

Harm Reduction News

Note from IHRD

Twenty Years and Now Advocacy

by Monica Ciupagea

In just twenty years, over 60 million people have been infected with HIV, propelling AIDS to the top rank of deadly diseases. In Central and Eastern Europe and the former Soviet Union the long-predicted surge in the epidemic is under way, with the number of HIV infections rising faster here than anywhere else. Given the high level of other sexually transmitted infections and the high rate of injection drug use among young people it is obvious that the epidemic is set to grow.

The fight against the epidemic is complicated here. Socioeconomic instability in the region is fuelling both drug use and commercial sex and thus increasing the spread of HIV. Harm reduction – the one known, practical solution – is not supported by many local and national governments and at present they are not likely to offer financial assistance.

How can we get out of this crisis? The courageous people who work in the harm reduction field now find themselves pioneers in yet another area. They must convince their governments to commit political support and economic resources to harm reduction interventions. Political and legal reforms *can* create effective tools to prevent HIV.

IHRD's policy initiative has three main goals: 1) making harm reduction public health interventions more accepted in the mainstream, supported and brought to scale by local and national governments; 2) making treatment and testing for HIV and opportunistic infections equally available to drug users and other

groups at high risk of infection; and 3) making drug substitution therapies available and effectively administered.

This issue of *Harm Reduction News* highlights different program areas of our policy initiative. IHRD's support for drug users' self-help groups, for instance, is highlighted in the article by the Russian group Kolodets. Judit Fridli speaks eloquently on civil rights and legal support for drug users, another area of IHRD program activity. The reason we support conference participation is made brilliantly clear by Andriy Mykytyn's article on his response to a methadone conference he attended. Study tours have improved the work of a Lithuanian drug users' group whose existence was inspired by the Central and Eastern European Harm Reduction Network (CEEHRN). Police training has helped make running a harm reduction bus in St. Petersburg more smooth. The sex workers who visit that bus demonstrate the importance of special advocacy on their behalf. The pair of articles on CEEHRN and public relations point out the importance of good communications and media strategies. And the pair of articles – *Advocacy Tools* – on research techniques appropriate to the disease and to the region demonstrate IHRD's support of law and policy research and innovative methodologies that assess and respond to HIV/AIDS.

Common to all these activities is the active engagement of stakeholders and communities in the region affected by the epidemic. Together, these efforts are helping us to help people confront and respond constructively to HIV.



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

IHRD reduces drug related harm by:

Providing grants and technical support to local direct service providers. IHRD supports over 180 harm reduction projects in more than twenty countries of Eastern Europe and the former Soviet Union. While all interventions are tailored to local conditions and client needs, the majority of projects include a needle exchange component. Making clean needles available to 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 Roma communities), methadone treatment, and commercial sex workers.

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

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

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

OSI Mission

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

This Bus is on a Roll

by Daniel Novitchkov

Ilona is a 27-year-old sex worker who has been using drugs for five years. She is HIV infected. She comes to the Bus regularly for sterile injection equipment and good quality condoms. "The condoms we buy in night shops are bullshit that break all the time," she says.

She gets something else at the Bus, too. When she found out she was HIV infected she was scared. She spoke with the social workers on the Bus and slowly she started to change. "One has to respect oneself. There are people who can use syringes found on the staircase. I hope I will never go to that end."

The Bus was the first harm reduction project in Russia, set up in St. Petersburg in 1997. The brainstorm of Médecins du Monde, for the last half year it has been run by a local nongovernmental organization, Humanitarian Action, which added a second bus for sex workers in late 2001.

Six days a week two social workers, a doctor, an assistant, and a psychologist ride the Bus through St. Petersburg. Clients exchange needles and syringes, take condoms, get a blood test for hepatitis, syphilis, or HIV, or just talk. It is free and anonymous.

Since the mid-1990s the HIV epidemic has exploded in Russia. The number of HIV infected people in the country doubled in only ten months last year. Between 80 and 90 percent of the infected are injection drug users (IDUs).

But just because the need is great does not mean that the Bus has been an easy accomplishment. Many people have confused harm reduction



A client on the St. Petersburg harm reduction bus. Photo by Médecins du Monde.

"They treat us as normal people. They don't hiss, 'Damn drug users.'"

with drug propaganda. The medical establishment was not prepared to work with IDUs, who were treated as criminals. Early in the HIV epidemic doctors were even afraid of patients and some of them left the profession. Treatment for drug addiction is still practically unavailable in Russia. And several times the police hauled the Bus team members and outreach workers off the Bus and accused them of drug trafficking.

We have worked to change the public attitude so that people understand that addiction is not a crime but a disease that should be treated. We have provided key actors in the healthcare system with information to help secure adequate access to medical care for IDUs. And we held seminars on harm reduction for policemen who have as a result become more tolerant of our presence and work.

Olga, a 24-year-old woman who had only used drugs for a year when she got her HIV test on the Bus, was shocked to learn that she was infected. Psychologists and social workers had to talk to her extensively and assist her to visit the AIDS center. "Before I didn't know anything but legends and myths about diseases related to drug use," says Olga.

She likes the Bus. "They treat us as normal people. They don't hiss, 'Damn drug users.'" Olga and "one of the girls" who works on the Bus want to start a self-help group for people living with HIV/AIDS. Without the Bus, they might not have been able to even think about a better future.

Daniel Novitchkov works at "Humanitarian Action" in St. Petersburg.

Drug Users Have Civil Rights, Too

A Conversation with Judit Fridli, founder and chair of the Hungarian Civil Liberties Union

Harm Reduction News (HRN): What challenges do Central and Eastern Europe and the former Soviet Union face for trying to change drug policies?

Judit Fridli (JF): The countries of the former Soviet bloc are not uniform in the challenges they face. Nevertheless, two tendencies and some of their consequences seem to be fairly general in the region. First, during transition from communist totalitarianism to democracy and an open society, the police suffered a reduction in their social status and faced public criticism and constraints imposed by the rule of the law. Second, society experienced a spectacular rise in crime rate. The crime explosion was used by the police to launch a campaign to rehabilitate their old methods, to regain their status, and to support their demand for an expanded budget and a relaxation of the legal restrictions on their activities.

JF: It is within this context that we can understand the impact of the traffic and consumption of illegal drugs on a scale unknown previously. People in the region are, even now, largely ignorant about illegal drugs. It has been easy for law enforcement agencies to demonize drugs in order to present themselves as being at war with some transcendent evil. The drug issue served as a pretext to mount an attack on the ban on interrogation and personal search on the street, wiretapping, secret surveillance, etc. It also was instrumental to ask for more resources for the police.

Parallel to this, the socialist health care system has gone bankrupt. The old-style psychiatric clinics are unable to take care of the rapidly growing number of drug users, while

there is no money to build drug centers of a new type. What remains is prohibitionism which, of course, is highly expensive, cost-inefficient, and siphons off resources from medical assistance. Rather than landing at a drug center, consumers end up as prison inmates.

Similar tendencies can be observed in the response to the appearance of HIV/AIDS in the region. In post-communist countries the dominant model for treating HIV/AIDS is infectious disease treatment. In this model, virus carriers are identified by official coercion and there is mandatory screening, registration, and medical treatment. Modern methods of prevention, confidentiality, and readily accessible services are largely unknown.

HRN: What are some of the opportunities for change in drug policies, and what approaches will work best?

JF: The most progressive approaches focus on harm reduction rather than criminal prosecution or medicalization. The principles of harm reduction have appeared in the statements of international organizations, such as the U.N. General Assembly Special Session on HIV/AIDS last June. Such documents make some impact in the region, particularly in countries that aspire to membership in the European Union.

As the years pass, prohibitionism will prove unable to reach its goal while it also causes harmful side effects. The case for a model change will probably get stronger. It will become more and more obvious that there is

The drug issue has served as a pretext to mount an attack on civil liberties.

a limit beyond which the population of prison inmates cannot increase. Press reports on policemen involved in drug related corruption cases will mushroom. The executors of prohibitionist policies themselves are beginning to say that criminal action against drug users is unreasonable. The facts of prosecution – the proportion of consumers to dealers prosecuted for drug crimes, the severeness of penalties, etc. – must be made accessible to the general public. Positive changes might be encouraged by the first harm reduction programs in the region, even though they are few and not state-sponsored.

HRN: Have you noticed any policy changes in a positive or negative direction recently?

JF: Changes in positive and negative directions are not clearly separated in time. Experiments with harm reduction have happened parallel with more prohibitionist policies. Hungary is a good example. If you read the government's National Drug Strategy, you will be tempted to forget about the draconian criminal sanctions that were introduced about the same time. Very probably, the countries of the former Soviet bloc will endure an increasing pressure to discriminate among drugs on the basis of their dangerousness, shift resources from prosecution to medical treatment, and adopt harm reduction policies on a large scale.

Slovenia is the pilot country of the region: Ljubljana joined the Frankfurt Declaration, a commitment to harm reduction principles that has been signed by 31 European cities and



HCLU staff meeting (Judit Fridli second from right.) Photo by Andras Bartos.

regions. Poland is ahead of other countries in the accessibility of methadone maintenance. Elsewhere, although present on a low level, methadone maintenance is not accessible for most drug users. In Hungary, methadone maintenance was legalized in 2001.

In some countries, needle exchange programs have been launched, but they do not always operate efficiently, and their operation almost always remains below the required scale.

HRN: How can harm reduction be described as a civil rights issue?

JF: The drug user is presented by the media and in the discourse of politicians as a criminal or a sick person. Drug use is demonized. Its public image does not leave room for those who practice controlled consumption compatibly with their social activities. Such a discourse excludes the view that drug use is basically a private matter: how could

it be if the user is either a dangerous criminal or a sick person, nothing but skin and bone? Demonization helps to exclude from the scope of legitimate public argument proposals that suggest that increasing the severity of criminal sanctions is both an affront to personal autonomy and an inefficient means to contain the spread of drug use. In Hungary, for example, leading politicians claim that the autonomy and self-determination arguments must be coming from agents of drug dealers.

HRN: Do you think there is any chance that the human rights community will take on harm reduction issues?

JF: I am moderately optimistic in this respect. Even though the standard human rights argument for harm reduction is officially delegitimized these days, human rights organizations and activists will not be able to avoid taking on harm reduction issues. There are two reasons for

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As the years pass, prohibitionism will prove unable to reach its goal while it also causes harmful side effects.



HCLU lawyer Dénes Balázs with client in front of HCLU'S information tent at the Pepsi Island Festival in Budapest last August. Photo by HCLU.

continued from previous page

this. First, prisons overcrowded with non-violent drug users are hotbeds for new problems such as inhumane detention conditions, TBC, and AIDS. Second, and more important, the advance of drug prohibition has spillover effects on other domains. It contributes to the erosion of the constitutional standards of privacy, and the right of the person to self-determination. It undermines the rules restricting wiretapping, secret surveillance, etc., by making drug cases exceptions where the rules do not necessarily apply. Medical information is among the most sensitive personal data but the police exert relentless pressure on medical institutions to make medical data accessible. In Hungary recently, a draft bill allowing for continuous video surveillance of public institutions, including schools, with the avowed aim to detect drug sharing and use provoked passionate

criticism. In sum, the general standards for human rights is being eroded in the drug field, and this process makes reaction by the human rights community unavoidable.

HRN: What is HCLU doing on behalf of drug users, and how does that fit into the rest of HCLU's work?

JF: Since its founding in 1994, HCLU has mounted relentless attacks on prohibitionist drug policies. Our legal aid service provides free counseling and representation (we offer defense in about thirty drug trial cases a year.) When legal regulation of drug-related issues comes up in parliament, HCLU prepares a position paper for the M.P.s and the expert drafters in the ministries. We publish educational materials for harm reduction workers, other service-providers, schoolteachers, drug users, and citizens in general. We provide information on the legal rules in force, criminal procedures, the

grounds on which to refuse demands to disclose personal data, etc. Our Drug Policy Series makes yearly assessments of the damage caused by the prohibitionist policies in Hungary.

HRN: Please describe how and why you started the HCLU.

JF: HCLU was launched as an independent non-profit association for legal defense and legal advocacy. Some of the founders, including myself, had run legal aid services at various psychiatric clinics, and we wanted to create some institutional framework for these activities, and to expand our activities towards active participation in the legislative and policy processes. As a matter of principle, HCLU does not accept funding from government sources.

In the past eight years we have been active in opposing the abolishment of anonymous AIDS testing, advocating the dismantlement of lifetime psychiatric homes, and attacking the practice of brutalizing the mentally ill and the lack of proper regulation of their treatment. We took action against restrictive abortion legislation and pleaded for making the right to a dignified death accessible. We argued in favor of a progressive system of guardianship and surrogate decision-making. Although our activities have expanded over the years to cover many domains of human rights and civil liberties, our principal concern is still three groups of human beings who are particularly vulnerable to stigmatization and injustice: the mentally ill, drug users, and those with HIV/AIDS.

Advocating Methadone: Hope in Their Eyes

by Andriy Mykytyn

Every morning last October at the American Methadone Treatment Association conference in St. Louis, Missouri, drug users on methadone met anonymously to talk. The ones who had been on methadone for years and were cured of their drug addiction were the best possible proof that methadone works. I came home full of energy to start a methadone program in Ukraine.

Before the conference I knew about methadone treatment but I did not realize its value for reducing harms. A methadone program in Ukraine, which now has the highest rate of HIV infection in all of Europe, could reduce drug use and be a reliable harm reduction method.

Even though they have little or no experience with methadone, many of our doctors oppose its use. They use the circular arguments that it is not legal in Ukraine and that drug users do not want to substitute drugs with medicine. Ukrainian society is indifferent. Doctors, psychologists, and officials look from a distance at drug users, give them advice, and prescribe some treatments. They do not want to understand the patients and their feelings.

At first I was surprised to learn that in the U.S. the Christian community is involved in delivering methadone programs. But it makes sense: When a person suffers spiritually and morally should we just observe it without giving a helping hand? Should we push drug dependent people to crime?

Methadone is not just a new medicine for some disease, the business only of medical specialists. Every day I meet drug users and their relatives who live with the problem for years. Now, when I tell them about methadone, I see hope in their eyes. We are experimenting with a methadone



Photo © 2002 Jacqueline Mia Foster.

A methadone program in Ukraine could reduce drug use and be a reliable harm reduction method.

treatment program here in Ivano-Frankivsk for 20 patients who are eager to do their best to make the program work.

Methadone is not legally registered in Ukraine and its use as a medicine is prohibited. In spite of this, some stereotypes have been broken recently, especially among narcology experts. Most of the regional head narcologists already use the new treatment of buprenorphine, especially in Western Ukraine. But since corruption is still rampant in Ukraine, the first step should be to legalize and officially register the drugs.

Only when doctors, social workers, psychologists, lawyers, the police, and the public understand the problem and the possibilities of treatment will a methadone program succeed. I have met with the head narcologist

of Ivano-Frankivsk's regional health department, the director of the Regional Center of HIV/AIDS prevention, and the head of the Regional Council. They all expressed eagerness to support a methadone program in Ivano-Frankivsk. I also held a press conference in November about the benefits of methadone treatment.

I may be able to rouse even more interest in methadone by encouraging politicians and journalists to make it a campaign issue in this year's elections. Ultimately, however, to succeed we will also need money. We hope that with good results from our experimental program in Ivano-Frankivsk we will be eligible for state funding.

Andriy Mykytyn is the director of the "Solidarity" Fund and a deputy of Ivano-Frankivsk's city council.

Analyzing Drug Laws and Health Policies

by Joseph Welsh and Zita Lazzarini

CONSIDER THIS: Readily available drug treatment, including replacement therapies such as methadone, is one of the foundations of reducing illegal drug use and its related health and criminal harms. Yet, in many countries in Central and Eastern Europe and the former Soviet Union methadone treatment is illegal or has not been embraced by local practice.

OR CONSIDER THIS: While Russian laws clearly limit pre-trial detention, in practice there are no resources for timely processing and trials for all of those accused of crimes. Long periods of pre-trial incarceration in overflowing jails expose those accused (but not convicted) to health risks and social disruption.

To develop the best strategy for responding to situations like this, you have to understand the legal landscape—on the books as well as in practice. A team of experts from Temple University School of Law and the University of Connecticut Health Science Center in the U.S. is working with IHRD to evaluate and document the region's current drug laws and health policies. The project is collecting and analyzing data related to public health interventions to reduce the spread of HIV among injection drug users (IDUs.)

The results will help us to identify policy changes that would remove barriers to effective intervention programs and reduce the spread of HIV. Changes in law (legality of treatment), policy (government support for opiate replacement, including methadone), and practice (beliefs of local health officials) may be necessary for IDUs to benefit from prevention interventions. Awareness of the existence of barriers in law, policy, and practice is the first step in implementing such changes.



Photo © 2002 Jacqueline Mia Foster.

The project is using the Rapid Policy Assessment Tool (RPAT) to provide standardized data and analysis of the legal environment within each country and across the region. Much of the quantitative data will come from existing sources of HIV/AIDS and

To develop a strategy for advocacy you have to understand the legal landscape – on the books as well as in practice.

other infectious disease data bases. Qualitative data will be collected through interviews with local key informants on the actual practices of law and policy, as distinct from what is “on the books.” RPAT also analyzes international, national, and local laws and legal practices in the targeted community, including international drug conventions, constitutional law, health law, criminal law, criminal procedure, and human rights laws.

The project will eventually train local legal, public health, and harm reduction experts to implement the RPAT and perform the local analysis. By building local capacity for policy research and data collection and analysis, the project hopes to develop a sustainable resource for policy dissemination in the region and to facilitate efforts to identify opportunities for policy changes that will reduce barriers to effective public health interventions.

Members of the U.S. team have already completed a preliminary analysis of the information on quantitative and legal conditions that is available from outside the region. After the country profiles of five pilot countries (Russia, Ukraine, Kazakhstan, Poland, and Slovenia) are complete, we will develop our training plan and run the RPAT through peer review by experts in the pilot countries. Candidates will then be trained and carry out the study.

Joseph Welsh is a research fellow in International Law and Policy at Temple University School of Law and Zita Lazzarini is the director of the Division of Medical Humanities at the University of Connecticut Health Center.

Rapid Assessment and Response

by *Martin Donoghoe*

Responding to HIV/AIDS requires timely interventions. In the context of the epidemic's rapid changes, however, opportunities for prevention can be missed unless the process of assessment is fast, and effective interventions are implemented quickly.

The Rapid Assessment and Response (RAR) methodology assesses the extent and nature of risks and harms; identifies available resources and opportunities for interventions; and develops interventions that are socially, culturally, politically, and economically appropriate. RAR also builds local capacity and strengthens strategic links between its many stakeholders, including government and nongovernmental organizations and members of the target populations. Key to RAR's philosophy is that community members share ownership and have an investment in the outcome.

By contrast, conventional social science and public health surveillance have limited usefulness in the HIV epidemic. These methods usually have a long-term perspective and are slow to deliver. Routine surveillance often identifies problems too late, with the nature of the problem changing before the data is analyzed. Research often is not reported in forms appropriate for developing interventions or communicating to policy makers. And research often does not engage the communities and populations that are directly affected.

RAR responds to these limitations by bridging the gap between research and public health action to develop appropriate interventions; building local alliances through involving the broad community; facilitating rapid results and initiating sustained action; and developing local capacity for situation assessment and intervention development. All of these points are key to IHRD's policy and advocacy efforts.

The countries of South Eastern Europe (SEE) currently have a low prevalence of HIV. However, the dramatic shifts in societal and cultural norms, including social and economic instability, migration and displacement, and location on trafficking routes, have increased the enabling factors for the spread of HIV. The political, economic, and social transition has led to a decline and deterioration in many aspects of life. Access to services, education, livelihood, and employment has suffered; health indicators have decreased; stress and post trauma conditions have increased; and risk behaviors, especially among youth, have increased.

In a rare use of RAR on a regional basis, UNICEF, with the support of the Canadian International Development Agency, is developing and testing a standardized methodology for HIV assessment and prevention in 26 sites in seven locations throughout SEE. As part of this ambitious effort, last October in Neum, Bosnia and Herzegovina, IHRD provided technical support to a planning workshop and capacity building training for core members of multi-disciplinary RAR teams from the seven locations. There were 45 workshop participants, including medical doctors, epidemiologists, researchers, statisticians, and representatives from nongovernmental agencies.

In November, local RAR field teams were trained by the core team members and community advisory boards were established at each of the sites. Based on the field work that was completed at the 26 sites in January, the local RAR teams, supported by UNICEF and IHRD, will develop intervention action plans at a meeting in February. In the next phase of the project suitable funders will be identified for those interventions.

Martin Donoghoe is an associate director of IHRD.

Ten principles of RAR

For further information on rapid assessment and response visit: www.rararchives.org

1. Speed – assessment is usually completed within a period of weeks rather than months, typically less than 12 weeks

2. Cost-effectiveness – high output of information relative to research effort, with a focus on adequacy of information rather than scientific perfection

3. Focus on practical issues such as developing interventions rather than increasing scientific knowledge for academic purposes

4. Exploit existing data – analyze, interpret, and integrate already existing information and identify gaps that need to be filled

5. Use multiple methods and data sources to depict the local extent and nature of the problem

6. Foster community involvement to strengthen the local commitment and response

7. Identify factors that impede and enhance interventions

8. Investigative orientation – use principles of triangulation and inductive methods of analysis

9. Focus on situation and context rather than on individuals

10. Multi-level assessment covering individual, community, and macro-levels



Burning dirty syringes in Moscow. Photo by Yaroslav Arkhipov.

Drug Users Supporting Drug Users

by Vitalik Melnikov

I have a theoretical model in my mind about the relationship of drug users to society, a model that involves Law, Health, Economy, and Culture. But it might make more sense if I tell you about some of my friends first.

Prisons are full of drug users – not dealers, just users. They are musicians and artists, social workers and students. Now all of them are called criminals. Drug using is not a crime against humanity. But putting a whole class of people – drug users – in prison *is* a crime. A friend of mine who participated in our harm reduction project and was one of the best and most experienced in this field became a dealer. Not to earn money or involve others in drug use. But to help his friends control the quality and price of drugs that they themselves use. Now he is in prison with dangerous criminals. This is Law.

As the HIV epidemic spread among drug users in Moscow, drug users were afraid of their friends with HIV. A client and friend of mine was a homeless user with HIV.

One day I saw him in very bad condition. Lice covered his hair. His shirt and pants were wet from his rotten skin. I suggested he go to the doctor. It was a difficult decision because people around didn't like him but after several attempts he allowed me to take him to the doctor. The doctors healed him and he became a volunteer in the outreach team. He stopped using heroin and began a new life. Still, some office workers who were not drug users and not HIV infected were disgusted by him. Following a scandal in the office one day he met his old drug using friends who offered him some heroin. Since he had not used any for three months he overdosed. Friends left him to die, because they were afraid of getting HIV from him. This is Health.

Another friend of mine is a lawyer. He has a family – a wife and son. All the money he earns he spends on his family. He doesn't spend money on drugs, but he gets his dose through getting drugs for other drug users. This is Economy.

Self-help groups, which are rare in the region, are especially important in countries where drug policies are repressive.

In December 2000, on International Day against AIDS, the self-help group Kolodets held an action to collect dirty syringes in the streets of Moscow. About 50 drug users came to collect syringes on the streets and burn them in a big pile. Television and newspapers reported on the action that evening. Users had an occasion to be together, talk about their problems in front of the mass media, and experience a new role of being responsible citizens. This is Culture.



Collecting dirty syringes in Moscow. Photo by Yaroslav.

The Law creates a totalitarian environment for the drug user. The Economy is influenced by politics and drug trafficking and is almost completely out of the control of a drug user. Health care for drug users is set up by others, establishing certain norms to which he must conform if he wants that care. Only in the realm of Culture does the drug user have some control over his environment. His cultural self-image is low – drug users are neglected and despised – but if he can raise his cultural level then he can start to fit into the other three spheres. He can also reassess his values, protect himself from HIV, and stop using drugs and start living again.

In the chain of authority in social management – from government organizations to nongovernmental organizations (NGOs) to self-help groups – the last is the closest to the drug users themselves and therefore the best way for users to change their cultural context. In 2000, staff from Russia's first HIV/AIDS outreach program, set up by Médecins sans Frontières, identified a need for self-help groups for injection drug users. They recognized that self-help groups, which are rare in the region, are especially important in countries where drug policies are repressive. The first groups in Russia were

set up with assistance from LSD – the Dutch national interest group of drug users, Landelijk Steunpunt Druggebruikers. Last September, the Charity Foundation Kolodets was officially registered.

In working to raise the quality of life of drug users, Kolodets has come to realize the special need for cultural development among drug users. We organize trainings, public actions, meetings with interesting people, and visits to exhibitions and performances. We encourage drug users to take part in television programs and press articles. We work with other harm reduction NGOs to set up employment bureaus and legal services for drug users. We work with drug users to motivate them to stop using, to prevent HIV, to reduce overdoses, and to change anti-social behavior. We respond to users' complaints about medical and social authorities and help them to protect their rights.

Running a self-help group is not easy. First, one has to destroy the image of user organizations as radical and illegal. Second, the members have to come to a unified understanding of what they are doing. In spite of the difficulty, I hope one day enough people will set up groups across the region so that every drug user could join one if he wanted to.

Kolodets has developed a training program for self-help groups in Russia and Ukraine. If you would like more information or are interested in learning how to set up and run a self-help group, contact us at kolodets@rambler.ru or visit our web site www.drugscene.ru.

Vitalik Melnikov is the president of Self Help Charity Foundation Kolodets.

Communicating with Ourselves...

Connecting over 130 individuals and groups, the Central and Eastern Europe Harm Reduction Network has come of age.



Kestutis Butkus, fourth from left, with social workers and sex workers on a study tour to Bulgaria.

by Raminta Stuikyte

Kestutis Butkus was a drug user for eight years and has been in a methadone program for five. Last year Butkus and a few of his friends who were also drug users started the organization Initiative of Drug Addicts Mutual Support. One of few user groups in Central and Eastern Europe, it represents the rights and interests of drug users. The idea for it came from the Central and Eastern Europe Harm Reduction Network (CEEHRN). "The network provided us with the ideas and information on how and why we should act," says Butkus.

This is just one of the many good ideas spurred by the four year life of CEEHRN, founded to develop and implement policies to benefit the health and well-being of drug users living in the region. It unites more than

130 nongovernmental organizations (NGOs), government organizations, and individuals from 27 countries. The nine members of CEEHRN's steering committee (SC) – the coordinating and decision-making body of the network – come from all over the region, including Russia, Ukraine, Belarus, and Poland.

The network's coordinator, Dr. Emilis Subata, says that the SC has focused particular attention on the development of intercommunication among the members, hosting electronic conferences in English and Russian, printing three issues of bilingual newsletters in 2000/2001, and developing a website. Thanks to SC member Anya Sarang from Moscow, a database of network member projects has been created so that members can review activities in the region or find partners to implement projects of interest.

As an indication of its coming of age, CEEHRN established a secretariat in Vilnius, Lithuania, in December. The secretariat, funded by IHRD, will help CEEHRN assess better the needs of its members and provide additional services, such as conferences, seminars, trainings, contacts with the mass media, and presentations. Dr. Subata hopes the secretariat will facilitate improved communication among harm reduction professionals, NGOs, policy makers, community stakeholders, and beneficiaries.

Marking its official recognition as a significant international organization working in HIV prevention, CEEHRN was invited to participate in the United Nations General Assembly Special Session on HIV/AIDS last June. With the help of two members of the steering committee, Dr. Subata and Dr. Zahari Nikolov, access to sterile syringes for injection drug users was included in the final document of the meeting. They also helped bring attention to the region's urgent HIV problems.

Far away from the United Nations in New York City, international collaboration is also an important tool to start and develop harm reduction activities. With the help of CEEHRN, Butkus took a study tour to Bulgaria to see a methadone users group and was inspired. "It gave us many new ideas and strong motivation to develop drug addicts' representation and expand outreach programs in Lithuania."

To join CEEHRN, fill out an application on its web site www.ceehrn.org or contact the secretariat at info@ceehrn.org.

...And Communicating with Others

by Raminta Stuikyte

Drug use is one of the most popular topics in the mass media. Every day, on average, the Lithuanian national press publishes five articles about drug users – mostly negative. Drug users are presented as asocial with an inclination to commit crime, even murder. In a 2000 survey, 87.5 percent of the respondents named drug users as their most unwelcome neighbors. Citizens and the mass media do not view drug users as people who need help, and they do not believe that needle exchange or substitution treatment with methadone works. Politicians share the opinion.

Clearly, drug users need some positive public relations and the mass media is the best forum for getting it. Almost 90 percent of the population in Lithuania trusts the mass media.

A year ago the Vilnius Substance Abuse Treatment Center started collaborating with the PR agency Vox Populi to work with the mass media to correct society's stereotypes about drug users and the Center's programs. The Center, established by the local government 15 years ago and lead by Dr. Emilis Subata, provides multiple services of detoxification and rehabilitation, inpatient and outpatient treatment, and prevention. Harm reduction programs, including needle exchange, outreach, and substitution treatment with methadone, are just part of the Center's work. The Center's complex program requires a complex PR response.

Since disapproval of harm reduction programs in Lithuania, in our view, starts with negative attitudes towards the users, we emphasize the values and mission of harm reduction programs rather than the programs themselves. The first task is to monitor the press to observe common

tendencies of drug-related messages. Monitoring also helps us to react quickly to on-going discussions or articles that are negative toward the Center. In response to negative articles we present the other side of the argument using convincing facts.

For example, one negative article claimed that 90 percent of surveyed drug users (about 60 percent of them were participants in a methadone program) said that methadone did not help them put life in order. In

survey, told us that the survey "makes no pretensions to be serious." Meanwhile, we highlighted a Vilnius University survey that showed that in fact the main drawback of the methadone program in Vilnius is the huge number of patients in one place and the shortage of psychological aid for users and their families. Randomly questioned participants in the methadone program confirm that methadone helps them to go on living.

Drug users need public relations as much as – or more than – private corporations.



The Vilnius Substance Abuse Treatment Center's Blue Bus.

response, we released the article "Treatment by methadone considered controversial but remains an important part of drug addiction treatment." Aleksandra Davidaviciene, who was responsible for the original

After press monitoring, the second task is to head off negative press by developing excellent relations with journalists who write on health or social topics. Personal communication with mass media representatives can

Communicating with Others (continued)



A client on the St. Petersburg harm reduction bus. Photo by Médecins du Monde.

be started by mailing information or inviting them to an event. At present, the Center has “its own” journalists in all the main national newspapers who try to be accurate and who contact the director if any information is needed.

Next, we keep journalists informed with regular press releases. We also organize presentations and official openings for important events. Our first press conference was the discussion, “Five Years of Methadone in Lithuania.” It was obvious that some journalists and specialists coming to the event had a negative opinion of methadone. We carefully prepared

preliminary information for the journalists and heard out their opinions. After an even-handed description, they were able to get beyond the controversy to an interest in the methadone programs in Lithuania and in the opinions of users on methadone.

Our most successful presentation of a new program was the “Blue Bus,” a mobile aid post for injection drug users. We launched the mobile needle exchange and consultation program in the center of the city, close to government and municipal buildings. Curiosity brought a lot of passers-by and all the national and local televi-

sions in Vilnius broadcast reports about the new program. Information about the “Blue Bus” spread quickly and 100 people came to the bus for help in the first few days.

The Center has also taken part in advocacy projects. A film distributor asked the Center to collaborate in the presentation of the American film “Blow,” which is based on a true story of a drug dealer. During the first week, films about harm reduction were shown between the movie’s runs. Additionally, the theater hung an exhibition of posters and photographs of dealers and drug users that interested many cinema visitors.

It is complicated to evaluate the results of such PR work. But it is clear that drug addiction is viewed more and more as a disease that can be cured. Journalists seem more favorable toward harm reduction, as proven by the absence of negative articles during the last quarter of 2001, and drug users increasingly speak up in public as they feel more accepted.

Raminta Stuikyte has been a project manager at Vox Populi and is now working at the CEEHRN.

Tips for Projects: How to Handle the Media

- 1. Monitor** the mainstream press
- 2. Respond** to negative articles with a counter-argument and supportive data
- 3. Win over** to your side at least one representative of each media outlet
- 4. Hold press conferences**
- 5. Send out** regular press releases proclaiming your successes
- 6. Focus** on one message – why harm reduction is needed – including:
 - Drug addiction can be treated
 - The main risk of HIV in the region is from needle sharing

Reaching Out to Drug Users

IHRD has run seven training programs for its grantees last year and this year. The last three issues of Harm Reduction News described trainings on organizational development; needs of people living with HIV/AIDS; overdose prevention and safer injection; needs of drug-using women; and serving minority communities. Future issues will cover other IHRD training initiatives.

by Marek Zygodlo

Most people, when they get the flu or break a toe, go to the clinic or call the doctor for an appointment. It is not so easy for a drug user. Outcasts in their community, drug users stay away from clinics in order to hide their problem. In many countries the police collect data from clinics and demand payment from drug users if they want to avoid imprisonment.

So if you wait for a drug user to come into a clinic, you will sit by yourself in an empty room for a long time. To contact drug users you have to go out and find them. But outreach

The minute they step out onto the street looking for clients, outreach workers have to see life from the client's point of view.

work is not easy, and it is new to the region. In the countries where it is legal, the harm reduction projects funded by IHRD do have outreach components, but often they run on good will and little knowledge.

Outreach, the most widely attended optional training in IHRD's training cycle, has trained over 100 people during six different training sessions in Krakow in 2001 and 2002. We discussed issues as broad as harm reduction philosophy and as specific as how to inject more safely. We gave



Photo by Marek Zygodlo.

tips on how to find the users and involve the community in supporting them. Outreach workers must be informed enough to respond to all possible harms.

"It was very useful for us to look at the whole system for drug use prevention and treatment," said Radostina Antonova, a member of Health and Social Development Foundation in Bulgaria, after the training. "We are trying to build this system in a small part of Sofia – from the initial contact with drug users, to harm reduction activities, to independent living."

In the training, we grappled with what it takes to be a successful outreach worker. The minute they step out onto the street looking for clients, outreach workers have to see life

from the client's point of view. Outreach workers are trespassing on the client's world and so it is the client who should decide whether or not to talk and what to talk about. Outreach workers should be attentive listeners. A good listener will hear what the client's needs are and only after that give advice.

In turn, my advice to every outreach worker is this: Ask yourself before you step out on the street why you want to do this. If it is because you want to be a careful and attentive partner, then keep going. If it is because you want to control the world, then go back inside, phone a therapist, and make an appointment!

Marek Zygodlo is the director of MONAR Krakow Drugs Project in Poland.

Next Step Advocacy

In my experience people are more prepared to believe anecdotal rather than research evidence.

by Pat O'Hare

Improving advocacy skills is a key challenge facing all of us involved in reducing drug related harm.

Research has shown that interventions designed to reduce the harm to society and individuals are successful and cost effective. It is difficult to see the need for more research into the effectiveness of established interventions such as provision of sterile injection equipment and methadone prescribing. Both have a successful record of reducing risk behavior among injection drug users (IDUs) with consequent reductions in HIV prevalence.

But despite the wealth of evidence, in some parts of the world not much progress has been made. In many places where things have changed, the number of programs has not increased in ten years. Where does the resistance come from and what form does it take?

Most of the resistance is completely unsupported by the evidence. In my experience people are more prepared to believe anecdotal rather than research evidence. Some of the opposition to harm reduction was outlined by Dave Burrows and his colleagues at a meeting in Durban a year ago. One concern is that harm reduction methods increase illicit drug use. Another concern is that methadone maintenance and other substitution programs are not appropriate forms of drug treatment because cessation of drug use is not always the primary goal. The theory goes that emphasis on HIV prevention programs compromises drug prevention and drug treatment programs.

In many countries, police oppose needle and syringe programs that they believe conflict with law enforcement

attempts to restrict drug supply. This opposition, in turn, prevents effective implementation of such programs. Police cooperation is possible, however, and has been achieved in some places, such as the United Kingdom, Australia, and the Netherlands, through dialogue, training, and involvement of the police in initial planning. The police in those countries realized that they had a role to play in public health as well as public order.

City administration and neighborhood groups often oppose the siting of HIV prevention programs near them on the grounds that these services attract IDUs and diminish the amenity of the neighborhood. Some health care professionals believe that medical treatment of IDUs wastes scarce resources on "worthless" drug users.

Harm reduction program staff urgently need training on advocacy processes and methods that they can use to prevent or reduce opposition to effective approaches to HIV prevention among IDUs. Such advocacy skills would help to scale-up pilot programs so that they can get to appropriate levels of reach and coverage. The International Harm Reduction Association hopes to develop a book on advocacy for effective approaches to HIV prevention among IDUs and to follow the publication with training courses.

The challenge for all of us is to get better at advocating for policies that are indicated by the evidence. For the sake of public health and people's lives everywhere, we must do better.

Pat O'Hare is the executive director of IHRA.

IHRD's Advisory Group

Dr. Dan Duiculescu heads the AIDS Department at Victor Babes Hospital in Romania

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

Dr. Semyon Gluzman is the executive secretary of the Ukrainian Psychiatric Association

Ethan Nadelmann is the executive director of The Lindesmith Center-Drug Policy Institute in New York City

Aryeh Neier is the president of the Open Society Institute

Dr. Robert Newman is the former president and CEO of Continuum Health Partners in the U.S.A.

Svetlana Polubinskya is a senior research scholar at the Institute of State and Law at the Russian Academy of Sciences

Gennady Roshchupkin works with the United Nations Office of Drug Control and Crime Prevention

Making Harm Reduction Less Lonely

by Alina Bocai

As a drug transit country situated between producing and consumer countries, Romania keeps – and uses – 10 to 20 percent of the drugs that enter it and the police predict that percentage will increase. Also, at least 10 percent of Romania's commercial sex workers (CSWs) come from former Soviet Union countries where the primary mode of HIV transmission is through injection drug use.

But drug use and its harms have only recently emerged as a problem. Our experience at the Romanian Association Against AIDS (ARAS) is a good example. At its founding in



Demonstrating safe injection techniques. Photo by Marian Ursan.

It was pretty obvious that to do this work, which was new to all of us, we would need a mutually supportive network.

1992, ARAS offered HIV prevention services to youth. Then, it added programs for people living with HIV/AIDS. For the last few years it has worked with people involved in commercial sex work in Bucharest and Constanta. Since we found many CSWs were injection drug users (IDUs), we realized that to fight HIV we had to add a harm reduction component to our work. A year ago ARAS started the project called "Night by Night."

I felt quite alone. We could not find any training in harm reduction and

there was not even a harm reduction training manual translated into Romanian. ARAS had no experience working with IDUs but at least we already had a trustful relationship with the community of CSWs. I looked around for others doing this work and discovered that there were only seven harm reduction projects in Romania, all of them funded by OSI.

It was pretty obvious that to do this work, which was new to all of us, we would need a mutually supportive network. If harm reduction professionals could communicate and discuss in depth the lack of services for IDUs in Romania and the need for a common approach, we would be better off. But we were all doing different kinds of work. The people in Timisoara needed guidance reaching IDUs, while people in Bucharest needed help finding more financial resources. I gathered information on the needs of the other six groups and their expectations for a network and wrote a proposal for the Romanian Harm Reduction Network. Since the beginning, OSI and IHRD have encouraged the initiative.

When the network becomes active in early 2002, we will work with national and international organizations to develop and support activities that prevent and reduce harm from non-medical drug use. The network hopes to empower its members to respond better to the needs of IDUs, improve the quality of harm reduction services in Romania, and promote good practice models. Members will learn of other projects and people, exchange information on projects or problems, and exchange lessons we learn from fieldwork and policy and strategy development.

We will also try to influence drug policies and educate decision-makers about drug use behavior and HIV risk factors. We plan to establish recommendations for HIV/STI/hepatitis B and C prevention for IDUs and present them to Romania's National Multisectoral AIDS Commission.

Alina Bocai is the project manager of the Romanian Association Against AIDS.

IHRD technical advisors had their second annual meeting in Prague in September. Nineteen TAs working in 16 countries and thematic areas attended the meeting and laid plans for the future.

The Canadian HIV/AIDS Legal Network met in September in Montreal. Kasia Malinowska-Sempruch joined them and discussed cooperation between the Canadian and Eastern European harm reduction movements.

“Drug Use, Prison, TB, & HIV in Russia,” a case study, was presented by Kasia Malinowska-Sempruch, Kaveh Khoshnood, and William Flanagan at the Health, Law and Human Rights conference in Philadelphia, USA, in September.



Zahari Nikolov, an IHRD technical advisor who has dedicated his professional life to furthering the best practices of harm reduction in Bulgaria and Russia, helped start the first methadone program in Bulgaria. The program's participants created this sculpture to express how Zahari and methadone changed their lives. Zahari also formed the first NGO in Bulgaria dedicated to reducing drug-related harm, the Initiative for Health Foundation.

Belarussian police were trained by IHRD and UNDP at the MONAR-Krakow harm reduction site in Poland last November. Also, in cooperation with OSI's Constitutional and Legal Policy Institute, IHRD is developing a training module for police on drug and harm reduction issues that will eventually be incorporated into training curricula at police academies across Eastern Europe.

The United States Agency for International Development signed a \$2 million agreement last December with Soros Foundation-Kazakhstan in cooperation with IHRD, UNDP-Turkmenistan, and the OSI national foundations in Kyrgyzstan, Tajikistan, and Uzbekistan. OSI will also add \$1 million to the project that aims to double the number of OSI-supported harm reduction programs in the region.

IHRD's policy initiative has made important grants in support of community organizing, harm reduction networks, legal assistance for harm reduction projects, police training, and conference scholarships, including:

- Seven drug user groups and 13 groups of people living with HIV/AIDS to support organizing and advocacy in Armenia, Bulgaria, Estonia, Kosovo, Lithuania, Macedonia, Poland, Romania, Russia, and Ukraine.
- The Central and Eastern European Harm Reduction Network to support network activities and establish a secretariat in Vilnius, Lithuania. *See story on page 12.*
- The Romanian Harm Reduction Network to support its development as a source of information and coordination for all Romanian projects. *See story on page 17.*
- The Hungarian Civil Liberties Union to conduct legal analysis and provide assistance to harm reduction programs in the CEE/fSU region. *See story on page 4.*
- The Dutch organization Landelijk Steunpunt Druggebruikers (LSD) for technical assistance to organizations of drug users in Eastern Europe.
- The European AIDS Treatment Group to hold a conference in Bratislava this September on organizing for HIV+ activists.
- Participant scholarships for the American Methadone Treatment Association conference in St. Louis, USA, last October (*see story on page 7*), the North American AIDS Treatment Action Forum in Vancouver, Canada, last December, the 13th International Conference on the Reduction of Drug Related Harm in Ljubljana, Slovenia, in March 2002, and the 14th International AIDS Conference in Barcelona, Spain, in July 2002.

Newsbriefs

OSI graduate fellows from Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Mongolia, and Uzbekistan studying in the U.S. heard about IHRD's work from Jennifer Traska Gibson at the annual workshop sponsored by the Social Work Fellowship Program of OSI's Network Scholarships Program last October.

IHRD's advisory group met in Budapest in October to approve IHRD's strategy for 2002 and several important projects. *See page 16 for a list of AG members.*

Upcoming IHRD publications include a report on sex worker programs and a Russian translation of the book "Marijuana Myths, Marijuana Facts," put together with the assistance of OSI-Russia.

Central Asia's Nascent AIDS Crisis

The AIDS epidemic is working its way through groups that are easy to ignore – drug users and sex workers.

by *Kasia Malinowska-Sempruch*

Before the bombing last fall in Afghanistan, Central Asia was at risk of an explosive AIDS crisis. It is more at risk now. Intensified unrest, poverty, repression, and people on the move are speeding an epidemic that is already the fastest growing in the world. The region, which has the largest heroin trafficking route in the world, cannot afford any more destabilization from the closely linked phenomena of drug trafficking, drug use, and AIDS.

People, especially youth, turn to drugs for relief when they are unsettled and impoverished. Less than a quarter of Tajikistan's 15- to 18-year-olds are in school and literacy has plunged more than 30 percent in the last decade. A stroll through Central Asia's city streets reveals a shocking number of unkempt young people who are hanging out, bored and lethargic, in crumbling apartment blocks and on street corners. These children, increasingly homeless, are easily coerced into sex work and the drug trade.

This is one of the last chances in the world to heed the early warning signs of AIDS.

The countries of Central Asia are among the poorest in the world. It should come as no surprise in a place like Tajikistan, where the average income is \$700 a year, that 30 percent of the population is involved in the drug trade. Drugs are cheaper than vodka. Injection is used for its economical high. As long as the narcotics industry is so deeply embedded in the economy, people will use drugs. Instead of demanding abstinence and watching a public health crisis grow, we must help drug users minimize their harms.

The region's widespread police brutality and corruption, however, combined with conservative social mores, obstruct such help. Repressive drug policies drive drug users underground where they take more risks and where they are difficult to reach with treatment. Parents would rather watch their children die of a drug overdose than call the police.



Search on the Afghan border. Photo © 2002 Hans Jürgen Burkard.

In Central Asia, the AIDS epidemic is working its way through groups that are easy to ignore – drug users and sex workers. Injection drug users comprise 90 to 95 percent of HIV infected people in Kyrgyzstan, which means the epidemic is fairly contained for the moment. But as soon as AIDS enters the general population through sexual transmission, its escalation will be as fast as it was in Ukraine, which in only five years became the leader in HIV infection rates in Europe.

This is one of the last chances in the world to heed the early warning signs of AIDS. The nascent Central Asia epidemic can be contained and reversed. To do so economies need to be rebuilt with alternatives to drug production and trafficking. Drug policies need to be less punitive of drug users and more supportive of treatment. Needle exchange, condom distribution and drug treatment, including replacement therapy, must be widely available and delivered by non-governmental agencies. A history of repression and police reporting make government agencies still less trusted and less effective.

These steps are necessary but not easy. They require the courage of political leaders in Central Asia and pressure and financial support from the international community.

Kasia Malinowska-Sempruch is the director of IHRD.

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Methadone

Emilis Subata
Vilnius Substance Abuse Treatment Center, Lithuania

Marek Beniowski
Center for AIDS Diagnostics and Therapy for Katowice District, Poland

Upcoming Events

March 3-7

13th International Conference on the Reduction of Drug Related Harm

Ljubljana, Slovenia

www.ihrc2002.net

March 24-27

International Conference on Night-Life Substance Use and Related Health Issues

Rimini, Italy

www.clubhealth.org.uk

May 14-16

5th Conference of the European Opiate Addiction Treatment Association

Oslo, Norway

www.europad.org

July 7-12

XIV International AIDS Conference

Barcelona, Spain

www.aids2002.com

September 19-22

United States Conference on AIDS

Anaheim, California, USA

www.nmac.org/usca2002/