



Drugs, AIDS, and Harm Reduction

HOW TO SLOW THE HIV EPIDEMIC

IN EASTERN EUROPE AND

THE FORMER SOVIET UNION

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IHRD International Harm Reduction Development



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The International Harm Reduction Development (IHRD) program of the Open Society Institute 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 programs attempt to diminish the individual and social harms associated with drug use—especially the risk of HIV infection. Harm reduction encompasses a wide range of drug user services, including needle and syringe exchange, methadone treatment, health education, medical referrals, and support services.

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Traditional, authoritarian methods of drug control do not stem the tide of drug use or the social and health harms associated with it. By contrast, harm reduction methods work.

FOREWORD: REDUCING HARM IS A REALISTIC GOAL

As many as four million people in Eastern Europe and the former Soviet Union are injecting drug users at great risk of becoming infected with HIV from shared injection equipment. We know that traditional, authoritarian methods of drug control do not stem the tide of drug use or the social and health harms associated with it. By contrast, harm reduction methods work. Harm reduction, a nonjudgmental, humane public health response to drug use, is premised on the conviction that it is more productive to integrate drug users into society than to separate them. It also assumes that when drug users are provided the opportunity, they make lifestyle changes that improve their overall health. The realistic goal of reducing the harms caused by drug use replaces the unrealistic goal of eliminating drug use altogether.

Harm reduction, practiced for many years in Western Europe, North America, and Australia, has proven effective. Harm reduction in Eastern Europe and the former Soviet Union, however, has met with opposition from people who see it as an alien Western methodology that inappropriately slipped through the borders that started opening in the late 1980s. By moving the philosophy and practice beyond its origins, the International Harm Reduction Development (IHRD) program and its partners have established that harm reduction can indeed be adapted to the needs of this particular region. IHRD, a program of the Open Society Institute, has supported harm reduction projects that are scrupulously designed to respond to the social and cultural realities of the populations they serve.

The projects described in this publication reflect the heterogeneity of the region. The people who developed these projects to fit into the social and cultural landscapes are training others, reinforcing indigenous priorities. Local governments are beginning to take notice and to respect the validity of these activities. The practices of harm reduction are taking hold.

To slow the HIV epidemic, replication of these harm reduction projects must outpace the proliferation of HIV. This may still be possible since the epidemic is in its early stages, but it can only happen if communities, politicians, law enforcement, and all citizens recognize the gravity of the crisis and the urgency of responding.

We are proud of the pilot projects OSI has funded. We hope that the good sense behind their activities, the effectiveness of their results, and the courage of the people who run them will inspire others in the region to replicate their efforts—quickly and comprehensively.

Kasia Malinowska-Sempruch

Director

International Harm Reduction Development program

Open Society Institute



HIV-positive babies in a general hospital.

DRUGS, AIDS, AND HARM REDUCTION



An HIV patient's bed in the hallway of a hospital.

Health care systems in the region remain in poor shape to cope with the twin epidemics of drug use and HIV infection.

The global HIV epidemic is spreading through the countries of Eastern Europe and the former Soviet Union in tandem with a steep rise in injection drug use. In parts of the region, the HIV infection rate is increasing faster than anywhere else in the world. Despite



such alarming statistics, injecting drug users (IDUs), who are among the most at risk of HIV infection, are not receiving the attention and care they deserve—largely because prejudice against them hinders efforts to establish appropriate services and policies, such as harm reduction strategies, that could help prevent HIV infection. Experience in North America, Australia, Western Europe, and elsewhere shows that needle/syringe exchanges and other harm reduction approaches are effective not only in diminishing risks to IDUs but in curbing the HIV epidemic overall.

The International Harm Reduction Development (IHRD) program of the Open Society Institute, in partnership with Soros foundations in Eastern Europe and the former Soviet Union, has supported 162 harm reduction programs at 128 organizations to provide drug users with access to clean needles/syringes, substitution drug therapies, sexual health education, and a variety of social care services.

More support from governments and funders is desperately needed to sustain and expand these activities. Among other necessary developments, strong political leadership is critical to overcoming public resistance to helping homeless youth, sex workers, prisoners, and other often marginalized people who make up a disproportionately high number of IDUs.

The urgency is to act quickly in Eastern Europe and the former Soviet Union before the HIV epidemic spreads further and thousands more begin to die.

I

THE CRISIS: RISING DRUG USE AND HIV IN EASTERN EUROPE



The main factor exposing injecting drug users to the risk of HIV infection is the sharing of contaminated injection equipment.



STARK FIGURES: THE STEEPEST HIV CURVE IN THE WORLD

Increasingly large numbers of people in Eastern Europe and the former Soviet Union are injecting illicit drugs. Estimates at the end of 2000 put the number between 2.3 million and 4 million IDUs in the region. In Russia alone, estimates range from 1 million to 2.5 million. The rise is particularly rapid in many urban areas. For example, out of 32,000 young people between 15 and 29 years of age in the Kazakh city of Temirtau, at least 3,000 are believed to be IDUs.¹

HIV infection shadows injecting drug use. In 1995, the number of HIV infections in Eastern Europe and the former Soviet Union was estimated at below 30,000. At the end of 1999, the number for the region had climbed to 420,000, and the United Nations announced that the newly independent states had the steepest HIV infection curve in the world.² A year later, at the end of 2000, the number of HIV infections in Eastern Europe and the former Soviet Union had almost doubled, to 700,000.³ Despite the UN's warnings, however, few governments or international funders have moved to mobilize sufficient resources to respond to the disease in the region.

Russia has been particularly hard hit by the epidemic. "In one year, more people have become infected with HIV in Russia than all previous years combined," Peter Piot, executive director of UNAIDS, said in November 2000.⁴ At that time, UNAIDS put the number of HIV-positive people in Russia at 300,000⁵ by the end of 2000.

Vadim Pokrovsky, head of Russia's Center on AIDS Control and Prevention, believes the epidemic in his country is even more severe. In April 2001, he estimated that there were 500,000 HIV-positive people in Russia at the end of 2000 and that the number would rise to 1 million by the end of 2001.⁶

With a huge majority of the region's HIV cases traceable to injecting drug use (80 percent of the cases in the newly independent states, for example), there is hope that bold measures will staunch the epidemic's spread.⁷ But the window of opportunity to make a difference is closing. Unless comprehensive harm reduction programs are adopted throughout the region, more and more people who inject drugs will contract HIV. And, as the percentage of cases

resulting from sexual contact grows (often transmitted unknowingly by IDUs), HIV infection will spread throughout the population, increasing the number of people who need treatment and services—and making the epidemic even more difficult to contain.

UNEXPECTED CONSEQUENCES: TRANSITION'S EFFECT ON THE EPIDEMIC

Social and economic conditions in Eastern Europe and the former Soviet Union during the past decade—increasing poverty, high unemployment, labor migration, inadequate health care, and a lack of preventive health education—provided fertile ground for the rise in injecting drug use and facilitated the spread of HIV.

The drug industry flourished after the collapse of communism. Many people who were hard hit by unemployment and poverty turned to growing and selling drugs as a way to survive. Many more people became consumers of drugs, seeking escape from hardship, disillusionment, and social dislocation. Millions of refugees, uprooted by numerous wars, also contributed to the tidal wave of drug use.

The opening of borders allowed drugs to move freely throughout the region. Afghanistan is the world's largest producer of opium, responsible for 75 percent of the global supply in 1999. From Afghanistan, narcotics spread into the neighboring Central Asian countries (Tajikistan, Turkmenistan, and Uzbekistan) and then through nearby Armenia, Azerbaijan, Georgia, Kazakhstan, and Kyrgyzstan and all along drug trafficking routes into the West.

And where the drugs traveled, HIV followed.

Health care systems in the region remain in poor shape to cope with the concurrent epidemics of drug use and HIV infection. Under communism, health care services were coercive to the point of violating human rights. Today's partially market-driven health care

systems have moved in the other direction, placing responsibility for health care in the hands of consumers and putting poor people and marginalized groups at great risk.

The consequences are disheartening for public health. Before 1989, for example, most Soviet-bloc countries paid obstetricians and gynecologists to visit remote areas once or twice each month to provide care for rural women. After 1989, most of these services were discontinued. Before 1989, the countries of Eastern Europe and the former Soviet Union were almost syphilis-free. Now Russia, Belarus, Ukraine, Kazakhstan, and Kyrgyzstan report overwhelming increases in the number of syphilis cases.

Clearly, the coercive system of the previous regime has no place in a democratic society. But neither does a system that offers health care only to those with resources while providing little or no help to those most in need.

HARMFUL BEHAVIOR: SHARING NEEDLES

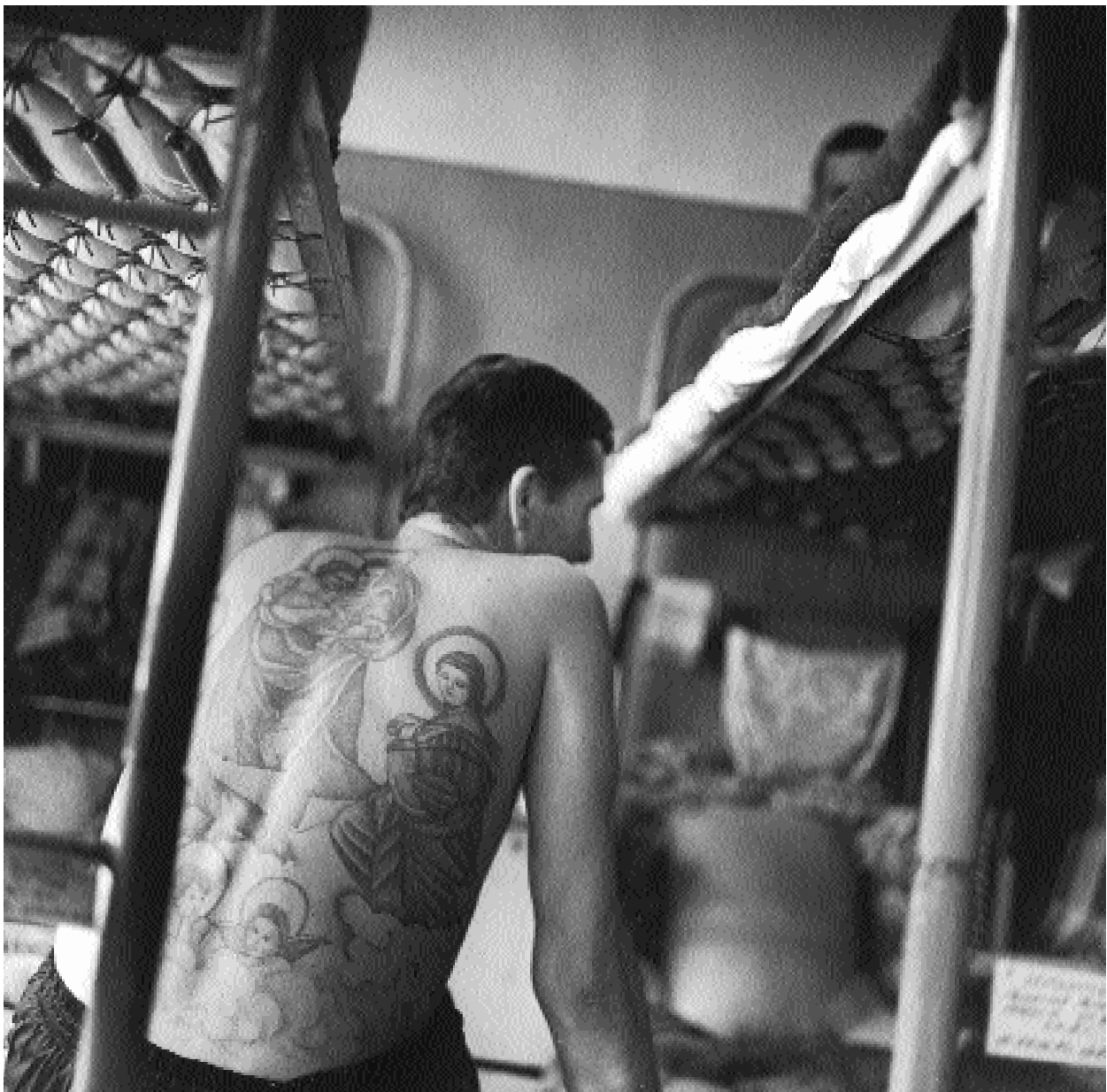
Fearing contact with state agencies or the police, many users of illegal drugs refuse to visit health care professionals even if they are eligible for care. As a result, they lack knowledge about the health risks of injecting drug use in general, and their own health situation in particular. In many countries, the deteriorating health care systems cannot provide the public with even the most basic HIV prevention information.

HIV infection can spread at extraordinary rates among injecting drug users. In Svetlogorsk, Belarus, for example, HIV prevalence among IDUs rose to more than 55 percent within one year after the first HIV cases were reported.⁸ In some cities in Ukraine, overall rates of HIV infection among injecting drug users rose from almost zero in 1994 to more than 50 percent two years later.⁹

The main factor exposing IDUs to the risk of HIV infection is the sharing of contaminated injection equipment.

Overcrowding, inadequate medical care, and rampant drug use in the region's prisons facilitate the spread of many infections, including HIV.

The HIV ward in a prison hospital.



Unauthorized possession of needles and syringes is illegal in many countries of Eastern Europe and the former Soviet Union. Lack of access to clean needles and syringes forces many users in the region to share injection equipment and puts them at risk of contracting HIV. Blood to blood transmission spreads HIV even more rapidly than unprotected sexual contact. In some Ukrainian cities, the rate of needle sharing has been estimated at upwards of 80 percent.¹⁰ Needle and syringe sharing also exposes drug users to a range of other blood-borne diseases, including hepatitis C.

BREEDING GROUNDS FOR DISEASE: OVERCROWDED, UNSANITARY PRISONS

Prison conditions in Eastern Europe and the former Soviet Union facilitate the spread of many infections, including HIV. Substandard nutrition in prisons is typical, as is a lack of basic medications, essential medical equipment, light, and ventilation. Most prisons are overcrowded and unsanitary. Occupation rates in Romania's prisons, for instance, run from 150 percent to 700 percent, according to the General Directorate of Penitentiaries.¹¹ In Russia, cells meant for 28 hold up to 110 people. Inmates often sleep in shifts.¹²

Overcrowding in the region's prison systems is largely due to overzealous drug policies that mimic the U.S. "zero tolerance" approach to drug control. In the last few years, Poland, Hungary, and the Czech Republic, for example, have passed legislation modeled after this misguided and counterproductive U.S. strategy. In Russia, which shares with the United States the highest incarceration rate in the world, the number of people imprisoned for the non-medical use of drugs has increased five-fold over the last three years.

Drug use is rampant in the region's prisons. A recent study by Medecins Sans Frontieres found that in seven Russian prisons 43 percent of the inmates had injected drugs and, of those, 13.5 percent started in prison.¹³ In addition to sharing needles, other risky behavior in prison includes forced or voluntary unprotected sex between men, self-mutilation,

piercing, and tattooing.

The results are disastrous. In Ukraine, it is estimated that 7 percent of prisoners are infected with HIV.¹⁴ About one-fifth of Latvia's known HIV cases are in prison, and half of the new cases reported annually are coming out of the penitentiary system. Up to 87 percent of these new cases may be IDUs.¹⁵

A criminal justice policy that forces nonviolent IDUs into the closed environment of prison, where HIV spreads quickly through sex and shared needles, amounts to a disastrous public health policy—inside and outside prison walls.

"Governments and prison authorities have a moral and legal responsibility to prevent the spread of HIV infection among prisoners and prison staff and to take care of those infected," says Cees Goos of the World Health Organization. "They also have a responsibility to prevent the spread of HIV among communities. Prisoners are the community. They come from the community, they return to it. Protection of prisoners is protection of our communities."

A DEADLY COMBINATION: HIV AND TB

Overcrowded prisons are also a leading cause of the skyrocketing tuberculosis (TB) rate in Russia—up 80 percent since 1990. *The Global Impact of Drug-Resistant Tuberculosis*, a 1999 report prepared by Harvard Medical School's Program in Infectious Disease and Social Change and funded by OSI, documented that many of the TB cases in Russia and Estonia involved multidrug-resistant tuberculosis (MDR-TB).¹⁶

In Russia, according to a *New York Times* article in December 2000, health experts describe the prison system as an "epidemiologic pump" pouring TB into the general population.¹⁷ Any type of infectious disease makes a person more susceptible to a host of other health problems. Deaths from infectious diseases are many times higher in Russia than in most developed countries.

HIV and TB are closely linked. About 13 million people worldwide are infected with both HIV and the

germ that causes TB.¹⁸ Up to 50 percent of people living with HIV can expect to develop TB, the most common cause of death in persons with HIV throughout the world.

“HIV severely weakens the immune system, and makes people highly vulnerable to diseases such as TB,” said Dr. Peter Piot, executive director of UNAIDS.¹⁹ “According to our latest figures, nearly two-thirds of all people with HIV or AIDS were living in the countries with the highest TB burden in the world. The link between the two is inescapable.”

“Effectively treating TB will not solve the worldwide AIDS crisis,” Piot said, “but it will significantly reduce its burden.”

BRINGING HIV HOME: SEX WORKERS AND THEIR CLIENTS

The number of people working in the sex industry in Eastern Europe increased dramatically during the 1990s—for many women, sex work is their only means of survival. Sex workers who inject drugs and share contaminated injection equipment are at a high risk of contracting HIV. Sexual contact with clients, often unprotected at the clients’ demand, increases the chances of HIV infection spreading more widely.

It is estimated that between 25 to 35 percent of sex workers in the Russian cities of Moscow and Volgograd, the Belarus capital of Minsk, and the Ukrainian cities of Odessa and Donetsk inject drugs.²⁰ HIV prevalence among sex workers has reached an estimated 15 percent in some of these cities. In Kaliningrad, Russia, anywhere from 40 to 80 percent of the sex workers are thought to be HIV positive.²¹

Sexual transmission of HIV is growing in areas of Russia and Ukraine where the drug use and HIV epidemics have existed for a number of years. In Kaliningrad and Odessa, sexual transmission has gone up from an estimated 5-15 percent of newly detected case in 1996 to 30-35 percent in 2000.²²

Moscow is particularly vulnerable since it has the region’s largest sex worker population, with estimates of up to 70,000 sex workers.²³ A study in the fall of 2000 by

Moscow’s Federal AIDS Institute found that 15 percent of the sex workers tested HIV positive. “Think about it—that is 15 percent of the 70,000 women who will be out there tonight,” said Arkadiusz Majszyk, the UN official who produced the report. “Which means their clients get it, and pass it on to their families, and back to other prostitutes, and so on.”²⁴

VULNERABLE POPULATIONS: SPECIAL NEEDS OF THE ROMA

The Roma are the most vulnerable population throughout Central and Eastern Europe. As a group, they are subject to the worst conditions—slum-like housing, chronic unemployment, poor health care, lack of access to public services, and inferior, segregated schools. Discrimination plays a significant role in marginalizing the Roma; non-Roma often use them as convenient scapegoats for difficult problems that affect the entire society. As a result, injecting drug use and HIV risk behavior are controversial issues for the Romani community and its leaders.

However, given their poverty and lack of access to services, it is indisputable that many Roma are at risk of drug use and HIV infection. Illiteracy, discrimination, and cultural distance further increase the risk. Reliable figures are difficult to obtain, but researchers report a rise in injecting drug use within Romani communities.²⁵

Many Roma are uninformed about the risks associated with needle sharing and unprotected sex—a situation that will remain unchanged as long as countries lack culturally competent education and prevention services for Romani communities. In the Czech Republic, Slovakia, and Hungary, for example, primary drug prevention and safer sex projects are aimed at the majority population and seldom reach Romani youngsters. HIV testing, drug treatment, and harm reduction programs rarely take into consideration Romani cultural attitudes toward, for example, explicit sex education, or their general distrust of government institutions.

THE WRONG APPROACH: PUNISHING THE DRUG USER

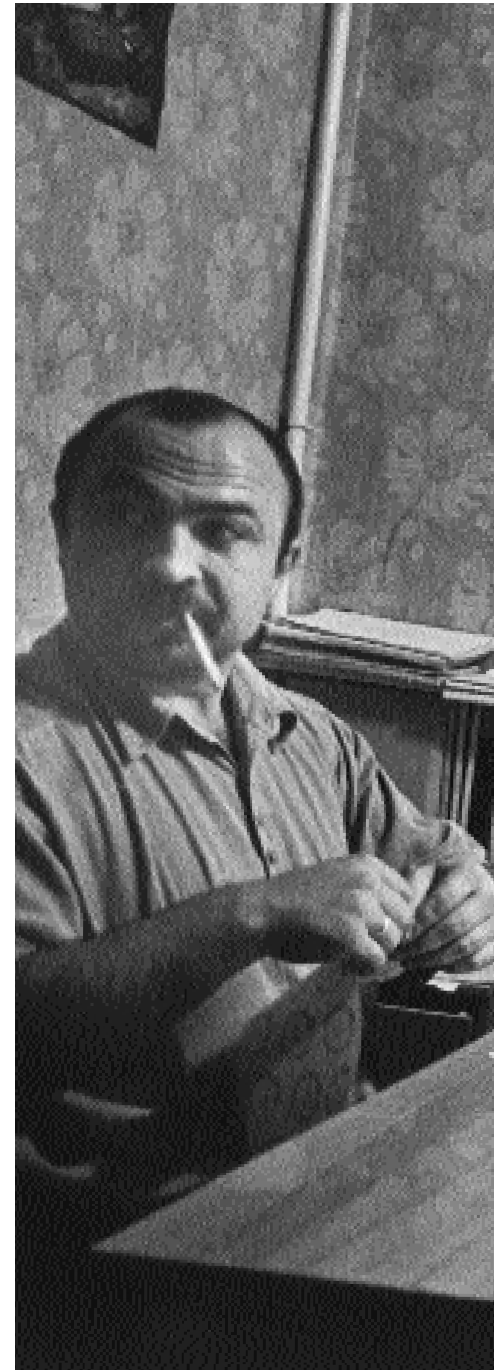
Many countries in Eastern Europe and the former Soviet Union attempt to control injecting drug use through harsh, inappropriate measures. A few years ago, for example, the Russian Duma (parliament) passed a law making it illegal to be an addict, thus jeopardizing participation in all drug treatment

programs. The police in some countries round up young people suspected of drug use to search for needle marks (known as “tracks”) or force them to be tested for HIV. Those who test positive have their drug use and HIV status officially registered with the police.

These measures not only have failed to reduce drug-related harm but have forced IDUs further underground, encouraging needle sharing and other

Harsh, inappropriate laws and police practices have forced injecting drug users further underground, encouraging needle sharing and other risky behaviors.

Police interrogate a student who bought a small amount of marijuana.



risky behaviors. In response to police searches for track marks, for example, users have begun injecting into their necks, groins, and underarms—parts of the body where the marks are less evident. Injecting into these areas, however, increases the risk of hitting an artery and/or incurring severe nerve damage.

The punitive approach has extended to official drug treatment programs, which are few in number and often

so inadequate as to be worse than no treatment at all. Many countries force IDUs into locked wards, drugging them with tranquilizers to keep them sedated but offering no help with painful withdrawal symptoms. Counseling, peer support, and other approaches that recognize the human needs and psychological struggles of breaking free of addiction are rarely used in the region.



II

THE BETTER ALTERNATIVE: HARM REDUCTION PROGRAMS



The Medecins du Monde needle exchange bus in St. Petersburg.

Needle/syringe exchange programs decrease needle sharing, reduce HIV prevalence, and do not lead to higher rates of illegal drug use or injecting.



“The basic principles of harm reduction begin with the understanding that drugs are here to stay. There will never be a drug-free society, and in fact there has never been a drug-free society in civilized human history. Our challenge is not how to eliminate drugs from our midst . . . [but] to learn to live with drugs in such a way that they cause the least possible harm.”

ETHAN NADELMANN, EXECUTIVE DIRECTOR, LINDESMITH CENTER-DRUG POLICY FOUNDATION

IHRD-supported programs seek to provide drug users with a range of effective alternative interventions based on the philosophy of harm reduction. Unlike many drug treatment approaches, harm reduction does not demand complete abstinence from drug users as a precondition for service delivery, recognizing that active injectors can take steps to protect themselves from drug-related harms. Harm reduction practitioners believe that positive changes in behavior are more likely to result when drug users are met with supportive care rather than violence and incarceration.

Harm reduction does not deny the value of helping people become drug free or the benefits of abstinence. But since these goals may be longer term and perhaps, for some, unattainable, services to reduce risks in the interim—particularly the risk of HIV infection—are essential to avert personal and public health disasters.²⁶

Within a harm reduction perspective, all positive behavioral change—such as disinfecting needles between injections and using clean injecting equipment—is regarded as meaningful progress. Though they may seem like minor steps in addressing the overarching societal effects of drug use, such changes have had powerful and widespread public health benefits, particularly in reducing HIV transmission. Just as importantly, perhaps, they convey an intangible symbolic message to drug users, reassuring them that they are vital members of the general community whose well-being is treasured.

In practice, harm reduction programs frequently include needle/syringe exchange and substitution therapies such as methadone treatment programs. These programs are often complemented by other support services, including educational outreach, counseling, overdose prevention efforts, teaching of safer injecting techniques, basic medical treatment and referrals, and

testing for HIV, TB, hepatitis, and sexually transmitted diseases (STDs) such as syphilis and gonorrhea.

NEEDLE/SYRINGE EXCHANGES: HOW THEY WORK

“Needle exchange staff must often begin by convincing users that their lives are worth something. Users are surprised that anyone would take an interest in their lives and health. This can be very powerful. Program staff, just by caring, can help catalyze a will to live and change.”

KASIA MALINOWSKA-SEMPRUCH, IHRD DIRECTOR

At a minimum, needle/syringe exchange programs provide IDUs with clean injecting equipment in exchange for used equipment. This straightforward act has proven effective in decreasing needle sharing among users, getting dirty needles off the streets, and reducing the incidence of HIV.

Accessibility of Services. Needle/syringe exchange programs seek to be as accessible as possible to all who may possibly benefit from them. Times, locations, and services are frequently designed around local drug use patterns. Services are offered at stationary sites, where users come to exchange injecting equipment, or through mobile exchange units that travel on fixed schedules to reach drug users where they congregate. In some instances, service providers and volunteers travel on foot to exchange needles/syringes.

Bridge to Other Services. By providing easily accessible services, staff and volunteers at needle/syringe exchange programs establish trusting relationships with active injectors. These relationships serve as a bridge between drug users and a range of potentially lifesaving services and information about drug toxicity, safer sex, legal rights, and health. Many needle/syringe exchange programs offer basic medical care, free condoms, counseling, and noncoercive

referrals to social workers, advocates, doctors, and detoxification programs.

Needle/syringe exchange programs often rely on current or former drug users to serve as outreach consultants, staff, or volunteers. Throughout the region, needle/syringe exchanges are run both by government agencies and NGOs.

HOW DO WE KNOW SYRINGE/NEEDLE EXCHANGE IS EFFECTIVE?

Numerous studies from around the world over the past 15 years confirm that needle/syringe exchange programs decrease needle sharing, reduce HIV prevalence, and connect members of socially and economically marginalized groups with drug treatment and other services.²⁷ These studies also conclude that such programs do not lead to higher rates of illegal drug use or injecting.²⁸

In the 1990s, researchers in the United States reported the results of a study on the effects of needle/syringe exchanges over a five-year period.²⁹ They found that such programs neither increased drug use among current IDUs nor “recruited” new injectors. In fact, injection frequency among IDUs in the community decreased from 1.9 injections per day to 0.7, and the percentage of new initiates into injecting drug use decreased from 3 percent to 1 percent.

A separate study of 81 cities around the world compared HIV infection rates among IDUs in cities that had needle/syringe exchange programs with those that did not. In the 52 cities without such programs for IDUs, HIV infection rates increased by an average of 5.9 percent a year. In the 29 cities with needle/syringe exchanges, HIV infection rates decreased by an average of 5.8 percent a year.³⁰

From a purely financial perspective, providing injecting drug users with clean needles, condoms, and safer sex information is more cost effective than treating a person with AIDS. It is, of course, also much less costly for a society’s overall health and welfare.



Medecins Sans Frontieres (MSF) training session for Russian doctors and health care workers.

Providing injecting drug users with clean needles, condoms, and safer sex information is less costly for a society's overall health and welfare than treating a person with AIDS.

SUBSTITUTION THERAPY PROGRAMS: HOW THEY WORK

“Methadone maintenance insures that the drug user comes to a treatment institute regularly. When they’re here we can offer them tests for TB, HIV, and other medical services. If they have other health problems, such as thrombosis or ulcers on their legs, we can treat them. This contact is substantial. Their status changes from being illegal and underground to being a part of society.”

EMILIS SUBATA, DIRECTOR, VILNIUS SUBSTANCE ABUSE
TREATMENT CENTER, VILNIUS, LITHUANIA

Substitution therapy is delivered through clinics that dispense a daily dose of methadone or other synthetic narcotic medication to those with an opiate addiction. It is used successfully in many regions of the world to reduce needle use, help connect drug users with ongoing monitoring and care, and enable them to break their addiction so they can live healthier, more productive lives in the community.

Breaking Heroin Dependence. People who are addicted to opiates such as heroin are physically dependent, and they experience severe craving and withdrawal symptoms if the amount of opiates in their bodies falls below a certain level. They continue to take heroin to keep this from happening. Methadone and other synthetic treatments, properly prescribed, can help users stabilize and reduce or eliminate their dependence on heroin by stopping the withdrawal and the cravings for opiates.

Regular Clinic Visits. Methadone, the most common substitution therapy in the region, is dispensed in liquid form to clients who visit programs on a regular schedule. Methadone clinics use this regular contact with clients to share information on drug use, health, and safer sex and to screen for HIV or other blood-borne diseases. Clinics also offer referrals for medical treatment or social care.

Methadone and other substitution therapies are illegal in many Eastern European and former Soviet

countries, although a small number of them now operate in the region, often with the support of local authorities.

HOW DO WE KNOW METHADONE TREATMENT IS EFFECTIVE?

The benefits of substitution therapy have been well established by hundreds of scientific studies. Compared to other major drug treatment modalities—drug-free outpatient treatment, detoxification centers, and therapeutic communities—methadone is the most rigorously studied option and has yielded the best results. Since it contributes to lowered frequencies of drug injection and needle sharing, methadone therapy is associated with a reduced risk of HIV, hepatitis, and other blood-borne infections.³¹ It is also linked to decreases in crime since patients no longer need to turn to theft or other illegal activity as a means of financing the purchase of illegal heroin or other opiates.³² And finally, methadone is very cost effective—especially when compared with the high costs of incarceration.

HARM REDUCTION WORLDWIDE: GROWING SUPPORT AND PERSISTENT OPPOSITION

“A colleague of mine has remarked that the biggest risk factor for HIV is politicians. He’s right.”

JEAN-PAUL GRUND, HARM REDUCTION EXPERT

Despite their demonstrated success at reducing drug-related harms, needle/syringe exchanges and methadone programs have vocal opponents. Some detractors argue that these programs endorse drug use by not requiring abstinence. Others claim that offering clean needles encourages more casual drug users to become addicted or that substitution therapy fails to help because it replaces one dependency for another. These views, often based on longstanding suspicion of and prejudice against drug users, persist despite

extensive evidence indicating that harm reduction interventions promote public health, save money, do not encourage drug use, and ultimately advance overall human rights.

In many countries, a wide gap exists between what has been scientifically proven and what is politically feasible. Leading authorities in the United States, such as the Centers for Disease Control and Prevention, the National Academy of Sciences, and the National Institutes of Health, have studied needle/syringe exchange programs and concluded that such programs reduce HIV transmission and do not increase drug use. However, it is still controversial for U.S. policymakers to come out in favor of harm reduction approaches.

This may be changing. As needle/syringe exchange and substitution therapy strategies continue to prove effective—and other interventions fail to adequately stem HIV infection among injection drug users—support for harm reduction is growing. Needle/syringe exchanges and substitution therapy programs now operate in virtually all regions of the world. Strong collaborative networks of harm reduction agencies are active in Asia, Australia, Europe, North America, and South America. Multilateral agencies, including the World Health Organization, UNDP, and UNAIDS, support harm reduction as an appropriate and reasonable response to the global AIDS epidemic.

ATTITUDES TOWARD HARM REDUCTION IN EASTERN EUROPE AND THE FORMER SOVIET UNION

Official acceptance of harm reduction varies throughout the region. Many of the countries in Central and

Southern Europe already have experience with harm reduction approaches, although they remain controversial. Authorities in countries such as Bulgaria, Poland, and the Czech Republic have tentatively accepted harm reduction programs. By contrast, the concept of harm reduction is new and particularly sensitive in many of the former Soviet countries.

Places most resistant to harm reduction are often those with the highest levels of HIV infection among IDUs. However, countries that have restrictive policies but low HIV prevalence to date—countries such as Slovakia—may be sitting on a time bomb if they do not increase effective harm reduction measures as soon as possible.

HIV prevention advocates and service providers do not necessarily have to wait for government funding and approval to begin implementing lifesaving programs. A harm reduction movement, usually at the local level, is under way in Eastern Europe and the former Soviet Union. Needle/syringe exchange programs are currently operating with the tacit permission of local authorities even where national governments have not officially endorsed such policies or effectively decriminalized their methods.

In addition to IHRD and the Soros foundations, other groups working to organize, fund, and sustain harm reduction projects in the region include the Central and Eastern European Harm Reduction Network, Canadian International Development Agency, Department for International Development (UK), Medecins Sans Frontieres, UNAIDS, and UNDP. Even though the number of organizations involved continues to increase, the need for viable harm reduction programs is rising even faster as injecting drug use surges throughout the region.

III

OSI'S LEADERSHIP IN THE HARM REDUCTION MOVEMENT



Homeless young people, many of whom sell both sex and drugs to survive, are particularly vulnerable to violence, abuse, hunger, and disease.



In 1995, the Open Society Institute (OSI), known for pioneering effective, innovative approaches to public health and human rights concerns, founded the IHRD program to support HIV prevention and other social care efforts targeting drug users in Eastern Europe and the former Soviet Union.

Today, IHRD is a leader in the region's struggle against the twin epidemics of injecting drug use and HIV. IHRD's efforts are greatly strengthened by close coordination with a network of foundations established and supported by George Soros, who is also the founder and chair of OSI. Located in most countries of Eastern Europe and the former Soviet Union, the Soros foundations have joined with IHRD to develop on-the-ground networks of staff, contacts, and assistance critical to establishing effective harm reduction initiatives.

Together, IHRD and the Soros foundations provide funding and support to 162 projects in 22 countries. These projects, based in local government and nongovernmental organizations, provide thousands of injecting drug users with potentially lifesaving services, including clean needles, counseling, and HIV prevention information. For the first time, IDUs who were once completely cut off from care are beginning to have access to medical, social, and psychological services.

HARM REDUCTION PROGRAMS THAT MEET LOCAL NEEDS

While all projects that IHRD and the Soros foundations support adhere to the general philosophy of harm reduction, each is tailored to the specific political, legal, and social context in which it operates. Most provide needle/syringe exchange, since the most common substitution therapy, methadone treatment, is still illegal or too controversial in many countries in the region. Since patterns of drug use vary from place to place, projects themselves differ in the details of their service provision. On the next page are a few examples of the innovative ways that harm reduction programs are bringing help and hope to those long considered out of reach.

- The Monar program in Krakow, Poland, has an established drop-in center with a long history of providing drug users and their friends and family with resources such as counseling, treatment, and legal advice. Monar recently added a needle/syringe exchange component to its drop-in center and now conducts extensive outreach work among active drug users. Monar helped to establish Krakow's first methadone program and actively refers interested needle/syringe exchange clients for methadone therapy.
- When the Initiative for Health Foundation started its harm reduction project in 1999 in Sofia, Bulgaria, it consisted of just a few outreach workers. These workers identified themselves by carrying distinctive bags as they circulated among drug users in a city park and neighborhoods where users congregated. The project eventually raised enough funding for a van and now performs mobile needle/syringe exchange work in Sofia and within Romani communities. It offers referrals to drug treatment programs and to clinics where users can get tested for HIV and hepatitis.
- In Poltava, Ukraine, the Charitable Anti-AIDS Fund operates a needle/syringe exchange program. In addition to injecting equipment, the project offers basic medical services, free condoms, counseling, and referrals to lawyers and health and mental health care professionals. The Fund's staff receives comprehensive training in HIV prevention and outreach work. The organization hosts a website on HIV and drug addiction and produces a wide range of publications on drugs, HIV, sex, and drug-user legal rights.
- The Socium Harm Reduction Project in Bishkek, Kyrgyzstan, offers needle/syringe exchanges at two locations. Used syringes are counted, registered, and destroyed in an incinerator. In addition,

Socium offers primary medical care, voluntary HIV testing, and referrals to medical and legal professionals.

- The Vilnius Substance Abuse Treatment Center in Vilnius, Lithuania, began the first methadone treatment program in the former Soviet Union. In addition to methadone, the project offers a wide range of services including outpatient detoxification, psychiatric treatment, general medical care, and referrals to employment agencies. Methadone clients at the center established a self-help group in 1999. Stable methadone clients, some with HIV, are employed as outreach workers.

Harm reduction projects in Eastern Europe and the former Soviet Union face multiple challenges, from building trust with wary clients to dealing with repressive government agencies. Harm reduction practitioners develop creative techniques to overcome these obstacles.

- Dragica Fojan, a harm reduction practitioner in Slovenia, organized opposition within the NGO community to a proposed anti-drug law that promoted harsh penalties for users. Their advocacy helped defeat the measure.
- Darko Kostovski, a physician in Skopje, Macedonia, sometimes wears a Star Trek uniform to coax a smile from clients entering the needle exchange program and put them at ease.
- Stefan Karabatic, a young outreach worker in Split, Croatia, quietly contacts drug users at a coffeehouse and gives them clean injection equipment from his car without attracting the attention of the police.
- In Odessa, Ukraine, outreach worker Sergey Kostin helps homeless people and drug users earn money

selling a newspaper his program publishes with contributions from local artists and writers.

IHRD SPECIAL INITIATIVES TARGETING AT-RISK GROUPS

IHRD supports a number of special initiatives to reach populations that are particularly vulnerable to HIV infection.

Sex Workers

In 2000, IHRD awarded grants for 34 projects that provide assistance to sex workers. Funding went to programs located in Belarus, Bulgaria, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Russia, Slovakia, Turkmenistan, Ukraine, and Uzbekistan. Support enabled existing harm reduction organizations to add on or expand services targeting sex workers and helped sex-worker projects incorporate harm reduction components. Most of the projects include needle/syringe exchange and outreach for sex workers; training for outreach workers on the special needs of sex workers; the development of health education and HIV prevention materials; and legal and medical treatment referrals for women and men engaged in sex work.

Harm Reduction in Prisons

In response to the high rates of drug use and HIV transmission among prison inmates, IHRD recently launched a series of pilot harm reduction and HIV prevention projects in prisons, funding 10 governmental and nongovernmental programs. Grants went to programs in Albania, Estonia, Kyrgyzstan, Latvia, Moldova, Poland, Romania, Russia, Turkmenistan, and Ukraine.

These projects offer varied services, including counseling for drug users and HIV education for prisoners and prison staff. In countries such as Estonia, Latvia, Moldova, Poland, Russia, and Ukraine, where

needle/syringe exchange is already legal and politically feasible, HIV-prevention materials and equipment, including condoms, bleach, and needles, are distributed to prisoners. In countries where needle/syringe exchange in prisons is technically illegal, including Albania, Romania, and Turkmenistan, groups are working to create a more receptive environment for harm reduction interventions.

Roma

Several existing harm reduction projects are already providing direct services within Romani communities. To perform this work more effectively and to better understand harm reduction needs among Romani drug users, IHRD commissioned a study in three countries and, with Monika Horakova, the only Romani member of the Czech Parliament, organized a seminar on drug use within Romani communities. The study and the seminar both underscored the importance of actively engaging Roma in the design and delivery of needed harm reduction services. To this end, IHRD hired a technical advisor of Romani origin to help guide its harm reduction efforts among Romani populations.

Street Kids

The number of homeless children has grown markedly over the last decade in the region, most notably in Central Asia, Romania, and Russia. Lacking connection to supportive families, access to caregivers or state-run social services, and protection, these children are particularly vulnerable to violence, abuse, hunger, and disease. Many engage in high-risk drug use and sell both sex and drugs to survive.

Through a special partnership with the Canadian organization Street Kids International, IHRD arranged for social workers and harm reduction practitioners from Tajikistan, Kazakhstan, and Kyrgyzstan to receive training on outreach techniques targeting street kids. Participants learned about drug-use patterns among homeless children and methods to prevent HIV.



An MSF outreach worker discusses the harm associated with drug use at a metro station where users often congregate.

Harm reduction street workers counsel people cut off from caring relationships and offer them access to medical, social, and psychological services.

IHRD'S EFFORTS TO STRENGTHEN LOCAL CAPACITY

IHRD has sponsored hundreds of workshops, study tours, research papers, and policy initiatives to strengthen local capacity in addressing drug use and HIV issues through harm reduction. These efforts are creating a knowledgeable cadre of harm reduction practitioners and advocates as well as a small but growing number of government officials throughout the region who support harm reduction. Some specific initiatives include the following:

- Organizing site visits for government and NGO representatives. For example, police representatives from Kazakhstan and Kyrgyzstan visited drug treatment programs in Poland, where harm reduction measures are better established.
- Underwriting publications such as a how-to guidebook on establishing needle/syringe exchange projects and scholarly research on drug policy and ethnic minorities.
- Implementing training programs for harm reduction practitioners on outreach work among minority communities, research and evaluation strategies, caring for women drug users, the sexual health of drug users, and organizational development.
- Providing funds for key individuals from national governments and NGOs to attend the annual International Harm Reduction Conference.
- Funding the establishment of local harm reduction advocacy groups such as the Central and Eastern European Harm Reduction Network.
- Sponsoring roundtable policy discussions on drug-related issues. For example, in Georgia, IHRD

brought legislators together with drug policy specialists from Eastern Europe and the United States to help formulate national drug policies based on scientific research and the practical experience of other countries.

EXISTING HARM REDUCTION EFFORTS ARE NOT ENOUGH

The efforts of IHRD, the Soros foundations, and other partner organizations have helped build the foundation of an effective harm reduction movement in Eastern Europe and the former Soviet Union. Most notable have been the tireless efforts of people at the local level, who often face government authorities that are skeptical at best and oppressive at worst as they seek to establish projects addressing the urgent needs of drug users in regions that remain economically stagnant and socially hostile. Throughout the region, there are dedicated and caring people—including workers and volunteers in the nascent local NGOs and caregiver groups, many of whom are former or current drug users or people living with HIV themselves—who are willing to commit themselves to confronting the dire public health menace that is HIV.

These existing efforts, however, are small in relation to the exploding rates of injecting drug use and HIV infection. Significant barriers—political, legal, and, most importantly, fiscal—remain in virtually all countries in the region. In the absence of consistent and diverse funding, substantive government support, and wider public acceptance, harm reduction efforts will fail to contain an HIV infection rate growing faster than anywhere else in the world. Civil society, national and local governments, and the international community must act quickly before the window of opportunity closes. Otherwise, in a region already struggling to define itself and its future, hundreds of thousands of people, most of them young, will die. And the chances of establishing democratic, open societies may fade as well.

AFTERWORD: HARM REDUCTION PROGRAMS EXEMPLIFY OPEN SOCIETY VALUES

The mission of the Open Society Institute and the international network of Soros foundations is to transform what were closed or repressive societies into open societies. In addition, where the network operates in open societies we assist those addressing flaws that often involve disregard for marginalized segments of the population. Our aim is to enhance individual autonomy for all to an extent consistent with our concern for the autonomy of others.

The Open Society Institute supports harm reduction programs because they exemplify values that are central to our mission. These programs provide individuals at risk an opportunity to minimize the damage they suffer because of their drug addiction or their sexual practices by reducing exposure to HIV and to opportunistic diseases such as TB that are often lethal to those with impaired immunity. In the process, we believe that harm reduction programs also contribute to general social welfare by limiting the spread of these diseases throughout the population.

The injecting drug users, sex workers, and the sexual partners of both groups who are the main targets of harm reduction programs are

widely scorned and, as a consequence, are frequently neglected or subjected to punitive treatment. In focusing on them, OSI's harm reduction programs manifest our belief that the well-being of everyone matters. An open society can only be built on a commitment to the worth and dignity of all. Moreover, we consider failure to provide information and care to those at risk increases the risk to others.

The Open Society Institute operates a broad range of programs. We promote the rule of law. We support independent, diverse, and high-quality media, and the dissemination of information and ideas through electronic means. We operate economic development programs to support transition to market economies that address the needs of all citizens. We attempt to enhance educational opportunities from early childhood through advanced university instruction. We assist those promoting the rights and opportunities of women and of minorities suffering from discrimination. We foster the development of democratic institutions. We promote public health. Much of our work is conducted in the formerly closed countries of what was the

Soviet empire, but increasingly we also operate programs in other parts of the world: sub-Saharan Africa, Southeast Asia, the Middle East, the United States, and a few other countries of the Western hemisphere.

The work of the International Harm Reduction Development program and its grantees is an intrinsic part of our

comprehensive effort to advance our mission by fostering the development of open societies.

Aryeh Neier

President
Open Society Institute

An open society can only be built on a commitment to the worth and dignity of all.





DIRECTORY

HARM REDUCTION PROGRAMS
IN EASTERN EUROPE AND
THE FORMER SOVIET UNION

Harm Reduction Programs in Eastern Europe and the Former Soviet Union

The International Harm Reduction Development (IHRD) program of the Open Society Institute (OSI) funds a growing number of projects throughout the region targeting IDUs and others most at risk for contracting potentially fatal diseases such as HIV and hepatitis C. The projects all meet the basic IHRD criteria of providing needle/syringe exchange and extensive outreach and education services in a nonjudgmental manner. A few of the projects are linked to organizations that provide methadone maintenance therapy (and most others provide referrals when requested), but the main IHRD goal remains to prevent the spread of HIV in the most basic ways possible among people who continue to inject drugs.

IHRD funds harm reduction projects at some 130 organizations from Bishkek, Kyrgyzstan, to Split, Croatia. IHRD approval and commitment are usually contingent upon the availability of additional funding from NGOs, local government agencies, international aid organizations, and other sources. The number of clients served by the harm reduction projects varies widely depending on the size of the organization and the target population. In large cities such as Odessa, Ukraine, more than 1,000 people a month regularly exchange needles and use the local project's other services. Meanwhile, across the country in tiny Uzhgorod, fewer than 100 clients are in regular monthly contact.

IHRD funds 11 projects that focus solely on harm reduction in prisons since, in several countries, the highest rates of drug use and HIV are among prisoners. After surmounting the initial hurdle of approval from authorities to implement the projects (including the controversial needle exchange elements), organizers face substantial logistical and trust problems inside prison walls. The most successful ones have established peer education systems not only for prisoners but also for staff, whose tolerance is vital.

Another priority is sex workers, whose numbers are growing

steadily in Eastern Europe and the former Soviet Union. Many sex workers are also injecting drug users, increasing their risk of contracting HIV and hepatitis. They are usually concentrated in larger cities and border regions along with other transient populations that are more likely to use drugs. IHRD funds 34 sex worker projects. About two-thirds were funded by “add-on” grants to projects that already received separate support for harm reduction services to IDUs. The other third went to organizations that worked with sex workers but had not previously focused on harm reduction services.

As with other harm reduction projects, the first step in serving sex workers is prevention education followed by convenient access to condoms in tandem with clean needles. Some projects try to set up individual monitoring systems, recognizing that sex workers are more migratory than other groups and often face different types of dangers. Clients can also be referred to knowledgeable health care specialists who pledge to guarantee anonymity.

HIV rates among IDUs have dropped considerably in a number of cities where projects have gained the trust of the drug-using community, not a simple task. Elsewhere, though, rates continue to rise as the IDU population skyrockets—there are always new, young users who are unaware of risks or just do not care about them.

Nearly every project, however, has had a demonstrably positive effect on how IDUs and people with HIV are viewed by local officials and the general public. Newspaper and TV stories about the projects have opened people’s eyes and led to increasing support for the sort of harm reduction strategies funded by IHRD. The next step may be a commitment on the part of health care authorities to adopt similarly aggressive measures to combat HIV before it becomes a much larger, and more expensive, social health problem. That in turn could lead to a more understanding attitude toward drug use and abuse and the people at the heart of the issue.

Albania

Aksion Plus and Albanian Youth Council

Rr. Asim Vokshi: Nr. 56

Tirana, Albania

E-MAIL: youthlink@abissnet.com.al

Drug use is illegal under Albanian law, but it has risen sharply in tandem with drug smuggling during the ongoing political, economic, and social changes following the collapse of the communist regime. Anecdotal evidence indicates that just about every person in Tirana now knows at least one young person who is a habitual heroin or barbituate user. There are no methadone treatment programs in Albania and only one licensed detox center.

The project relies on aggressive outreach efforts and peer education training to build trust among clients, many of whom do not venture far from their homes out of fear of the police and the gangs that control the drug trade. It is also collecting data about drug users' behavior and the risk factors that are specific to Albania, which it will share with the government and other NGOs where appropriate.

Stop AIDS

Rr. Qemal Stafa, P.8, Sh.1

Tirana, Albania

E-MAIL: ishp@icc.al.eu.org

Stop AIDS is an NGO with longtime experience with AIDS prevention work, especially with high school and university students. Its prison project focuses on increasing prison administration knowledge and support of HIV/AIDS prevention; training prisoners about HIV prevention; creating peer education groups among prisoners; identifying at-risk groups; and providing HIV-prevention equipment and materials as needed.

Outside prison walls, the project focuses on prisoners' rights, particularly those regarding health care, access to prevention education, and social support and counseling. It also closely evaluates legislation on HIV/AIDS in prison.

Belarus

Byelorussian Patriotic Union of Youth

Olhovskih Street, 8

Pinsk 225710

Belarus

E-MAIL: serg_verich@yahoo.com

Needle exchange, which is legal in Belarus, is considered an effective public health policy by the national program on HIV prevention. There are about 75 people with HIV in Pinsk, the majority of whom are IDUs. About 80 percent of IDUs reuse needles and syringes multiple times without disinfecting them.

The project, which has the support of local health authorities and the police, is part of a larger UNDP program, "Expansion and Consolidation of HIV Preventive Interventions among IDUs in Belarus." Similar projects have been set up in Svetlogorsk, Mogilev, Minsk, Vitebsk, and Soligorsk. The project has forced city authorities to recognize the severity of the drug problem and the necessity of supporting harm reduction measures to prevent HIV infection. The number of IDUs using the project's services is increasing steadily.

Center of Hygiene and Epidemiology

Kozlova Street, 68

Soligorsk 223710

Belarus

E-MAIL: soligorsk@doverie.belpack.minsk.by

The city government supports and participates in the project's efforts. The project manager is a member of the city council, and another employee has been appointed to the city committee on HIV prevention. Together with the Public Health Center, the project conducts awareness seminars for different citizen groups. Local police and the media are also supportive. Preliminary research indicates that most IDUs in the region share needles and do not use condoms, but that many have adopted harm reduction strategies since the project began.

Liberal-Democratic Youth Union

Sharangovich Street 39

Minsk 220020

Belarus

E-MAIL: end_sos@nm.ru

Belarus officials first took aggressive action against rapidly expanding drug use in 1997, when a new government policy was unveiled that supports harm reduction efforts. In Minsk, the capital and largest city, there are some 15,000 IDUs. About 65 percent of people with HIV are drug users.

The project operates two needle exchange centers. One is an unqualified success; the other, however, is still struggling to attract enough clients to make it viable. Project directors expect to make a concerted effort to increase the number of clients at the struggling center. If that effort fails, they plan to shift resources to the other center.

Mogilev AIDS Center

Mechnikova Street, 6

Mogilev 212008

Belarus

E-MAIL: busel@aids.belpak.mogilev.by

The project currently serves more than 800 clients a month, most of whom are male IDUs or men who have sex with men. The Belarus Ministry of Internal Affairs and other state agencies support the project, which is credited with helping reduce HIV infection and influencing public health policy in the region.

NGO "Vstrecha"

P.O. Box 52

Minsk 220012

Belarus

E-MAIL: msm@user.unibel.by

As rates of sexual transmission of HIV begin to rival those of drug use, both male and female sex workers face additional risks. Vstrecha's sex worker project relies heavily on extensive outreach efforts and behavioral research. It provides needle/syringe exchange to drug-using sex workers as well as condoms, lubricants, and counseling services to all clients. The project plans to publish a comprehensive study based on its activities that could be used for future projects elsewhere in the region.

The organization, which was founded in 1995 primarily to provide HIV awareness and prevention services to men who have sex with men (MSM), often works closely with the National Center for AIDS Prevention. One of the organization's major challenges is to reduce social stigma surrounding MSM and IDUs, among other marginalized groups.

Parents for the Future of Children

4 Shkolnaya Street

Svetlogorsk 247400

Belarus

E-MAIL: Romantsou@hotmail.com

Although the country's drug laws prohibit the production, possession, and sale of drugs, drug use itself and needle exchange programs are not prohibited. IDUs can buy disposable syringes at pharmacies without a doctor's prescription.

Parents for the Future of Children, Belarus's first harm reduction program, serves more than 2,700 clients a month. Local authorities, including the police, are increasingly supportive of harm reduction measures. A decrease in the sharing of dirty syringes has brought about a corresponding decrease in the number of clients with hepatitis, abscesses, and ulcers. The number of IDUs using condoms during sexual intercourse has increased.

Vitebsk Women's Club

Box 112

Vitebsk 210038

Belarus

E-MAIL: vwc@vwc.belpack.vitebsk.by

The project offers standard harm reduction services, including needle exchange for IDUs and sex workers, as well as HIV and hepatitis tests and referrals to doctors, psychologists, and legal counselors. The project runs a comprehensive HIV awareness program for young people and engages in advocacy work with government officials and the media. Support from local authorities has been extensive: rent, utilities, and disposal of used syringes are provided free of charge.

There is a strong demand for project's services. Clients report feeling that someone now cares about them, and they are often willing to take an active part in project activities. Although IDUs show an increasing level of knowledge about HIV, a gap between knowledge and behavior still exists. A core group of drug users will not participate in needle exchange for fear that others will learn of their drug use.

Bulgaria

21st Century Foundation

25 D. Konstantinov, fl. 4

P.O. Box 347

Pleven 5800

Bulgaria

E-MAIL: cns0@el-soft.com

A national drug law passed in 1999 gave official support to harm reduction efforts, so legal obstacles no longer exist. The project's work has the approval of the local government, health care facilities, the police, the media, and other drug-use organizations. Project officials report a growing HIV prevalence among their clients, although it remains relatively low. The project has made many solid contacts with the IDU community, beginning the process of gaining their trust.

Dose of Love Association

Slavejkov, Bl. 11, entr. 3

P.O. Box 14

Burgas 8005

Bulgaria

E-MAIL: dibo_ilieva@yahoo.com

Burgas is a resort area as well as a major cultural and industrial center. During the summer, drug users from other parts of the country and other nations often visit. The estimated number of resident IDUs in the city has risen sharply in recent years, to 1,500. The project targets them and sex workers.

Dose of Love has established strong relationships with other local institutions, including a detox facility, the Institute of Public Health and Epidemiology, the police, and the media. It also collaborates with the Department of Social Work at the Burgas Free University, offering students the opportunity to volunteer at the association.

Health and Social Environment Foundation

17, Macedonia Blvd., 4th floor, A-21

Sofia 1606

Bulgaria

E-MAIL: hpaid@bgnet.bg

The project builds on the foundation's work with commercial sex workers in the border regions of Bulgaria since the mid-1990s. The main short-term objectives center on expanding harm reduction outreach to five areas in Sofia where prostitution is common and working with sex workers in the Romani community. In the long run, the project seeks to reduce social stigma toward sex workers and increase its ability to monitor clients who migrate frequently based on working conditions.

Initiative for Health Foundation

P.O. Box 56

Sofia 1335

Bulgaria

E-MAIL: sofianep@online.bg

The project serves nearly 600 IDU and sex worker clients a month, but that number is expected to increase since there are an estimated 10,000 regular heroin users in the city alone. Services for IDUs are relatively few but improving: a methadone maintenance program was recently begun, and the government started a mobile needle exchange program and plans to increase health and counseling services. The project has conducted outreach in Sofia's Romani community, the first time a health service has focused specifically on that population in Bulgaria.

Croatia

Croatian Red Cross

Crveng Kriza 14

Zagreb 10000

Croatia

E-MAIL: Sinisa.Zovko@hck.hr

Despite still-repressive national laws regarding drug selling and possession, the authorities have accepted harm reduction as part of a national health and social welfare strategy. The media and the general public have become more supportive the more they learn about harm reduction. Relatively few IDUs in Croatia are HIV positive, but the rate of hepatitis C among IDUs is almost 80 percent.

The agency operates needle exchange projects in Pula and Zadar as well as Zagreb, collaborates with harm reduction projects elsewhere in Croatia and in neighboring countries, and recently expanded its efforts to include information about drugs such as ecstasy.

HELP

Mihovilova Sirina 1

Split 21000

Croatia

E-MAIL: help-split@st.tel.hr

The project, which began in 1996 and enjoys strong public and local government support in Split and other nearby cities, cooperates with several organizations that provide various services for drug users. More than 500 new clients are served each month. Although few are HIV positive, some 50 percent are infected with hepatitis B and 7 percent with hepatitis C. Most clients appreciate the needle/syringe exchange service and take additional steps to try to improve their health.

Czech Republic

Drop In O.P.S. — Center for Methadone Substitution

Karoliny Svetle 18
Prague 1, 13000
Czech Republic
E-MAIL: street@dropin.cz

The project serves about 300 clients a month. Its outreach work extends to other cities in the Czech Republic with significant concentrations of IDUs. The low rate of HIV and hepatitis infection in Prague is due at least in part to the project's aggressive harm reduction efforts, which include free testing and referral to treatment programs.

A potential obstacle is the growing anti-drug sentiment in the country. Politicians and the general public have grown concerned by what they believe to be the involvement of high-level criminals in the drug trade. A new, more prohibitive national drug law and more repressive police action are pushing drug users further underground, hampering the project's outreach efforts. Some newspapers, however, support harm reduction strategies and criticize police and politicians for their harsh drug-use policies and practices.

Drug Out Club

Stará 1
Usti nad Labem 40001
Czech Republic
E-MAIL: drugout@mbox.vol.cz

The local government and medical facilities have supported the project since its inception in 1996. Many clients are referred to social service agencies for additional counseling as well as to the regional job center, where they can receive employment training. The project, with some 800 clients a month, faces increasing demand for its needle exchange services and condom distribution. It has expanded its in-house medical services unit to help provide basic care. With the trust of much of the local IDU community, it plans to focus on reaching sex workers.

NGO Sananim

Novovysocanska 604 A
Praha 9 - Vysocany 19000
Czech Republic
E-MAIL: hrdina@sananim.cz

The project operates in central Prague and surrounding areas, offering counseling, crisis intervention, referrals, basic health care, and social work services in addition to needle exchange. Many of its volunteers are former and current clients. The project publishes a magazine, *Dekontaminace*, about drug users' concerns, and it has started outreach programs in area prisons.

A typical client first comes to the project after using drugs for about two years. He (the vast majority are male) generally lives at home with his parents, works or still goes to school, and does not necessarily believe that there is a problem with using. Changing such attitudes is a long-term process; the project initially focuses on standard harm reduction strategies, the core of its mission.

Struzeni Podane Ruce

Videnska 3, 639 00
Brno 61200
Czech Republic
E-MAIL: extc@volny.cz

The project serves some 600 clients a month, of whom nearly 50 percent are hepatitis C positive. Clients have been enlisted to do some of its street work, including outreach to IDUs who are difficult to reach, such as those in the Romani community.

Harm reduction programs are supported by the city of Brno and the Czech government, but the project is presently the only one providing such services in the region. There is concern that the new, harsh national criminal law regarding drugs may deter drug users from establishing contact with the center and other organizations that work with drug users.

Estonia

AIDS Information and Support Center

Narva Street 48
Tallinn 10150
Estonia
E-MAIL: aids@anet.ee

The center runs three separate harm reduction projects, one a needle exchange program (NEP) mainly serving IDUs, one focusing on sex workers, and the third a prison project. The NEP reaches drug users throughout the country, in particular the three largest cities of Tallinn, Narva, and Tartu. Each month, nearly 350 clients participate in the needle exchange program while some 900 are served by the center's methadone maintenance program.

The number of IDUs who regularly exchange needles/syringes has doubled in the past year as drug users have begun to trust the staff and take part in prevention work themselves. Several IDUs from a local rehabilitation center participated in a lecture to young people about HIV and drugs, and the center hopes to expand such outreach efforts.

Hungary

Salamon Alapitvany

Balastya 6764
Hungary
E-MAIL: Salamon@tisznet.hu

The number of sex workers in Hungary has increased steadily over the past decade in the wake of the collapse of the Soviet Union and the decriminalization of prostitution in 1993. The concurrent rise in drug use has created a large at-risk population of sex workers who receive few services.

The project operates mainly in southern Hungary, along major trucking routes and other areas where sex workers congregate. It provides individual counseling and referral services and works closely with the Ministry of Health and the South Hungarian Harm Reduction Union (SHHRU) to offer needle/syringe exchange and harm reduction information.

Southern Hungary Harm Reduction— Youth Drug Center

Fesu u. 4
Szeged 6726
Hungary
E-MAIL: jhonti@mail.tisznet.hu

The program was one of the founding members of the Central-Eastern European Harm Reduction Network. It currently serves about 250 clients a month and is increasing its outreach efforts and services, including domestic and international advocacy on behalf of harm reduction strategies.

Although the program has developed relationships with regional and national medical and social service organizations, it still must deal with skeptical authorities. Official policies toward drug use are repressive and punitive, and authorities focus on abstinence-based services, which are limited and not particularly useful.

Kazakhstan

Akmolinsk Oblast AIDS Prevention and Control Center

Kokshetau, Akmolinsk Oblast 475000
Kazakhstan

E-MAIL: Hiv_kokshe@mail.kz

The harm reduction project marks the first time this government agency has aggressively moved beyond its education efforts in the region's schools and youth centers. The center implemented the project in response to the huge increase in drug use among young people, especially the unemployed and poor, and the lack of viable social services for drug users in Kokshetau. Few drug users are aware of the risks of HIV and hepatitis from either sharing works or unprotected sex.

The project has opened two needle/syringe exchanges where clients can also receive condoms and medical information. It hopes to create a peer education system with former and current IDUs at the forefront of outreach efforts.

Dvizhenie

Gaidar Youth Library
166 Lenin Library
Uralsk 417002
Kazakhstan

E-MAIL: disonov_nur@mail.ru

The city of Uralsk sits along a major drug-trafficking route from Asia to Europe, not far from Russian cities with some of the highest HIV prevalency rates in that country. As a result, the number of IDUs in the Uralsk region has risen sharply in recent years. Few government resources are available for drug users; the project's harm reduction service is the only one of its kind in the area.

The project cooperates with the local Narcological Center and the AIDS Prevention and Control Center in organizing educational outreach among clients and young people in the region. The media and the government have also been supportive, with the latter providing free housing and transportation.

Imaton

Aiteke-bi, 46, fl. 22
Aktobe 46300
Kazakhstan

E-MAIL: imaton@nursat.kz

Of the more than 1,000 people in Kazakhstan estimated to be HIV-positive, at least 90 percent are IDUs. Authorities and NGOs expect to see a major increase in HIV cases as drug use spreads, especially among adolescents unfamiliar with the concept of harm reduction. Imaton has taken steps to address the looming crisis by conducting educational meetings for students and teenagers across the city.

The project's biggest challenge is to convince drug users to overcome their fears (of the police or of losing their anonymity) and to visit the center regularly. Local media, law enforcement authorities, and government agencies have begun to play more extensive roles in spreading the word about the project and providing additional support.

Kzyl-Orda Oblast AIDS Prevention and Control Center

7 Shukurov Street
Kzyl-Orda 467021
Kazakhstan

E-MAIL: aiapovagul@mail.ru

Although only a handful of cases of HIV have been reported in the Kzyl-Orda Oblast (district), surveys indicate that more than half of IDUs are infected with hepatitis B or hepatitis C (or both). Experts expect those numbers to increase because more than 80 percent of IDUs still share needles and condoms are too expensive for most people, especially the unemployed and poor. The project plans to expand to areas outside the city and to increase its education and referral efforts to help stem the growth of STIs and diseases such as tuberculosis.

NGO “Credo”

Anzherskaya Street, 37

Karaganda 470032

Kazakhstan

E-MAIL: antiaidskar@nuvsat.kz

The project tracks and records information about the IDU community in order to tailor services to the needs of clients. Participating doctors frequently refer patients to local facilities for detox treatment and counseling. With the use of a mobile unit, the project plans to extend its outreach efforts to remote and underserved parts of the city. Credo cooperates with the regional AIDS center, public health services, and the city’s Department of Education.

Public Foundation “HELP”

5th of April Street, 67

Kostanai 45800

Kazakhstan

E-MAIL: ngokst@krcc.kz

Although local officials profess support for the program, many people, including health care workers, view drug users in a negative light and remain skeptical of the value of harm reduction. The project has conducted harm reduction seminars for the police, and hopes to expand its efforts to other government agencies and organizations. Counseling for clients and their families and friends is also available through a hotline.

Clients are now more aware of the risks of drug use and some have begun exchanging needles regularly, but the level of misinformation and ignorance in the area remains high. An estimated 92 percent of the Kostanai region’s IDUs share drugs, with 79 percent re-using syringes. Some 72 percent are unaware of how HIV is contracted and, when told, are rarely concerned. Seventy-eight percent of the project’s clients practice unsafe sex on a regular basis.

Kyrgyzstan

Main Department of Harm Reduction

Bishkek 720064

Kyrgyzstan

E-MAIL: raushancik@netmail.kg

The project aims to reduce the spread of blood-borne diseases and STIs in Kyrgyz prisons, where a disproportionate number of the country’s IDUs live. Prison medical and psychological staff receive specialized training on HIV and hepatitis, and peer educators help spread the word on safer behavior to the prisoners themselves. Project workers hope to set up support groups for prisoners and staff, anonymous and confidential HIV testing, and assistance and referral information for inmates being released.

NGO Sotium

Fuchka Street, 24

Bishkek 720054

Kyrgyzstan

E-MAIL: Sotsium@elkat.kg

Kyrgyzstan is situated on the main drug-trafficking route from Afghanistan and Pakistan to the West. Since poverty and unemployment are high, the illegal drug trade involves many people in Bishkek and other Central Asian cities. Women and children, increasingly employed as drug couriers and to solicit new customers, are usually paid for their work with drugs. The majority of IDUs in Kyrgyzstan live in or near Bishkek, the capital and largest city.

The project serves about 500 clients a month, offering them basic medical care and assistance from narcologists, psychologists, and lawyers. The city and provincial administrations support the project and provide funding; the project hopes to secure federal support as well.

Osh Narcology Dispensary

39 Nabiev Street

Osh 720000

Kyrgyzstan

E-MAIL: std@elcat.kg

Drugs are quickly becoming an integral part of life in the Osh region, due in large part to its geographical proximity to the often porous borders of several Central Asian countries. By unofficial estimates, about 40 to 50 percent of the Osh population is somehow involved in the drug trade, resulting in growing drug use as well (with users becoming younger and younger). HIV is not a huge problem, but with up to 10 users commonly sharing one needle, the potential for an epidemic is high.

Local authorities understand the problem, with city and provincial administrations contributing to the project, but the general public is expected to be rather slow in changing its attitude toward drug use and harm reduction. Specialists from Europe evaluated the project and called it the most effective in Asia. The key has been the ability of project staff to win the trust of drug users and convince them to use the project's services frequently.

Latvia

AIDS Prevention Center of Latvia

7 Klijanu Street

Riga 1012

Latvia

E-MAIL: inga@latnet.lv, epid@latnet.lv

The center operates both a needle exchange program (NEP) and a prison project. The former, partially funded by the federal government, serves IDUs and sex workers in Riga and two nearby cities. Most of Latvia's estimated 15,000 IDUs live near Riga, which is a major port and transit point for drug trafficking to the West. For detox services, HIV testing, and advanced medical care, clients are usually referred to the local Narcological Center.

The prison project seeks to stem the rapidly growing number of prisoners with HIV, who now represent at least 20 percent of Latvians living with the virus. Until recently inmates received little or no information about safer drug use or safer sex. The project provides prisoners with free access to bleach and condoms; educates them about HIV through peer groups; and promotes understanding among correctional staff about harm reduction techniques. It also seeks to increase cooperation between Latvia's public and prison health services to better coordinate a response to the issue of HIV in prisons.

Lithuania

Deliverance

Gardino 22-10

Druskininkai 4690

Lithuania

E-MAIL: elena.bykova@is.lt

The organization offers both methadone maintenance treatment and needle/syringe exchange services. Both programs offer prevention education, testing for HIV and hepatitis and health and counseling services. Clients also receive help in obtaining missing official documents, finding jobs, and rebuilding important social skills.

In its first year, the project experienced opposition from the personnel of two schools near the project's drop-in center. However, the police and other organizations have been largely helpful and supportive. Among the groups working with the project are Save the Children, the Vilnius Narcological Center, the Druskininkai Primary Health Care Center, and the European Federation of Therapeutic Communities.

Klaipeda Drug and AIDS Prevention Group (KDAPG)

Taikos Prosp. 46

Klaipeda 5802

Lithuania

E-MAIL: kplc@klaipeda.omnitel.net

The KDAPG operates its needle exchange project jointly with a government agency, the Klaipeda Addiction Treatment Center, which runs the city's methadone maintenance clinic. Klaipeda, Lithuania's main port, has one of the country's highest drug-use rates. Under a verbal agreement with city police, outreach workers can distribute syringes and needles freely in all parts of the city, including places where illegal drugs are prepared and sold. Every outreach worker carries a Harm Reduction Program Worker Card.

The number of new clients with HIV increased sharply in the first few years of the project, but it has recently declined—an indication of the effectiveness of harm reduction programs in the city.

Vilnius Substance Abuse Treatment Center

Gerosios Vilijos, 3

Vilnius 2009

Lithuania

E-MAIL: EmilisSubata@takas.lt

Needle exchange, though legal in Lithuania, is not officially promoted. However, as the center has become more visible in its work, the general public's tolerance and support of harm reduction strategies has increased. Outreach workers, who make contact with IDUs and sex workers on the streets and provide information and advice as well as clean works, are recruited from stable clients of the center's methadone maintenance program.

The methadone treatment program, the first to be established in the former Soviet Union, has nearly 500 clients who receive substitution treatment, outpatient detoxification, counseling, testing for HIV and hepatitis, and general health care. Clients can also take advantage of legal, psychological, and employment services, and they can participate in a self-help group. The project's viability proves that general practitioners can successfully treat drug users with the support of specialists.

Visaginas Mental Health Center

Taikos, 15

Visaginas 4761

Lithuania

E-MAIL: Health_center@is.lt

Visaginas has one of the highest number of drug users in Lithuania. One reason is the closing of the Ignalina Nuclear Power Plant, which caused unemployment rates to skyrocket. Low rents in Visaginas also attract drug users from Vilnius and other cities. The center's harm reduction work has the support of city officials and community members. Various doctors, social workers, and mental health professionals provide clients with free and anonymous consultations. The center is linked to the Lithuanian AIDS Center and the Vilnius Narcologic Clinic.

Macedonia

Healthy Options Project Skopje (HOPS)

Dvarska No. 1

Skopje 1000

Macedonia

E-MAIL: hops@soros.org.mk

In recent years, Macedonia was buffeted economically by conflict and social disruption in neighboring Yugoslavia and increasingly tense interethnic relationships. These factors contributed to the continuing rise in the number of drug users, most of them young and poor. HOPS, operating in Skopje since 1997, conducts HIV education programs in local schools and works with local media to raise awareness in the general population. It has successfully increased its secondary exchange activities and stepped up efforts to provide clients with information on civil rights and available medical assistance.

Izbor

Atanas Nivicanski 6

Strumica 2400

Macedonia

E-MAIL: sokratmanchev@hotmail.com

Of the estimated 1,000 IDUs in the Strumica region, more than 65 percent are thought to have hepatitis C or B, or both. The project seeks to bolster its harm reduction efforts by helping improve relationships and communication between clients and their families. It cooperates closely with the local medical center and other social service NGOs and has held workshops on HIV and hepatitis in local schools. The project plans to increase its outreach efforts among the sizable Romani community in the region.

Via Vita Center for Civic Initiative

Anesti Popovski 10/1/8

Bitola 7000

Macedonia

E-MAIL: viavita@usa.net

Drug use has increased steadily in the Bitola region of southeastern Macedonia over the past few years, especially among young people. The project's main goal is to educate IDUs and sexually active teenagers about HIV, hepatitis, and STIs and to provide them with harm reduction tools when needed. Street outreach and counseling services are available every day.

A project priority is to explain harm reduction to civic leaders and organizations in Bitola and nearby communities in order to gain support. The project established a team of experts, including psychologists and social workers, to build a network of local NGOs and government agencies that can provide useful services to drug users.

Moldova

Adolescent Education Center

Scrisul Latin Street 13

Orhei 3500

Moldova

E-MAIL: antidrug@alpha.net.md

In addition to needle/syringe exchange and condom distribution, the project offers anonymous HIV testing, drug counseling, safer-sex and drug-use education, and a hotline. It has received support from the city government, the police department, the district hospital, and a local family planning center—as well as from international groups such as Save the Children and the Peace Corps.

Although the project only opened in 2000, client numbers are above expectations as IDUs seek out its services and spread the word. Many of the clients are young people at risk for a variety of social and medical ills, including child abuse, depression, and suicide. The project offers counseling referrals and other psychological support services.

National Center for AIDS Prevention and Control

Stradela Studentilor 7/1

Chisinau 2020

Moldova

E-MAIL: naac@mednet.md

Staff and volunteers have set up relationships with other harm reduction projects in Poltava, Ukraine, and Mogilev and Svetlogorsk, Belarus—which have been useful in helping organizing the needle exchange program in Chisinau. The center has established links with the Ministry of Internal Affairs, the Ministry of Education, and the Chisinau Health Department as well as with UNAIDS. Government financial assistance, however, is expected to be minimal as the country struggles to arrest a decade-long economic downturn and related social dislocation. According to recent data, Moldova is now the poorest country in Europe, edging out long-time leader Albania.

NGO Anti-HIV

Testemitanu 27

Chisinau 2025

Moldova

E-MAIL: rdavid@mednet.md

The organization does not offer needle exchange, but it does provide informational assistance to health care professionals and groups that work on drug use and AIDS issues. So far it has established connections with all harm reduction projects in Moldova, published documents that are circulated to some 10,000 people, and established a website (<http://www.hr.mednet.md>). It cooperates closely with the National AIDS Center and various United Nations organizations including UNICEF.

NGO Educational Center: Drug and Alcohol Addiction

Igor Minascurta 1

Soroca 3000

Moldova

E-MAIL: orazlog@mednet.md

Due in part to its location near bigger Moldovan cities and the Ukrainian border, Soroca has a relatively large IDU population. Many of the IDUs are members of the local Romani community, which has traditionally had little contact with the national health system. During the first two years of the project's existence, there were no new HIV/AIDS cases among IDUs in the Soroca region and the hepatitis rate slowed considerably. The project has plans to add new services, including a hotline and a mobile needle exchange unit.

NGO Health Reforms in Penitentiary Institutions

35 Titulescu Street
Chisinau
Moldova

[E-MAIL: dla@carlux.mdlnet.com](mailto:dla@carlux.mdlnet.com)

The project, in coordination with other prison-oriented NGOs and the National Center on AIDS Prevention, is working toward implementing a long-term, coordinated strategic approach to HIV/AIDS and drug use in prisons. The main goals are to make education and training on HIV prevention available throughout the entire penitentiary system; provide bleach, condoms, and medicine for the treatment of STIs to all inmates; and allow inmates with progressive life-threatening diseases, including AIDS, to be released early.

Together to Save the Future

Toma Ciorba 3
Falesti 5903
Moldova

[E-MAIL: falesti@mednet.md](mailto:falesti@mednet.md)

A provincial capital in northwestern Moldova near the Romanian border, Falesti suffers from many of the same social ills affecting other cities in the economically struggling region. Poverty, boredom, and isolation prompt many young people to turn to hard drugs, which circulate widely through Moldova on their way to even more lucrative markets in Western Europe.

The project's harm reduction strategies include needle exchange, condom and disinfectant distribution, and other medical, educational, and psychological services. The foundation collaborates with the city government, the local police, and the AIDS center. It receives technical assistance from another NGO, Spectrum.

Youth For the Right to Live

P.O. Box 27
Balti 3121
Moldova

[E-MAIL: tdv@beltsy.md](mailto:tdv@beltsy.md)

The project has forged close relationships with local health care and law enforcement authorities—the Disease Control Center destroys its used syringes for free, for instance—and it plans to boost referrals to detox centers and other social service agencies. Aggressive outreach and positive word of mouth have increased the number of regular clients. The next step is to gain the trust of the most suspicious users, most of whom fear loss of anonymity more than potential infection from HIV or hepatitis.

Poland

Association for Social Prophylactics (SEDNO)

al. Marcinkowskiego 21

61-745 Poznan

Poland

E-MAIL: sedno1@poczta.wp.pl

Drug use among young people has risen sharply in the Poznan region. Recent data estimate that there are nearly 1,000 people with drug addictions in the city; more than 15 percent are thought to be HIV positive. The project is collecting data from clients in an effort to put together the first comprehensive report on IDUs and their habits in Poznan. The project also focuses outreach efforts on the sex worker and homosexual populations, distributing condoms and HIV education materials.

AZYL Association

ul. Mlynska 2

58-400 Kamienna Gora

Poland

E-MAIL: azylkg@poczta.wp.pl

About 50-70 clients a month are served by the project, which offers counseling before and after HIV testing, in addition to needle exchange and condom distribution. AZYL has also established educational projects in the region and is working to build relationships with state health services and other NGOs in Kamienna Gora. Local authorities have begun helping out financially, and, for the most part, the general public has accepted the project.

Drug Addiction Treatment Center for Families (MONAR Warsaw)

ul. Hoza 57

00-681 Warsaw

Poland

E-MAIL: jagodawu@poczta.onet.pl

The Warsaw project is one of MONAR's 10 needle exchange programs in Poland—and now one of its busiest. An estimated 60 percent of its clients may be infected with HIV and/or hepatitis C. Clients' trust in the project has grown steadily: when it began, just 30 percent of new needles were returned, but now nearly 90 percent of needles and syringes are brought back and exchanged.

The project works with several other local social service organizations. Once a week it conducts a joint outreach effort with a group called Street Workers for Sex Workers, and it seeks out and reserves shelter space for homeless sex workers and IDUs.

Lublin Social Association

ul. Zachodnia 17

20-620 Lublin

Poland

E-MAIL: krzkruk@poczta.onet.pl

The association operates a needle/syringe exchange program (NEP) and a methadone maintenance program.

The NEP focuses many of its resources on Pulawy, a town of 50,000 near Lublin that has the largest concentration of drug users in the region. In 1997, soon after the project started, 82 percent of its clients were HIV positive and an even higher percentage tested positive for hepatitis C. Those percentages are thought to be much lower now. The Lublin detoxification department has not received a single patient from Pulawy with post-injection complications since 1996.

More than half of the methadone program's clients are infected with HIV, and 98 percent have hepatitis C. Although the association works closely with other NGOs and government agencies, it reports significant resistance. Some seem more intent on not losing clients than actually providing them with harm reduction strategies.

MONAR Drug Addictions Center

ul. Sudecka 11
58-500 Jelenia Gora
Poland

E-MAIL: monar_kr@monar.krakow.pl

The project's three-person outreach teams attempt to locate IDUs who are unable or unwilling to drop by the center. The project offers harm reduction materials and related services, and it is organizing a network of assistance centers and family-support programs. The rate of HIV and hepatitis infection among IDUs and adolescents has slowed since the project began. The number of clients using the project's services has continued to increase.

The project is cooperating with the city's welfare authorities regarding benefits for IDUs and their families. It also works with the regional employment office for job placement services and with a local group, the Dolnoslaska Sickness Fund, for drug treatment.

MONAR Gdansk

ul. 3 Maja 6
80-802 Gdansk
Poland

E-MAIL: zajkosia@poczta.onet.pl

With the cooperation of penal authorities, the project has expanded its harm reduction efforts to include inmates in local prisons. It continues to provide services to IDUs and sex workers and to conduct educational programs in local schools. The Gdansk city government and local health facilities have been supportive from the beginning. They have long been aware of the likelihood that Gdansk would have one of the country's largest drug-using populations, because it is Poland's largest port and one of the gateways to Western Europe.

MONAR Krakow

Krakow Association of Assistance to Drug Users
Polish Harm Reduction Network
ul. Sw. Katarzyny 3

31-063 Krakow

Poland

E-MAIL: monar_kr@monar.krakow.pl

Four separate harm reduction projects are operated out of one office in Krakow: a needle exchange program (NEP), a harm reduction information clearinghouse, a prison project, and a sex worker initiative. Polish law is quite strict regarding drug use, requiring arrests for the possession of even small quantities, but the projects' clients do not normally face major difficulties from the police when using their services.

MONAR Krakow's NEP is the oldest, having been started in 1996. While HIV infection has not made major inroads among its clients, an estimated 80 percent of IDUs in the city are infected with hepatitis C (and it is estimated that 75 percent of them were infected during their first year of injecting). The project has introduced marked syringes as part of an effort to track usage patterns.

The Polish Harm Reduction Center provides up-to-date harm reduction information and analysis. Its prevention and education newsletter, *MONAR On the Jumble*, is distributed to people who work on drug issues throughout Poland (it is also available online). The publication, which has helped integrate medical and policy professionals, lobbies consistently for new approaches to drug addiction.

The Krakow Association of Assistance to Drug Users focuses its harm reduction efforts on two hard-to-reach populations: prisoners and sex workers. Overcrowding, ill-trained personnel, and tough-on-crime politicians combine to make conditions exceedingly grim for all prisoners, especially IDUs and sex workers. The project seeks to train prison staff about harm reduction strategies and to provide outreach to inmates in response to the growing problem of HIV and hepatitis infection.

Commercial sex workers are the focus of the organization's newest project. Many of them are unaware of the risks of HIV and hepatitis, and condom

usage is relatively low. The project holds educational workshops for sex workers, distributes harm reduction materials and information, and offers access to medical treatment and counseling.

MONAR Szczecin

ul. Majkowskiego 9/2
70-305 Szczecin
Poland

E-MAIL: street1@poczta.wp.pl

A port city near the German border, Szczecin is a major transit site for people and drugs trying to enter European Union countries—legally and illegally. It has one of the country's highest average percentages of drug users and sex workers.

About 60 percent of the project's clients have HIV and/or hepatitis B or C. The project cooperates closely with other local organizations for drug users, including those that offer counseling, methadone maintenance, and basic medical services. Relations with local law enforcement remain poor, however. Police officers have hassled outreach workers doing needle exchanges even though such projects have the official support of local authorities.

Social AIDS Committee

ul. Leszno 17
01-199 Warsaw
Poland

E-MAIL: agnieszkaa@altkom.com.pl

In addition to conducting direct harm reduction services, the project offers food packages, medication, and clothes to the more than 300 clients it serves each month—a number that currently stretches its resources to the limit. It has developed close relationships with other organizations that provide free HIV and hepatitis testing and counseling services.

Most clients now practice safer sex and safer injection practices. Many of them have taken the lead in educating their friends and providing secondary needle exchange with those who are unwilling or unable to contact the project themselves.

TADA Harm Reduction Program

ul. Malkowskiego, No. 9/2
Szczecin 70305
Poland

E-MAIL: tada@free.ngo.pl

Nearly 40 percent of women IDUs in the region report some history of sex work, making them more at risk for contracting HIV or hepatitis than any other population. Expanding beyond its home base in Szczecin, TADA provides comprehensive harm reduction services—including needle exchange and counseling—to sex workers throughout Poland. It supports teams of outreach workers in Warsaw, Poznan, Bialystock, Zielona Gora, and Gdansk. TADA maintains close links with other Polish NGOs working in the harm reduction field.

Youth Counseling and Sex Education Unit

Energetykw 2
65001 Zielona Gora
Poland

E-MAIL: zizde@wsp.zgora.pl

Drug use in western Poland has increased rapidly in recent years, faster than anywhere else in the country. Many users, both male and female, turn to sex work to pay for their drugs, and few use condoms or other harm reduction strategies to reduce the risk of HIV, hepatitis, and STDs.

The project's goal is to provide sex workers with the material and psychological tools to avoid taking risks when using drugs or having sex. The main obstacles tend to come from the national government, reflecting the country's conservative Catholicism, which is resistant to the concept of harm reduction as a health policy. The project is sometimes accused of existing solely to provide drug users with the means to maintain their addictions.

Romania

Adolescent Association

8 Moise Nicoara Street
Bucharest 741391
Romania
[E-MAIL: adolesc@itcnet.ro](mailto:adolesc@itcnet.ro)

In Romania, public awareness of drug use is low, despite the fact that there is a sharply growing number of IDUs—an estimated 5,000 in Bucharest alone. The majority of them are young people who start directly with heroin. The project operates both in Bucharest, the capital and largest city, and in and around Constanta, a port city on the Black Sea that is the entry point into Europe for many illegal drugs. During holiday seasons, the project extends its outreach program to Costinesti, a vacation village popular with young people.

Alliance for Fighting Alcoholism and Addiction (ALIAT)

10 Berceni Street
Bucharest 75622
Romania
[E-MAIL: prelipcn@fx.ro](mailto:prelipcn@fx.ro)

There are few services in Romania for drug users, although the government recently began offering support for the development of new programs. ALIAT has created a partnership with In-Dependent, a pilot program organized through the Ministry of Youth and Sport, to conduct peer and volunteer training, education, and counseling services for high-risk teenagers in three Bucharest high schools. It is also working with a different group to provide drug-use information for teenagers and their families in two other high schools. Some clients have taken the initiative to develop secondary needle exchanges with drug users who are reluctant or unable to contact the project.

General Directorate of Penitentiaries

47 Maria Ghiculeasa Street
Bucharest-2
Romania
[E-MAIL: office@anp.ro](mailto:office@anp.ro)

Romanian prisons are overcrowded and unsanitary—conditions that have contributed to a spread in hepatitis B and tuberculosis as well as HIV. The project, operated by the government agency in charge of the penitentiary system, educates inmates and staff of Romanian prisons on the risks of these diseases and provides harm reduction tips and strategies. It trains peer educators and seeks to build positive links among staff, prisoners, and the outside world, including inmates' families and health care facilities. Discharged prisoners are offered free HIV testing and counseling referral.

Romanian Association Against AIDS (ARAS)

23 Bdul Garii Obor, Apt. 8, Sect. 2
Bucharest 72314
Romania
[E-MAIL: aras@home.ro](mailto:aras@home.ro)

The project, initiated in 1999, provides harm reduction services to sex workers in and around Bucharest. Among the services offered are needle exchange, individual and group counseling, HIV testing, education, and referrals to health care facilities and other support organizations. ARAS is one of the oldest social service NGOs in Romania. It receives funding from a variety of international organizations including UNAIDS and USAID.

Russia

AIDS Center

Gubkina Street, 48
Belgorod 308036
Russia

E-MAIL: aidsa@belgtts.ru

The Belgorod district sits along a major drug-transit route to and from nearby Ukraine and in recent years the drug-using rate has risen sharply. Reported HIV cases remain fairly low, but they are expected to surge as long as needle sharing remains fairly common. Hepatitis infection is already a major problem among IDUs.

The project offers consultations with medical personnel, safer drug use and safer sex information and materials, free condoms, and free testing for HIV and hepatitis. Its outreach efforts extend to two nearby towns, Razumnoe and Stary Oskol, which have high numbers of IDUs.

AIDS Center

Minina Street, 20
Nizhny Novgorod 603005
Russia

E-MAIL: gfm@aids.sci-nnov.ru

With its harm reduction project serving some 500 clients a month, the center estimates that it has reached about one-eighth the total number of IDUs in Nizhny Novgorod and its suburbs. As the project continues to expand and work closely with similar local programs, the rate of HIV transmission has begun to drop. Local government and law enforcement agencies have been mostly cooperative. The center has received support from public health and narcological agencies as well as from Medecins Sans Frontieres.

AIDS Center

50 Borisenko Street
Vladivostok 690011
Russia

E-MAIL: anna_z@rambler.ru

Drug use in the Russian Far East is double the rate of the country overall, primarily due to high unemployment, government mismanagement of services, and geographic and social isolation. Fewer than 100 IDUs have tested positive for HIV in the region, but the number increases every year.

The project is the first to offer extensive harm reduction services in Vladivostok, the region's largest city. Local branches of the Russian Ministry of Public Health and the Ministry of Internal Affairs have been quick to pledge their support

AIDS Infoshare

Bolotnikovskaa Street 1/2/84
Moscow 113556
Russia

E-MAIL: infoshare@glasnet.ru

Moscow has registered more than 15,000 cases of HIV, a growing number of them involving commercial sex workers who are often drug users as well. The increasing possibility of contracting HIV or hepatitis is yet another burden placed on sex workers in the Russian capital, where they are routinely harassed by police and a hostile general public.

AIDS Infoshare has worked with sex workers since 1997. Its newest initiative targeting drug-using sex workers includes efforts to develop additional educational materials for clients and policymakers, expand outreach efforts, and offer free medical consultations.

“AIDS Stop” Foundation

Lenina Street 46
Novorossiysk 353913
Russia

E-MAIL: aids@nross.kuban.ru

Before the project began in 1999, its organizers removed all potential legal problems in discussions with local authorities. As a result, the project has the backing of the Novorossiysk government, police department, and education officials. It has also received favorable treatment on local TV and in the main newspaper. One reason for the high-profile support is that drug trafficking is a quickly growing illegal industry in Novorossiysk, an important oil refining and export center on the Black Sea .

The rate of HIV infection in the region has dropped by some 150 percent since the project began. Most clients, who receive counseling and referrals in addition to harm reduction services, are young men in their 20s. The project also targets sex workers.

Anti-AIDS

ul. Voroshilova 18-70
Penza 440044
Russia

E-MAIL: faids@penza.com.ru

More than 10,000 people in the Penza region are thought to be IDUs, and that number—and the HIV infection rate—continues to rise. The project exchanges more than 8,000 syringes a week in an effort that seems to be making significant headway in changing behavior. According to the city’s narcological clinic, a growing number of IDUs are now less likely to share works. The number of people seeking HIV tests at the local AIDS center has also risen sharply since the start of the project, which also conducts outreach among sex workers.

Yet negative attitudes toward drug users persist. The project tries to counter these attitudes by teaching that drug users have serious addiction diseases and are not necessarily criminals. The police and local government have been cooperative, and about 70 percent of the general population supports the concept of harm reduction.

Anti-AIDS — South

119, Pereulok Gazetn
Rostov-na-Donu 344010
Russia

E-MAIL: antispid-ug@ic.ru

The project reaches about 16 percent of the local IDU population directly; among these clients, needle sharing has declined sharply in recent years. In addition to its own needle/syringe exchange center, the project operates two satellite exchanges at local AIDS centers. All offer a range of services from STI testing to counseling. Project workers also organize educational meetings with youth groups and with personnel of local prisons.

The environment for drug users in Rostov has improved due to increased awareness, but both the public and the authorities continue to view drug use as immoral. Most people still believe drug users could stop using if they wanted to. Although the police do not interfere with the project, they have done little to help direct users to its services. Local drug treatment services are not free so few IDUs can afford them. Those who do participate find that their identities are not protected.

Astrakhan Narcological Hospital

Kotovskogo 6
Astrakhan 414000
Russia

E-MAIL: tolikh@aport.ru

More than 500 IDUs use the project’s services each month in Astrakhan, a Caspian Sea port close to both the Kazakh border and the turmoil in Chechnya. Many clients report that they had felt completely isolated before the project was initiated and that this is the first time they have been treated like “normal” human beings—by people who care about their health and future.

The project maintains good working relationships with other public health services and organizations. However, despite a letter of support from the head of the Drug Enforcement Department, lower-level officials from that agency continue to have a negative attitude toward harm reduction.

Charity Foundation “No to AIDS and Drugs”

Kopernika Street 2/4
Kaliningrad
Russia

E-MAIL: dreizin@baltnet.ru

The Kaliningrad region, separated from the rest of Russia and nestled between Lithuania and Poland, has perhaps the country’s most severe HIV problem. Officially nearly 3,000 people have tested positive for HIV, of whom at least 60 percent are IDUs. Other ominous health problems among the region’s more than 15,000 IDUs are hepatitis C (30 percent thought to be infected), hepatitis B (40 percent), and syphilis (50 percent).

The project relies heavily on its mobile needle exchange unit, especially in its efforts to reach nearby Romani villages where residents largely shy away from existing health care facilities. Drug use is increasing at a disproportionately high rate among the Roma, who already are the area’s poorest and most marginalized community.

District Center for the Battle against AIDS

Prospect 50 Let Oktiabria, Bldg. 2, Block 2
Tver 170024
Russia

E-MAIL: tveryu@tvcom.ru

More than 1,000 IDUs in the Tver region are now infected with HIV, a number that represents at least 85 percent of all reported cases. An even greater number of drug users have hepatitis B and/or hepatitis C. The project’s goal is to hold these numbers stable by providing IDUs with safer drug use information and materials, such as clean needles and disinfectant, and safer sex services, including condoms.

The project has formed close relationships with the local Department of Health Services, Department of Education, and District Narcotics Dispensary. It has made a strong effort to spread the prevention/education message through regular contacts with the local media.

Engels Health Department

30 Lenin Street
Engels 413100
Russia

E-MAIL: socium@engels.san.ru

Although directly across the Volga River from the much larger city of Saratov, Engels is nevertheless an important transit site for drug trafficking. An estimated 5,000 IDUs live in Engels, up sharply in recent years. City officials moved to establish the harm reduction project when the number of IDUs who tested positive for HIV rose from 0 to 72 in just one year, from 1998 to 1999.

One of the project’s main goals is to change public opinion, which currently considers drug users criminals who should automatically be thrown in prison. The project is also collaborating with other government agencies and some NGOs in an effort to increase psychological and medical services for clients.

Forpost Center

Uralskikh rabochikh, 50B
Ekaterinburg 620042
Russia

E-MAIL: mp_forpost@mail.ur.ru

Ekaterinburg, formerly Sverdlovsk, is known throughout the world as the city where Tsar Nicholas II and his family were killed 80 years ago and, more recently, as the power base of former President Boris Yeltsin. It is one of the largest cities in the Ural Mountains region, long considered Russia’s frontier, and over the past few years it has borne the brunt of much of the increase in drug use in the area.

Forpost’s harm reduction project has had great success in setting up an extensive outreach network that enables workers to visit IDUs at their homes or in nearby shooting galleries if clients are unable to come to its center. Among the services available are needle/syringe exchange, free legal advice, and referral to health care specialists.

Garmonia

32-a Geroev Prospect
Balakovo 413800
Russia

E-MAIL: aidscenter@buryatia.ru

A sharp increase in drug use was first noted in Balakovo, a city in the Saratov region, in the mid-1990s. Today, more than 12,000 of the city's 200,000 residents are thought to be IDUs, and an increasingly higher percentage of them are testing positive for HIV.

The project's main goal is to reduce risk behavior among IDUs and those infected with HIV by a factor of 30 percent each year. It also focuses on improving public opinion toward people in those categories and toward sex workers, an at-risk group it began targeting recently.

Health Department of Sakhalin Regional Administration

53A Amurskaya Street
Yuzhno-Sakhalinsk 693000
Russia

E-MAIL: pillet@snc.ru

Although poor and isolated on Sakhalin Island off Russia's Pacific Coast, Yuzhno-Sakhalinsk has not escaped the surge of drug use that began in the late 1990s. One of the project's main successes has been calling government and media attention to the problem of drug use in the region and the benefits of harm reduction programs. Authorities have pledged to help fund additional, similar projects in the future.

The project is the only specialized service for drug users in the city besides a local hospital's narcology unit. In addition to identifying needy clients and conducting needle exchange, it publishes and circulates pamphlets and information on safer sex and the psychological effects of drug use and addiction.

Kuzbass Anti-AIDS

Kemerovo
Russia

E-MAIL: kuzgeled@mail.sbars.ru

The administrative center of the Kuzbass region some 3,500 kilometers from Moscow, Kemerovo is a relatively new city, having been founded during World War II when Soviet planners established industrial cities far from the Western front. Today its half a million residents face increasing poverty as the country's huge industrial complexes struggle to be economically viable.

As living standards have declined, drug use has risen. The project seeks to halt the spread of HIV, hepatitis, and other blood-borne diseases by building a comprehensive outreach network to bring IDUs and other at-risk populations to its needle exchange center for HIV prevention information and materials. Regional authorities have helped arrange referral services, including health care, for clients.

Marya

Kozlovskaya Street, 10
Volgograd 400001
Russia

E-MAIL: marya@interda.com.ru

The project appears to have made a significant impact, largely because many IDUs in the region have learned to reduce risky behavior and practice safer sex. According to Marya, there have been no new cases of hepatitis B or C infection registered in the city since the beginning of 2000. In 1998, some 76 percent of IDUs were sharing syringes and needles; today, that number has dropped to 30 percent. The percentage of IDUs who say they now practice safer sex has doubled, to 67 percent. The project serves about 900 clients a month but expects that number to rise rapidly as its mobile units expand services to remote areas. A growing number of clients are sex workers.

Although there are legal restrictions on drug use and treatment, local authorities have supported the project's outreach efforts. Volgograd has eight medical clinics that offer drug treatment as well as a rehab center targeted to the newly addicted.

Ministry of Health of the Kalmyk Republic

3 Mikro rayon, 23-47

Elista 358009

Russia

E-MAIL: aidsnet@infoteeset.ru

Before project workers began making direct contact with IDUs, the police would bring clients in after making spot-checks of local shooting galleries. Relations with the police remain good, and local officials from the Ministries of Health, Interior, and Youth Affairs support the project. The number of IDUs using the project's services continues to increase, as does the level of trust they have in its workers. The project has begun conducting educational programs through the media and in local schools.

Narcological Hospital

Lesnai Street, 2

Saransk 430030

Russia

E-MAIL: ndnz@whrm.moris.ru

The number of IDUs in the Republic of Mordovia, of which Saransk is the capital, is low compared with the rest of Russia. The project's main goals are to maintain that distinction by educating young people about the risks of drug use and to provide IDUs with harm reduction services to prevent the possible spread of hepatitis and HIV.

NGO Humanitarian Project

Nivhegorodskaya Street, 27-8

Novosibirsk 630009

Russia

E-MAIL: human.pro@online.nsk.su

The majority of clients served regularly by the project in Siberia's most populous city are younger than 20. They are disenchanted with high unemployment, sinking living standards, and a harsh climate. The project offers them standard harm reduction services as well as medical and psychological counseling and prevention education.

The project has established links with an AIDS center and some local drug clinics. It is also a member of Russia-Ukraine AIDS Infonet, a network of AIDS prevention organizations, including those in 10 nearby cities and towns.

NGO Pervouralsk Without Drugs

Vatutina, 10/26

Pervouralsk 623100

Russia

E-MAIL: no_drug@prvtel.uralnet.ru

The NGO has two projects currently operating, one targeting IDUs and the other sex workers.

Nearly all IDU clients report having shared injecting equipment, and some 58 percent say they do not always use condoms. Thus, the focus has been on expanding prevention education. The IDU project has established links with similar projects in other cities as well as medical and social service agencies elsewhere in Russia and abroad. In cooperation with the Health Administration, the AIDS Center, and the Narcological Service, the project hosts educational training seminars for medical professionals and other specialists.

The sex-worker initiative aims to have at least 200 people engaged in its harm reduction services by the end of 2001. It provides one-on-one and group counseling and offers extensive referral options.

North — Stop AIDS

Shchetinina Street, 17A

Vologda 160002

Russia

E-MAIL: aids@vcom.ru

One of the most ancient cities in Russia, Vologda is now struggling with some of the country's newest problems, including increased drug use and its related social ills. The project has secured the support of local authorities as it seeks to limit the spread of HIV and hepatitis through a center providing needle exchange, referral services, and HIV testing. The next step is to build an extensive education outreach system for IDUs and others at risk, including sexually active young people.

Parents Against Drugs

2 Tukhachevskogo

Toliatti 445002

Russia

E-MAIL: narcolog@infopac.ru

Relative to much of the rest of Russia, wages are high and unemployment low in Toliatti, a center of the country's automobile and chemical industries. Drug use, however, is rising as rapidly as in other comparably sized cities.

The project holds regular informational seminars on HIV prevention and harm reduction techniques with city officials, employees of the giant auto factories, the mass media, and the general public. Local rehab clinics and government health care and drug authorities are on board as enthusiastic supporters of the project.

Pskovian Anti-AIDS Initiative

Igorskogo Bataliona Street 10

Pskov 180020

Russia

E-MAIL: caids@ellink.ru

The organization runs two projects, a needle exchange program (NEP) and a prison program. The NEP offers a wide range of services to its clients, ranging from HIV and hepatitis testing to medical and dental assistance. It has also moved toward providing counseling and information to the sexual partners and families of clients.

Although HIV is spreading rapidly in other cities in the region, notably St. Petersburg, no clients have tested positive for the virus in Pskov. Nearly half of them, however, are infected with hepatitis C, and about 11 percent have hepatitis B. Local authorities have shown support for the initiative. Some police officers have directed IDUs to the project instead of arresting them for using illegal drugs.

The HIV Prevention in Prisons project conducts outreach work among the incarcerated in the Pskov region. Prisoners are given access to condoms and disinfectants, for example, and can receive psychological support from workers and volunteers trained in harm reduction strategies.

Regional AIDS Center

20 Chumbarov-Luckinsky Ave.

Arkhangelsk 163061

Russia

E-MAIL: arh aids@atnet.ru

Nearly 10,000 drug users live in and near Archangelsk, a major port on the White Sea in northern Russia. Over the past few years heroin has quickly become one of the most popular drugs in the region, and most users prefer to inject it.

Local authorities are supportive of the project's harm reduction efforts. HIV infection rates have increased steadily, but the major short-term problem has been the high hepatitis rates among IDUs. The project plans to expand its outreach efforts to reach large satellite cities, including Sverodvinsk and Novodvinsk.

Regional AIDS Center

Gagarina Street 135

Lipetsk 398043

Russia

E-MAIL: SPID@lipetsk.ru

For the most part, authorities in Lipetsk have cooperated with the project, which operates standard harm reduction services such as needle/syringe exchange as well as HIV testing and referrals. Project managers hope to expand their outreach efforts by recruiting more former and current IDUs as volunteers.

Regional AIDS Center

Lenina Street, 434

Stavropol 355029

Russia

E-MAIL: staid@statel.stavropol.ru

The civil war in Chechnya and other ethnic strife have destabilized the Caucasus region, leading to a rise in drug smuggling through many of the cities. Stavropol is no exception. The city of 350,000 people is experiencing an increase in drug-related crime and drug use by a growing number of its residents. The project's clients receive free, anonymous HIV testing, needle/syringe exchange, and access to extensive counseling services. Clients are encouraged to refer others to the project.

Regional AIDS Center

Kirova Street 3-23

Voronezh 394018

Russia

E-MAIL: antiaids@comch.ru

An historic inland port on the Voronezh River near the Ukraine border, Voronezh sits on a major drug-transit route. It faces burgeoning social problems associated with drug use, including a rise in cases of hepatitis and STIs and the first cases of HIV infection in the region. The project offers HIV testing and referrals to health care and counseling services. Its outreach efforts focus on the more isolated parts of the city where the poorest, least educated IDUs live.

Regional Branch of NAN

46 Kuibyshev Street

Perm 814039

Russia

E-MAIL: aidscentr@psu.ru

Situated in the Ural Mountains where Europe and Asia meet, Perm is a major industrial city of more than one million people. Drug use has become increasingly widespread in recent years, with more than 15,000 IDUs now estimated to live in the city. The potential for the spread of HIV is quite high because needle sharing remains common and IDUs make up the largest percentage of those with HIV in the region. Local authorities have expressed support for the project, which seeks to expand its outreach and education efforts to reach additional at-risk populations.

Regional Family and Children Social Aid Center

27 Pugacheva Street

Samara 443077

Russia

E-MAIL: centrsam@sama.ru

Besides IDUs and people with HIV, the project targets many of its harm reduction efforts at drug users' families and friends, who often need counseling and other support services, and teenagers in general, who are most at risk for acquiring a drug habit or potentially fatal disease. Several local government agencies and NGOs support the project, often providing referral information and additional outreach help.

**Republican Center for
Prevention and Fight Against AIDS
and Infectious Diseases**

17 Tsyvilieva Street
Ulan-Ude 670034
Russia

E-MAIL: aidscenter@buryatia.ru

The Republic of Buryatia, of which Ulan-Ude is the capital and largest city, has been hit especially hard by the recent increase in drug use in Russia. The hepatitis infection rate among the general population is twice that of the national average, and the syphilis rate is not far behind.

The lack of adequate financial resources has restricted the ability of the local Ministry of Health and other government agencies to take aggressive measures to combat the spread of HIV and hepatitis. As a result, they have been extremely supportive of the project from the beginning.

**Russian Charity Foundation,
“No to Drugs and Alcohol”**

33 Serysheva Street
Khabarovsk 680038
Russia

E-MAIL: Rakitski@email.kht.ru

The Khabarovsk region’s unemployment rate remains persistently high, and public health conditions have declined in recent years. There are thought to be about 30,000 IDUs in the Khabarovsk region, which has a population of about 1.5 million—one of the highest rates in the country.

Although local authorities continue to strictly enforce drug laws and policies, they have started to recognize the severity of the drug problem and the need for new approaches. The regional administration has given its support to the project, as have local radio and TV stations, many of which have aired programs about drug use. The project has succeeded in increasing awareness about HIV and other risks of needle sharing. Its clients are 20 percent less likely to share needles than those who have never used its services.

Russian Society Charitable Fund

Registration Room 53, Administrative Building,
SibNIISHhoz
Koroleva Street
Omsk 644012
Russia

E-MAIL: isc@omskcity.com

Although HIV infection is a growing problem in Omsk, the biggest immediate concern is hepatitis. More than three-quarters of IDUs who share works are infected with that blood-borne disease, and many are unaware that sharing greatly increases transmission risks.

The project holds training seminars for other social service agencies and government officials in the region. Its outreach program is staffed primarily by former IDUs, some of whom are helping establish contacts with media outlets in an effort to promote the concept of harm reduction.

Siberian Initiative

P.O. Box 783
Barnaul 656054
Russia

E-MAIL: sibin@slt.ru

The project is the first in this city on the Ob River in Siberia to focus specifically on drug users and harm reduction strategies. Although local authorities were originally wary of the project’s approach, they have become more supportive as the number of people with HIV has increased, threatening to become a major public health crisis.

Because there are no central areas where drug users meet, the project must concentrate its outreach efforts on users’ apartments and places of work. To increase confidence among clients, the project hopes that the majority of its outreach workers will eventually be former or current IDUs.

Tatarstan Ministry of Public Health

2a Vishnevskogo Street

Kazan 420097

Russia

E-MAIL: obnovl@online.kzn.ru

Even though the project has the strong support of the Tatarstan Ministry of Internal Affairs, many IDUs are afraid of police harassment and remain difficult to reach, even when they need urgent medical attention.

Still, the project, which also focuses on sex workers, has been successful in helping clients modify their behavior and adopt safer drug use techniques. As a result, the number of new cases of HIV infection among its clients is much lower than among IDUs not connected with the project. Regular project clients consider it the only program that treats them humanely. Much of the outreach is conducted by volunteers, including former and current IDUs.

Vozrastcheniye Foundation

Sredniy pr. V.O., 65/41, Room 31

St. Petersburg 199178

Russia

E-MAIL: ostrov@mail.wplus.net

The project serves IDUs and sex workers in the St. Petersburg district of Kolpino. Since it started, the number of HIV infections has remained steady, while in St. Petersburg overall the infection rate has continued to grow sharply. Hepatitis remains a serious problem, however: nearly 70 percent of clients are infected with hepatitis C. About 1,200 clients, many under 20 years old, are served per month. In addition to its needle/syringe exchange services, the project holds seminars on HIV/AIDS prevention for local college and high school students.

Most IDUs do not trust the state Narcology Service and prefer to seek help and services, including basic medical attention, at the project's center. Some other organizations have directed drug users to the foundation and helped provide medical, psychological, and social support services for its clients.

We Are Against AIDS

Karl Marks Street, 45 p/o 25535

Krasnoyarsk 660000

Russia

E-MAIL: krikun@ktk.ru

As a result of the organization's efforts, Krasnoyarsk's drug enforcement agency and police department have agreed not to interfere with its harm reduction work. The local media regularly publicizes the project and helps spread awareness.

The project's mobile unit conducts needle exchange throughout the city and has relationships with 10 clinics, including narcological centers and hospitals where infectious diseases are commonly treated. More than 40 percent of the project's clients, including many sex workers, use its services regularly.

The project's goals include decreasing IDU risk behavior from 69 percent to 50 percent over the next year; encouraging IDUs who have only basic education to use the services regularly; and providing comprehensive harm reduction education to a minimum of 80 percent of clients.

Youth Center for Change

Voronova Street, 11

Verkhnya Salda 624600

Russia

E-MAIL: emets@vsmmpo.ru

Through seminars and education outreach, the project has made great strides in reducing the stigmatization of drug users. Government agencies, including health care facilities, now largely support harm reduction strategies. Needle/syringe exchange remains the centerpiece of the project's efforts. It also offers counseling on risk avoidance and referrals for serious medical and psychological issues.

Slovakia

Heureka

Dolna Strieborna 2
Banska Bystrica 97401
Slovakia

E-MAIL: drogy-bb@isternet.sk

Banska Bystrica is one of the largest cities in central Slovakia, with nearly 100,000 people and an estimated 1,200 drug users. During a previous pilot program, project workers reported that at least 90 percent of IDUs were reusing works. Although HIV has not made major inroads in the city, at least 60 percent of IDUs are thought to be infected with hepatitis C.

The project, which operates two centers, seeks to expand its outreach to the so-called hidden drug users—those who refuse the help of social service organizations. Most are young, poor, and, having been harassed by the police, suspicious of any form of authority.

Odyseus

Ukrajinska 10
Bratislava 83102
Slovakia

E-MAIL: KatJir@yahoo.com

The project, opened in October 1998, was the first harm reduction program of its kind in Slovakia, where drug laws are relatively harsh. Although punishment for dealers tends to be particularly severe, even users carrying small amounts face big penalties if apprehended. As a result, most drug users are afraid of having a syringe or any other part of their works with them on the street.

Nearly 500 clients are served each month; some 60 percent of clients are women, mostly sex workers. Drug-using clients are offered standard needle exchange and safer sex information as well as contacts with public health care and social services. Other organizations working with drug users and sex workers report that, due to the project's efforts, knowledge about safer behavior and better health habits has increased rapidly.

Slovenia

AIDS Foundation Robert/Stigma

Wolfova 8
Ljubljana 1000
Slovenia

E-MAIL: Dare.Kocmur@guest.arnes.si

Harm reduction is one of the national AIDS program's priorities, but government financial support is scarce and drug laws present obstacles. Needle exchange programs (NEPs) are legal in Slovenia, although safer "injecting rooms" are not; using drugs is not prohibited, but possession is illegal. A network of 15 methadone maintenance centers is spread throughout the country, and there is one detox center in Ljubljana.

The foundation operates a needle exchange program called Stigma and a separate harm reduction project focusing on Slovenian prisons. The NEP serves some 1,000 clients a month. More than 60 percent of the clients are infected with hepatitis C, but the HIV rate is low. Counseling is available on social, health, legal, and housing issues. The project has taken the lead in educating the general public about drugs, safer sex, and the benefits of HIV and hepatitis testing for those at risk. It has also undertaken research on the behavior, trends, and culture of IDUs.

The prison project provides the most at-risk inmates, including IDUs and men who have sex with men, with access to needle/syringe exchange, condoms, and counseling services.

Tajikistan

Health, Rights and Society NGO

12 Microrayon 14, Flat 128
Khujand 7357000
Tajikistan

E-MAIL: tolibah@khj.tajik.net

In addition to harm reduction, the organization runs health promotion and anti-illiteracy campaigns among local youth. Local health authorities support the harm reduction program, with the City Clinic allocating rent-free space for a permanent needle exchange and information center.

One of the biggest hurdles facing the project is overcoming the reluctance of drug users to jeopardize their anonymity by interacting with harm reduction personnel. In the past, this has left many of them lacking essential medical services. No cases of HIV have been recorded in the Khujand region, but increasing migration to the city from rural and war-torn areas in the south is expected to lead to a rise in blood-borne diseases within the IDU community.

Run NGO

Head Post Office, Mailbox 50
Dushanbe 734000
Tajikistan

E-MAIL: boki@tojikiston.com

Tajikistan shares a long and often unguarded border with Afghanistan, a strife-filled country that is the world's largest producer of opium poppies. Shipments of opium derivatives such as heroin pass through Tajikistan on their way to Western Europe.

This surging drug trade has led to a rise in illegal drug use across the country. Dushanbe, the capital and largest city, has the largest number of IDUs, most of them young, poor, and unemployed. The project's harm reduction strategies are aimed at restraining the growth of HIV and hepatitis among that population. It also seeks to educate government officials—in particular those with a reflexively restrictive attitude toward drug use—about the drug problem and the benefits of harm reduction.

Volunteer Association

24 Lenina Street, Suite 11
Khorog 736000
Tajikistan

E-MAIL: buribek@kalam.khorough.tajik.net

The association's mission is to reduce drug use and its associated harms. In the past few years, the association has opened a rehabilitation center and conducted several education campaigns in area schools and in the media. The harm reduction project works closely with the association's other initiatives, in particular its outreach programs. It has implemented the first comprehensive effort to collect and analyze data on IDUs and HIV and hepatitis incidence among them.

Turkmenistan

Annageldy

51 Gorogly Street
Ashgabat, Turkmenistan 744012
E-MAIL: ra@untuk.org

Turkmenistan has one of the world's lowest HIV rates. However, sharp rises in the rates of syphilis and gonorrhea have increased the risk of an increase in HIV prevalence. To lower the risk, the project is providing condoms and prevention information to sex workers. The project also provides access to better-quality medical care and rehabilitation services for drug-using sex workers. It is training an advocacy team to expand prevention activities at summer resorts and hopes to develop pilot programs in other cities.

Force for Change

51 Gorogly Street
Ashgabat 744012
Turkmenistan
E-MAIL: ra@untuk.org

Force for Change is an NGO working in cooperation with Turkmenistan's National AIDS Prevention Center. Its prison project aims to prevent HIV infection and reduce drug use among prisoners in two correctional facilities by offering direct access to disinfectants and other harm reduction services as well as promoting healthier lifestyles in general. It has conducted training workshops for prisoners and prison staff and begun to build a group of peer leaders to work with project staff.

Ukraine

"All Together" Information Center

Shevchenko Street, 32/11
Lviv 79016
Ukraine
E-MAIL: together@lviv.farlep.net

In its first year, the project added clients at a rate of 30-35 a month in Lviv, the largest city in western Ukraine and one of the hardest hit by the twin HIV and drug use epidemics. There are few state-run facilities for drug users in Lviv, so All Together is the only consistent source for information, support, and medical referrals, in addition to needle exchange.

Volunteers, including former and current IDUs, conduct much of the outreach effort. The project focuses on establishing trusting relationships with clients in order to expand word-of-mouth referrals as well. The most recent extensive outreach effort is aimed at sex workers.

Association "Victoria"

Shevchenko Street, 34
Khmelnitskiy 29000
Ukraine
E-MAIL: victoria@infocom.km.ua

Drug use has become a huge social and economic problem. It is estimated that one of every three families either has a member who uses drugs regularly or knows one well. Local authorities are supportive of the harm reduction project but unable to provide much financial assistance. The association also operates a rehabilitation center organized with substantial help from similar organizations in neighboring Poland. It plans to expand that model elsewhere in Ukraine.

Charitable Anti-AIDS Foundation

55 Tsyolkovsky Street, Apt. 97
Poltava 36023
Ukraine

E-MAIL: antiaids@pi.net.ua

Since the project was initiated in 1997, the foundation has become a leader in the field of harm reduction in Ukraine. Its activities range from service provision and outreach to IDUs and sex workers to counseling and advocacy for people living with HIV and AIDS. Nearly 1,000 people in the region are officially registered as being infected with HIV, although the true number is likely to be much higher.

Local public opinion and awareness regarding drug use and HIV/AIDS have improved significantly due to the project's work with clients, their families, and the press. A wide range of information and training materials is available at the project's stationary and mobile exchanges. The foundation's website also contains useful and country-specific harm reduction information. In 2000, the foundation provided technical assistance to 14 harm reduction projects in Ukraine.

Charity Foundation "Blagodijnist"

Nikolskaya Street, 17, Apt. 16
Nikolaev 54030
Ukraine

E-MAIL: info@blago.mk.ua

Blagodijnist runs a needle exchange project (NEP) and a separate prison-focused harm reduction project. The NEP serves more than 4,400 clients a month, dispensing some 25,000 syringes. Much of its outreach effort is conducted by volunteers, many of whom are HIV positive IDUs. About two-thirds of the project's clients are male, but that ratio is likely to change as the project reaches out to sex workers. In addition to needle exchange, the project distributes condoms and information on safer injecting and safer sex practices.

The prison project offers needle/syringe exchange and condoms to inmates in a large local penitentiary. It has set up "trust" stations to handle the distribution of these items, and has implemented a system to track the number of syringes entering and leaving the prison as well as their movement within.

Blagodijnist works closely with local government, law enforcement, and social service agencies as well as with the media, and has established relationships with a variety of harm reduction projects in Ukraine and other Eastern European nations.

Charity Fund “The Way Home”

Bolshaya Arnautskaya Street 42

P.O. Box 25

Odessa 65011

Ukraine

E-MAIL: wayhome@farlep.net

More than 20,000 drug users live in Odessa, an important Black Sea port that is a magnet for drug dealers and users from nearby Turkey, Romania, and Moldova. The number of people infected with HIV, estimated at 13,000, has exploded in just a few short years.

The project serves more than 10,000 clients, including sex workers, per month. According to staff, the constant increase in the number of clients proves that the project’s services are badly needed and its strategies for gaining the trust of clients have been successful. In particular, they point to its mobile unit, which moves among drug-buying and -using areas and refers IDUs to its stationary office.

The project, made possible through national legislation and local government directives, enjoys widespread support among state health and law enforcement authorities. It seeks to share information and resources with similar projects elsewhere in the country as well as with social service agencies in Odessa itself.

Charity Fund “Unitus”

Novobugskaya 101, kv. 46

Nikolaev 54031

Ukraine

E-MAIL: fb@aip.mk.ua

Falling living standards and the removal of travel restrictions have contributed to a steep increase in the number of sex workers in Ukraine and other countries of the former Soviet Union. While many end up working in Western Europe—after either heading there themselves or being forcibly transported by organized crime members or other exploiters—others have congregated in towns such as Nikolaev in western Ukraine, near the border with Poland and other richer nations.

Unitus’ project offers sex workers in several local towns a full range of harm reduction services, including essential health care information, STI prevention education, and needle/syringe exchange when requested. Its outreach efforts rely in part on clients’ referrals, a strategy that helps overcome suspicion and fear of harassment or arrest by local authorities.

Cherkasy Regional Narcology Dispensary

Nechuy-Levitskij, 22

Cherkasy 18018

Ukraine

E-MAIL: narco@uch.net

The IDU population in Cherkasy is growing at a rate of 10 percent a year, and nearly 1,000 people are officially registered as having HIV—a number that in reality is thought to be much higher.

The project has strong support from the media, and relations with the police are satisfactory. A state-run regional HIV prevention program is not considered particularly effective due to lack of adequate financing. In addition to needle exchange and basic information on harm reduction, the project provides psychological, medical, and spiritual support for its clients. It has cooperated with a variety of social services, including one run out of a local hospital by the Orthodox Church.

Donetsk Regional HIV-Infected Assistance Association

Olimpieva Street, 1-A

Donetsk 83045

Ukraine

E-MAIL: info@aids.donetsk.ua

Located in the heart of Ukraine's coal-producing region, which now has some of the worst economic conditions in the former Soviet Union, the project serves some 2,000 clients each month. Before the project started, most clients were unaware of the risks of HIV and hepatitis infection; in 1999, an estimated 85 percent of the IDU population was infected with HIV.

As the number of clients continues to increase, so does demand for its counseling and training programs. Those initiatives are believed to have played a role in a recent decline in the HIV infection rate among clients, their spouses, and their children. The project has also made strong strides in reaching at-risk sex workers.

The project cooperates with most Donetsk social service agencies, public foundations, and similar organizations. It has formed a close link to a local youth outreach group, VISSON, referring 50 clients to the group's rehabilitation center. The radio station "Europe Plus" has also agreed to publish a book written by clients as part of an education and prevention effort.

Kryvy Rig Center for AIDS Prevention

4 Nikopilske Shose

Kryvy Rig

Ukraine

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The AIDS epidemic hit Kryvy Rig with full force in the mid-1990s. Since then, some 4,000 people in the region have been officially registered as having HIV—more than 90 percent of them are IDUs, most of whom have long shared needles and had unprotected sex. Several local government agencies and NGOs are involved with the project's harm reduction efforts, including groups that serve teenagers and adolescents. The project works to expand awareness of HIV and drug use through public forums and the media.

Organization Salvation

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Kremenchuk 39603

Ukraine

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The project's stationary and mobile centers are considered a trusted source of information and services by IDUs and sex workers. The number of IDU clients who report regularly using condoms has increased greatly, and most sex workers say that they now have sex only with condoms and get checkups regularly at local STI clinics. The organization has recently opened a counseling center for IDUs and their families.

Organization Salvation shares experience and information with workers and volunteers at similar projects in other Ukrainian cities, including Kiev, Kharkov, Donetsk, and Poltava.

Society for Civic Self-Advocacy

32/51 Svobody Street
Uzhgorod 88000
Ukraine

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Located in far western Ukraine near the Slovak, Hungarian, Polish, and Romanian borders, Uzhgorod is an ethnically diverse city that now serves as a center for goods—including illegal drugs—moving between Western Europe and the former Soviet Union. Steeply rising numbers of IDUs and people infected with HIV have been most prevalent in the large Romani community, which has generally shunned local health facilities.

The project focuses directly on the Roma, holding educational seminars for community leaders as part of an effort to allay suspicions and encourage IDUs to participate. It also works as a liaison between the Roma and Ukrainian health authorities.

Red Ribbon

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Ukraine

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When the project began in September 1999, there was a low level of awareness about HIV transmission and prevention among IDUs and sex workers; the latter were particularly vulnerable because of male partners' unwillingness to use condoms. The project has worked hard to tackle these problems. The number of IDUs who use its services—which include medical, social, and psychological assistance—increased 20-fold in the first nine months, while the number of sex workers who became clients increased five-fold, trends that have continued. The project also seeks to educate the public about HIV and those most at risk.

Regional AIDS Center

179 Kirova Street
Sumy 244021
Ukraine

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The center's project, known as "Step Forward," serves IDUs in the area's two largest cities, Sumy and Shostka. The number of drug users in those towns now exceeds 10,000. Although few clients have tested positive for HIV, more extensive testing and outreach efforts are expected to lead to an increase. A typical client today is an unemployed injecting drug user with few solid family ties or responsibilities.

Regional authorities have helped the project establish links with local youth and drug-use organizations in order to share resources and strategies. The project has also been active in organizing and participating in regional and international conferences and seminars.

Regional SALUS Foundation

Technichna Street 6/8
Lviv 79000
Ukraine

E-MAIL: salus@icmp.lviv.ua

SALUS has worked with commercial sex workers for several years in Lviv and other Ukrainian cities. Its new harm reduction project focuses on the growing percentage of sex workers in Lviv who are also IDUs. According to recent SALUS surveys, a majority of sex workers in the city have little knowledge of HIV and other STIs—and they generally work without condoms. Sex workers who inject drugs frequently share needles and do not get regular medical treatment.

Vinnitsa Public Congress “Stalist”

P.O. Box 7385
Kelet'skaya Street
Vinnitsa 21029
Ukraine

E-MAIL: stalist@mail.vinnica.ua

The project serves more than 3,400 clients a month, yet the number requesting services continues to increase. An estimated 60 percent of IDUs in Vinnitsa have been reached by the project on some level, which has helped keep the rate of HIV prevalence relatively low. The police and local authorities in Vinnitsa have cooperated fully with Stalist's harm reduction program, which is made easier by the fact that Ukrainian law does not prohibit needle and syringe exchanges.

The project, which also serves sex workers, has expanded some of its services into other towns in the Vinnitsa region, including Kalinovka, Tyrov, and Nimirov. With the assistance of government drug authorities, Stalist is trying to organize needle exchange programs in the southern part of the region where drug use and AIDS are more widespread.

Zhitomir Regional Charitable Foundation

18/26 Pol'skiy Bulvar, k. 80
Zhitomir 10020
Ukraine

E-MAIL: yacob@zt.ukrpack.net

The Zhitomir region is a major drug trafficking center, with excellent agricultural conditions for cultivating narcotic plants. The project's work is part of the regional government's AIDS prevention initiative, and several government officials are involved in determining priorities, which include creating an atmosphere of tolerance regarding drug users.

In addition to needle exchange and condom distribution, the project conducts educational programs for IDUs, and offers them medical, legal, and psychological help as well as free HIV testing and counseling. Among the organizations affiliated with the center are UNAIDS, Medecins Sans Frontieres, and the Red Cross.

Uzbekistan

Tashkent City Women's and Children's Center (SABO)

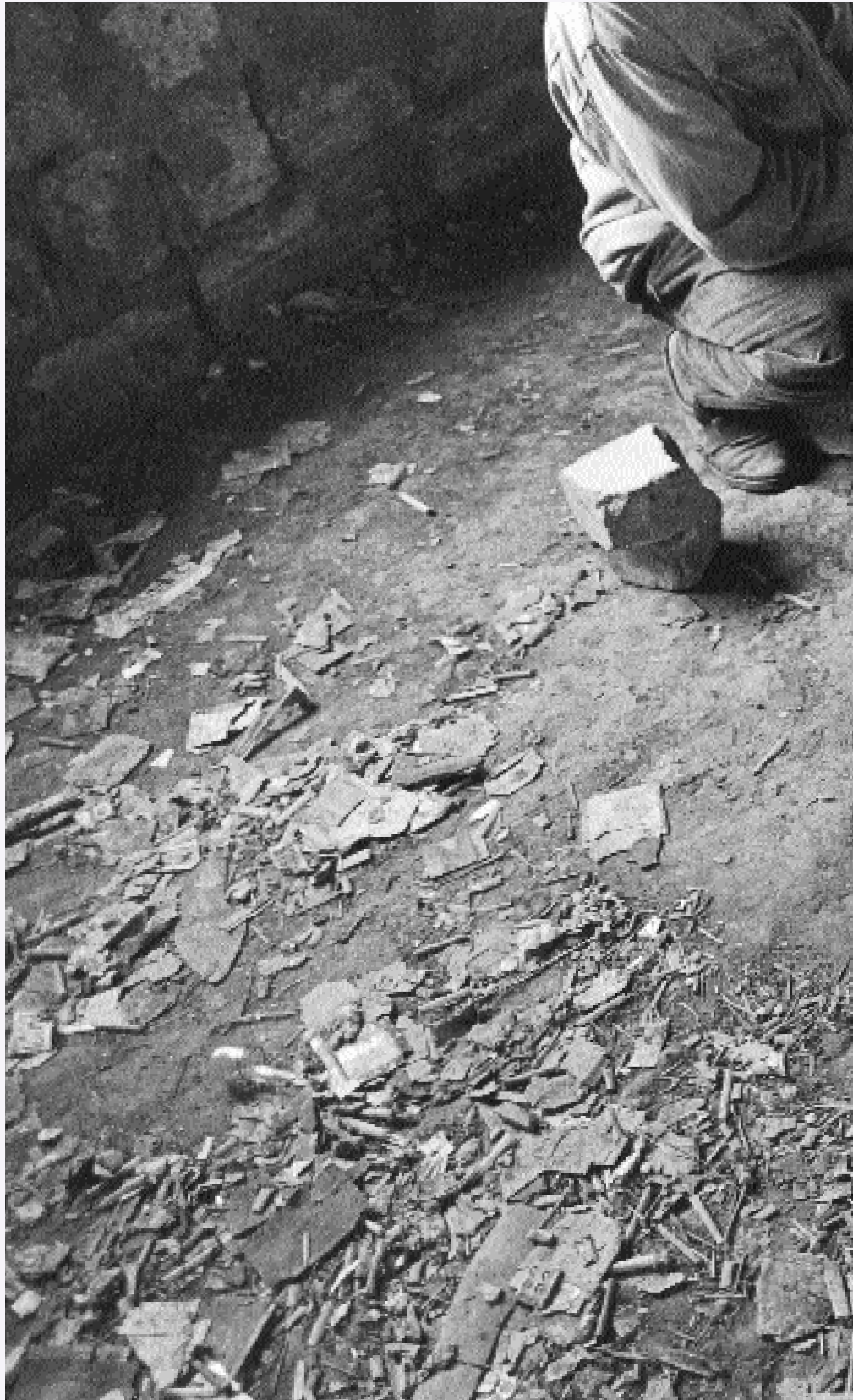
Adbullaeva Street 49/50
Tashkent 700052
Uzbekistan

E-MAIL: sabo@silk.org

Ignorance of the risks of HIV and other STIs is relatively high in Uzbekistan. Those at greatest risk—commercial sex workers—are not necessarily better informed than the general public. Surveys indicate that few of the estimated 5,000 sex workers in Tashkent have ever had an HIV test even after other STIs have been confirmed.

The project is increasing AIDS education efforts, in particular among sex workers who use drugs, with the help of new volunteers and specialized prevention information. It is setting up a hotline and new condom-distribution centers throughout the city.

Injecting drug users are widely scorned and frequently neglected or subjected to punitive treatment. Harm reduction programs, however, believe that the well-being of everyone matters—as individuals and as members of society.





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The global HIV epidemic is spreading through the countries of Eastern Europe and the former Soviet Union in tandem with a steep rise in injection drug use. In parts of the region, the HIV infection rate is increasing faster than anywhere else in the world. Despite such alarming statistics, injecting drug users (IDUs), who are among the most at risk of HIV infection, are not receiving the attention and care they deserve. . . . (continued on page 9)