

Moving Harm Reduction Policy Forward

November 19-21, 2003

Soros Foundation-Moldova

Chisinau, Moldova

An international conference, *Moving Harm Reduction Policy Forward* was taking place in Chisinau from November 19 to 21, 2003 to pursue shared strategies across 8 countries for progressive drug policy approaches, innovative HIV prevention models, and equal access to HIV treatment and care for drug users and other vulnerable groups. Leading activists, health care experts and human rights advocates from Moldova, Russia, Ukraine, Georgia, Tajikistan, Kyrgyzstan, Lithuania and Poland discussed the future of the harm reduction movement in Central and Eastern Europe and shared best practices and policy innovations.

More than 80 participants from Central and Eastern Europe gathered in Chisinau to participate in the conference *Moving Harm Reduction Policy Forward* that was organized by the Open Society Institute in cooperation with the Soros Foundation in Moldova.

The overall goal of the conference was to develop a comprehensive strategy for the inclusion of harm reduction principles as an integrated component of the national and regional responses to the HIV/AIDS epidemic and to ensure that the experience of harm reduction organizations would be used effectively in the region both in the HIV/AIDS and drug policy fields.

The objectives of the Conference were:

- To introduce harm reduction principles to the identified stakeholders and link the harm reduction movement to other initiatives that are crucial for the region;
- To ensure that the experience of the harm reduction organizations will be used adequately and effectively in the region both in HIV/AIDS and drug policy;
- To present the strategy of the International Harm Reduction Development Program (IHRD) for the Harm Reduction Policy in Eastern Europe and the Newly Independent States;
- To present a clear description of the concept of adequate drug policy;
- To increase an integration of harm reduction into other HIV/AIDS activities (care for HIV-positive IDUs, palliative care, dealing with stigma and discrimination);
- To discuss country applications to the Global Fund to Fight AIDS, TB and Malaria (GFATM);
- To discuss EU-integration related processes in the HIV/AIDS and drug field.

The HIV/AIDS epidemic in the former Soviet Union and Central Europe is characterized as having the steepest rate of growth anywhere in the world. This epidemic, largely driven by injecting drug use, is challenging both national governments and the international community to implement comprehensive strategies targeting HIV and other public health problems. The window of opportunity to support such a response is very narrow, and the societal toll has already been devastating.

”We have seen much success in terms of hundreds of talented providers across the region delivering a broad range of life-saving harm reduction services, including outreach and education, needle exchange, condoms and medical referrals, but this is not enough,” said Konstantin Lezhentsev, one of the conference organizers from the Open Society Insitute’s International Harm Reduction Development Program. “We need to pursue changes in the policy arena so that these services become more sustainable and accepted. We can’t tolerate the kind of human rights abuses that are painfully common for drug users.”

During the conference, leading national and international experts in harm reduction, drug policy, and human rights joined HIV-positive activists and representatives of the injecting drug user community to identify potential fields for effective collaboration in order to prioritize social and healthcare principles over draconian drug policies; to fight stigma and discrimination towards people with HIV/AIDS and related vulnerable groups; and to ensure full and equal access to HIV care and prevention services for all those who need them. ”Here in Moldova, we have been able to support a number of brave harm reduction programs and the impact has been incredible. Unfortunately, we aren’t yet close to achieving the necessary coverage so that all drug users have access to the treatment, care and services they need,” stated Dr. Viorel Soltan, Public Health Program Director of Soros Foundation Moldova. “This is the definition of good public health, and we hope that with additional government and other donor resources, we can achieve even more.”

A brief digest of conference proceedings follows.

November 19.

Plenary Opening

Session 1. Welcoming Remarks. Program and Conference Goals

1.1. Konstantin Lezhentsev, MD, Program officer, IHDR program, OSI-Budapest, Hungary welcomed the participants who represented more countries compared to the previous Conference and pointed out that it was continuation of the work started in Minsk and Budapest.

1.2. Sue Simon, Associate Director IHRD, OSI-New York, USA welcomed the participants and expressed the mixed feelings that she was experiencing – excitement, anger and optimism regarding the present stage of Harm Reduction in Central and Eastern Europe. She was excited by the results seen in the course of time, angry with too little change in the communities’ attitudes and optimistic about the mobilization of abilities and efforts to reduce harm and protect vulnerable marginalized groups of population. She thanked the sponsors, especially the Open Society Fund of Lithuania and Soros Foundation of Moldova.

1.3. Varvara Colibaba, Vice Director, Soros Foundation-Moldova dwelt upon the values involved in protecting the rights of vulnerable groups (drug-addicts, HIV+), need to prevent and fight HIV, necessity to provide corresponding training, want of introducing due alterations in policy, both international and local. She appealed for joint effort towards creating the world without drugs which would be a safer place to live.

1.4. Konstantin Lezhentsev presented the outline of the Conference agenda, its priorities and work format (sessions and work groups by countries).

Session 2. Main Characteristics of the Drug Policy. What is Adequate Drug Policy from Human Rights and Healthcare Prospective? Chair: Sue Simon

2.1. Marco Perduca, Executive Director, International Anti-Prohibitionist League, the UN representative for the Transnational Radical Party, New York, USA, addressed drug policies from a somewhat unconventional angle. He produced an exercise dedicated to expanding the horizons of those who deal with “narcotics” at different levels rather than a scientific analysis of the current state of affairs vis-à-vis drug-related questions.

Is prohibiting the only way to control and regulate? The speaker stated that for the last 40 years Governments, regional and international organizations, high-level conferences, seminars, workshops and also religious conclaves have been addressing drug-related issues in a crescendo of focus that reached its peak at the end of the Cold War. States, regional organizations as well as international bodies, such as the United Nations, have been trying for years to develop effective ways to control narcotics both at the national and international level. Unfortunately, the "legal arsenal" and the regulatory structure that was created to control drugs, find their founding principles in ethical or moralistic arguments, rather than in pragmatism or more commonsensical grounds.

Despite these "spiritual" motives, there are very down-to-earth reasons why such an approach has always been privileged. Any speculation on drug-related matters runs the risk of sounding led politically biased or driven agendas, nevertheless, some counter-arguments to the current state of affairs need to be uncensored, demystified and fully presented: the anti-prohibitionist ones.

The presenter strongly advocated the abolition on the prohibitionist policies of national and international bodies, proclaiming that it was the individual choice of a person to take or not to take drugs, while prohibition leads to the problem criminalization.

Discussion included the question of non-representation of drug-takers in the UN bodies dealing with drug-related matters, such as the Drug Control Board and possibility for drug-addicts to influence the international and national policy related to drug usage, production and dissemination. The discussion in general was focused around the necessity to raise public debates by any means and with every device, even including the public disobedience actions. The speaker criticized the UNO prohibitionist attitude towards drugs and drug-addiction which has not changed for decades despite repeated public appeals.

2.2. Joanne Csete, Director, HIV/AIDS and Human Rights Program, HRW, USA

The presenter shared with the audience the 25-year history of the Human Rights Watch, the organization she represented. She gave an outline of the general world situation with HIV/AIDS and stated the lack of data provided by the national research bodies, explaining the cause of the lack as intentional or unintentional; figures may be interpreted by the corresponding governments in order to obscure the problem. The presentation explored the link between human rights and HIV/AIDS at the policy level, focusing especially on human rights abuses that fuel the AIDS epidemic, as demonstrated in real experiences of various countries of the world. Abuses against IDUs were highlighted, both those allowed by law and those rampant in spite of being illegal. In spite of widespread global consensus around the idea that HIV/AIDS programs should be rights-friendly, there is little support from governments in affected countries and donors for programmatic efforts to address these abuses. Reasons for the persistence of abuses linked to AIDS and suggestions for action were offered as better surveys for proper assessment of the situation. The presenter spoke about clear understanding that the urgent steps are to be taken, spreading the idea that demarginalizing affected categories of people would be for the human rights promotion and to benefit of the society in general. She also stressed broadening the efforts for HIV prevention through harm reduction programs, spreading the information about “success stories”, boosting the cooperation within the UNO in human rights promotion, as well as

undertaking efforts to oppose the USA in regard of puritan position and abstinent trends promotion.

Discussion. It covered the aspect of pharmaceutical companies and the WTO's role in preventing poorer nations from the access to HIV/AIDS treatment medicines. It was also noted that often nations and broad public positions are more dynamic while the governments and politicians lag behind.

2.3. Dr. Thomas Kerr, Director of Health Research & Policy, Canadian HIV/AIDS Legal Network, Canada

[The article by Dr. Thomas Kerr](#) about the Canadian experience was offered to the audience's attention for consideration as a positive example of the problem treatment

Drug Policy in Canada: Examining the Evidence & Moving Forward

Injection drug use remains a major public health concern throughout Canada. Adverse health and social consequences of injection drug use are severe and are further complicated by stigma and discrimination experienced by drug users. Central to these ongoing harms is Canada's Drug Policy and a related lack of funding, leadership, and coordination. Despite calls for a balanced approach and some recent advancements in the area of harm reduction, Canada's method of dealing with problems associated with illicit drug use has remained primarily prohibitionist and abstinence-based in orientation. Currently, 95% of federal and provincial expenditures are devoted to ineffective supply-reduction measures, while harm reduction interventions that have been proven effective within the scientific literature have received only limited support. In moving forward towards a more effective drug policy Canada must acknowledge the limitations of the current prohibitionist approach and promote evidence-based public health interventions that have been shown repeatedly to produce significant population-level reductions in drug-related illnesses and deaths, as well as in health, social, and enforcement costs. Greater attention to the public health dimensions of illicit drug use will also require a parallel acknowledgement of the limitations of a purely abstinence-based approach to drug treatment and a willingness to expand the service continuum to include a range of harm reduction programs.

Session 3. Working on Law Enforcement Institutes on Drug Policy Chair: Konstantin Lezhentsev

3.1. Joze Hren, Counselor to the Director, Government Office for Drugs, Slovenia

The audience was offered the presentation of Slovenian experience. The speaker dwelt on development of the situation in Slovenia which can be considered as very well-positioned in regard of drugs and HIV/AIDS problems. Among the reasons for this he mentioned the catholic tradition with strong authoritarian trends, respect to family values, responsibility, tolerance and integration, but also hard punishment for misbehaviour. Legal behaviour of the authorities also strongly contributed. The audience got to know about the Slovene National Drug Programme which among other issues included and supported Harm Reduction philosophy, elements of the support easily found in the principles of the National Programme and in the goals of the Programme. Emphases on human rights plus reduction of the stigma and discrimination that isolate and marginalize drug users, stripping them of their human dignity were the key issues of the principles. Realization of goals is divided into three time periods. Priorities are listed within a relatively short time span, which means that until the end of 2004 important tasks should be accomplished. For example: *to increase the percentage of drug addicts who are involved in different programmes and to enlarge the support to non-governmental organisations*, to mention just two of eight.

It is planned to improve harm reduction services in at least two Slovene cities, Koper and Maribor. In this context is meant mainly improvement or establishing of needle exchange

programmes, day centres, outreach and counselling. Methadone maintenance programme remain fairly well developed and throughout the country available service. Encouraging and further development of not yet existing but for a long time discussed services, like night shelter for homeless drug users and safe room for injecting are planned for the capital of Slovenia, Ljubljana. National budget should cover the implementation of most activities.

However, National Drug Programme strives to keep the document balanced and integral giving equal respect to Drug Demand Reduction and Drug Supply Reduction. That is one of the basic principles laying in various international documents, including EU Drug Strategy.

3.2. Pavel Tarnawski, Police Lieutenant, BC of Law, Polish National Police. The presentation was based on the personal experience in cooperation between the police and social workers in Krakow, which seemed to be a kind of success story. Being a representative of the law enforcement system, the speaker added an exciting twist addressing the problem of drug-addiction, its prevention and care from a peculiar angle of relations between social workers and police officers. Among the conclusions the presenter arrived at was that training in harm reduction for the policemen should be held by the police officer, which, if time-consuming, proves to be much more efficient. Policemen should be taught to cooperate with social workers keeping in mind that: they should not arrest people around social workers; they should not treat social workers as a source of information about drug-users; social workers do not support criminal activities and do not help fugitives to escape; social workers do nothing illegal. He convincingly proved that harm reduction is a profit for the whole society.

Discussion. The presentation triggered a heated discussion in the audience. The participants shared their mostly negative experience about the interaction of social workers and police in the process of harm reduction. Also it was mentioned that the legal base needs reforming. The problem of police corruption in the countries of Eastern Europe was raised.

All the ideas appeared in the course of presentations and discussions were further developed in **the work of country groups** the results of which were planned to be shared on the closing day of the Conference.

Reflections of the day. **Anna Moshkova, Program Officer, IHRD Program, OSI- New York, USA** summed up the sessions and discussions and stated that groups discussed changes in legislation and policy as well as planning for the next year. She said that it was time to come to very specific issues. "Changes are possible; they might, and probably will be, time consuming, but are to be made now," she said.

November 20.

Session 4. Panel discussion: Access to HIV treatment for Intravenous Drug Users. Chair Anna Moshkova

4.1. Konstantin Lezhentsev, MD, Program officer, IHDR program, OSI-Budapest, Hungary

The era of HAART (Highly Active Antiretroviral Therapy) has improved significantly the duration and quality of life for the people living with HIV/AIDS in the world. However, the access to life-saving therapy is mostly limited to those who live in developing countries or countries with transitional economy. At the same time there is a special category of patients whose access to treatment was limited not only by the economic barriers, but to bigger extent by unwillingness of the medical infrastructure to meet the demands of these patients, as well as moralistic and stigmatizing approach determined rather by law enforcement than healthcare principles. The recent studies in western countries have shown that even with the wide availability of ARVs only 40% of IDUs are receiving HAART. More recent study from

Vancouver demonstrated an increase in uptake of ART by IDUs but with still 30% of treatment eligible IDUs not receiving therapy. The situation in the Eastern European region is more alarming with less than 1% of HIV-positive ID-users receiving ARV treatment or even having access to general medical care. Such situation has caused a number of initiatives that resulted in development of the optimal concept of delivering care for HIV-positive ID-users. It includes reforming healthcare infrastructure into integrated “one-shop service”, where the key element is availability of methadone therapy; effective use of “peer counselors” principle and link to harm reduction programs to get “outreach” of the patients. Such approach to the problem of delivering HIV care to ID-users brought to a significant increase in the level of adherence of ID-users to ARV treatment in the countries where full range of these services is in place. Ensuring equal access to HAART for IDUs in Eastern Europe by implementing best practices of decentralized delivering care for this category of patients is a crucial factor for effective overcoming of the epidemic in the region that is characterized by the fastest rates of epidemic progression.

Discussion: The problems of national health care standards and treatment cost were discussed with reference to Ukrainian experience.

4.2. Larisa Pintilei, Coordinator of a Harm Reduction Project, NGO “Innovating Projects in Penitentiaries”, Moldova presented a report on “HIV/AIDS prevention in penitentiaries of the Republic of Moldova” project. She provided statistic data on HIV/AIDS in Moldovan penitentiaries justifying the need for such a project.

The contents of the project included the following:

Continuation of the Project on syringe exchange for IDUs;

Opening non-stop needle-exchange points;

Doing volunteer “peer-to-peer” work;

Raising the detainees’ awareness about the risks of drug addiction

Informing on safer behavior, first aid in overdose, veins care, etc.;

Carrying out psycho-rehabilitation and psycho-correction of HIV- positive detainees through trainings;

Organizing penitentiary staff training;

Doing epidemiologic and social research;

Practicing disinfection means provision;

Distribution of condoms and shaving accessories;

Getting feedback from IDUs.

The audience appreciated sharing Moldovan experience and volunteered to visit a penitentiary, which was later added to the Program of the Conference.

Session 5. Organizing Care for HIV-Positive IDUs. Collaboration with HIV-Positive and Drug-User Communities’ Movement. Chair Konstantin Lezhentsev

Within the framework of this section three presentations were made illustrating the experience of Spain, Ukraine and Russia in harm reducing.

5.1. Elia Diez, Agencia de Salut Publica de Barcelona, Spain presented on organizing care for HIV-positive IDUs and shared the experience of Spain. Using numerous charts and diagrams the speaker convincingly illustrated the drop in AIDS/HIV IDUs in various categories (homosexual men, injecting drug users, and heterosexuals) occurrences in Spain. She made a comparative analysis of the situation in various European countries mentioning lack or irregularity as well as

unreliability of statistic data provided by different countries. The presentation demonstrated a great progress achieved by Spain in fighting AIDS/HIV epidemic situation. Spain witnesses a dramatic reduction in the number of occurrences. From the presentation the audience could see the change in the public attitude to harm reduction, which developed from totally negative attitude of the public, professionals and politicians to mass support and collaboration. The factors that turned the opinions were numerous deaths, illnesses, costs, lack of public safety; as a result in mid 80-s all parties came to political agreement and drafted a plan of harm reduction for Barcelona. It included a needle-exchange facility and methadone maintenance program. The target groups also were penitentiary detainees and sex-workers. The links between the Hepatitis B and TB were explored. The speaker regretted that the measures in Spain were implemented too late and cost the country thousands of deaths and illnesses as well as high expenses. She called on the representatives of other countries to learn from the experience of Spain and avoid its mistakes. This success story was highly appreciated by the audience.

5.2. Yevgen Kryvosheyev Chair of the Board, NGO Club "Eney", Kiev, Ukraine

Embarking on the problem of drug use and HIV/AIDS in the post-Soviet space, the speaker stated 3 stages: that of denying the existence of the problem, delitescence phase and that of the problem emerging on the surface. Drug use during the Soviet times was first ignored, then concealed, and later they started fighting against drug users. The latter became a disfranchised category of population, an object of all sorts of abuse and source of easy money for unscrupulous employees of law-enforcement institutions. The society as a whole, and state authorities in particular, rejected the crisis existence trying to find “the enemy”, while the inherited obsolete legal framework had a prohibitionist bias. Describing the situation in Ukraine the presenter stated that HIV became an epidemic in the country. According to the forecasts of Western experts, Ukraine will see the dying out of entire layers of its population because of AIDS.

With the above in view, Harm Reduction Programs are extremely topical. However, there are certain obstacles hindering the implementation of Harm Reduction strategies, such as sluggishness of the way of thinking of public officials, corruptibility of authorities in general, commercial interest of employees of law-enforcement institutions in the existence of the problem, distrust of the target group and unwillingness to participate in social programs, etc.

He also spoke about the specifics of the drug scene in Kiev and particularly about the first Drug Users Anonymous Group. The goals and objectives of the group are the following:

To provide comprehensive help and support for the chemically addicted (drug users, alcoholics), HIV-positive persons and members of their families (co-addicted);

To promote the overcoming of the aggressive negative stereotype in the society;

To inform the public about alternative (non-medical) methods of overcoming chemical addictions;

To create working conditions for self-support groups.

He also enumerated such main activities as: rehabilitation and re-socialization of drug users and their relatives; meetings of self-support groups; employment - as far as possible; motivation for the abstinent way of life and involvement in the club life; informing about the aspects of the problem and ways of solving it; protecting rights and interests of IDUs and PLHA; changing the public opinion; decriminalization of drug use as a disease.

The way to achieve the goals is implementation of Harm Reduction strategies.

5.3. Andrey Panov , “Peter-Positive” Self-Support Group, Saint-Petersburg, Russia

The presentation was the reflection of Saint-Petersburg through the eyes of HIV positive IDU. The audience had a chance to compare the situation in the Northern Capital of Russia with the whole of the country. The speaker told them about the IDUs access to medical (HIV/AIDS

testing, immunogram, diagnosing, ARV therapy and methadone treatment) and non-medical treatment, which did not cover the real needs of IDUs and represented a highly discriminatory attitude towards the affected group of population.

The access to services and treatment was determined by a vague criterion of “social usefulness”, which provoked an ardent confused reaction on the part of the audience.

The situation proved to be extremely festering – non-medical treatment was confined to mere registration without any confidentiality respected, labeling and stigmatization. In the only hospice there are no social workers whatsoever. The portrait of an HIV positive was presented as a prostitute (female) or “narcoman” (male). The speaker attributed the increase of suicide rate to the general public attitude to the affected group.

With eight NGOs in Saint-Petersburg involved in the matters related to HIV-positive people and IDUs, “Peter-Positive” self-support group was the only NGO engaging the representatives of these categories of people.

In spite of 20 years of experience of HIV/AIDS in Russia, it is a history of lost lessons (Common attitude of the public is: AIDS=drugs=death).

Discussion: The question referred to the experience in Spain was about the degree of collaboration on the part of pharmacies as to participating in serving needle exchange and generally collaborative and positive attitude of the public and enterprises both state and private was demonstrated – no stigma, necessary quantities, choice for IDUs to go to a clinic or to a general pharmacy.

Debating the situation in Kiev, selling drugs “in every yard” by non-professionals was discussed and the role of militia in this process which was confined to being the “roof” for the criminalized trade.

With respect to Saint-Petersburg case the issue of age distribution was touched upon: minors, if involved, are mostly orphans or homeless.

The problems of access to treatment for HIV/AIDS people and IDUs to therapy proved to be the topical ones for most of the participants and were subjected to consideration in **country groups** where such issues as the accessibility of treatment, frequent clients’ unwillingness and the problems of adherence were raised. The ways to influence both general public opinion and the clients’ position as well as governmental issues were debated. The work was focused on the measures to promote methadone therapy in the region and ARV therapy provision for those in need.

***Reflections of the day.* Sue Simon, Associate Director IHRD, OSI-New York, USA**

Prevention, treatment and care are connected. The general situation may be considered as a motivation for faulty behavior. Why bother to be tested when there is no treatment? The status of HIV-positive leads to further discrimination. The impossibility to provide treatment is a myth revealed by K.Lezhentsev in his presentation. In many countries the national strategy is to treat HIV-positive as the last people to have treatment. Speaking of access to treatment it should be “one-stop shop” principle. Spain’s overcoming example demonstrates the possibilities of changing the situation through needle-exchange, education and supporting services. Spain has managed to make a bell-bend from the worst possible position, which can be considered the right way to go. Case study in Kiev presented a different strategy towards IDUs which can be also accepted as a guide for other participants.

Lack of services to HIV IDUs, the notion of “social usefulness”, lack of social workers, frustration, unawareness among medical community are the terrifying facts presented in St. Petersburg account. The day provided both positive and negative experience and now it is the real task for the communities to make them heard.

The day closed with a collective viewing of Tajik documentary on drug-trafficking called “**Living containers**” which followed by the discussion among the participants. The audience was shocked by seeing how women in order to earn some money risked their lives carrying heroin in their bodies. The term and conditions of imprisonment struck them as inhuman. Especially impressed was the audience by the documentary character’s phrase that she saw reasons and causes, but not an excuse for herself.

November 21.

Session 6. Advocacy in the Field of HIV/AIDS – the Area for Effective Collaboration *Chair: Konstantin Lezhentsev*

6.1. Task Force on Communicable Disease Control and Northern Dimension in the Cross-Border Collaboration in the Fight against HIV/AIDS *Dr. Zaza Tsereteli, MD, MPH, International Technical Advisor for HIV/AIDS/STD, Task Force for Communicable Disease Control (TF). Council of Baltic Sea States (CBSS)*

Ministers of Health and Social Affairs met in Oslo on 27 - 28 October 2003 and agreed to establish Northern Dimension Partnership aiming at focusing on health and social related problems in the northern part of Europe. The purpose of the ND is to stimulate cross-border collaboration and increase health and, as a result, welfare of the whole population. The overall objective of the Partnership is to promote sustainable development in the Northern Dimension area through improving human health and social well-being. The Partnership aims at contributing to intensified co-operation in social and health development. It means to assist Partners and Participants in improving their capacity to set priorities in health and social well-being, as well as to enhance co-ordination of international activities within the Northern Dimension area.

The Partnership shall focus on two priority areas for improved co-operation and co-ordination. One of these priority areas is the prevention of major public health problems. At present, they include communicable diseases, such as HIV/AIDS and TB, use of illicit drugs, cardiovascular diseases and consequences of socially distressing conditions. The other priority area is promotion of healthy and socially rewarding lifestyles. The focus shall be on determinants of health and social wellbeing, including sexual behavior, use of alcohol, smoking, use of illicit drugs, social and work environment and social skills.

It is said that the ND Partnership can build on many of the experiences and the network of the Task Force on Communicable Disease Control in the Baltic Sea Region, which was established in April 2000 by eleven prime ministers and the president of the European Commission.

The Task Force is underlining that HIV/AIDS control is primarily a national responsibility. Each country sets own priorities and strategies. Experience and empirical evidence from other countries in the Region help avoiding mistakes. External financing can fill up temporary or local financial gaps. In a longer perspective, however, communicable disease control can only be sustained through national efforts. Donors may assist and facilitate projects, but implementation, and certainly the continued activities must not depend on availability of donor funding.

The Task Force is a concept of collaboration. It has rapidly developed practical projects. The number of projects registered in the database on 1 June is 196. The program groups have approved 140, from which 36 for HIV/AIDS, which are at different stages of implementation. Out of them 5 projects are being implemented in Estonia, 4 in Latvia, 22 in Russia and one in Poland and 2 in Lithuania. Founded by the Baltic Sea prime ministers, it has achieved significant results under Norwegian Leadership. The work of the Task Force must be seen in the

context of regional people-to-people development, one more element of fostering good relations among neighbors. Health is increasingly on the agenda in international politics. When it comes to international collaboration on control of communicable diseases, it is clear that all parties will gain from limiting further spread. HIV/AIDS and other contagious diseases do not respect national borders. These major health risks calls for joint action.

6.2. The New Drug Policy Project – Building Alliances Asya Bidordinova, *Coordinator, the New Drug Policy Project, Institute of Human Rights, Moscow, Russia*

Issue: There is a need to change harsh drug policy that slows down nation-wide implementation of harm reduction programs that aim to prevent spreading of HIV epidemic among injecting drug users and sex-workers in Russia.

Setting: In 1997, the process officially named "the war against narcomafia and fighting illegal turnover" began, but as a matter of fact it is a fierce war against the users themselves. Toughening of the drug policy was an answer of the government to an avalanche-like increase of IDU amount - beginning since 1996 it began to rise annually by 50-70 thousands.

According to the law and in practice, 0,005 gram and 100 kilograms of heroin leads to the same punishment - incarceration for 7 to 15 years. As a result, out of 137,500 "drug related crimes" that have been registered in 2003 a vast majority of cases were possession of drugs for personal use.

Project: The New Drug Policy project aims to develop and implement a comprehensive strategy of political and public support for non-repressive drug policy and harm reduction. Among other activities, we are building alliances between harm reduction and human rights organizations. The former have access to closed and marginalized communities of drug users and sex-workers, the latter have extensive experience and results in defending basic human rights.

6.3. Using international Mechanisms to Influence Positive Changes on Country Level (GFATM, UN GASS Declaration, UNODC Commitments) Kasia Malinowska-Sempruch, *IHRD Director, Open Society Institute, New York, USA*

The speaker, who has a long-standing experience and expertise in dealing with the international agencies of the highest level, provided an outline of the UNO structures designed for the purpose of dealing with the matters the Conference was dedicated to, such as UNAIDS, UNDP, UNGASS, UNODC, CND, WHO, Special Envoy on HIV/AIDS, Global Fund. She challenged the audience to discuss the agencies, programs, and tools the UN provided. The analysis included possibilities of the organization to provide help and assistance, both financial and political in order to advocate the rights of HIV+/AIDS people and IDUs. A detailed description of the agencies' functions, duties and obligations was produced to make it clear to the participants how they can apply for and obtain the assistance of those. The speaker encouraged the participants to action and advised how to take it. She turned particular attention of the audience to the theme groups as a possible instrument of influence upon the governmental bodies and officials as well as other UN agencies in the process of advocacy. It was advised to be well informed about the contents of the declaration that the respective governments made a commitment, to know their rights, and also to make sure the UN agencies and programs are provided with the correct data on the country and are properly informed on the corresponding problems. The mainline idea of the presentation was that the activists should not give up their efforts, involve the international agencies into discussion, if necessary contact the headquarters directly or apply to some different divisions to make themselves heard.

6.4. Role of Self-Support Groups of IDUs in the Advocacy Process Vilaliy Melnikov, *President, Self-Help Development Charity Foundation "Kolodets", Moscow, Russia*

The presentation contained 3 major positions the speaker attempted to convey to the audience.

Drug Users – to Drug Policy

On all levels in drug policy committees and other meetings making decisions on drug policy the opinion of drug users or their representatives should be taken into account. Otherwise, we will have the same situation that is present now everywhere, including violation of human rights. The work of such committees will acquire bureaucratic nature, which provokes negative response from the society and instead of solving problems just aggravates the situation.

Civil Position of Drug Users as a Shield for Solving Drug-Related Problems

The increase of civil responsibility among drug users allows them to recognise their significance in life and development of society and take certain steps that are going to help them to protect themselves from the existing drug-related problems. The example may be defending and lobbying the principles of Harm Reduction Programs and active participation in the work of these programs.

Maintenance Therapy – Risks of Pilot Projects

Starting a pilot project on maintenance therapy assumes the responsibility of demonstrating the efficiency of such a method in solving drug use problems. If a participant of the pilot project, especially having used a high dose, for some reasons is criminally liable and gets imprisoned, their example will play a negative role for the image of the project and may block further expansion of this method, in case such a person does not receive further treatment in the institution of confinement. It is important to ensure that every pilot project has a satellite project in institutions of confinement and their activity must be coordinated for mutual exchange in participants.

6.5. Support for Advocacy Initiatives in the Area of HIV/AIDS. Follow up to the Minsk Meeting Raminta Stuikyte, Director, Central and Eastern European Harm Reduction Network Secretariat

The existing gap between harm reduction movement and community activists is a significant problem for the effective response to the epidemic. Without an appropriate collaboration it will be impossible to develop a comprehensive advocacy strategy to effectively influence the decision-making process, including monitoring of the Global Fund spending in the region.

On May 7 – 10 in Minsk, Belarus 75 community's and harm reduction organizations' leaders from the NIS gathered for the conference, *Choosing Life, Choosing Action – Increasing Advocacy Possibilities for the Rights of People Living with HIV/AIDS in the Newly Independent States*. The advocacy priorities identified at the conference included access to HIV and drug treatment, as well as combating stigma and discrimination. Following the conference results, an advocacy grant program, sponsored by Tides Foundation and the International Harm Reduction Development Program, was launched. A Community Review Panel (CRP) made up of people from community and Harm Reduction organizations conducted the application review and made funding recommendations. Out of 133 received applications, CRP selected 20 project proposals and the amount of \$188,130 was recommended for disbursement. Most of the selected programs are lead by AIDS-affected communities or/and link different AIDS-service organizations, including harm reduction programs, to AIDS advocacy. The initiatives should be implemented in 2004.

Overcoming the existing gap between AIDS-affected communities and service organizations enables to develop an effective advocacy strategy, increase prevention efficiency in hard-to-reach populations and broaden access to HIV treatment for discriminated groups. One of the factors for success of the activities is their cross-country (regional) scope, which enables them to identify common problems and priorities applicable for the whole NIS region.

6.6. Results of the Analysis of the Existing Legislation and Regulatory Acts in the Area of HIV/AIDS in Ukraine Andrew Tolopilo, Legal Initiative project, Odessa, Ukraine

Taking efficient measures to prevent the spread of the HIV/AIDS epidemic is determined by a number of factors where the leading role belongs to the legislation. The general success of efforts of the entire society depends on how the effective national laws and regulatory acts contribute to the realization of proper measures against the epidemic and how adequate their application practice is in relation to the requirements. As is well known, protection of and loyalty to human rights and respect for human dignity in connection with HIV/AIDS is essential for providing efficient response to the epidemic.

In Ukraine the rights of IDUs and people living with HIV/AIDS (PLHA) are regulated by the Constitution of Ukraine and other regulatory legal acts as well as the rights of all other citizens. However, at the same time discrimination and stigmatization has become a normal social and legal attitude towards PLHA and IDUs.

Although the Ukrainian legislation regulating the matters of non-medical drug use and HIV/AIDS issues is generally relatively democratic, it requires further improvements in order to provide an opportunity of taking more efficient preventive measures against the spread of the HIV/AIDS epidemic in the Ukrainian society. In its turn, it is directly related to the increase in the level of actual protection of the rights and legal interests of PLHA and IDUs on behalf of the state.

In the course of its advocacy project the National Harm Reduction Association of Ukraine developed a range of recommendations regarding the improvement of various aspects of the HIV/AIDS-related national legislation. The recommendations mentioned in particular refer to the necessity of aligning certain provisions of the Criminal Code of Ukraine with the international recommendations, improving the national quarantine and customs legislation, further developing the legal basis that regulates the possibility of effective implementation of the entire Harm Reduction strategy set including the maintenance treatment of opioid addiction.

The practice of application of rights with respect to PLHA and IDUs is of the main concern. In Ukraine systematic violations of the rights of PLHA and IDUs are not uncommon. A number of research studies carried out by the experts of the Association showed kinds and nature of typical violations of the rights of PLHA and IDUs in Ukraine in different spheres of the law, their reasons and recommendations for taking certain measures on the national and local levels for eliminating such negative effects.

In order to make the society and decision-makers aware of the gained results and the development of response measures the Association organised public hearings where such issues were discussed and certain recommendations for improving the current HIV/AIDS epidemic situation in Ukraine were provided, which resulted in the public address of the participants to Parliamentarians.

The National Harm Reduction Association of Ukraine is one of the initiators of organising Parliamentarian hearings on the topic “Social and Economic HIV/AIDS, Drug Use and Alcohol-Related Problems in Ukraine and Ways of Solving Them” that will be held on 1 December 2003. The representative of the Association will speak to the Parliament and present the analysis of the situation concerning the spread of HIV/AIDS in Ukraine providing recommendations for its improvement. The Association has a detailed plan of coherent advocacy activities for the benefit of PLHA and IDUs orientated towards the qualitative increase of the level of their protection.

Work in Country Groups aimed at summarizing the results of the 3-day work at the Conference and providing a comprehensive outline of the country on the subjects that were considered at the Conference in order to produce a feedback. The major points for the discussion covered 3 areas: drug-policy of the country, access to antiretroviral treatment for HIV-positive intravenous drug users, and advocacy in the field of HIV/AIDS which is considered as a field for collaboration with international agencies and organization, local entities and, certainly, the

representatives of the affected groups of population. There was also another aim for the group work – to clarify the positions of the country delegates who represented various organizations or structures and develop joint effective strategies of the problems solving to share them later with other delegations.

Feedback from the Country Groups (10 minutes per country) *Facilitator: Viorel Soltan, Public Health Program Director, Soros Foundation – Moldova*

Moldova

There are 14 projects in Harm Reduction implemented in Moldova. They are about needle-exchange points and consulting, 4 of them are directed at women (CSWs) and prevention of HIV spread at penitentiaries, projects for homosexual men are pending. Much attention is given to working with mass media and rehabilitation centers.

There is a full possibility to provide AVR therapy financed by the Global Fund grant. It became universally accessible in August 2003. It is available on request and by medical indication.

The problem of vertical transition has been resolved successfully.

There are facilities for diagnosing and testing as well as immunography.

Territorial distribution system has not been established yet, but as Moldova is a small country all the facilities are operatively accessible, though may be a bit costly for the consumers. Therefore, medical facilities are going to be established in Balti and other centers, which entails training of the medical professionals and social workers.

There is no discrimination by territory or ethnic origin, despite a political split; all the services are open for the population of Transnistria as well.

To receive treatment the consumer does not need to get an official status, and his/her confidentiality is fully observed.

Training and information campaign for HIV-positive and medical specialists is required in Moldova.

Russia

Over 60 projects on Harm Reduction are being implemented in Russia, various in vision, content and sources of financing. An immense experience gathered since 1998 is accompanied by numerous problems. There is no National Program on AIDS, there is only a sub-program on Social Diseases, and financing is provided correspondingly. There are no National Standards of Treatment and Prevention, methadone substitutional therapy is prohibited. Syringe-exchange is not prohibited, but it is not facilitated and often public and administrative bodies attitude towards needle-exchange centers is extremely negative.

Directions of activity:

- educating the authorities about Harm Reduction Program and starting a dialogue with them;
- mobilizing of effected community (now in many cases they are not taken as equals even by Harm Reduction organizations), providing assistance in organizational matters, training, functioning and advocacy;
- making treatment of HIV-positive accessible for those in need;
- establishing the National Committee on AIDS - to be created with the corresponding rights and resources;

- collaboration with the international organization, including the UN agencies, all of which are represented in Russia;
- creation of Harm Reduction NGOs forum;
- advocacy for lower treatment prices for the affected groups of population;
- active pressure for methadone therapy.

A grant on Malaria and AIDS was submitted and approved where Harm Reduction and treatment according to contemporary standards are explicitly mentioned. In this regard, it is necessary to provide independent monitoring and transparency of the grant distribution and disposal.

Tajikistan

Drastic deterioration of the situation in terms of HIV/AIDS took place in the country (30 times as compared to 1997).

There are 7 projects in Harm Reduction functioning in different regions of the country and one project in penitentiaries. All the Harm Reduction NGOs are of human rights protection character.

There are numerous problems in the republic.

67 per cent of drug-addicts are IDUs. Substitution therapy is not prohibited in the republic, the authorities would not hinder its introduction, but lack of funds prevents the therapy from being used. The Law on AIDS was adopted in 1993, but still there is no legal regulation for substitution therapy. There is no access to testing facilities, to AVR treatment.

There are no specialized medical institutions, standards and professionals for testing and immunotherapy. Not a single medicine is registered; chemists' licensing is very problematic.

Society is not ready to tolerate and treat the target group which is not organized in a community. There is a strong labor migration (up to 1.5 mln. Tajiks go abroad for seasonal works), which makes it difficult to control the health of the nation.

However, there is a Strategic Plan for 2002-2005.

As to the advocacy, an application was filed for a grant on HIV-positive IDUs and sex-workers protection.

Ukraine

The Ukrainian delegation advocate multisectoral approach to problem solving, which covers several directions: adequate work in National Committee, cooperation with force and law enforcement structures, and broad public involvement through public hearings.

The prospective results include the following: modifying the Narcotic Analgesics definition, change of the table of doses, elimination of reporting plan for militia.

This can be achieved lobbying through *Rada* (Ukrainian Parliament) Committees (Criminal and Corruption, National Security, Law Enforcement, Health Care, etc), administrative courts, Supreme Court, etc.

Preparation of Parliamentary Resolution "On Drug-addiction, AIDS and Alcoholism" is in progress.

The following problems were revealed: lack of willing clients, mistrust on their part, lack of medical professionals and experience, lack of information for IDUs, stigmatization, problems with confidentiality, territorial problems – lack of centers.

The reporter distinguished between short-term and long-term steps. Among the short-term steps to be taken he mentioned establishing contacts and coming to an agreement between Harm Reduction organizations and associations of HIV-positive people and spreading the information through mass media, sanitary epidemic stations, needle-exchange points, militia stations; testing accessibility ensuring. Long-term steps are such as: education and training, raising awareness of HIV-positive contingent.

Advocacy activity include as follows: enhancing activities on human rights protection in collaboration with international organizations, Harm Reduction partnerships; legal basis analysis, information portal creation.

The essence of all the activities is switching over from repressive measures to prevention of HIV/AIDS and drug-addition.

Poland

With drastic change in legislation which took place 2 years ago drug possession began to be heavily penalized, the number of arrests grew by 600 per cent.

The country is in constant search of total solution of the problem, some better policy than just Harm Reduction.

There is not enough access to methadone therapy, the medicine can only be imported and provided by the Ministry of Health care and not through NGOs. The situation with ARV is better – at present about 8000 are getting treatment, there are 100 people on the waiting-list.

Only 1 penitentiary provides methadone therapy, and there is no needle-exchange in prison.

There is a vital necessity to establish an IDUs organization, as they do nothing for themselves while it is important to fight for their rights.

Presence of foreign users is another problem, an ecologic bomb to explode in future: they cannot legally participate in treatment, have no rights, no prospects, and no care. There is no good access to international funds. Special cooperation with NGOs is needed as well as with experts from other institutions that know what to do.

One of the ways is to approach businesses not just as a source of funds, but to make them more responsible (corporate social responsibility). Businesses are stable and through them it is easier to disseminate information (corporate culture), they can serve as a good Harm Reduction tool.

Lithuania

Lithuania has National Drug Program where Harm Reduction is not mentioned. The country has also developed the National AIDS Strategy which covers HIV treatment, care, prevention and destigmatization.

The Lithuanian delegation enlarged on the measures of coalition building to support three urgency areas: compulsory drug testing, best practices support and building public relations/image of Harm Reduction Program.

It is sought to gain state recognition for Harm Reduction Program from the state. The major directions here are: penitentiaries, self-support organizations, policy-makers involvement, public opinion change, international collaboration and treatment access ensuring.

There is Prison Department Project stipulating syringe/needle exchange in penitentiaries.

They work on Harm Reduction inclusion into the National Drug Program through influencing policy-makers and parliamentarians and public opinion. Round tables on national and regional levels are to be organized by NGOs which will engage politicians, policy-

makers, representatives of the affected groups, guests with such an outcome as recommendations to the authorities.

The strategy for future includes the following activities: regional round tables, public support actions, self-organization, education and training of all the parties concerned, consultancy to communities and community activists.

Kyrgyzstan

Priorities: decriminalization, monitoring of the Global Fund activity, advocacy of Harm Reduction Program, increasing the involvement HIV-positive community.

The presenter distinguished between general and specific problems. As general ones he stated: stigmatization, discrimination and lack of state financing for Harm Reduction. Specific problems were classified by the areas:

- Decriminalization problems: contradiction between non-prosecution of drugs-taking and heavy punishment for drug possession, even in insignificant quantities.
- Global Fund problems: non-transparency of funding, weak NGOs, poor work of the Coordinating Board of the Global Fund.
- Harm Reduction advocacy in penitentiary problems: authorities not being ready and lack of funding.
- Community problems: poor access to treatment, lack of the community will to get involved, legal illiteracy, information deficit.

Steps proposed to take were organized according to the same principle.

- Decriminalization problems:
 - Round tables
 - Training
 - Work-group
 - Submitting draft law to the Parliament
 - Work with mass media and judges
- Global Fund problems:
 - NGOs consolidation
 - Round tables
 - Developing and submitting a joint project
 - Increased representation of NGOs in Coordination Board and group monitoring
- Harm Reduction advocacy in penitentiary problems:
 - Methadone therapy lobbying
 - Penitentiary staff training
- Community problems:
 - Work-group on ARV therapy
 - Community letter to the Coordination Board
 - Training workshops
 - Implementation of advocacy projects

- Support to the HIV-positive and IDUs initiatives

Georgia

Harm Reduction is a part of Georgian legislation; it is included in the Law on Drugs, There are 2 organizations (in Tbilisi and Batumi), one more in Gori is coming.

The problem is how to strengthen Harm Reduction services. The ways are: to activate broad public attention, Human Rights associations, regular training for law enforcement, social workers, information dissemination through mass media, individual work with the policemen.

Regional network should be developed. It is necessary to raise the level of trust to NGOs, to involve the IDUs and HIV-positive communities.

They intend to carry out a contest for theme materials elaboration. Officials' involvement and training is presupposed.

In terms of legislation, IDUs and HIV-positives should be educated about their rights.

Law enforcement bodies are to be monitored as to Human Rights observance.

Amendments should be introduced in the laws related to drugs classification and dosage as well in the articles about their possession.

In order to develop an appropriate strategy it is proposed to organize panels with participation of health care ministry, Harm Reduction activists, lawyers and mass media.

To implement the above the political situation in Georgia needs to be changed.

Conference Summary and Official Close: Anna Moshkova

Gratitude was expressed to those in charge of the Conference not only for its perfect organization, but also for the great work done in selecting the participants representing various fields of the societies – law, medicine and others. This actually contributes to multisectoral approach, necessary to cover all the variety of problems to be solved, which were tackled during the conference. The positions of the governments towards Harm Reduction differ from country to country as well as its financing. All countries are in different positions, their experiences and achievements differ, but there are also similarities in challenges and problems. In all countries there is no advocacy and legislation support to Harm Reduction.

The ideas expressed during the sessions and sharing country groups experience can definitely be applied in other countries with certain modifications and adjustments.

Every delegation had a possibility to determine the priorities for their countries in the light of the key principle of adequate drug policy and advocacy of Harm Reduction Program.

It was emphasized that collaboration with international Harm Reduction organizations as well mutual assistance and consulting are hard to overestimate. International Conventions and local regulations make an impact on our work, but we can also press and change them in a desirable direction to meet the needs of the communities we work with and for.

Talking about somebody we should begin with ourselves to overcome faults.

Comments and Suggestions: The importance of the Conference was both in key sessions and sharing the ideas, formally and informally. It was proposed that not only the experience of Eastern or Western Europe be presented, but also that of Central Asia in the reports. Russia is often taken as an example to follow for former Soviet republics, though its experience is not always applicable, especially by Asian countries. In Russia itself it is very much desirable

that the change is more rapid and the problems that cannot be coped with should not be concealed, because of a false pride of a great country.

Networking is very useful for all the countries-participants, but it would be helpful if there is a key person in each country to address.

The participants expressed their satisfaction with such an opportunity to share their experiences and problems as well as to benefit from each other.

The Moldovan party acknowledged that it was difficult to make first steps, but there is more and more evidence showing that the country is on the right way. Gratitude was expressed to the country delegations for coming to and participation in the Conference.

The intention for further collaboration was expressed.