

# THE VOICE OF HARM REDUCTION

September 2011, Overdose Edition

## Message from an Expert: What Unites Us as Harm Reductionists?

**Dan Bigg**, Dir. of Chicago Recovery Alliance (USA) with **Anya Sarang**, Andrey Rylkov Foundation for Health and Social Justice (Russia)



The overall mission of the Chicago Recovery Alliance, an organization I co-founded over 20 years ago, is to facilitate positive change in any and all individuals in need. My colleague Anya Sarang, who collaborated with me on this piece, is world renowned for her application of harm reduction practice. Her efforts are all the more impressive in light of the massive challenges she faces working in Russia, a country with one of the most repressive drug policies in the world.

Yet despite the differences between us and our environments, we share important similarities and principles. These include respect for life and dignity of all people and dedication to enabling positive change, regardless of the unique definitions individuals may have for what that encompasses.



Dan Bigg

We both understand that the harms which we aid people in fighting are not limited to infectious diseases, ineffective treatment and overdose. These harms also include openly and aggressively judgmental attitudes towards intoxication, and the associated strong resistance society has towards co-existing with intoxication. We realize that in order to be constructive when battling the perception of all drug users as the enemy, individuals must have the ability to rise above such common stereotypes.


Anya and I fight these stereotypes in very different ways. She battles to bring opioid substitution therapy to her nation in the face of refusal to acknowledge the strong evidence for its benefits; I, meanwhile, struggle to eliminate the stigma, disrespect and ghettoization that surrounds the therapy in the United States. At times, both goals feel equally impossible.

In 1996, the Chicago Recovery Alliance started educating individuals on, and prescribing, naloxone. At the same time, Anya was developing naloxone-distribution pilot projects in Russia and providing training on overdose reversal to drug users in Moscow. The evidence of naloxone as a top-notch antidote to opiate intoxication was unequalled and compelling to both of us. Mutually, we quickly recognized naloxone as the simple, inexpensive, and



Anya Sarang

amazing live-saving medication that it is; since then, naloxone has continued to be viewed as a critical commodity by our project participants, harm reductionists and many others.

There is one key question that remains with us both regarding naloxone, however: Why is it still not accessible to every opiate user globally, through wide-scale, government-supported interventions? Achieving that goal requires our continued urgent attention through the joint advocacy, action and evidence we generate from our work. That same conclusion came to both Anya and me, even though thousands of miles separate us, because we are harm reductionists. 

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# POLICY<sup>AND</sup> ADVOCACY

## Call for Action: Measures that must be taken in response to the overdose problem in EECA

*On 31 August 2011, EHRN released Call for Action: Measures that need to be taken in response to the overdose problem in Eastern Europe and Central Asia. This Call for Action, summarized below, is based on a study Overdose: review of the situation and response in 12 countries in Eastern Europe and Central Asia (EECA) conducted by EHRN in 2011, and illustrates the dire need to upgrade the overdose response.*

### Facts

- **About 3,724,000 people currently inject drugs in EECA. The primary drug injected is heroin.**
- **Statistics on overdoses are highly underestimated.** As many as six people with overdose enter a clinic in Tbilisi, Georgia each day; however, in 2010 the Forensic Bureau of Georgia reported only 15 overdose-related deaths for the entire year.
- **People who inject drugs face massive barriers in seeking overdose reversal assistance.** A survey of drug users in Kyrgyzstan (2009) found that only 21% of drug users reported having ever called an ambulance in an overdose situation. One-third of individuals surveyed said they have refused medical assistance in an emergency due to fear of police harassment and the possibility of being forced to enlist in the narco-logical register.
- **Granting community representatives access to naloxone has resulted in substantial overdose reversals.** Since naloxone projects began, at least 2,439 overdose deaths have been prevented among lay people in Georgia, Kazakhstan, Russia, and Tajikistan. Most notably, in 2010 a total of 1,204 overdoses were reversed in Georgia, Russia, and Tajikistan, saving hundreds of lives.
- **The use of naloxone saves society significant amounts of money.** A program implemented around

lethal overdose prevention in Chapaevsk (Samara Region, Russia) estimated the one-year economic benefits, as measured in lives saved, to be 9.8 times higher than the project's cost.

### Challenges


- **Official statistics are often unreliable and dramatically underestimate true overdose prevalence.** Overdose statistics are highly fragmented and usually not disaggregated in relevant national reports. An absence of overdose data in open sources and difficulties in accessing this data mask the seriousness of the problem from the general public.
- **Overdose mortality is not recognized by governments as a serious public health concern in EECA.** Lithuania and Estonia were the only study countries that included the goal of reducing drug-related mortality in their national drug strategies.
- **People who inject drugs have no legal protections in health crises.** In many countries, emergency medical workers are required to inform law enforcement about overdose cases, which discourages many overdose witnesses from seeking assistance. Arrests often occur when medical workers contact police in overdose cases.
- **Unjust medical policies prevent people who inject drugs from seeking**

*medical care.* Many countries require mandatory detoxification with the use of sedatives for people with drug dependence and overdose patients. Consequentially, if the drug user injects again soon after discharge, the risk of an overdose may seriously increase.

- **There is an absence of overdose prevention programs in several countries.** Programs exist in only half of the EHRN study countries.

### What can you do to reverse the overdose burden?

- **Mobilize governmental, international, and domestic agencies to improve the quality and accessibility of overdose statistics.** Adopting [European protocols](#) as a basis, a unified system of national reporting and monitoring of lethal overdoses must be established.
- **Demand that governments prioritize funding for overdose mortality prevention in their drug policies.** Governments must provide financial support for the purchase of naloxone, toxicological and forensic expertise, as well as overdose prevention programs.
- **Review the legislative and policy barriers to implementing best overdose practices.** Among the many barriers are criminal and administrative sanctions on overdose patients, and police accompanying emergency healthcare workers to overdose response calls.
- **Appeal for improvement in the quality and accessibility of medical care related to overdose, with the crucial goal of increasing accessibility to naloxone.** Carry out trainings and distribute naloxone among service providers, rehabilitation center clients, and detoxification patients and their loved ones.

*For more information as well as references please see EHRN study 'Overdose: review of the situation and response in 12 countries in Eastern Europe and Central Asia' (2011) and 'EHRN guide to organizing and implementing programs to prevent overdose' (2011).* 

# REGIONAL HIGHLIGHTS

## *Best Practice of Naloxone Project: Tomsk, Russia*


While naloxone is a registered medication in Russia, low-threshold programmes have very limited access to it. In October 2011, the final six overdose prevention projects among injecting drug users will come to an end in Russia, including the project implemented by the 'Tomsk-AntiSPID' Humanitarian Foundation funded by the Open Society Foundations through NP 'ESVERO' (from 2008–2011).

Eighty-eight percent of drug users in Tomsk are heroin users. It is fair to say that many overdose outcomes are often caused by a lack of immediate response from people around, but poor first aid skills and absence of essential medications also play an important role.

The Naloxone Project employs outreach workers and volunteers who are specifically trained in opiate overdose prevention as well as first aid. Drug users are informed about the project, offered individual and group counselling on overdose issues, provided with

naloxone and informational materials, and invited to educational trainings. Outreach workers also collect feedback from clients. Based at the low-threshold center, 'Our Clinic' is a team of outreach trainers along with consultants specializing in drug treatment; they conduct trainings on overdose prevention and activities that strengthen first-aid skills of injecting drug users. Additionally, a consulting narcologist keeps required records and distributes naloxone to outreach trainers, volunteers and trained project clients.

The project's best practices are those of overdose prevention training events for health staff, rehabilitation workers and relatives of drug users. An important element is that doctors and families of drug users have free access to naloxone, which significantly reduces the number of fatal overdoses.

As of August 2011, naloxone has saved 311 lives in Tomsk, Russia. 

## *Sub-Regional Trends*

### **Hepatitis C: unaffordable treatment limits access**

In Central and Eastern Europe and Central Asia (CEECA), injecting drug users (IDUs) are at extremely high risk for contracting the hepatitis C virus (HCV), with parts of the region reporting up to 96% of IDUs as being infected with HCV. The first WHO-sponsored World Hepatitis Day took place on 28 July 2011. On that day in **Ukraine**, 700 IDU activists unified to mobilize the community calling for hepatitis C treatment; in **Georgia**, the Georgian Harm Reduction Network, and its partners, collected over 7,000 signatures on a petition to promote hepatitis C awareness, and distributed over 5,000 pamphlets. The latest recommendations to tackle issues surrounding the accessibility and affordability of hepatitis C treatment in CEECA can be found in EHRN's [Call for Action: Measures that need to be taken in response to the overdose problem in Eastern Europe and Central Asia](#).

### **Opioid substitution therapy: opponents attack evidence-based treatment**

While opioid substitution therapy (OST) is available in some Central Asian counties, many barriers still exist in IDUs accessing OST in the region. In spring 2011, OST opponents in **Kazakhstan** disseminated false information about OST to the media, and petitioned the government to discontinue methadone pilot projects. International organizations and UN agencies responded to allegations that OST was a 'national security threat' by directing letters of support for OST to Kazakh authorities. The national OST controversy has since stabilized. In early 2011 a new OST site was opened in Ust-Kamenogorsk with 10 clients, and a Kazakh delegation of health professionals and government representatives will be visiting OST sites in China in September 2011.

### **Fighting for humane drug policies in the region**

On 21 July 2011, International Drug Users Memorial Day, activists gathered around the world to commemorate victims of Russia's war on drugs. In Berlin, activists collaborated with Deutsche AIDS-Hilfe to send parcels of white slippers and flowers to the Russian Ministry of Health. In Budapest, a vigil occurred at the Russian embassy, calling on **Russia** to introduce OST in the country (a video of the vigil may be found at [the Drug Policy Website of the Hungarian Civil Liberties Union](#)). On 13 September, 2011 the District Administrative Court of Kyiv dismissed the suit by the International HIV/AIDS Alliance in **Ukraine** against the Ukrainian Ministry of Health. Alliance submitted the claim in spring 2011 to fight illegal separate provisions of Order Nr.634 which was issued last year and led to a 20-fold reduction in the minimum amount of narcotic drugs possession which results in criminal responsibility, in Ukraine. 



# BEING HEARD

## *I'm Alive Thanks to Naloxone: It Really Works!*

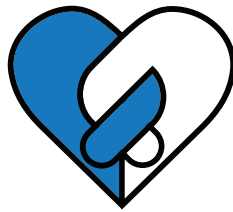
*Nikolay  
Ekaterinburg, Russia*

For 20 of my 38 years of life I have been using drugs. I started in 1990 with 'jeff' which is produced from the Solutan brand of ephedrine-based cough syrup. Then there was 'khanka' (extracted opium poppy), and later heroin. I never used pharmacy codeine drugs (desomorphine), because I knew what they can do to people – I had seen many of my friends die from using them.

Over my 20-year using background I've never had an overdose, as I have a practice of splitting my dose into two parts, knowing that it's better to add up a bit later than to die on the high. I've also never shared a syringe, so I managed to avoid HIV and hepatitis C.

One day outreach workers from the NGO 'Chance Plus' invited me and my girlfriend to take part in a training about a medication that helps manage overdoses – later I learned it was naloxone. Back then, I thought this information was completely useless to me, but eventually the name of the medication became permanently imprinted in my mind. We listened through the ses-

# I am the evidence



## Naloxone WORKS

sions and were given one naloxone ampoule each. Right after the training we went to buy heroin, and managed to get some quality stuff surprisingly soon. As usual, I split my dose in half, while my girlfriend shot up the whole amount, and passed out. I tried to bring her to life, and then remembered about naloxone. With nothing else to lose, as she could die at any moment, I injected her with one of the ampoules I received at the training. Within five minutes, she had recovered. Because I was stressed out from the whole situation, I shot up the second part of my dose right then. I don't remember anything after it, but they told me I was unconscious for four minutes. Fortunately, my girlfriend realised she had to use naloxone, and so she also saved my life...

Later, we decided to try and quit drugs, because we want to have a child. We were invited to another HIV

prevention training at NGO 'Chance Plus', and when the trainers heard about our intentions, they suggested we start working as volunteers. We'd like to help other people as we were helped once. Thanks to naloxone we are still alive. 💙

*Aleksandr  
Naberezhnye Chelny, Russia*

A close friend of mine recently died from an overdose. It happened not because he was alone or had no one around to save him. Most likely his fellow drug users didn't know how to bring him back, or were scared of police to call for help. I'm sure that if that group of people had naloxone and knew how to use it, my friend would still be alive. And this case is far from unique in our city: every day I hear about someone dying from an overdose because people around did not have the skills or were not quick enough to resuscitate the person.

And here is a story from my own drug using experience. I once had a severe withdrawal and no drugs

on me when, quite unexpectedly, I obtained a large amount of heroin. As often happens with drug users, I was so happy that I prepared a much bigger dose than usual, thinking it would be a certain shot to help me recover and stay longer on the high. Right after the injection my sight darkened, my legs became numb, and a thought flashed: 'This is the end!'. I always monitored my condition when heroin hit harder than my usual dose, and only God knows what would have happened if I hadn't had two naloxone ampoules in my drawer. It broke the effects of heroin and I went sober at once, and within half an hour I felt better – this time, death passed me by. If opiate users always had access to naloxone, if this medication was part of all ambulance first aid kits, many of my friends would be still alive. Availability of naloxone saves lives! 💙

## Secretariat Updates

### Technical Support Program

#### Round 11 Global Fund Call for Proposals

On 15 August 2011, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) launched a call for proposals for its 11th round of funding, with the deadline for applications set for 15 December. EHRN is submitting a regional proposal to the Global Fund and is also providing assistance to member organizations with the submission process. EHRN has developed guidelines for the following proposal components: hepatitis C, overdose, technical support, and community systems strengthening. It also has compiled recommendations on overdose prevention program models. Additionally, the Civil Society Action Team (CSAT) and the Harm Reduction Knowledge Hub—both hosted by EHRN—will provide further assistance, through proposal consultancy and expert review. For more information, please visit:

Global Fund Proposal Microsite:  
<http://www.theglobalfund.org/en/application/>

EHRN Harm Reduction  
Knowledge Hub:  
<http://www.harm-reduction.org/hub.html>

CSAT:  
<http://www.harm-reduction.org/hub/csat.html>

### Policy & Advocacy Program

#### EHRN Campaign

##### *Naloxone Works: I'm the Evidence*

The Naloxone Works: I'm the Evidence campaign was launched by EHRN, at the 22nd Annual International Harm Reduction Conference in Beirut, Lebanon on 6 April 2011. The campaign is aimed at gathering video and written evidence on how naloxone distribution within communities of people who use drugs



Members of the EHRN Secretariat

helps to reverse opioid overdose and save lives. EHRN welcomes people who use drugs, their families, harm reduction activists and medical specialists to provide their testimony about naloxone by posting video/text submissions on the [EHRN Facebook page](#). EHRN also thanks the US Harm Reduction Coalition for its support and for organizing the [campaign overseas](#).

#### *EHRN Organizes Overdose Meeting*

EHRN, in partnership with the US Harm Reduction Coalition and the International Network of People who Use Drugs, is hosting a meeting titled *Mobilization of international response to overdose mortality*. This event will facilitate stakeholders in consolidating efforts to develop guidelines for improving data collection practices and public health responses to overdose. The meeting is tentatively scheduled for November/December 2011, in Geneva, Switzerland.


### Research & Information Program

#### *EHRN and Collaborators Awarded Tender Concerning HIV and Co-Infection Prevention Strategies*

The European Union's Executive Agency for Health and Consumers has granted authority to EHRN, in collaboration with the Royal Tropical Institute of the Netherlands and

AIDS Foundation East-West (AFEW), to develop an HIV service guide for the European Union and neighboring countries. The guide will include evidence-based HIV interventions that reflect support mechanisms and barriers to providing HIV services in those nations. The project aims are to conduct a meta-analysis on HIV incidence, identify existing regional financial resources, and build upon the working knowledge of such documents as the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia and those associated with the United Nations General Assembly Special Session on HIV/AIDS (UNGASS).

#### *EHRN and Health Policy Project Develop IDU Toolkit*

EHRN and Health Policy Project are developing a toolkit that will address and prioritize policy issues of relevance to injecting drug users (IDUs), including opioid substitution therapy, needle and syringe programs, HIV counseling and testing, and essential medical services. The IDU toolkit pilot will initiate in Ukraine, with the objectives of comparing existing policies with best practices and providing local stakeholders with concrete areas to tackle in the short-term. It is assumed that such efforts will quickly improve IDU service quality and access. The toolkit will be used in conjunction with long-term IDU advocacy efforts. 

## Steering Committee Updates




Irina Teplinskaya, EHRN Steering Committee member

### Irina Teplinskaya: Triumph of Human Rights in the Russian Context

On 18 August 2011, Irina Teplinskaya, a member of EHRN's Steering Committee, was detained by Russian Federal Security Service personnel at Kaliningrad airport upon her return from Kyiv after a three months' course of drug-free rehabilitation. During a search, Teplinskaya was planted with a methadone pill which is used in Ukrainian substitution therapy programs, but is illegal for any purpose in Russia. On 19 August, Teplinskaya was indicted on drug trafficking charges, which are punishable by up to seven years of incar-

ceration. She is certain that the pill was planted on her due to her activism for the removal of legislative barriers in Russia to the treatment of drug addiction with opioid substitution therapy (methadone and buprenorphine). From October 2010 to August 2011, Teplinskaya filed complaints to the UN Special Rapporteur on the Right to Health, the UN High Commissioner for Human Rights, the Ministry of Health of Kaliningrad region, the district court of Leningrad district of Kaliningrad and the regional court of Kaliningrad region.

On 25 August, the Prosecutor's Office dropped criminal charges against Teplinskaya. She reported the following afterward:

*It was our common victory, the one that in light of repressive drug policy and country-wide human right violations in Russia can only be called a miracle. From all corners of the world, round the clock, I received support letters with offers to help. I'm especially grateful to the Andrey Rylkov Foundation and its president, Anya Sarang, who coordinated related activities in the international community; Inna Vyshimirskaya, who invited me to stay with her family for the time of investigation; my lawyers Alexander Koss and Mikhail Golichenko; EHRN's Secretariat; the Human Rights Association 'Agora'; and International Network of People who Use Drugs. Our unity is our strength!* 

## New Members of EHRN

### Serbia

- Association Red line  
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# EHRN: WHO WE ARE

## Mission

*The mission of Eurasian Harm Reduction Network (EHRN) is to promote humane, evidence-based harm reduction approaches to drug use, with the aim of improving health and protecting human rights at the individual, community, and societal level.*

Eurasian Harm Reduction Network (EHRN) was established in 1997 with the aim to enhance the communication and coordination of harm reduction activities and programs in the region of Central and Eastern Europe and Central Asia (CEECA). EHRN is governed by its members through elected representatives at the Steering Committee. As of 31 August 2011, EHRN had 344 members, including both individuals (48% of the total) and organizations (52%). EHRN's overarching strategy objectives for 2010-2014 are to help implement

non-discriminating policies for drug users and other vulnerable people in the EHRN territory, and to improve and expand the use of evidence-based interventions and services that target them.

EHRN is signatory to the Code of Good Practice for NGOs Responding to HIV/AIDS. It is granted a Special Consultative NGO Status by the Economic and Social Council of the United Nations (ECOSOC), and is a member of the International Drug Policy Consortium (IDPC) and the European Commission's Civil Society Forum on Drugs in the European Union.

## EHRN Newsletter

*The Voice of Harm Reduction* is a tool for EHRN members to network, exchange best practices, promote successes and advocate for what we collectively consider the most urgent regional matters related to harm reduction and

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drug policy in CEECA. This edition of the newsletter specifically highlights issues related to overdose; the next issue, due to come out in November 2011, will be dedicated to International Drug User Awareness Day and drug policy.

EHRN is looking for your best stories, practices, trends, developments, and drug user perspectives for upcoming newsletters. Become a link in our advocacy efforts and submit your story today. Contact Larisa Abrickaja at [larisa@harm-reduction.org](mailto:larisa@harm-reduction.org) for more information. 

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