

The future of harm reduction programmes in Russia

According to a Review in *The Lancet* today, engaging people who misuse drugs into medical care is a challenge. The Review focuses on people who inject drugs, at least 16 million people worldwide. Fear of disapproval and stigmatisation often discourages people with drug dependence from seeking health care. But over the past decade, the widespread adoption of harm reduction programmes—which include needle exchange, methadone substitution, and condom distribution—have helped health professionals to address the needs of those who inject drugs.

In 1997, a *Lancet* paper showed that needle-exchange programmes reduce the incidence of HIV in people who inject drugs, and the UN system endorsed such harm reduction programmes a few years later. However, some countries perceive that offering clean needles and syringes to people who inject drugs helps to enable their addiction and so refuse to include these important preventive measures in their public health plans. In Russia, the opposition to harm reduction programmes has meant that needle exchange is mostly run by non-governmental organisations (NGOs). The government has repeatedly refused to allow methadone substitution to be offered to people who inject drugs, despite many international calls to support this evidence-based intervention. Worryingly, the preventive measures that are currently permitted are now under threat of closure.

A large grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria has allowed over 200 non-governmental organisations, under the auspices of the civil society initiative the GLOBUS—Global Efforts Against AIDS in Russia—project, to provide 54 000 people who inject drugs (in addition to sex workers, men who have sex with men, prisoners, and street children) with HIV prevention services. Such services have averted an estimated 37 000 HIV infections in this group. This figure is particularly impressive given that people who inject drugs are the main drivers of the HIV epidemic in Russia. However, due to strict Global Fund criteria that rely on World Bank statistics of national wealth, Russia is now deemed too wealthy to qualify for any new grants, resulting in the closure of HIV prevention programmes that were funded through Global Fund grants.

The Russian Government could honour its earlier promise to continue to fund these programmes in place of the Global Fund grants. However, the Deputy Minister of Health and Social Development, Veronika Skvortsova, has indicated that the government's priority is now to promote awareness and healthy lifestyles among the general population.

Given Russia's much documented appalling health record (which President Dmitry Medvedev has acknowledged is two-thirds due to lifestyle factors), together with a history of focusing on treatment over prevention and the lofty status given to hospitals compared with community health programmes, the country's recent focus on health promotion is a most welcome step. However, it would be incomprehensibly short-sighted if the Russian Government decided that such a positive policy change for population health should be to the detriment of the 1.8 million people who inject drugs. Such a stance is counterintuitive given the robust evidence of the effectiveness of harm reduction programmes. Closing these programmes will also remove the important bridge between people who inject drugs and health care, and again highlights the unwarranted stigma and discrimination faced by this group in Russia.

Perhaps deciding which programmes to fund need not be mutually exclusive. Of course general health promotion is important, but so are the harm reduction programmes to prevent HIV. We urge the Russian Government to continue to fund effective and science-driven harm reduction programmes, in addition to its general health promotion efforts. Also, we suggest that the Global Fund reviews its criteria for countries eligible to receive grants. Although wealth is an important criterion, NGOs and civil society groups (such as GLOBUS) working in countries that persistently neglect the needs of their most vulnerable populations should be considered eligible for funding so they can provide crucial services to people who would otherwise not receive them.

At the 3rd Eastern Europe and Central Asia AIDS Conference in Moscow later this month, the Russian Government could show great leadership and announce that it will financially support harm reduction programmes for its vulnerable groups. Such a move would show the international community that Russia is a serious partner in tackling the HIV epidemic. ■ *The Lancet*

The printed journal includes an image merely for illustration

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See [Editorial](#) *Lancet* 2009; 373: 2171

See [Special Report](#) *Lancet* 2008; 371: 711–14

See [World Report](#) *Lancet* 2009; 373: 109–10

See [World Report](#) *Lancet* 2009; 373: 2186–87

For the 1997 *Lancet* paper see [Articles](#) *Lancet* 1997; 349: 1797–800