



REPORT ON THE RESULTS FOR 2014–2015

Great Success of Small Grants •

Eurasian Harm Reduction Network's Small Grants Program Through Peers' Effort implemented with the financial support of the Robert Carr Civil Society Networks Fund (RCNF)

ARMENIA, KAZAKHSTAN LATVIA LITHUANIA MONTENEGRO THE RUSSIAN FEDERATION SLOVENIA UKRAINE UZBEKISTAN

Thanks to EHRN's grant, our small community of people who use drugs [PWUD] was reborn from the ashes of doomed NGOs which existed previously. In Slovenia, we have witnessed a revival of the support for PWUD three times over the past 25 years. The official policy was to support PWUD community organizations and their involvement in solving drug policy issues — but this was done only in the interests of the corrupt establishment which sucked drug policy resources (and funds) dry at the expense of the lives of its innocent victims, and if the victims survived they were treated with complete indifference to their suffering.

The Small Grants Program Through Peers' Effort was very useful because it helped initiate a conversation about overdose mortality with the authorities and demonstrate that Rog has international support and, therefore, the organization's work is important.



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The history of the development of EHRN's Small Grants Program Through Peers' Effort

Introduction

This report describes the implementation of 2014–2015 Small Grants Program *Through Peers' Effort* in nine countries of CEECA. It is designed for experts and PWUD community leaders to share experiences and achievements. It will also be useful for those involved in protecting the rights of PWUD, and in advocacy for increasing the availability and quality of harm reduction services and sustainable funding of harm reduction programs. Above all, we hope that the report will be used by members of the PWUD community for advocacy purposes.

The document consists of four

sections dedicated to different aspects of the program: protecting the rights of PWUD; increasing the availability and quality of opioid substitution treatment (OST) programs; preventing deaths from overdose; and advocating for national funding for harm reduction programs. We report on the implementation of each small grant, the obstacles that stood in the way of our partners, and how they were successful in achieving long-term systemic change.

Successful implementation of the Small Grants Program Through Peers' Effort is based on ideas proposed by the community of PWUD.



Their activities are supported by technical assistance from EHRN provided to the members of the community prior, during and after completion of the program. Since 2010, EHRN has taken up the position of leadership in developing the capacity of PWUD as a community at the regional level — both through the Eurasian Network of People Who Use Drugs and directly in the countries of the region.

The idea of the Small Grants Program was born in the course of cooperation between EHRN and the leaders of the community of PWUD. At the national level, the governments of Central and Eastern Europe and Central Asia (CEECA) adopted regulations aimed at improving the quality of life of PWUD. EHRN supported a community initiative to monitor the governments' implementation of their commitments, which found that the practical implementation of these regulations was poor.

The first wave of the Small Grants Program *Through Peers' Effort*-1 was implemented in 2013 with the financial support of the Robert Carr Foundation. The funding of US\$28,840 served to inspire seven organizations in seven countries. The report on the program's results can be found <u>here</u>.

In this report, we will highlight the achWievements of 17 drug user organizations and initiative groups that have received small grants totaling \$76,440 to implement their advocacy activities in nine CEECA countries under the project run by EHRN and the RCNF in 2014–2105.

> Coordination of the Small Grants Program Through Peers' Effort requires preparing projects and conducting consultations with the leaders of the community of people who use drugs on the topics of small grants. This is followed by the discussion of tactical steps, Skype conversations late into the night before the key advocacy meetings, discussions and a search for arguments for presentations, and a friend whose shoulder leaders can cry on and with whom they can share the triumphs. The courage and perseverance of the community leaders and the Small Grants Program inspire our team to new achievements.

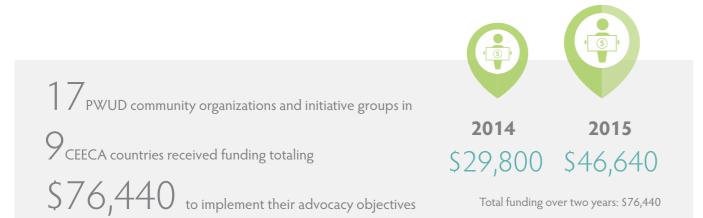


To implement the second and third waves of the Small Grants Program *Through Peers' Effort* in 2014–2015, EHRN engaged a wider range of partners and donors. Thanks to financial support from the Robert Carr Civil Society Networks Fund (RCNF), the Global Fund to Fight AIDS, Tuberculosis and Malaria, MAC AIDS, and UNAIDS, the funding for program to support the PWUD community in its implementation of advocacy activities increased to \$500,000 and grew from seven to 52 small grants.

 Olga Belyaeva, Manager of the Membership and Community Strengthening Team, EHRN Report on the results of the Small Grants Program Through Peers' Efforts in 2014–2015

Great Success of Small Grants

Eurasian Harm Reduction Network's Small Grants Program Through Peers' Effort was implemented with the financial support of <u>the Robert Carr Civil Society Networks Fund (RCNF)</u>



Countries and grant recipients

9 countries and 17 PWUD community initiative groups and NGOs received funding

2014



2014: 6 countries, 7 NGOs

Armenia, NGO Potentzial Probuzhdeniya Latvia, IG Doors and NGO HIV.LV Lithuania NGO Reset'AS Russia, IG Orsk Ukraine, NGO Avalon Uzbekistan, PUD IG Tashkent 2015: 6 countries, 10 NGOs

Kazakhstan, Women's Network of PLWH Montenegro, NGO Juventus Russia, IG Stanovlenie, IG Orsk Charity Organization Chance plus Russia, Timur Islamov Foundation Slovenia, Zadruga Kooperativa ROG Ukraine, NGO Club Svitanok Ukraine, NGO Otkrytoe Serdze Ukraine, IG Vtoraya Zhizn

Human rights

• Created a legal network of urban activists from Kaliningrad, Yekaterinburg and Orsk, and laid the foundation for its operations. In a number of cases, the project was able to convey to judges the idea of treatment as an alternative to punishment, which promotes probation (Russia)

• Documented cases of abuse and torture of addicts in "rehabilitation centers," which included dousing with ice-cold water, and the use of stun guns, among others. Initiated work with the Human Rights Commissioner of the Russian Federation, human rights activists, and the media (Russia)

Increasing the availability and quality of opioid substitution therapy programs

• Advocated for the resumption of opioid substitution therapy (OST) programs (Uzbekistan)

• Documented cases of violations of women's rights, and published and distributed to civil servants a collection which included the most revealing stories describing the irreversible effects of the repressive drug policy (Armenia)

• Crisis response: ensured access to OST for people living in the war zone (Ukraine, Donetsk)

•Mobilized and began advocating for access to OST at local clinics (Lithuania)

• Established partnerships and the rationale for advocating for a paradigm shift concerning the attitude to OST. Showed that directing patients through different channels is an important strategy which can affect the effectiveness of OST (Latvia)

Key achievements

Human rights Opioid substitution therapy programs Preventing deaths from overdose Advocacy for national funding

• Improved the quality of program activities and introduced buprenorphine. The first 10 clients started treatment (Ukraine, Kharkov)

• Established prescriptions for OST (Ukraine, Zaporozhye)

Preventing deaths from overdose

• Improved the quality of the service by introducing naloxone (Slovenia)

Advocacy for national funding of harm reduction programs

• Advocated for state funding of gender-sensitive harm reduction services for HIV-positive women who use drugs (Kazakhstan)

• Introduced amendments to the 2016 budget, which allowed EUR100,000 to be allocated to non-governmental organizations (NGOs) operating in the field of HIV prevention (Montenegro)

• Advocated for OST funding from the regional budget. First medication purchase completed (Ukraine, Kirovohrad) Please meet **Natasha and Dennis.** Natasha is 31. She likes to listen to Depeche Mode and bake Napoleon cakes. Dennis is 33. The life and soul of any company, he loves his Labrador, Gera, and reading stories by O'Henry and Chekhov. Natasha and Dennis live in a world of people who, for a variety of reasons, have become dependent on illegal substances. They have been using psychoactive substances for over 15 years. The story of their lives became a vivid illustration of the damage inflicted by a repressive drug policy, stigmatization and discrimination that are reflected in the regulations and the attitudes of people in uniforms and white coats. The government approach to PWUD is often referred to as "drug policy."

Dennis and Natasha's stories will help you understand the life trials and circumstances which cause community leaders to find strength and courage to unite, to express their position, and to seek systemic change. This is the reason for and the philosophy behind the EHRN Small Grants Program *Through Peers' Effort.*





Protecting the rights of people who use drugs

I had a bitter experience a few years ago, but now the situation has only become tougher. At the moment of detention, I managed to completely empty out the contents of the syringe: I ripped out the plunger, so that nothing was left even in the cannula [syringe nose]. When the examination was carried out, a sample was taken from the syringe walls. They 'scraped' 0.000066...! That is, 66 ten-millionths of a gram of acetypated opium. And this was enough for them to arrest me and sentence me to two to five years.

Argument: The United Nations General Assembly Resolution of April 19, 2016 encourages UN Member States to implement alternative measures to punishment which do not involve imprisonment, and to impose sentences commensurate with the gravity of the offenses.¹

However, many countries in Eastern Europe and Central Asia (EECA) impose criminal sentences for the possession of tiny doses of drugs. In some cases, sentences for the possession of even the smallest amounts of drugs may exceed the sentences for murder and other grave crimes.² And since people cannot use drugs without acquiring and possessing them for at least some period of time, in these countries drug use effectively becomes a criminal offense.

¥≡

Fact: Mass arrests and often harsh sentences also result from the extremely low doses established by law in the Russian Federation for the purposes of criminal liability for the possession of synthetic drugs. For example, possession of 0.01 g of Carfentanil, regardless of its purity, is punishable in the same way as the possession of over 2.5 grams of heroin. In these circumstances, someone can be sentenced to 10 years in prison for trace residues of Carfentanil in a used syringe.



1 United Nations (2016). Resolution adopted by the General Assembly. A/S-30/L.1 S-30/1. Our shared commitment to effectively address the world drug problem and to combat it. New York: United Nations, p. 18. https://documents-dds-ny.un.org/doc/UNDOC/GEN/N16/110/27/PDF/N1611027. 2 Merkinaite, S. (2012). A war against people who use drugs: the costs. Vilnius: EHRN, p. 13. http://www.harm-reduction.org/sites/default/files/pdf/costs_report_2012_06_19_1_0.pdf.



Michael Golichenko, Canadian HIV/AIDS Legal Network



✓ Estimated number of PWUD: 4.891 million (3.4% of the total population) HIV prevalence among PWUD: 26% (compared to 0.69% in the general adult population) Hepatitis C prevalence among PWUD: 73%

Street lawyers: from documenting to systemic changes

Project implemented by: initiative groups *Stanovlenie* and *Orsk* and the NGO *Chance plus* (Russian Federation)

Objective of the project: To develop the PWUD community's capacity to create and develop a legal network of activists

Result: A study conducted in the course of the project identified the following causes of violations of the rights of PWUD:

- Judges are not interested in fair trials
- Rigged testimonies of law enforcement officials
- Absurd regulations which stipulate prison sentences for possession of microscopic doses of drugs
- Provocation by the police
- Defense attorneys cooperating with the prosecution.

Thanks to the small grant, the foundations were laid for a legal network of activists to operate in the cities of Kaliningrad, Yekaterinburg, and Orsk. In its work, the project team emphasized the need to defend the rights of PWUD at the time of their arrest and detention, and to seek opportunities to secure a fair trial, including access to alternative punishments. In the course of implementing the project the activists were trained and served as public defenders in court. Twenty-four people reported violations of their rights and received assistance from the legal network. In a number of cases, the project was able to convey to the judges the value of treatment as an alternative to punishment, which promoted probation.

Effect: The project leaders became focal points for the regional project "Street Lawyers: from Documenting to Systemic Changes" run by EHRN and the Eurasian Network of People who Use Drugs (ENPUD) in six EECA countries; the project was implemented by the members of the PWUD community.

✓ Government response: prohibition of substitution maintenance therapy; reduction in the number of needle exchange programs; no access to naloxone

Drug policy: tending towards tightening
 Punishment for drug use: from fines to arrest; prison

Because of the tightening of drug policy in the Russian Federation, we face a situation where drug-related offenses committed by several persons are joined together and classified as a collusive offense committed by a group of persons, which entails increased punishment for extremely grievous crimes. So it is not uncommon that completely random people find themselves put into a group because of the provocative actions of the police and drug control authorities. Even in these circumstances we try to influence the situation and save people from the repressive drug policy.



Let's return to the UN General Assembly Resolution require the mandatory consent of drug users. For example, in the European Union, compulsory of 2016, which encourages alternative penalties. One of these measures is rehabilitation. What is treatment is permitted only in exceptional cases meant by rehabilitation? Accessible high-quality — and even in these cases, human rights must be rehabilitation programs are needed to help a person respected scrupulously.³ who has already physically discontinued their drug However, in some EECA countries, "rehabilitation use handle the psychological dependence and centers" are being opened, where drug-dependent prepare them to return to society. people are tortured, humiliated, and driven to suicide.

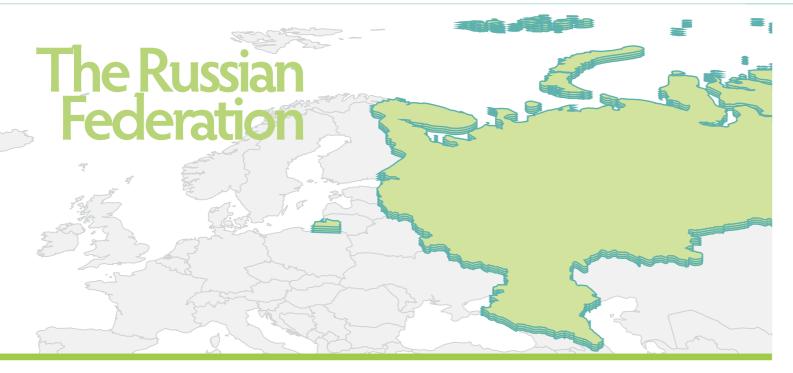
Fact! Modern treatment and rehabilitation programs

Punishment for drug use: from fines to arrest; prison sentences for possession of drugs for personal use

📂 Larisa Solovyova, the Project Coordinator

³ European Union (2015). *Common Position on UNGASS 2016*. Brussels: European Union, p. 8.

https://www.unodc.org/documents/ungass2016/Contributions/IO/EU_ COMMON_POSITION_ON_UNGASS.pdf.



I was lying in the open trunk of a car, gagged and with my hands tied behind my back. Suddenly I saw a policeman looking down at me! Begging him for help with my eyes and muted sounds, I tried to show him that I was in trouble. 'Why do you have a tied-up person in the trunk?,' the policeman asked a young man who gets a 50% cut of the first installment paid by the parents and relatives of the person subjected to forced 'rehabilitation.' 'Because he is a drug addict, and we are transporting him for treatment. 'Ah, OK then!! No problem...'"



Project implemented by: Timur Islamov Foundation (Russian Federation)

Objective of the project: To create a system for responding to violations of the rights of patients of rehabilitation centers in the Republic of Tatarstan

Result: Ten interviews were conducted with patients of rehabilitation centers in Tatarstan. Information collected about violations was forwarded to the Public Chamber and to the Commissioner for Human Rights of Tatarstan. This was followed by a meeting between representatives of the addiction treatment services,

> In Tatarstan, there are approximately 40 rehabilitation centers for drug users. In recent years, over ten documents have been published which describe the abuse and torture of drug addicts, including, for example, dousing with ice-cold water, beatings and the use of stun guns, among others. Violence against patients frequently results in their death. The Timur Islamov Foundation project is a response to patients' complaints of violations of their rights in the rehabilitation centers. Information concerning violations of rights was obtained both through the media and from the patients themselves.

The project was actively covered by the media. One of the examples is a report by Ren-TV in Naberezhnye Chelny ("Torture, beatings, and threats, instead of drug treatment") Unfortunately, due to the social stigma of PWUD, many ordinary people support the abuse of clients of rehabilitation centers. Knowing this, the victims are afraid to speak openly about their experiences. As part of the project, eight people agreed to give face-toface interviews, and two people agreed to testify in court.





Torture, beatings, and threats, instead of drug treatment

lawyers, a member of the supervisory commission and representatives of NGOs. A commission to supervise the activities of drug rehabilitation service providers was established. The commission included representatives of leading Kazan AIDS service organizations, the Human Rights Commissioner, the Deputy Chief Medical Officer for Rehabilitation, representatives of the Kazan Human Rights Center, and the chief of one of the rehabilitation centers.

Effect: Prosecutorial investigations were organized. As a result, 19 centers were issued an order to suspend their operations until they correct the violations.

Alexey Kurmanovsky , the Project Coordinator

SECTION TWO:

Increasing the availability and quality of opioid substitution therapy programs

The first time I was in 'narcology' [a drug rehabilitation center], I was 'treated' by sulfur injections in my buttocks and under the shoulder blades. I had a 40 degree fever, and couldn't walk at all. But the dependence went nowhere; it was still actively bothering me. Five detox sessions, rehabilitation, and then another 'innovative method for treatment of drug addiction' — sorption — it is when the blood is cleaned. But these methods did nothing for the thoughts, the condition, the self-esteem. They took 500 dollars and circulated the blood through coal filters. That's it. My first injection after the sorption brought on an overdose. Clinical death. I was saved. Two months later sepsis [blood poisoning] developed, my body was rotting, I had fever and was in pain. Doctors from the hospital sent me home to die. And no one has claimed responsibility for the medical error. This has become a terrible norm: to sell to the relatives 'new treatment methods' for drug dependence. And all they

say in case of failure: 'What do you expect, he/she is a [drug user]'....And finally, a really helpful treatment method, opioid maintenance therapy! I would not have believed the narcologists, and it is understandable. It was just luck when in 2004 I met this guy from Lithuania who received OST treatment in his home country. I believed him. And now I've gone through OST treatment, and I am happy, loved, alive.



Fact: International practice shows that the availability of opioid substitution therapy (OST) benefits all of society: it improves

the health and quality of life of PWUD, and, because the drug users no longer need to find money to buy expensive illicit drugs, the crime rate decreases.

The countries of our region could in principle be divided into three groups, based on the level of access to OST:4

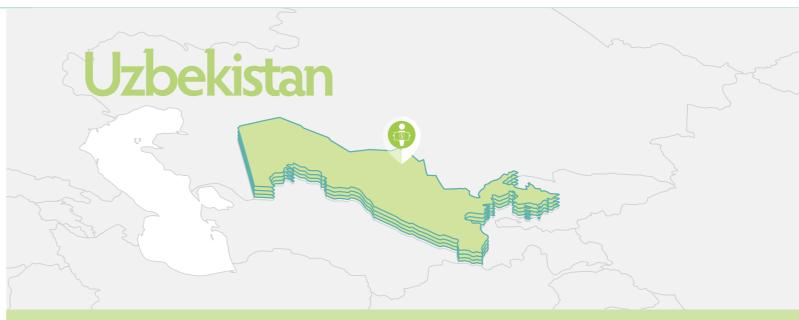
• Group 1: countries which achieved success in implementing their OST programs (countriesmembers of the European Union, such as Poland, Czech Republic, and Lithuania). In



these countries OST programs are integrated into the national HIV and drug strategy, they are sustainable, have wide coverage and all the possibilities for development.

- Group 2: countries which have limited access to OST (such as Armenia, Kazakhstan, and Ukraine). In these countries OST programs are fully or partially funded by the external sources, are insufficiently sustainable, have limited coverage and may face obstacles due to the negative attitudes on the part of the police.
- Group 3: countries in which OST programs do not exist (Russia, Uzbekistan, Turkmenistan).

Despite the successes achieved by the Group 1 and, partially, Group 2 countries, almost all of them experience problems with availability and quality of OST services. The Small Grants Program is helps solve these problems.



- \checkmark Estimated number of PWUD: 80,000 (0.5% of the total population)
- ✓ HIV prevalence among PWUD: 7.2% (compared to 0.2% in the general adult population) Hepatitis C prevalence among PWUD: 21.8%
- ✓ Government response: needle exchange program has been in operation since 2000; the pilot OST program did not object to its closure because they were tired of endless checks and public pressure

The realistic prospect of the resumption of OST programs in Uzbekistan

Project implemented by: a group of Tashkent PWUD and the Association of People Living with HIV in Uzbekistan

Objectives of the project: To assess the consequences of the suspension of OST and to mobilize the PWUD community to protect their rights and actively participate in changing the drug policies affecting access to OST

Result: EHRN's Small Grants Program allowed the activists to unite and work together. The documented and assessed the consequences of the

> Thanks to EHRN's Small Grants Program Through Peers' Effort, among other things, the level of the PWUD community's expertise increased significantly. In implementing the project, we prepared a module on the legal aspects of drug use and an overview of human rights, which was later included in the national training program for social workers/peer PLHIV counselors.

Sergey Uchaev, representative of people with experience of drug use (Tashkent PWUD) and one of the leaders of the Association of People Living with HIV in Uzbekistan

project which had operated since 2003 was closed in 2009; the narcologists who initially supported the

- suspension of OST programs in Uzbekistan through interviews with 30 people, including nine former OST program clients, three relatives of clients, and 18 PWUD/people living HIV who had not participated in the program. This helped determine why the program had closed. The main reason was the poor quality of the program's management.
- **Effect:** There is now a possibility of OST programs resuming in Uzbekistan as a means of increasing adherence to antiretroviral therapy (ART) through the Global Fund project.

⁴ Latypov, A., Bidordinova, A., and Khachatryan, A. (2012). Opioid substitution therapy in Eurasia: how to increase access and improve quality. *IDPC Briefing* Paper, No. 1. London: International Drug Policy Consortium, p. 2. http://www.harmreduction.org/sites/default/files/pdf/ost_policy_brief_2012_rus.pdf.pdf [in Russian]; https://dl.dropboxusercontent.com/u/64663568/library/IDPC-briefing-paper_OSTin-Eurasia.pdf [in English]

- ✓ Estimated number of PWUD: 12,700 (0.4% of the total population)
- ✓ HIV prevalence among PWUD: 4% (compared to 0.2% in the general adult population) Hepatitis C prevalence among PWUD: 36.6%
- ✓ Punishment for drug use: from fines to arrest; prison sentences for possession of drugs for personal use
- \checkmark Drug scene: desomorphine and other codeine-containing drugs causing serious complications (e.g., osteonecrosis) have appeared on the scene
- \checkmark Government response: needle exchange and OST programs have been in operation since 2009

Changing the public's attitude towards women who use drugs

Project implemented by: Potentzial Probuzhdeniya (Armenia)

Objective of the project: To identify and present to the public the negative consequences of repressive drug policy, primarily for women's health

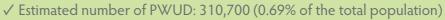
Result: The project was able to assemble a team of ten people who underwent training and participated in in-person meetings and motivational interviews. This team documented 18 of the most indicative cases of violations of women's right to access to health care services. All the women use drugs, are engaged in sex work, are in need of drug treatment and OST, and hide their problems from the rest of the world. The collection of stories was disseminated among representatives of mass media and health care workers.

The effect of the project: The project managed to change the attitude of the general public and health care workers toward the problems of women who use drugs and to begin the process of involving women in the protection of their rights.

A serious problem in the country is the stigmatization and the selfstigmatization of PWUD. It results in their refusal to seek medical help, even in grave situations. Most often, for social, cultural, and gender-specific reasons, this affects women. The project succeeded in changing the attitudes of the general public and health care workers toward the problems of women who use drugs. The project was also able to inspire women to protect their rights. One of the women who uses drugs, who was afraid to participate in OST, has been involved in the current EHRN project as a street lawyer.



Varuzhan Abrahamyan, the Project Coordinator



- ✓ HIV prevalence among PWUD: 21.9% (compared to 0.58% in the general adult population) Hepatitis C prevalence among PWUD: 28%
- by synthetic drugs such as "salts," "spices," desomorphine, and other codeine-containing drugs causing serious complications (e.g., osteonecrosis)

From evaluation to effective advocacy and better access to OST

Project implemented by: Avalon charitable fund (Ukraine)

Objective of the project: To advocate for better access to OST in Kharkov

Result: An evaluation of access to OST conducted by the PWUD community identified the following problems: bureaucratic obstacles on the part of officials; resistance from health care workers; and competition from other NGOs. The information collected became the basis for advocacy to expand access to OST programs (including the use of buprenorphine) in Kharkov.

Improving the quality of OST programs included the introduction of more convenient business hours, the setting up of a waiting room for the program clients, and the introduction of buprenorphine for ten clients (including four who are HIV-positive). The project participants received legal assistance. In the future, we plan to organize an employment agency for Kharkov OST clients.





✓ Drug scene: the less dangerous psychoactive substances of natural origin are increasingly being displaced

The first step in this advocacy campaign was to write letters to various authorities, but they received no reply. This was followed by personal meetings with different departments, and with the International Alliance on HIV/AIDS in Ukraine. To raise awareness of harm reduction, the project conducted training for health care workers, PWUD and OST patients; held two round tables with the participation of health professionals and the public; and carried out other public events.

Effect: Access to OST was secured for 30 people, and the quality of OST programs was improved.

Alexander Avdeed, the Project Coordinator

Ukraine



Project implemented by: Svitanok Charitable Fund (Ukraine)

Objective of the project: To advocate for access to OST, ART and TB treatment for clients of OST programs residing in the territories involved in military operations

Result: Through the advocacy efforts of representatives of the PWUD community, the Ukrainian Network of PLHIV, the International HIV/ AIDS Alliance in Ukraine, the UN Crisis Sub-Cluster, and the Center for Control over Dangerous Diseases under the Ministry of Health of Ukraine, an order was issued for Donetsk region to organize the distribution of OST medications for use at home.

Effect: Access to OST was provided for PWUD residing in the war zone. Methadone was issued as take-home doses for self-administration.

The issue of access to medication was solved in a systematic manner. Forty people residing in the war zone, of which 13 were HIV-positive, were able to continue their treatment; 12 people also continued ART treatment; and one woman was prescribed ART treatment and methadone. For two HIVpositive critical patients co-infected with TB from the city of Krasnoarmeysk, home hospitals have been set up to administer the drugs they need.



Olga Ponomareva, the Project Coordinator

Since early 2005, the OST program in Ukraine has been supported by the State. However, in recent years, patients have suffered because of the political and military situation. An OST program attended by 800 people operated in the Crimea, but Russia refused to continue OST after its annexation of the Crimea. The clients of a methadone program in the east of Ukraine, where the fighting began, were also affected. In May 2014, about 100 clients wrote an appeal to the public in connection with the intermittent supply of methadone. Some of them were able to return to an OST program, including through the efforts of the leaders of the community of people who use drugs.





Fact: The research on the effectiveness of OST programs in many countries shows that the need for daily visits (or travel, if a person lives in a different city) to an OST program site is an obstacle to the utilization of programs. The solution is to provide access to prescription methadone and

Take-home methadone

buprenorphine. In our region, Estonia, Latvia, and

Project implemented by: Vtoraya Zhizn PWUD initiative group

In addition, participation in the Coordination Council for Socially Dangerous Diseases at the Zaporozhye Regional Administration allowed the PWUD Objective of the project: To advocate for community to contribute to the development of the prescription OST medications for OST program clients Ukrainian National HIV/AIDS Prevention Program in the cities of Zaporozhye region and the Zaporozhye Regional Program. The PWUD community's participation in the Coordination Council included advocacy for funding programs for all vulnerable groups, such as men who have sex with men, sex workers, people who inject drugs, and people living with HIV. This means that in 2017, after the end of the Global Fund grant, PWUD will be able to purchase methadone at the expense of the municipal budget.

Result: PWUD community leaders were able to take part in developing regulatory documents and hiring consultants to make the necessary amendments to the regulations. The Order "On the Introduction of the Form of Prescription for the Use of Medications Buprenorphine Hydrochloride and Hydrochloride Methadone in Substitution Maintenance Therapy" was drafted.

> Advocacy for prescription buprenorphine and methadone has been carried out in the region since 2012. The problem is that you need to visit the program every day, but this option is not available for PWUD living in cities other than Zaporozhye. That was why one of the advocacy goals of the project was to open an OST site in Energodar. Another advocacy objective was to introduce prescriptions for OST medications. Thanks to the work carried out by the project, methadone was made available for self-administration. The initiative group Vtoraya Zhizn started the process of registering its organization to continue to advocate for funding OST programs from local budgets.



Ukraine

Lithuania, as well as Moldova and Ukraine, provide a few days' doses of medication to stable patients for their self-administration. In Ukraine, the community of OST patients made a significant contribution to advocating for prescription methadone and buprenorphine.

Effect: The patients receive methadone for selfadministration.



Dennis Korshunov, the Project Coordinator



- ✓ Estimated number of PWUD: 12,573 (0.6% of the total adult population)
- ✓ HIV prevalence among PWUD: 9.4% (compared to 0.7% in the general adult population) Hepatitis C prevalence among PWUD: 83.7%

- drugs, there is a potential punishment of up to two years in prison
- ✓ Government response: needle exchange programs have been in operation since 1997; OST programs have been in operation since 1996

A new approach: OST is not just a drug treatment but a radical improvement in the quality of life

Project implemented by: *Doors* PWUD initiative group

Objective of the project: To conduct a study to determine why people who use opiates abstain from entering OST programs, and why as OST clients they are not willing to undergo rehabilitation

Result: A study involving PWUD, OST patients, and narcologists helped to identify the following barriers to the development of OST programs in Latvia: inconvenient locations (long commutes), lack of awareness about the OST program, myths about OST as a "lifelong" therapy, the fear of a breach of confidentiality caused by stigmatization of PWUD, and the lack of preparedness of family physicians to work with stable clients of OST programs.

Effect: The study helped develop the rationale for advocating a paradigm shift concerning OST: not just a drug treatment but a radical improvement in the quality of life.

Between 5,000 and 13,000 opioid users reside in Latvia, but only 1–2% of them are involved in OST programs (the lowest proportion in the EU). The target would be to have 15–20% of opioid users participating in OST.

The community was highly motivated to participate in the study of barriers to OST, but the excitement soon gave way to disappointment because of the Ministry of Health's lack of interest in the study results. In general, the Latvian Ministry of Health is passive. For example, it pays for ART and hepatitis B and C treatments but is not interested in OST programs and does not wish to pay for buprenorphine (the cost of which is now covered by the client). At the same time, the rank and file narcologists and infectious disease specialists support OST programs.

Based on the results of the study, a proposal was developed to engage family physicians to work for an extra fee with patients who are likely to remain in OST programs for life. It is planned to continue to inform advocacy for the inclusion of buprenorphine in the list of drugs which are paid for by the State.

> Juris Ekshteyns, the leader of the PWUD initiative group Doors, and Alexander Molokovskis, Chairman of the Management Board of HIV.LV Latvia

✓ Drug policy: the use and possession of small amounts of banned substances is an administrative offense punishable by a warning or a fine. If, within 12 months, the person is again discovered using or possessing



- ✓ Estimated number of PWUD: 5,500 (0.2% of the total population)
- ✓ HIV prevalence among PWUD: 3.2% (compared to 0.087% in the general adult population) Hepatitis C prevalence among PWUD: 51.7%
- ✓ Drug policy: partial decriminalization, since by law there is no prison sentence for drug use or for the possession of small amounts of drugs
- ✓ Government response: needle exchange programs have been in operation since 1996; OST programs have been in operation since 1995

Access to OST treatment at the place of residence

Project implemented by: *Reset'AS* public organization (Lithuania)

Objective of the project: To mobilize the PWUD community to advocate for access to OST at the place of residence through mental health centers, which will partly meet the needs of PWUD in substitution pharmacotherapy

Result: The project was able to collect information about the needs of the program's clients; 111 clients' signatures were gathered, requesting to set up a meeting with the management of the Vilnius Center for Addictions and the OST program. The following systemic problems were identified: maintaining confidentiality of medical information; frequency and evaluation of tests for illicit drugs; and access to treatment at the place of residence. The first two issues, which were within the remit of the Center for Addictions, were resolved in favor of OST program clients.

Effect: The PWUD community was mobilized to conduct further advocacy for access to OST at the place of residence through family physicians.

It turned out to be not quite so easy to achieve the project's objective of transferring some of the patients to the care of family physicians closer to their place of residence. Health care providers identified a barrier: the need to allocate funds for the extra pay for doctors to work with OST patients. To address this issue, the Lithuanian community of PWUD is continuing to receive financial and technical assistance from EHRN in the form of small grants and the training to monitor service quality, conduct budget advocacy, and build partnerships.



Kestutis Butkus, the Project Coordinator

Advocacy for national funding of harm reduction programs

Reducing injecting drug use through voluntary opioid substitution therapy yields individual and public health dividends. Methadone maintenance therapy has been associated with a 54% reduction in the risk of HIV infection within populations of people who inject drugs.

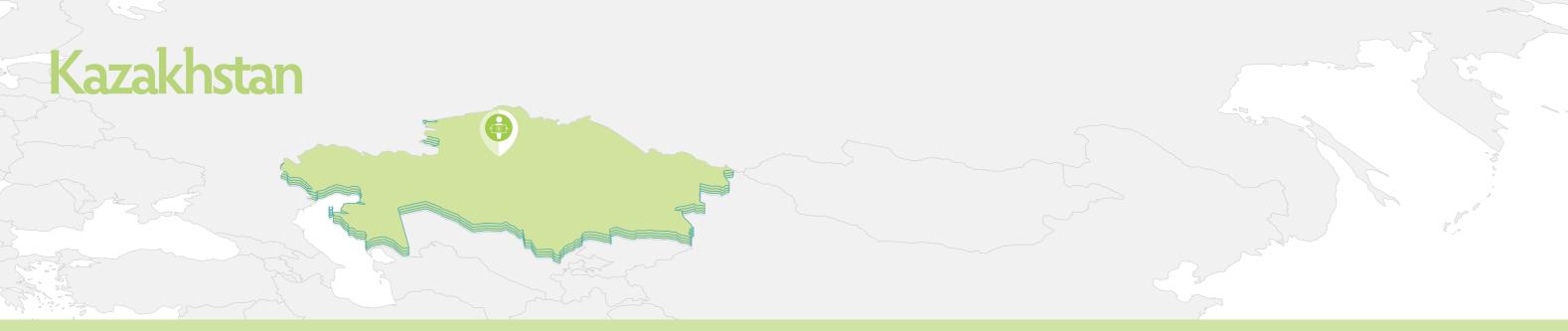
Substitution therapy has also been shown to decrease the risk of hepatitis C infection, to increase adherence to antiretroviral therapy for HIV, to lower out-ofpocket health expenditure and to reduce opioid overdose risk by almost 90%.





The successful piloting of opioid substitution therapy in India led to the inclusion of the "management" of drug dependence and approval of the establishment of treatment centres in a 2014 amendment to the Narcotics Drugs and Psychotropic Substances Act. This policy change has facilitated the scaling up of the programme to more than 200 treatment centres serving about 22 500 people who inject drugs. Opioid substitution therapy is provided in both community settings and also through government health facilities in collaboration with nongovernmental organizations.⁵

5 Do no harm. Health, Human Rights and People who use drugs. UNAIDS 2016



- ✓ Estimated number of PWUD: 127,800 (0.73% of the total population)
- ✓ HIV prevalence among PWUD: 8.2% (compared to 0.004% in the general adult population) Hepatitis C prevalence among PWUD: 70.7%
- \checkmark Punishment for drug use: from fines to arrest; prison sentences for possession of drugs for personal use
- Gender-sensitive approaches in government prevention programs

Project implemented by: Kazakhstan Network of Women Living with HIV and People Affected by HIV

Objective of the project: To advocate for state funding and the provision of gender-sensitive harm reduction services for HIV-positive women who use drugs in the Republic of Kazakhstan

Result: The Women's Network took part in a working meeting with representatives of government agencies, including the Ministry of Health and the National Commission for Women, Family and Demographic Policy under the President of the Republic of Kazakhstan, on the development of a joint action plan to improve gender-sensitive programs in the country. The aim of its involvement was to show decision-makers the truth. **The event was facilitated by the women themselves, and recommendations for key ministries have been developed based on the meeting's results.** <u>A press conference</u> entitled "Problems of the feminization of HIV infection in the Republic of Kazakhstan and increasing the efficiency of interaction between state bodies and civil society" was also held. A website for the Network of Women Living with HIV is being developed.

Effect: The members of the network were engaged in the East Kazakhstan Regional Headquarters to coordinate the activities of state bodies aimed at combating drug addiction and drug trafficking, and the Commission for Women, Family and Demographic Policy of Karaganda region. ✓ Drug scene: in the north of the country there is a growing trend of use of non-prescription pharmacy codeine medications, including for the preparation of desomorphine (crocodile)

✓ Government response: the needle exchange program has been in operation since 1997 and covers 65% of the total number of people who inject drugs; a methadone OST program opened in 2008, but access is limited; naloxone is only available through health facilities (hospital, ambulance)

The EHRN's small grant united the efforts of women's initiative groups in three cities: Taldykorgan, Temirtau, and Ust-Kamenogorsk. Currently, gender-sensitive services are virtually absent in Kazakhstan. Women face physical, sexual, and psychological abuse from the police. To address this problem, the Network teaches women who use drugs to fight for their rights, and trains representatives of law enforcement and other government agencies in gender-oriented approaches. The Network further plans to seek accountability of the officials and to advocate for funding of programs with a focus on the real needs of drug-using women living with HIV.



Elena Bilokon, the Project Coordinator



Great Success of Small Grants

✓ Government response: needle exchange programs have been in operation since 2001; OST programs have been in operation since 2005; methadone and buprenorphine are available to stable patients by prescription; access to naloxone is limited

 \checkmark Punishment for drug use: none; prison sentences for possession of drugs for personal use

Direct dialogue between OST patients and representatives of the health care system

Project implemented by: Zvezda Puti Tvoego ("The Star of Your Path") initiative group of OST patients (Ukraine)

Objective of the project: To ensure funding of OST programs from the budget of Kirovograd region

Result: In October 2015, a working group was established which involved representatives of the community of OST patients, a narcologist, and other health officials. The tasks of the working group included:

• including in the draft Regional Target Program to Counter Drug Abuse the proposal put forward by the initiative group of Kirovohrad OST program members to purchase about 100 courses of methadone for the years 2017–2018 with funds from the regional budget; and

• as part of the Regional Target Program To Counter HIV for 2015-2018, to provide government funding for OST for people living with HIV who are in need of ART.

Ikmine

To raise awareness of the problem and its solutions, an information campaign was carried out on social networks, on partner websites, in electronic newsletters, and in local online media. The campaign included a photo exhibit "Advocacy in People's Faces," which was organized with the participation of the authorities and the media, as well as 11 OST program activists from Alexandria (Kirovograd region). To increase the level of expertise of activist PWUD, a fourday training course entitled "Development of Targeted Programs. Budget Cycle" was carried out to train the leaders of initiative groups from the three regions of Ukraine.

Effect: Kirovohrad region is planning to expand its funding for OST from the regional budget.

The group work mostly proceeded smoothly. Difficulties arose in calculating the cost of OST medications to develop the proposals to the Regional Target Program to Counter Drug Abuse for 2016–2018. A direct dialogue between OST patients and health care representatives, which occurred for the first time ever, was very important. In the course of its implementation the project was able to ensure that in December 2015 the Narcological Dispensary procured and used a Ukrainian pharmaceutical product, Bupren. Unfortunately, the high local drug prices allowed it to buy only three additional courses of buprenorphine, instead of ten for 2016 (although there is an agreement to increase the annual budget to purchase buprenorphine).



Victoria Lintsova and Maksim Goryunov, the Project Coordinators



Montenegro

 \checkmark Estimated number of PWUD: 660⁸ (0.7% of the total adult population)

- ✓ HIV prevalence among PWUD: 1.1% (compared to 0.02% in the general adult population) Prevalence of hepatitis C among PWUD: 53%
- \checkmark Punishment for drug use: from a fine to compulsory treatment

The PWUD community secures government support

Project implemented by: *Juventas* and the PWUD community organization *Link*

Objective of the project: To support harm reduction programs in Montenegro through evidence-based lobbying and advocacy

Result: A study was conducted on access to services for PWUD. Data were collected on harm reduction programs (with the participation of four experts and nine representatives of the PWUD community), and gaps in services were identified. Decision-makers from key organizations in health care and finance took part in data collection. The obstacles to access to harm reduction, treatment of infectious diseases, and drug addiction services were clarified. The conclusions of the study suggest the need for advocacy for changes in public policy. To this end, many round tables and highlevel meetings have been held.

Also, work with the media was carried out. For example, a round table entitled "Reducing harm

associated with drug use to ensure health and social and economic well-being. The future of harm reduction programs in Montenegro" was held with the support of key agencies in the field of public health and drug control. The event, which included an art exhibit and a short film produced by the PWUD, received wide coverage in the media. An article on harm reduction was written, widely circulated, and actively discussed. The project was able to organize training for 11 activist PWUD, to develop their advocacy capacity.

Effect: Given the difficult situation in Montenegro, getting at least verbal government support for harm reduction can be considered a success. *Link* is the first PWUD community organization in the country, and it is now officially registered.

✓ Government response: the needle exchange program has been in operation since 2005; as a result of the Global Fund's withdrawal the number of sites was significantly reduced; the OST program utilizing methadone and buprenorphine began in 2004; a total of five OST sites are in operation; access to naloxone is limited

> In Montenegro not only is the use of drugs prohibited, but so is even harm reduction as such. Access to services is dependent on the goodwill of doctors and on the procurement of the necessary medication, syringes and needles. After the ending of the Global Fund grant, the system has not yet shifted to national funding. Consequently, the scope of harm reduction services and access to them is limited; for example, there is a waiting list for OST. There are other problems as well. The use of buprenorphine is hampered by the lack of protocols and skills to use the medication. Access to rehabilitation services for drug users is difficult because these services are not covered by health insurance. Overall, the study showed that the government is not aware of the needs of PWUD.

Through the implementation of the small grant the organization Link was able to enlist the support of the government to develop a national harm reduction protocol. The government promised to legalize harm reduction, but so far this has not happened. Also, as a result of advocacy, the project was able to amend the 2016 national budget law, which allowed allocating EUR100,000 for the needs of NGOs working in the field of HIV prevention. However, there are serious doubts that these funds will ever reach their destination. We will continue to monitor the resource allocation.







⁶ The evaluation was conducted only in the capital city, Podgorica. See European Monitoring Centre for Drugs and Drug Addiction (2011). Montenegro country overview. A summary of the national drug situation. Lisbon: EMCDDA. http://www.emcdda.europa.eu/countries/montenegro.

SECTION FOUR: Preventing deaths from overdose



On May 28, 2016, my friend Maxim and I went on the train from Surgut to Yekaterinburg. Maxim worked on a shift team in Surgut. He rode with happy thoughts about his upcoming vacation in Sochi, with his wife and daughter Lena: the plane tickets had already been bought. On May 28, 2016, Lena received a call, and a cold female voice told her that her husband had been found dead in the toilet of car No. 13 at Tobolsk station.

We don't have heroin in Yekaterinburg, so we have long forgotten what naloxone is. In Surgut we got hold of some good powder, we used it together, and then it turned out that

it was stronger than we expected. When Max went into the toilet to get some more I could not talk him out of it because I myself was two steps away from overdose. And, of course, when he turned blue, I could do nothing. I was afraid to call someone, because they would not only take me off the train but would get me locked up. So I relied on my own resources. But, unfortunately, I was unable to save him. We buried Maxim on June 1, on Children's Day, and his daughter, who was about 13 years old then, did not shed a tear, nor utter a word during the entire funeral. Dad was her friend. Maxim was 33 years old, just 33.



Fact: The effects of decriminalization in Portugal: The number of new HIV cases has fallen from 1,016 (in 2001) to 56 in 2012. The number of deaths from overdose decreased by 80%!

Cases of fatal opioid overdose pose a huge problem for the countries of our region. For example, it is estimated that in Russia mortality from opioid overdose is up to 80 deaths per 1 million people,¹ and a significant number of overdose cases do not get included in the statistics because people are afraid to report them to physicians. Naloxone is an inexpensive and effective opioid antidote which really helps reduce overdose mortality. Naloxone has long been included in the WHO Model List of Essential Medicines.²

Argument! The UN General Assembly Resolution of April 19, 2016 encourages UN Member States to use naloxone to reduce deaths from overdose.³ However, in most countries of our region naloxone circulation is tightly controlled, and it is not procured by the government for overdose first aid. Naloxone is sold by prescription only because in our countries it is only available in injectable form.

3 United Nations. (April 19, 2016). Resolution adopted by the General Assembly. A/S-30/L.1 S-30/1. "Our shared commitment to effectively address the world drug problem and to combat it," p. 8. https:// documents-dds-ny.un.org/doc/UNDOC/GEN/N16/110/27/PDF/N1611027. pdf?OpenElement

- ✓ HIV prevalence among PWUD: 1.4% (compared to 0.004% in the general adult population) Hepatitis C prevalence among PWUD: 32.1%
- ✓ Drug policy: tending towards softening
 Punishment for drug use: fine; for possession of drugs for personal use: fine
- \checkmark Drug scene: heroin; new drugs are also common, mostly among young people
- ✓ Government response: needle exchange programs have been in operation since 1995, and opioid substitution therapy since 1990; coverage of 10% and 65% of needs, respectively; access to naloxone is limited

Distribution of naloxone for self-administration

Project implemented by: Kooperativa Rog (Slovenia)

Objective of the project: Advocacy for legal use of naloxone by PWUD and their loved ones

Result: Narcan (naloxone) obtained from friendly organizations in Milan and Turin, Italy, is distributed to PWUD for their self-administration. A discussion on

In Slovenia, the problem of overdose among injecting heroin users is acute. According to statistics from the National Institute of Public Health (a structure of the Ministry of Health), ±40 deaths from heroin overdose are registered in Slovenia every year. It is hard to tell how many overdose cases occur in reality, as nobody keeps track. Despite the State's recognition of the importance of naloxone, it is not readily available to the public, and its non-medical use is prohibited. **Moreover, ambulance medics are not allowed to administer naloxone intramuscularly or intranasally. And the attempts to inject the medication intravenously result in the loss of precious time and people's deaths. The authorities do not like Kooperativ Rog and create obstacles to its work. In this case, the Small Grants Program** *Through Peers' Effort* **was very useful because it helped organize a conversation about overdose mortality with the authorities and demonstrate that Rog has international support and, therefore, the organization's work is important.**





tal population) 0.004% in the general adult population) Hepatitis C

- the issue of high overdose mortality has been initiated with the authorities.
- **Effect:** The Slovenian PWUD community was reborn for active participation in the project. Foundations have been laid for further activities to advocate for the legalization of naloxone in the country.



Janko Belin, the Project Coordinator

² This fact is important because the Model List affects the policy concerning the access to medications (including the decisions concerning procuring certain drugs) in many countries.

¹ United Nations Office on Drugs and Crime (2015). World Drug Report 2015. Vienna: UNODC, p. 47. https://www.unodc.org/documents/wdr2015/ World_Drug_Report_2015.pdf.

Conclusion

The fact that HIV is spreading among people who inject drugs and their partners does not require any proof. The need for affordable sterile equipment and condoms is clear. However, just as important is a conducive environment to ensure that people can and want to take advantage of prevention and treatment services.

The PWUD community is changing national drug policies, shifting them towards a public health approach, thereby helping create favorable conditions for the implementation of prevention and treatment services for HIV, tuberculosis, and hepatitis.

Effect of the Small Grants Program *Through Peers' Effort:* An expert group on budget advocacy and drug policy was established and expanded in the community of PWUD.

The community influences improvements in the quality and availability of harm reduction programs.

Under pressure from advocacy campaigns with the participation and often under the leadership of the PWUD community, governments have increased the amount of state funding for needle exchange and OST programs.

Small Grants Program Through Peers' Effort

Part of a comprehensive approach to developing the capacity of the PWUD community

In the past two years, EHRN has had a unique opportunity, with the support of <u>the Global Fund</u>, <u>the</u> <u>Robert Carr Foundation</u>, the MAC AIDS Foundation, the <u>Levi Strauss Foundation</u> and <u>the Regional</u> <u>Platform for Community Development, Human Rights</u> <u>and Gender Sensitivity</u>, to introduce a system for developing and "professionalizing" the leaders of the PWUD community, allowing them to fully participate in advocacy at all levels.

This approach includes the following elements:

- training of community leaders in monitoring and <u>evaluating the quality of services</u>, budget advocacy methods (<u>Training for trainers</u> <u>on community-led advocacy</u>), including understanding the budget cycle, defining advocacy goals, understanding advocacy targets, and the ability to work with different advocacy methods;
- training in the protection of rights and methods of documenting cases of violations of rights of PWUD (*Training module for online* webinars for street lawyers in EECA on human



rights and drug policies developed), which are subsequently used for advocacy;

- providing small grants to community groups and PWUD community organizations: It is important that the community group itself determines its advocacy goals, and gradually learns to be effective in advocating for its interests in practice. In addition to financial assistance, EHRN in this case provides the group with technical support on advocacy, the development of materials, and project management; and
- bringing together community leaders at the national and regional levels, and providing ongoing support for the organizational development of the <u>Eurasian Network of People</u> <u>Who Use Drugs</u>.

The mission of the Eurasian Harm Reduction Network *is* to promote the spread of humane and evidence-based harm reduction approaches to drug use, with the aim of improving health and protecting human rights of individuals, community and the general public.



Eurasian Harm Reduction Network (EHRN) is a regional network of harm reduction programs and their allies from across 29 countries in the region of Central and Eastern Europe and Central Asia (CEECA). Together, we work to advocate for the universal human rights of people who use drugs, and to protect their lives and health.

The Network unites over 477 institutional and individual members, tapping into a wealth of regional best practices, expertise and resources in harm reduction, drug policy reform, HIV/AIDS, TB, HCV, and overdose prevention. As a regional network, EHRN plays a key role as a liaison between local, national and international organizations. EHRN ensures that regional needs receive appropriate representation in international and regional forums, and helps build capacity for service provision and advocacy at the national level. EHRN draws on international good practice models and on its knowledge about local realities to produce technical support tailored to regional experiences and needs. Finally, EHRN builds consensus among national organizations and drug user community groups, helping them to amplify their voices, exchange skills and join forces in advocacy campaigns.

BECOME AN EHRN MEMBER:

EHRN invites organizations and individuals to become part of the Network. Membership applications may be completed online at:

www.harm-reduction.org/become-a-member

