AIDS Prevention, and as a consequence some local orders that contradicted existing laws were revoked. Until support for the harm reduction program by the civilian health care system is written into a government program, the best that civil society can do is to create precedents by admonishing officials for failing to take measures inside prisons that have proved effective in fighting the HIV/AIDS epidemic outside prison.

Sergei Oleinik is president of the Anti-AIDS Fund in Penza, Russia.

TUBERCULOSIS AND HIV IN PRISON

HIV-positive patients are 100 times more likely than HIV-negative individuals to develop active TB.

by Paul Farmer and Alice Yang

Tuberculosis (TB) has long been associated with prisons. Complex mathematical formulas describe the transmission of this airborne disease, but a visit to an overcrowded prison provides the simplest explanation: Herding together hundreds of people in poor health under substandard conditions with little to no ventilation makes the outbreak and spread of TB all but inevitable.

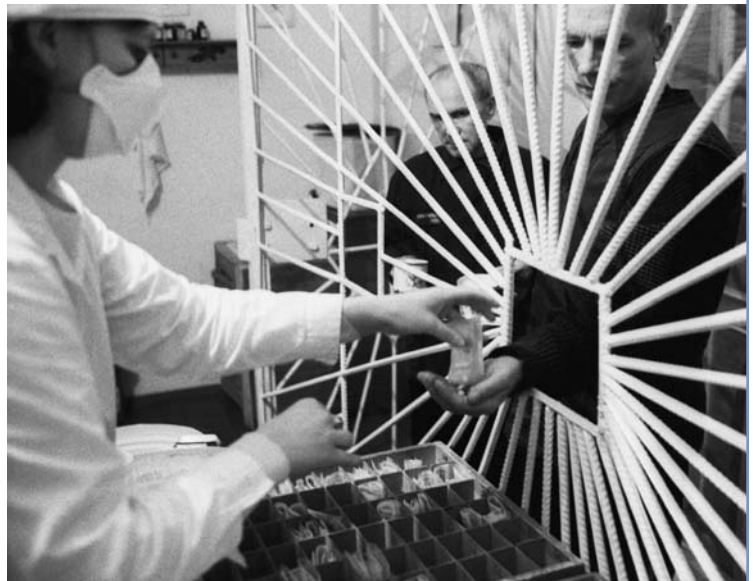
For prisoners in many countries, TB rates are five to ten times the national average; outbreaks can rapidly push that closer to 100 times the rate outside jail. In some former Soviet Union countries, including Russia, prison TB can exceed 25 percent of all cases nationwide. There is also increasing recognition that the high rate of TB in prisons poses a threat to society at large: prisons act as a reservoir for TB, pumping the disease into the civilian community through staff, visitors, and inadequately treated former inmates.

In the aftermath of the collapse of the Soviet Union, Russian prisons have become a breeding ground for TB. During Russia's ongoing transition, poverty and illness have skyrocketed, and an increase in petty crimes has led to an explosion in the prison population: Russia's incarceration rate, 606 per 100,000 people, is second only to that of the United States. In Russia's prisons, approximately one of out every 10 inmates is infected with active TB, with more than 20 percent of sick inmates affected by multidrug-resistant tuberculosis (MDRTB). In some prisons, TB is reported to account for up to 80 percent of inmate deaths.

A number of international organizations are committed to addressing TB in the former Soviet Union. Since 1998, Partners In Health (PIH) has collaborated with government bureaus and international agencies on a MDRTB treatment model in Russia, including direct patient care and advocating for federal-level policy changes. In 2001, with support from the Open Society Institute and others, PIH assumed primary clinical responsibility for a comprehensive MDRTB treatment project in Tomsk, Siberia. The initial results of the project are encouraging, especially in the prisons, where the TB fatality rate dropped from 144 per 100,000 prisoners in 2001 to zero after the implementation of directly observed therapy (DOT) and critical second-line drugs.

Despite significant programmatic successes and policy reforms in TB treatment and control, a new threat has emerged over the past decade: HIV/AIDS. The United Nations Development Program (UNDP) reported in February 2004 that Estonia, Russia, and the Ukraine are facing increasing growth rates in new HIV infections that are among the highest in the world. The presence of HIV, which suppresses immune systems and inhibits the body's ability to fight TB, dramatically

increases the likelihood that new infections will progress to active and contagious TB. HIV-positive patients are 100 times more likely than HIV-negative individuals to develop active TB. The risk of poor response to TB treatment is greater among



A nurse distributing TB medicine to patients in prison colony #33 in Marijnsk, Russia. Photo © 2004 Alexander Glyadyelov

HIV-positive individuals, and they are also more susceptible to re-infection even after adequate anti-TB treatment. Once a person who has HIV develops active TB, the progression to AIDS and death is more rapid than in HIV-positive patients who do not have active TB—in fact, TB is the most common cause of death in HIV-positive persons worldwide.

In Russia, the most prominent groups affected by HIV/AIDS have been injection drug users and prisoners. The UNDP report promotes human rights as an “essential ingredient” for combating the epidemic and mentions decriminalizing injection drug use and reforming prisons. In fact, the conditions found in prisons offer an ideal setting in which to pilot effective control and treatment programs that may lead to improved health services at the national level.

Prison-based programs that draw attention and resources to the problem of TB—and now HIV/AIDS as well—are likely to advance prison reform, the health of inmates and the broader community, and human rights.

Paul Farmer is the founding director of Partners In Health in Boston, United States. Alice Yang is a research assistant at Partners In Health.



POLICY REFORM IS KEY TO HARM REDUCTION

A plainclothes narcotics police officer examines the arms of a registered injection drug user. Photo © 2004 John Ranard

In many countries with injection driven epidemics, reform of drug policies may do as much as any condom or clean needle program to stem the spread of HIV.

by Daniel Wolfe

The news in May 2004 that Russia would no longer punish possession of very small amounts of heroin with years in prison was rightly hailed as a victory by drug policy advocates. Though largely unremarked upon by international AIDS organizations, the revision of the drug sentencing guidelines was also a major victory in the fight against HIV. In many countries with injection driven epidemics—including many in the former Soviet Union that use Russian sentencing guidelines as a model for their own—reform of drug policies may do as much as any condom or clean needle program to stem the spread of HIV.

Although cause-and-effect relations between policy and health are difficult to pinpoint, the correlations between zero tolerance approaches and the rapid spread of HIV are striking. Five countries—China, Russia, Ukraine, Malaysia, and Vietnam—already have large, established HIV epidemics in which injection drug users (IDUs) are the majority of those infected. In all of them, national governments have historically offered drug users nothing but prison or forced abstinence. Vietnam, for example, has forced 25,000 users into treatment camps in Ho Chi Minh City since 2001. In Malaysia, where IDUs make up 76 percent of HIV cases, possession of any amount of any illicit drug results in mandatory flogging and imprisonment. In Russia, where 80 to 90 percent of registered HIV cases are among drug users, petty drug offenses account for an estimated 20 percent of male prisoners and 75 percent of female prisoners

Reliance on the “lock them up” approach is probably high among the reasons why UNAIDS regularly reports that Russia’s HIV epidemic is growing faster than any other in the world, and why so many countries across Central and Southeast Asia are now facing skyrocketing epidemics of HIV and tuberculosis (TB). “I call it the mixing bowl effect,” says Chris Beyrer, a Johns Hopkins epidemiologist. “Put uninfected and infected people together in institutions where drug use and sex continue, make condoms and sterile injection

equipment impossible to obtain, and release those newly infected back into a society that punishes drug users with registration, stigmatization, reincarceration and denial of care.”

The United Nations has yet to intervene aggressively on behalf of drug policy reform. UNAIDS and the World Health Organization (WHO), as well as local representatives of the U.N. Office on Drugs and Crime (UNODC), have expressed a commitment to harm reduction. UNODC headquarters in Vienna, however, must answer to its major donors, the top four of which—the United States, Italy, Sweden, and Japan—are all firmly prohibitionist. At this year’s meeting of the Commission on Narcotic Drugs (CND), which sets U.N. drug policy for member states, U.S. representatives repeatedly asserted—contrary to a large body of scientific evidence—that harm reduction measures such as needle exchange were of questionable efficacy. “The U.S. goes from delegation to delegation,” says Cindy Fazey, who for five years attended CND major donor meetings as the chief of drug demand reduction for UNODC. “And in the end, everyone understands: no needles, no safer injection rooms, and no harm reduction.”

The U.S. government, superpower status notwithstanding, does not completely dominate setting of global drug policy. In Russia, for example, about 75 needle exchange programs operate in 50 cities. The recent drug sentencing reforms, the product of a concerted advocacy effort, demonstrate that change is possible at the highest levels. Harm reduction efforts are going forward in penal institutions in Central Asia and the European Union. Malaysia and Ukraine are planning pilot methadone programs, and China has already begun.

The task of advocates is to ensure that rhetorical support and pilot programs translate into lasting policy change. The alternative—drug policy as usual—will only mean more deaths from HIV, TB, and hepatitis C.

Daniel Wolfe is a community scholar at Columbia University’s School of Public Health and an IHRD consultant in New York.

PHONY STORIES, REAL WARS

by Matthew Briggs

Imagine if George Bush had been honest, and said: “We believe Saddam Hussein is a threat. We will topple him, killing or imprisoning tens of thousands of Iraqi soldiers and killing thousands of civilians. In the hellish chaos we create, both sides will engage in perverse behavior, including rape and torture. Your sons and daughters (not ours) will die carrying out our orders. We will claim their victories as our own and deny responsibility for their misdeeds. If you question our wisdom, we will question your patriotism.”

Instead, the president of the United States promoted the lie of a clean war. Simple story line. Good guys against evildoers. No messy corpses, no moral ambiguity, and certainly no soldiers torturing anyone. No wonder so many Americans were outraged and stunned by the prisoner abuse scandal that broke earlier this year. They were promised a clean war, but the photos from Abu Ghraib show real war in sickening detail. The myth of liberation in Iraq has been replaced with a less photogenic reality. If this were happening here in the United States, we might mistake it for the war on drugs.

Imagine if the architects in the United States of the modern drug war had honestly predicted the future 30 years ago, and said: “Certain drugs are a threat. To ‘serve and protect’ you, we will arrest millions of you. By 2004, we will keep roughly half a million of you behind bars at any given time. In the hellish chaos we create, we will see overflowing prisons rife with rape and violence, millions of families destroyed, and massive racial disparities in enforcement. Our bureaucracy will grow richer and more powerful, even as drugs grow cheaper and more plentiful. If you question our budgets we will question your morality by calling you ‘pro-drug.’” Instead of telling these truths, presidents and drug czars have been spouting the lie of a drug-free America—another simple, clean story line with easy morals.



Prisoners transport pieces of deconstructed building in prison colony #33 in Marijnsk, Russia.
Photo © 2004 Alexander Glyadyelov

Is the establishment of a permanent incarceration-bureaucracy—with its 500,000 caged people, shattered families, strained economies, and inevitable perversions of justice—the appropriate way to regulate substances in our communities?

In the last 10 years, the American public has begun to take notice of the “Abu Ghraibs” of the domestic war on drugs. We’ve seen lives shattered by lengthy mandatory minimum sentences for low level offenses; cancer patients denied their pain medication of marijuana; thousands of people contract HIV from dirty needles while the federal government shamefully blocked funding for needle exchange; and innocent African American and Latino children searched at gunpoint because of the color of their skin.

The drug war bureaucrats have seldom accepted their responsibility for failure. Instead of substantive policy changes, they craft new stories, deflecting attention away from the quagmire they direct from the safety of their desks. The U.S. drug czar speaks reassuringly now of a “balanced approach” in which drug treatment and law enforcement work together as a healing duo. The hapless victims of drug addiction, the new fiction goes, just need a little tough love when their disease stubbornly refuses to get better. The reality of the drug war, however, is more brutal,

more harmful to public health, and more reliant on incarceration than ever. The rhetoric may now evoke images of cops and doctors hand in hand, but locking a human being in a cage for a nonviolent drug offense is not compassionate, and it is not drug treatment.

Prison is a messy and violent business, as we saw in extreme form in Abu Ghraib. It’s time for a moratorium on phony stories. In the case of Iraq, ask whether war was the necessary response to the threat posed by Saddam Hussein. In the case of drugs, a similar question is 30 years overdue. Is the establishment of a permanent incarceration-bureaucracy—with its 500,000 caged people, shattered families, strained economies, and inevitable perversions of justice—the appropriate way to regulate substances in our communities? The American public may be revolted by the truth, but they can handle it. Can the government?

Matthew Briggs is director of research and publications at the Drug Policy Alliance in New York. This article is excerpted from an article published by CommonDreams.org.

COLD TURKEY:

A DRUG USER'S IMPRESSION OF AN ARREST

They run into your house when you're mixing up a batch of kompot, just before 10:00 o'clock at night when you least expect the servants of narcophobia. Before you even have time to panic you are standing with your face against the wall, handcuffed by the book: a professional job. Damn, you've got to hand it to them, they're faster than fear. You're standing like that, despite the fact that you weigh 42 kilograms and look more like a ghost in the terminal phase than a body builder. The cops walk nonchalantly through the flat, pleased with their success, spilling their smart-ass comments to try to show how much they know—but in fact, they know very little. Their nonchalance is disgusting, out of place, and increases your sense of total fiasco. They rummage through your personal things, despite the fact that everything is perfectly clear—the evidence is everywhere. "I can't believe what you've done to yourself," the cops say as they look through the photo albums. "You used to be a great piece of ass."

by Jowita Frasz

Before they put the woman and her boyfriend in the pretrial detention slammer, authorities at the police station put them through 72 hours of state bankrolled hell of withdrawal. The first day in the holding cell she heard that her boyfriend had gotten into a fight with the guards. He screamed that he was writhing, that everything hurt, and if only someone could do something, call for help, or something. He yelled that it is barbarous to imprison a person in such a state. In response to his pleas, the guards forcefully pushed him into the cell.

Spending the night on a cell bench for the first time, she was still in a relatively reasonable state; at any rate she was in better shape than he was. She started lashing out with her fists through the hatch in the door, shouting that they were

torturing her man, and that they should call for the emergency services. They called the EMS, who came with a shot of hydroxide. You might as well fight starvation in the third world with a small package of rice.

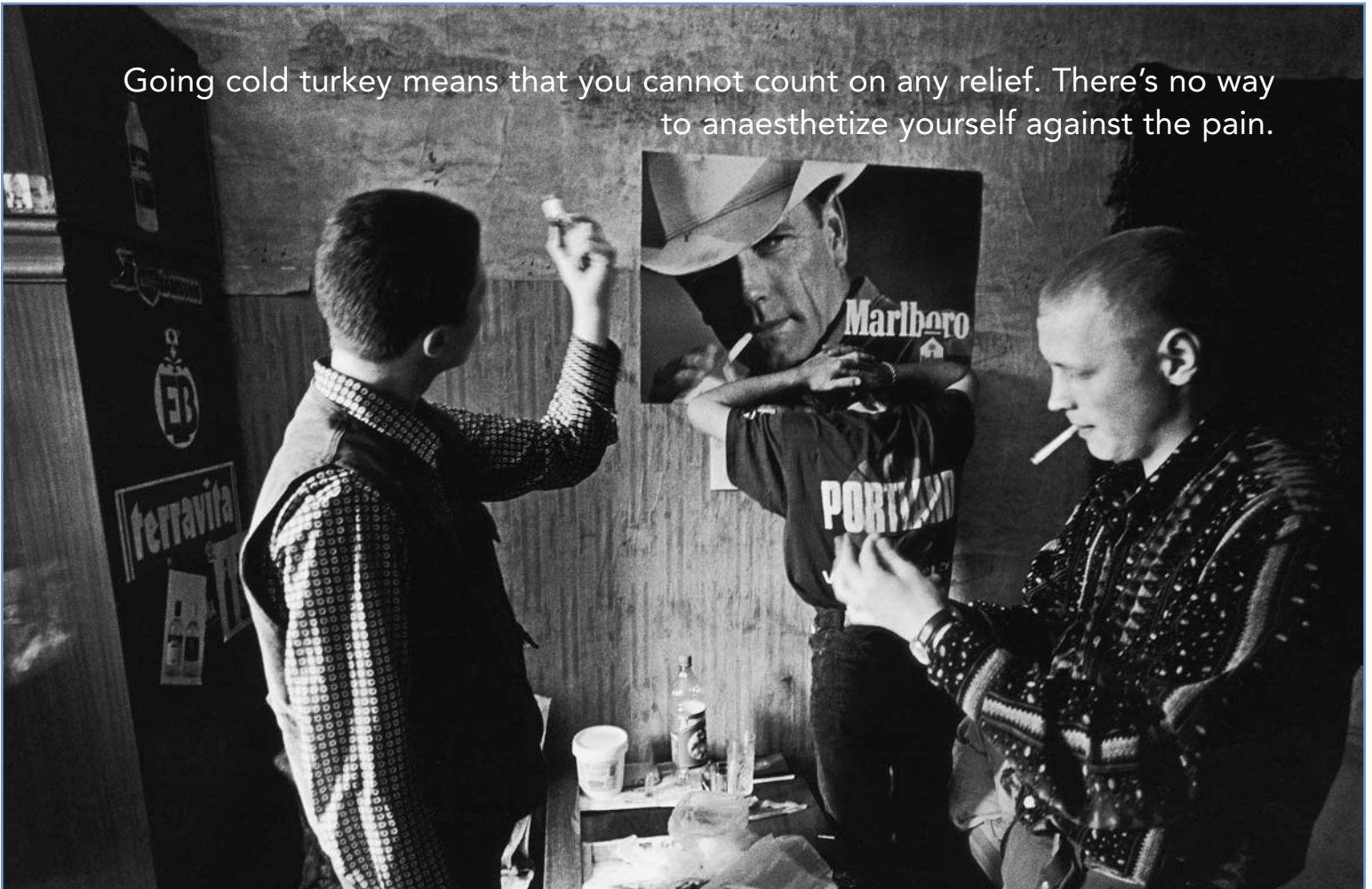
As they transported them for their first interrogation, the guards put them into five-sizes-too-big denim uniforms—outfits worn by the homeless who come in with dirty clothes and fleas. The cops had lots of fun watching them change. A person's body in withdrawal feels freezing, and they were, through some fortunate exception, allowed to keep their underwear, pantyhose, and sweaters. Around 6 a.m., however, the stinking blankets were taken away for the day.

On the way to the interrogation one of the cops escorting them

started what seemed like a private chat with the woman. "Have you been dealing?" the cop asked. "No," she responded. "You've never dealt? Fuck that!" he asserted. "OK. Honestly," she admitted, "I've sold small doses a few times so I could buy chemicals and something to eat." Clearly she didn't have much experience with the authorities at that time. She heard a triumphant "Ah, you see," and saw the most disgusting smile in the world. Now she understood that nobody believed she was innocent of dealing. She had said it exactly as it was, but from her comments they created a paragraph that started: "Dealing..."

The apogee of hell came the next day, after a day and a half of withdrawal craving. If Dante were to write his *Divine Comedy* in the era of antidrug hysteria, he would depict

Going cold turkey means that you cannot count on any relief. There's no way to anaesthetize yourself against the pain.



Kaliningrad drug squad police on a house inspection. Photo © 2004 John Ranard

a hell in it for each junkie forced to quit cold turkey. After the second night on the terrible cell bed that smacked of ancient, non-humanitarian practices, they were transported to the prosecutor's office to be interrogated together.

The second day the withdrawal symptoms came on even stronger. Living dead would feel exactly like this, like slow decay, agony spread out over time. She saw her boyfriend. He looked dumbfounded, pierced in pain. She had always thought that the stories about biting bars and walls during withdrawal were overly dramatic. But now it actually seemed to her that she was dying. And she thought that what was happening must somehow be against the Geneva Conventions, the International Bill on Human Rights, and whatever else is

out there, and that in any civilized country they would at least be given methadone.

Finally, she wanted to lose consciousness. But going cold turkey means that you cannot count on *any* relief. There's no way to anaesthetize yourself against the pain. Only time or a shot can help. At this point, if somebody had offered her an injection of arsenic instead of heroin she probably would have taken it. Several times they asked the cops to call the paramedics, but they only said that they looked like they could endure just a little bit longer. "At any moment" the judge was supposed to arrive to approve or reject the prosecutor's recommendation for a detention trial. That "any moment" dragged on from the afternoon until late evening. Meanwhile the police refused to give

in and summon a physician, explaining that such call would have been considered "unjustified."

He faintly remembers those days. For him, it was a never-ending nightmare. He was in some kind of frenzy. The people in his cell changed, they were brought in and taken away. He supposedly talked to them, but he doesn't remember it. From time to time they took him and dragged him somewhere, and brought him back. In his cell, he lay under the blanket, groaning monotonously and kicking the wall. He remembers only the pain.

Jowita Frasz has been in a methadone program in Krakow, Poland, for four years. This article about her past experience is excerpted from the original that appeared in *Monar na Bajzlu*, a magazine published by the harm reduction project MONAR Krakow, in Poland.

PIONEERING HIV PREVENTION IN PRISONS

by Raushan Abdildaeva

Most countries that identify prisons as one key factor in the spread of the HIV/AIDS epidemic are slow to design programs and allocate resources to the problem. In Kyrgyzstan, prevention programs were in place in prisons before the first case of HIV was registered among its inmates. Using the lessons of other countries—especially Germany, Poland, and Ukraine—Kyrgyzstan launched HIV prevention efforts in prisons in 1998 with the support of the government, the United Nations Development Program, and UNAIDS.

These efforts have reduced, but not eliminated, the growth of the HIV/AIDS epidemic, which has been spurred on by the rapid growth of injection drug use and the continuing economic and social problems in Kyrgyzstan. Out of the 508 registered cases of HIV infection in the country in April 2004, 421 were drug users. Of all the identified cases of HIV infection, 56 percent have been in jails.

The main causes for the spread of HIV infection among inmates are injection drug use, unprotected sexual contacts, and a lack of information. The lack of access to clean syringes and disinfectants forces inmates to reuse syringes, which are shared among a large number of people, for one to six months. Before Kyrgyzstan's prevention program started, most inmates did not realize that they could contract HIV and only feared drug overdose, tuberculosis, and syphilis. Forty percent of the inmates knew nothing about safer sex or safer drug injection.

As early as 1997, top penitentiary officials and personnel, including 60 specialists from the department of corrections (GUIN) of the Ministry of Justice, met at a seminar and discussed the danger of HIV in the penitentiary system. A round table discussion followed in 1998 for GUIN



World AIDS Day in prison in Kyrgyzstan. Photo by Raushan Abdildaeva.

officials, the Ministry of Health, nongovernmental organizations, and international organizations, such as the Soros Foundation–Kyrgyzstan, during which the question of a harm reduction program was raised. Skepticism was so strong it bordered

Much can be done to stop
the spread of HIV when the
people responsible for the
prison system openly
acknowledge that prisons
are a breeding ground for
the epidemic.

on rejection. However, eventually a consensus on the importance of preventing HIV and hepatitis in prison was reached among top GUIN officials and prison chiefs after numerous educational round tables and seminars.

This consensus helped lead to the development of the HIV/AIDS Prevention in the Penitentiaries of the Kyrgyz Republic program, which was launched in 1998. Medical specialists and personnel at prisons and detention centers were trained in HIV prevention. Peer training programs for inmates were developed, as well as information and education programs,

including a video film called “Drug Addicts, or Crying for the Future,” which was shown in all the prison colonies. Each prison holds an annual event called “Anti-AIDS Day.”

In 2002, the Soros Foundation–Kyrgyzstan funded the extension of prevention programs to all parts of the penitentiary system. The success of a 2002 pilot syringe and needle exchange program for inmates led to a government resolution to expand the program. By 2004, needle and syringe exchange was available in all of the country's penitentiary institutions. Political support for HIV/AIDS prevention programs in Kyrgyzstan virtually guarantees their further development. GUIN and the Ministry of Justice are discussing the possibility of introducing methadone substitution therapy for drug-using HIV-positive inmates and for those who were on methadone before being incarcerated.

These days, when an HIV-infected inmate arrives to any of the country's jails, all personnel, top officials, and even inmates themselves have been trained in prevention measures and the modes of HIV transmission. But no one mandated the newly tolerant attitude to HIV-positive people that can be found throughout the system.

Despite this progress, more needs to be done for voluntary and confidential HIV testing, and contradictions remain between the requirements of prevention programs and the regulations governing life in jails. But practice shows that much can be done to stop the spread of HIV when the people responsible for the prison system openly acknowledge that prisons are a breeding ground for the epidemic.

Raushan Abdildayeva is the coordinator of international programs at the Criminal Penitentiary System Reform and Development Office of the Ministry of Justice of the Kyrgyz Republic in Bishkek, Kyrgyzstan.



WOMEN PRISONERS NO BETTER OFF THAN MEN

Women in prison colony #35 in Marijnsk, Russia. Photo © 2004 Alexander Glyadyelov

“Most of the convicted women have committed their crimes because of economic difficulties in the crisis-ridden country.”

by *Zuhra Halimova*

Inmates in prison colonies all over Tajikistan do not have their basic needs met. Regular meals, health care, and social services are lacking. Sanitary and hygienic standards are not observed, harsh mistreatment of inmates by colony staff is commonplace, and prisoners often have to pay for their own medication. Most prisoners have stopped making complaints because they found complaints often lead to retribution by prison officers in the form of threats and interrogations.

In a conservative country where women are theoretically honored for their role in the family, it may be surprising to learn that conditions are no better for the country's women prisoners. Tajikistan has one women's colony, which is located near the town of Nurek and houses about 450 prisoners. Approximately 1 percent of the women arrive at prison pregnant. Babies born to prisoners may stay with their mothers until they are three years old, but the colony does not provide even rudimentary facilities for normal child development.

“Most of the women prisoners have been convicted for drugs possession or sale, but they were pushed into it by their hard lives and didn't even know it was punishable by law,” said Oinihol Bobonazarova, chair of the Open Society Institute Assistance Foundation–Tajikistan (OSIAF–Tajikistan.) The burden of the poor economic situation has been borne at least as much by women as men. Nargis Zakirova, a journalist, has said: “Most of the convicted women have committed their crimes because of economic difficulties in the crisis-ridden country.”

Regardless of the circumstances that lead to a person's imprisonment, such dismal and dangerous conditions inside prison are unacceptable in a democratic society. Following independence from the Soviet Union in 1991, Tajikistan's leadership declared it would build a democratic state and reform the penitentiary system, among other things.

For the last five years, OSIAF–Tajikistan has worked with the Penitentiary Directorate, which now operates under the Justice Ministry, to try to humanize the penitentiary system and make it comply with international standards.

“These institutions should be open to civil society,” said Bobonazarova. “I think the time has come to study the experience of other countries that practice letting prisoners out on leaves. This could help preserve many families.” OSIAF–Tajikistan has arranged for Tajikistan's penitentiary officials to take study tours to countries that have made progress in prison reform, such as Hungary and Poland.

Several years ago, OSIAF–Tajikistan started giving small, practical, assistance to the women's colony, by providing books, children's clothes, and a television and video player, as well as making repairs to the health care unit. Currently, it has plans to establish a fully-equipped day care center, as well as assist with more systemic problems such as the sewage system.

Under an ongoing harm reduction project, OSIAF–Tajikistan is helping to educate prisoners, medical staff, and colony personnel about HIV/AIDS prevention. With 19 HIV-positive women identified so far among the prison population—eight of them in the first half of 2004—it is increasingly clear that harm reduction is essential. Condoms and disinfectants are being provided to the women's colony as part of the project.

The Penitentiary Directorate has many plans for reform of the penitentiary system for 2004–2008, including rehabilitating the subsistence farming program, regularly airing a television program on the life of inmates and the situation in the colonies, and having more open contacts with nongovernmental and international organizations. A new draft law that incorporates the United Nations Standard Minimum Rules for the Treatment of Prisoners and the principles of rule-of-law, respect for human rights, justice, and transparency in Tajikistan's penitentiaries was adopted by the parliament in July 2004.

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

EUROPEAN NETWORK HELPS IN PRISON REFORM



Caren Weilandt of WIAD, the Research Institute of the German Medical Association, and Edoardo Spacca, who are running the new ENDIPP network, at the 7th European Conference on Drugs and HIV in Prison, in Prague, March 2004. Photo courtesy of ENDIPP.

by *Edoardo Spacca and Magdalena Ruszkowska-Cieslak*

For the first time ever, the health care department of the Lithuanian Prison Service invited nongovernmental organizations (NGOs) working in the drug field to participate in a seminar it held in Vilnius in May 2004. In the same month, the NGO Doroga in Ukraine received authorization from the Prison Administration to open the first therapeutic drug-free unit in the Lvov prison. In Poland, the first formal cooperative agreement between the NGO MONAR and the Polish prison administration was signed in December 2003 after many years of locally implemented interventions.

A common thread tying together all of these advances in the working relationship between harm reduction NGOs and state prison administrations has been the assistance, support, and encouragement these groups received from the European Network of Drug Services in Prison (ENDSP) and its sister network in Central and Eastern Europe, the CEENDSP. As has been shown in places such as Poland, where methadone maintenance therapy has been launched in prisons, cooperation between NGOs and prison services has been the key to improving prison conditions.

Over the last 10 years, Central and Eastern Europe has experienced many improvements in prison health care. Drug and HIV/AIDS prevention strategies have been put into force in several countries, and in many countries harm reduction in prison settings is under fervent discussion—progress in itself. Yet much remains to be done. Prison administrators report growing prison populations and overcrowding that exceed Western European averages, budget problems, and poor physical conditions. Almost all prisons report increasing numbers of prisoners with illicit drug problems. But not all prison officials admit that drug use actually occurs, which makes it difficult to organize an effective response to epidemics such as HIV/AIDS and hepatitis.

Cooperation between nongovernmental organizations and prison services has been the key to improving prison conditions.

ENDSP, managed by Cranstoun Drug Services and funded by the European Commission since 1995, and CEENDSP, set up in 2003, were unified in July 2004 and renamed the European Network for Drug and Infections Prevention in Prisons (ENDIPP). Like its precursors, ENDIPP acts as a forum in which representatives from government ministries, prison administrations, health services, probation services, prison officers, and NGOs can meet and discuss drug and HIV/AIDS services in prison systems.

The network organizes sociological and epidemiological research, conferences, work exchanges, and trainings. With 7,000 contacts in its database and its large team of country contacts throughout the newly expanded

European Union, ENDIPP promotes effective drug treatment practices in prisons, from abstinence-based to harm reduction interventions, and disseminates specialized knowledge for prison staff and drug workers.

Lessons to control the spread of infectious diseases in prisons can be learned from Western Europe, says Morag MacDonald, Ph.D., in a 2004 CEENDSP research report. “The most effective [lessons] so far include educating prisoners about the risks, harm reduction techniques, and addressing drugs misuse in prisons through treatment services, as opposed to segregation and further punishment.” The experience and knowledge gained by European groups have been a significant benefit to those establishing new drug prevention strategies in CEE countries.

When it comes to drugs, however, the biggest challenge for prison health care reform is forcing prison administrations to shift their priorities away from security and more toward social and health problems. ENDIPP network members have been working to change local prison policies by advocating that the well being of drug using inmates is crucial to reducing recidivism and promoting a healthy society. When the tabloids in the United Kingdom say that people should be locked up and treated as badly as possible instead of being given a chance to sort out their social, mental, and physical problems, it is like reading that we should exacerbate social problems rather than reduce them. Getting politicians and the public to understand that prison health is public health remains the ENDIPP network’s main challenge for the future.

Edoardo Spacca is Area Manager for Europe at Cranstoun Drug Services in Brussels. Magdalena Ruszkowska-Cieslak is Central and Eastern European Project Manager at Cranstoun Drug Services in Warsaw, Poland. www.cranstoun.org and www.endipp.net.

CAN POLICE AND PROJECTS GET ALONG?

by Igor Vassilenko

The good news is that roughly 100 projects for injection drug users (IDUs) and sex workers have been established over the last five to seven years throughout the former Soviet Union. The bad news is that problems between these harm reduction projects and police have been running in parallel, escalating to alarming proportions. Without deliberately establishing a constructive relationship, conflict is inevitable and sometimes destructive. Systematic arrests reduce the number of project workers in the community. Ambush arrests of clients near a mobile harm reduction site make clients distrust the project and staff. Such disruption lowers a project's effectiveness and worsens the marginalization of the client populations.

Even though harm reduction programs are legal in many countries, problems persist with law enforcement because of personal, preconceived negative attitudes toward project target groups—IDUs and sex workers. The police simply do not understand—unless they are told—the need for harm reduction. Police often forcibly take syringes from drug users and destroy them. They repress sex workers as much as drug users. Cases have been reported in Odessa, Ukraine; Ashkabad, Turkmenistan; Karaganda and Kostanai, Kazakhstan; and Yekaterinburg, Krasnoyarsk, and Moscow, Russia, about policemen arresting sex workers and then sexually abusing them. Outreach workers for IDUs and sex workers are randomly held in police cars or at stations until they are identified; police take away or damage the workers' identification cards and threaten arrest for syringe delivery as if it were linked to the drug trade. Interestingly, such problems are usually caused by police at the lower levels, while police chiefs provide the projects with letters of support.

How can the attitudes of the police be changed? Most projects are not accustomed to creating partnerships with law enforcement bodies. Starting out, projects tend to focus on internal issues of developing their organization.



The police simply do not understand—unless they are told—the need for harm reduction.

NGO outreach worker talking to a client. Photo © 2004 John Ranard

Not until problems with the police become intense do they finally focus on establishing partnerships with law enforcement. Successful projects have demonstrated that it is essential to work with police from the outset to coordinate activities and change police attitudes.

Some projects have addressed this problem by sending policemen on study visits to projects that have good collaboration. Such methods have not been enough to influence the overall situation, however. Kazakhstan's Republican Rehabilitation Center invited the Public Foundation "Help" in Kostanai to help establish good partnerships through training programs for nongovernmental organizations and the police. The first trainings were held in December 2003 in Shymkent, Kazakhstan; Tashkent, Uzbekistan; and Khodjend, Tajikistan. The Canadian Agency for International Development has provided funding for more trainings for participants from Georgia, Russia, Tajikistan, and Ukraine.

The first component of the program is a four-day training for harm reduction staff to develop skills to establish constructive relations with the police. Projects learn how to strategically organ-

ize their work with the police, identifying points of tension and coming to a common understanding with police about drug use and HIV/AIDS. Participants learn how to define threats through a SWOT analysis (strengths, weaknesses, opportunities, and threats) and organize their relationship with law enforcement to prevent conflicts.

For the second component, projects recruit staff members to work with and train the police. Recruits are prepared at our five-day training for trainers for police education, and then can go on to work in teams of trainers and conduct trainings themselves for the police according to prepared training modules. The final component is a three-day training for representatives of both projects and police to work on negotiating conflicts in project work.

For projects to thrive, or even survive, they must take the lead in working with the police to figure out ways of helping each other so that they can meet their respective work objectives. This training program helps projects make this crucial step.

Igor Vassilenko is president of Public Foundation "Help" in Kostanai, Kazakhstan, and an IHRD technical advisor.

REDUCING PRE-TRIAL DETENTION AND ITS HARMS

While conditions in Mexico's overcrowded prisons are poor, Renace is an example of the difference a small group of people can make at the local level.



Guillermo, a Renace client who was released from prison pre-trial, and his family. Photo courtesy of Renace.

by Benjamin Naimark-Rowse and Martin Schönteich

Similar to other countries with poor human rights records, Mexico's pre-trial detention procedures are marked by frequent and intense human rights violations. Many Mexicans accused of crimes spend months in detention awaiting trial, and are often abused and coerced into making confessions. And, as in many other countries, those who are detained and most likely to go to prison in Mexico—young, unemployed men with little to no education—are also the people most likely to contract HIV or other communicable diseases.

Four years after the end of seven decades of one-party rule, and despite a number of recent criminal justice reforms, the Mexican justice system continues to permit the arbitrary detention of crime suspects and the routine use of coerced confessions as evidence at trial. The United Nations Committee Against Torture has found persistent use of torture in Mexico's criminal justice system.

Stress from such abuses, overcrowding, and malnutrition in Mexican prisons compromise the health and safety of all inmates. The victimization of younger, weaker prisoners is common in certain prisons as a result of a powerful gang culture, facilitated by corruption in the prison administration. Gang activity increases the incidence of tattooing and sexual violence, both of which can heighten the risk of HIV transmission. Heroin use is also prevalent. A 2000 study at a prison in Chihuahua found that 26 percent of prisoners had used heroin during the prior six months. Seventy percent of these users had injected the drug when they used

it for the first time. Most of the others went on to become injection users as well.

Since early 2004, the Open Society Justice Initiative has been helping the Mexican nongovernmental organization Renace-Abp develop a project to promote the reduced use of pre-trial detention, and assist individuals in conflict with the law with treatment and therapy. Renace is dedicated to challenging the imposition of unjust sentences, reintegrating individuals who have committed crimes, and preventing recidivism. In the 10 years since its founding, Renace, with government support and funding from local businesses, has more than quadrupled its staff and programs in the areas of bail assistance, criminal code reform, justice, and crime prevention/rehabilitation.

Renace works in the State of Nuevo Leon, which has an average prison recidivism rate of nearly 40 percent. Renace's successful rehabilitation and prevention program provides treatment and therapy for accused persons and their families for upwards of four months while the former are awaiting trial. Much of the treatment and therapy is geared toward alcohol or drug use and other behavior that raises the risk of exposure to HIV/AIDS. The program makes it easier for judicial officers to release accused persons awaiting trial, safe with the knowledge that the released accused will attend structured therapy and treatment programs. In 2003, less than 1 percent of the people Renace treated in this program re-offended.

The Justice Initiative plans to continue working in this area in Mexico and elsewhere. In conjunction with the Riga-based Center for Public Policy—Providus, for example, it is working on a similar project in Latvia that gives advice and counseling on drug use, HIV/AIDS, and other communicable diseases to juveniles and adults awaiting trial.

While conditions in Mexico's overcrowded prisons are poor, and many people spend inordinate lengths of time in detention awaiting trial, Renace is an example of the difference a small group of people can make at the local level. Thanks to Renace, thousands of people have been released from prison awaiting trial and provided with information and counseling to reduce their dependency on alcohol and drugs, thereby reducing their vulnerability to HIV infection.

Martin Schönteich is a senior legal officer, and Benjamin Naimark-Rowse is a program coordinator at the Open Society Justice Initiative's National Criminal Justice Reform Program in New York.

PROGRESSIVE HARM REDUCTION IN IRAN'S PRISONS

by Holly Catania

Iran is one of only 22 countries to provide harm reduction services such as bleach distribution, methadone maintenance, and detox treatment to incarcerated drug users. Like its neighbor Kyrgyzstan, which provides needle exchange and methadone in prison, Iran took the progressive and unusual step of introducing methadone maintenance treatment programs (MMT) in prisons at the same time as the civilian community.

Among Iran's 65 million people, there are an estimated 2 million injection drug users (IDUs), or 2.8 percent of the population, giving Iran the highest percentage of IDUs in the Middle East and in any country in Southeast, South Western, or East Asia. The average Iranian drug user is male, married, and employed. According to the Iranian Domestic Committee on AIDS, more than 60,000 people in Iran are living with HIV, and 60–70 percent of the country's HIV transmission is from needle-sharing among IDUs.

Iran, which has historical, cultural, and religious ties to its northern neighbors in the former Soviet republics of Central Asia, shares a long border with Afghanistan, a leading producer of opium, morphine base, and heroin. Iran is one of the major conduits for opium and its derivatives originating in Afghanistan. According to government analysis, opium is the main drug of use in Iran, followed by heroin.

IDUs make up 19 percent of the prison population in Iran's 220 prisons, where the average turnover

in the population of 152,000 is 700,000 persons per annum. An estimated 22–24 percent of IDUs in prison are HIV positive. Providing MMT in Iran's prisons is a pragmatic HIV/AIDS prevention strategy.

Iran's first reported case of HIV was in the mid-1980s, and the first case in prison was observed in 1996. HIV was not a priority for policymakers, and the situation has not been good for people living with HIV/AIDS (PLWHA), who have been badly stigmatized

An estimated 22–24 percent of IDUs in prison are HIV positive. Providing MMT in Iran's prisons is a pragmatic HIV/AIDS prevention strategy.

by society. Government agencies did not collaborate well on the problem until 2002 when the Ministry of Health, Welfare and NGOs worked with prison and community-based groups to set up "triangle clinics," which treat PLWHA, IDUs, and prisoners with bleach, condoms, MMT, and antiretroviral (ARV) and tuberculosis treatments.

The first triangle clinic was established in 2002 in Kermanshah Central Prison. Current estimates suggest that approximately 20 percent of the population in Kermanshah province is dependent on opioids. A rapid assessment study

done in 2003 found that in some neighborhoods upwards of 90 percent of the households have at least one drug-addicted family member. Nearly one-half of the prison's 3,000 inmates are incarcerated for drug-related offenses.

In prisons throughout the country, the government sponsors a drug and HIV prevention information campaign, which includes peer counseling, information pamphlets, a monthly newsletter, a daily prison TV show, and a hotline. Bleach is available in the bathrooms and commissaries for disinfecting needles, and condoms are distributed in conjugal visiting rooms. Those receiving MMT, ARV, or TB care in prison are referred upon release to needle exchange programs and other health services. The majority of Iran's 28 provinces have an after-care center for prisoners returning to the community.

Medical doctors have played a key role in pushing harm reduction programs through the government. Additionally, the enthusiasm of activists and advocates for harm reduction have helped bring international attention to Iran's dual epidemics of HIV/AIDS and injection drug use. There are now 25 triangle clinics throughout Iran funded by the government, and with added funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria there are plans to expand the number to 45.

Holly Catania is the project director at the Baron Edmond de Rothschild Chemical Dependency Institute at Beth Israel Medical Center in New York.

DOCTORS ARGUE FOR OPIATE REPLACEMENT PROGRAMS IN U.S. JAILS

The New Mexico Medical Society in the United States voted in May 2004 to pursue legislation that would make it mandatory to provide opiate replacement therapy to addicted inmates in correctional facilities. Barbara McGuire, M.D., said she thinks it may be the first time a state medical society has endorsed corrections-based opiate replacement programs. "There wasn't really any opposition," she said. Most physicians were "appalled" when she told them people on methadone are not allowed to continue getting the drug after arrest. "We wouldn't think of taking away their blood pressure or diabetes medication," she said. "Methadone withdrawal is pretty nasty. Unless you're a pregnant woman, you go cold turkey in prison even though you're

on a prescribed medication." The state's Corrections Department opposes opiate replacement in its prisons. McGuire told medical society members that opiate replacement therapy could reduce illicit drug smuggling into prisons and cut down on diseases that are spread by inmates sharing needles. Without treatment, users are more likely to commit another offense and return to the corrections system, costing \$30,000 to \$60,000 a year. "Only with effective medical therapy of substance abuse will there be a reasonable chance that these inmates could enter addiction recovery and return to productive lives with their New Mexico families upon release," she told the medical society delegates. (Excerpted from *Albuquerque Journal*.)

Letters to the Editor

Harm Reduction News seeks to provide a forum for diverse voices and broad debate. The field of harm reduction is full of strong opinions, and we strive to represent as many points of view as possible in our articles. We are now launching a Letters to the Editor section to continue this dialogue in a more direct way. Letters must respond to something that has been printed in HRN, but since the letter will appear months after the article in question, it should also make sense to people who may not have read the original piece. Letters should be concise (fewer than 300 words), respectful, and sent to ihrd@sorosny.org. The author of the article will be given a chance to respond to the letter.



Photo © 2004 John Ranard

The following letter is in response to “Kyrgyzstan: Users Starting to Help Users,” by Sherboto Tokombaev, in HRN’s spring 2004 issue:

Attitudes toward drug users are changing in Kyrgyzstan, and I can say so because this has been the problem of my entire life. I started with light drugs when I was 14 and later went onto intravenous use of heavy drugs. I tried everything, lost my health, and got a bunch of diseases. My life was at a dead end—even friends and close kin became enemies. People only berated drug users like me. This went on for almost 19 years.

I am 39 and in the third year of my new, sober life. I am a sophomore at Bishkek State University, majoring in social work, and feeling happy and healthy. I have decided to share my positive experience to dispel doubts about Kyrgyzstan’s syringe exchange program raised in Tokombaev’s article. He wrote: “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.”

I came home to Bishkek from Moscow in 2000, alone and unsure where to get drugs. A woman I knew came to visit and told me that she was volunteering for the

nongovernmental organization Sotsium. “I’ll enter you in my program,” she said. “It’s anonymous, and you’ll get syringes and medical help.”

I could not find services in Moscow that were available in my home city. I could not comprehend that I would be given syringes for free. I met Sotsium staffers who treated me as a human being, with understanding rather than denigration.

When I started to sober up, I received care, attention, and support from those “respectable men and women.” I attended seminars for medical workers, police, and young people, and took part in radio and TV programs. I continue to attend self-help groups, which meet in “warm, well-lit offices,” and get a lot of support in my life.

I would like to give thanks to all of the social workers who helped me turn my life around. Of course, we cannot reach out to everyone, but many people have our syringes, needles, information, and support. And many people know and use the number of our help line and our address.

“Sveta,” Bishkek, Kyrgyzstan

Sherboto Tokombaev’s Response: I am very glad for Sveta as I remember two years ago she came to a self-help group for drug users, and one year ago she passed rehabilitation in our Center RANAR. I am glad to know that she has found satisfaction and work in Sotsium. Nevertheless, a drop of water is not enough to extinguish a fire! I would like the problem of availability of clean needles in Kyrgyzstan to be solved so that more drug users can take advantage of harm reduction services.

Note from the editor: In addition to the issue of scale—which is a problem throughout the region—not all drug users experience the good intentions of harm reduction projects uniformly. Many people would like to see harm reduction projects do better at involving affected community members in their services and be more responsive to the needs and wishes of drug users—the main theme of the newsletter in which Tokombaev’s article appeared.

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA announced its fourth round of awards in June 2004. Awards for HIV/AIDS projects included \$6.5 million to Azerbaijan; \$34.1 million to Russia; \$2.5 million to Tajikistan; \$2.1 million to Kosovo; \$31.1 million to Indonesia; and \$23.9 million to China.

THE SPECIAL PARLIAMENTARY COMMITTEE ON HIV/AIDS, TB AND DRUGS was established in Ukraine in June 2004. Raisa Bohatireva, who is a member of parliament and the former minister of health, is the committee's head. The group is made up of MPs from the committees on health, human rights, organized crime, law enforcement, and others. The special committee will analyze and prepare state programs for the parliament's consideration; improve on HIV/AIDS, TB, and drug dependency legislation; and exchange information with foreign parliaments and international organizations.

OVER 60 PSYCHOLOGISTS, NARCOLOGISTS, FORMER DRUG USERS, family members, and NGO representatives from Tajikistan, Uzbekistan, and Kyrgyzstan participated in a 10-day 2004 summer institute on Clinical Theories and Best Practices for Counseling and Treatment of Heroin/Opiate Use and Dependence in Central Asia. Funded by USAID, the institute is part of a series of trainings to address the immediate need for providing low threshold treatment readiness and rehabilitation services and the longer-term need for professional development.

IHRD REPORT CALLS FOR EQUAL ACCESS to HIV treatment for drug users. *Breaking Down Barriers: Lessons on Providing HIV Treatment to Injecting Drug Users* draws on successful models of HIV treatment for people with histories of drug use and dependency, and presents the experiences of care providers and public health officials from around the world. It argues for uniting HIV treatment and peer education with drug dependency, harm reduction, and psychiatric services. The report is on IHRD's website, or write ihrd@sorosny.org for a copy.

THAI DRUG USERS' NETWORK (TDN) was the 2004 recipient of the Human Rights Watch and Canadian HIV/AIDS



Members of Thai Drug Users' Network demonstrating in Bangkok in July 2004. Photo courtesy of TDN.

Legal Network award for outstanding achievement in HIV/AIDS and human rights issues. TDN has been at the vanguard of efforts to protect drug users' rights and establish harm reduction services in the face of a violent war on drugs that has claimed more than 2,500 lives in Thailand. In 2003 TDN and other NGOs were awarded a Global Fund grant (against the endorsement of the Thai government) for programs for drug users and other people at high risk of HIV infection.

THE IHRD/GAY MEN'S HEALTH CRISIS ADVOCACY FELLOWSHIP PROGRAM was enriched by its spring 2004 fellows. Svilen Konov, an HIV treatment advocate from Bulgaria, created Russian-language treatment education materials. Natalia Dvinskikh, a harm reductionist from Ukraine, studied media and communications as tools for advocacy. The fall 2004 fellows, both from Moscow, are Dasha Ocheret, president of the Kolodets Charity Fund, and Sasha Levin, a communications expert with the CEE Harm Reduction Network and AIDS Foundation East-West.

THE HIV PREVENTION AMONG VULNERABLE POPULATIONS INITIATIVE in Serbia and Montenegro launched its implementation phase in June 2004 to follow its 2003-2004 assessment phase. Funded by the U.K. Department for International Development and organized by IHRD and Imperial College (London) in collaboration with UNDP and the Republican

NEWS BRIEFS

AIDS Commissions of Serbia and Montenegro, the project is bringing together valuable regional and global expertise in the fight against HIV/AIDS.

TAJIKISTAN'S DRUG CONTROL AGENCY HEAD WAS ARRESTED in August 2004 and charged with abuse of office and procuring and stockpiling arms and ammunition. Lt. Gen. Gafor Mirzoyev is also being investigated in connection with the murder of a police chief in 1998. Some speculate he may have been planning a coup against the Tajik president. General Rustam Nazarov, the former head of the DCA, has been reappointed to the position.

A COALITION OF AIDS ORGANIZATIONS IN THE U.S. has launched an online absentee voter drive on the website www.poz.com. Visitors to the site can use interactive technology to request an absentee ballot, register to vote, or change a registration address. Charles King, president and CEO of Housing Works, said, "For anyone who thinks that they might not be able to vote due to drug side effects, a medical appointment or hospitalization, limited mobility, fatigue or lack of access to transportation, this technology can help make sure your vote isn't missed."

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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

November 1–3	November 11–15	December 1	November 25–December 10	March 20–24, 2005
6th Europad European Conference	5th National Harm Reduction Conference	World AIDS Day	16 Days of Activism Against Gender Violence	16th International Conference on the Reduction of Drug Related Harm
Paris, France	New Orleans, Louisiana, USA			Belfast, Northern Ireland
www.europad.org	www.harmreduction.org/ conf2004	www.unaids.org	www.cwgl.rutgers.edu/ 16days/home.html	www.ihrdbelfast.com