

**ODCCP Studies on Drugs and Crime**

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# **DRUG ABUSE AND HIV/AIDS: LESSONS LEARNED**

**Case Studies Booklet**  
Central and Eastern Europe  
and the  
Central Asian States



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## Note of clarification

The term “harm reduction” is used in some of the case studies included in the present publication. From the point of view of the United Nations International Drug Control Programme, the term is meant to cover activities aimed at reducing the health and social consequences of drug abuse, an integral part of the comprehensive approach to drug demand reduction, as recognized in the Declaration on the Guiding Principles of Drug Demand Reduction<sup>1</sup> adopted by the General Assembly of the United Nations at its twentieth special session, to counter the world drug problem together, convened in 1998.

In the present document, the following three principles are referred to as “harm reduction principles”:

- (a) Reaching out to injecting drug users;
- (b) Discouraging the sharing of contaminated injecting equipment by providing sterile injecting equipment and disinfectant materials;
- (c) Providing substitution treatment.

These principles, which are part of the principles for preventing HIV infection among drug users compiled by the World Health Organization (WHO) in cooperation with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Council of Europe in 1998,<sup>2</sup> should not be viewed in isolation from overall national drug strategies or national acquired immune deficiency syndrome (AIDS) programmes. They are, however, valuable in guiding national policies and programmes as regards the specific goal of reducing human immunodeficiency virus (HIV) transmission among injecting drug users.

### Notes

<sup>1</sup> General Assembly resolution S-20/3, annex.

<sup>2</sup> WHO, *Principles for Preventing HIV Infection among Drug Users* (WHO Regional Office for Europe, Copenhagen, 1998).

## Preface

The present booklet is a collaborative effort of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations International Drug Control Programme (UNDCP) to disseminate lessons learned from practical experience in Central and Eastern Europe and the Central Asian States where injecting drug abuse is a significant and rapidly increasing factor in the transmission of HIV/AIDS. It focuses on the association between drug use and HIV infection and addresses the challenges that professionals and policy makers must confront in shaping national and local policies, developing and implementing preventive policies and providing treatment and rehabilitative services. The booklet is also aimed at governmental and non-governmental organizations and those involved in the planning, coordination and implementation of strategies and programmes for HIV prevention among injecting drug users.

In the booklet, an attempt is made to capture details of a range of practices in order to provide useful lessons and offer references for those working in the field of drug abuse and HIV/AIDS prevention. Owing to time and space constraints, the entries in the booklet represent only some of the project information and reports that were received. It is hoped that the lessons learned will be widely shared so as to contribute to the development of ethically sound and effective responses to the issue of drug abuse and HIV/AIDS prevention in the region.

The booklet responds to the Declaration on the Guiding Principles of Drug Demand Reduction and to the Action Plan for its implementation,<sup>1</sup> as well as to several resolutions adopted by the Commission on Narcotic Drugs, in which the organizations and programmes of the United Nations system, in particular UNDCP, are invited to facilitate the sharing of information on best strategies for the implementation of demand reduction programmes, including the reduction of the negative health and social consequences of drug abuse and the enhancement of assistance to drug users.

The booklet is also a response to the mandate of UNAIDS which, as the main advocate for global action on HIV/AIDS, leads, strengthens and supports expanded action aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

UNDCP and UNAIDS are aware that so-called “low-threshold” and “harm reduction” interventions are controversial in many environments. They also consider that the term “harm reduction” has been used as a flag for a variety of causes and, as such, has been given disproportionate attention. In the present booklet, an attempt is made to steer clear of political interpretations of the term and instead to build upon an empirical basis and describe practical experiences aimed at improving the well-being of drug users, reducing individual and public health risks and, in particular, preventing the transmission of HIV/AIDS among drug users.

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## Explanatory notes

The opinions expressed in the present publication do not necessarily represent the official policy of the United Nations Office for Drug Control and Crime Prevention or of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The term “harm reduction”, as used in the publication, is understood to mean “reducing the health and social consequences of drug abuse”.

Symbols of United Nations documents are composed of capital letters combined with figures. Mention of such a symbol indicates a reference to a United Nations document.

The following abbreviations and acronyms have been used in the publication.

AIDS	Acquired immune deficiency syndrome
CIS	Commonwealth of Independent States
FSW	Female sex worker
HIV	Human immunodeficiency virus
IDU	Injecting drug user
RAPID	Russian AIDS Prevention Initiative—Drugs
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

## Summary

The human immunodeficiency virus (HIV) is efficiently transmitted by the sharing of contaminated injecting equipment. Addressing this issue is, however, not a simple matter. The social nature of drug-injecting, the complex dynamics of sharing and the interaction of drug use with high-risk sexual behaviour present a considerable challenge for the design of effective responses. In the present booklet, examples are provided of how initiatives to address this complex problem have been developed in Central and Eastern Europe and the Central Asian States. In so doing, the lessons learned in the practical work of programme development are identified in order to assist in the design of future activities.

In global terms, drug injection, because of the health and social problems associated with it, remains the biggest cause of morbidity and mortality resulting from the abuse of drugs. Injecting drug use is the main, or a major, mode for the transmission of HIV in many countries of Asia, Europe, Latin America and North America. While precise figures can be difficult to obtain, research has shown that HIV can spread through drug-using populations with remarkable speed and can stabilize at very high rates.

While in parts of both Europe and the United States of America, higher levels of heroin abuse have recently been accompanied by an increase in non-injecting modes of transmission, the number of countries throughout the world reporting the existence of injecting drug users and HIV infection among them continues to grow.

Numerous studies have found drug users to be disproportionately likely to be involved in the sex industry or to engage in high-risk sexual activity. Drug-injecting also contributes to an increased incidence of HIV infection through the transmission of the virus to the children of drug-injecting mothers, and through sexual contact between drug injectors and non-injectors.

Deciding on the implementation of intervention strategies to prevent HIV infection among injecting drug users is one of the most urgent questions for policy makers. Studies have demonstrated that HIV transmission among injecting drug users can be prevented, and that the epidemic has been slowed and even reversed in some cases.

Meeting the challenges of dealing with drug abuse and HIV/AIDS requires institutional commitment at the national and local levels, the involvement of the wider community in planning and implementation, adequate needs assessment, the provision of training programmes for the acquisition of new skills, increasing the availability of a wide range of services, evidence-based practice, and the establishment of monitoring and evaluation systems.

The ability to halt the epidemic involves a three-part strategy: (a) prevention of drug abuse, especially among young people; (b) provision and facilitation of access to drug abuse treatment; and (c) establishment of effective outreach to engage drug users in HIV preventive strategies that protect them and their partners and families from exposure to the virus and encourage the uptake of substance abuse treatment and medical care. A comprehensive strategy to reduce drug abuse and the spread of HIV would offer a broad range of measures, including comprehensive programmes for youth and primary prevention of drug abuse.

Experience around the world indicates that a comprehensive package of measures must be used to prevent the spread of HIV among injectors. There is a need to link such measures with existing health and social services and raise awareness among, and educate, injectors and their sexual partners about HIV risks and safe practices; provide sterile injecting equipment; make available drug treatment programmes; provide HIV-infected injectors with access to counselling, care and support and to information about sexually transmitted infection; and provide condoms. Moreover, local communities,

including the drug-user community, must be mobilized and participate fully for such a package of measures to work.

No single element of the package is likely to be effective if implemented on its own. Among the main characteristics of successful HIV preventive programmes is that they are offered to their target groups as part of a continuum of care. They provide appropriate referrals which may include, but are not limited to, substance abuse treatment, HIV counselling and testing, family planning, testing and treatment for sexually transmitted disease (STD), risk-reduction or relapse-prevention counselling, mental health counselling, testing for tuberculosis, women's health services, and HIV early intervention services. They also address other basic needs of the target groups, such as housing and food, so that HIV prevention may be considered a priority concern.

Profound social and economic change in Eastern Europe and Central Asia has created conditions that make the countries in these regions particularly vulnerable to drug use and the spread of HIV. The present booklet, which is largely aimed at policy makers and practitioners, presents an overview of lessons learned and challenges for the future.

The case studies in each chapter provide detailed information for practitioners on the current policies and practice of HIV prevention among injecting drug users from 11 countries in Central and Eastern Europe and Central Asia (Belarus, Bulgaria, the Czech Republic, Hungary, Kazakhstan, Lithuania, Poland, the Russian Federation, Slovakia, Slovenia and Ukraine). Twenty case studies illustrate how drug abuse and HIV preventive strategies and intervention concepts have been introduced into specific national and local contexts, and the responses to a number of important challenges.

In its first three chapters, the booklet presents 20 case studies, grouped according to the focus of the projects concerned: fieldwork, political mobilization and strategy development, and training and networking. Despite many common elements in intervention policies and strategies, this collection of case studies shows the different adaptations that take place in response to local concerns.

Chapter I focuses on fieldwork projects, illustrating in 10 case studies how the main HIV preventive interventions targeting injecting drug users were put into practice, and how hidden target populations were reached. Experiences from outreach projects, peer education and low-threshold services show how supportive local conditions and clear strategy frameworks for community mobilization can contribute to the success of HIV prevention efforts. Further, the chapter gives examples of the work undertaken with specific target groups (sex workers and ethnic minorities) and highlights the practice of local cooperation between health and law-enforcement services, and state and non-governmental agencies. One example shows how the primary public health-care system can become a partner in the provision of substitution treatment to drug users, and thus contribute to reducing their stigmatization.

The case studies describe how interventions have been technically implemented by the various projects and, even more important, how a broad, community-based response to HIV/AIDS among injecting drug users was achieved. It was learned that interventions must be both early and comprehensive, and services user-friendly and responsive to individual needs.

Chapter II contains case studies that illustrate the process of political mobilization and national strategy development. Addressed, among others, are such questions as how all stakeholders can become actively involved in HIV/AIDS prevention among injecting drug users and the roles that a supportive legal framework and intersectoral cooperation can play. Five case studies are presented in the chapter. The case studies from Belarus, Kazakhstan and Ukraine document the process of shaping a new national approach to drug users, and also describe the various difficulties experienced and how they were overcome. The case studies of Hungary and Poland provide examples of the

development of policies and programmes for HIV prevention among injecting drug users within the context of low HIV prevalence.

While bringing out regional diversity as well as similarity, the case studies give an up-to-date picture of the challenges commonly confronted in the development of strategies for HIV prevention among injecting drug users:

(a) **Legal basis.** A national strategy must build upon legal frameworks adapted to allow a comprehensive response;

(b) **Awareness.** A low level of awareness about the problems of drug use and HIV/AIDS among the general public, and inadequate knowledge about measures of prevention, often leads to prejudices against drug users;

(c) The **understanding of drug use** as a social phenomenon, and not purely a medical problem, must be fostered, and consensus on HIV/AIDS prevention must be reached among the general population as well as among professionals from various disciplines;

(d) **Multisectoral approach.** There must be cooperation among all sectors in order to prevent HIV/AIDS infection among drug users. This major public health objective can be tackled using a multidisciplinary approach, which can be a new concept for most professionals. Constructive collaboration is particularly important between the health and law-enforcement sectors;

(e) **Local responsibilities.** In the light of the experience of the case studies, more responsibilities in terms of decision-making powers and funding should be delegated and decentralized to the local level;

(f) **Assessment.** The extent of drug use and of behaviour that puts a person at risk of HIV/AIDS is, in many cases, largely unknown. There is a need to carry out research studies to assess and monitor the evolution of risk behaviour in order to inform national strategy development over time.

Chapter III provides five examples of training and networking projects, which play a major role as effective and cost-efficient contributions to information sharing, capacity-building and resource mobilization at the regional and national levels.

In order to design and establish new services, the capacities of the existing health-care system must be reoriented so as to meet the needs of a comprehensive drug abuse and HIV preventive strategy. Professionals need up-to-date information and training in providing diversified services to drug users and in HIV/AIDS preventive interventions in order to enable the effective delivery of services to the target population. Two examples of training projects highlight the steps taken to expand rapidly and systematically the coverage of HIV prevention efforts among injecting drug users, based upon a systematic assessment of local needs.

Networking among providers of HIV preventive services to exchange experience and lessons learned, and making up-to-date information about contemporary responses to the HIV epidemic available to a wider target audience, are both important contributions to the promotion of an effective response to HIV in the region. To illustrate the progress that has been made in this field over the past few years, examples are provided of networking activities at the national, subregional and regional levels.

Chapter IV provides a summary of the lessons learned and specific challenges with which HIV preventive projects among injecting drug users in the region had to cope. The chapter also draws on discussions held among representatives of projects at a meeting convened by UNDCP at Minsk, from 13 to 15 July 2000, as part of the preparation of the present booklet. Those discussions indicated high awareness among project implementers that a comprehensive strategy for HIV preventive intervention

requires, as is the case in other fields of health promotion, an integrated approach towards encouraging individual, community and political action.

In the mid-1990s, the situation in Central and Eastern Europe and the Central Asian States presented particular circumstances that are worth noting: limited experience with drug abuse and associated problems; predominance of interdiction approaches; societies in transition with the accompanying social problems; and rapid dissemination of injecting drug use, high-risk behaviour and potential for HIV transmission.

Given this situation, several countries, supported in many cases by international organizations, responded to the urgent need to act to prevent HIV among injecting drug users. This meant the development of new, in some cases controversial, approaches, and work towards their legitimization. As a first step, measures aimed at avoiding HIV transmission were assigned priority. In this process, important challenges were encountered. Progressively, the need to diversify services for drug users and to offer a wider range of approaches was recognized. The need to develop comprehensive drug demand reduction programmes, a component of which is the prevention of the health and social consequences of drug abuse, in particular HIV prevention among injecting drug users, was also well understood.

In the course of the discussions held at Minsk, policy makers and project implementers noted that common challenges at the policy level were:

- (a) Awareness raising and advocacy;
- (b) Strategic planning of a multisectoral response;
- (c) Design of implementation policies that are able systematically to broaden and diversify existing treatment and care approaches, including reduction of the health and social consequences of drug abuse;
- (d) Situation analysis of available resources and needs assessment;
- (e) Sustainability of interventions.

The experts considered the involvement of non-governmental organizations and the target population as vital in the implementation of preventive interventions, and viewed as a major challenge the establishment of broad local alliances and constructive partnerships with all stakeholders. These included the local administration, the police and providers of health care from the state and non-governmental sector, as well as representatives of the target populations. To improve services on the basis of local assessments and to tailor them towards the target population was viewed as another challenge.

The following joint statement, summarizing key principles of effective HIV/AIDS prevention, was elaborated by the participants in the meeting convened at Minsk:\*

**“Key components of effective prevention of HIV/AIDS**

- “(1) A national strategy, policy and action plan, focused on effective interventions and targeted at groups in most risk of HIV/AIDS, has to be elaborated, agreed and implemented in every country in close cooperation with, and with the participation of, all relevant parties, organizations and individuals (e.g. representatives of the governmental, private, non-governmental, expert and local sectors). The plan should include general and short-term objectives, concrete tasks and expected results, and should clarify responsibilities, concrete interventions and evaluation procedures.

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\* The statement was developed by a subgroup of participants, circulated to all participants for comment and finalized after the meeting.

“Effective and targeted interventions, focused on the reduction of specific harm and on specific preventive activities, have to be identified and implemented in every place, environment, community or region in which, risk behaviour, environment or conditions are reported, occur or are predicted. The principles for these interventions have been identified in the WHO publication, *Principles for Preventing HIV Infection among Drug Users*.<sup>a</sup>

“The following elements are crucial to effective action and success:

“(a) The involvement of all sectors of society, including individuals, the family and the community;

“(b) The involvement of all professionals from all relevant agencies (social, health, law-enforcement and criminal justice), as well as those who are affected by or at risk of HIV/AIDS;

“(c) Activities and interventions must be focused on knowledge and awareness, changing skills, attitudes and behaviour;

“(d) To be effective, interventions must be locally oriented, focused on individual needs and periodically revised and changed according to the actual situation.

“Notes

“<sup>a</sup> WHO Regional Office for Europe (Copenhagen, 1998).”

## Introduction

Sharing, or use, of contaminated needles is a very effective way of spreading HIV. Since injecting drug users often have close links and commonly share injecting equipment, HIV can spread very rapidly among them.

In global terms, drug injection, because of the health and social problems associated with it, remains the biggest cause of morbidity and mortality resulting from the abuse of drugs (see E/CN.7/2000/4, sect. IV.A). Injecting drug use is the main or a major mode for the transmission of HIV in many countries of Asia, Europe, Latin America and North America. In some countries, including Bahrain, Georgia, Italy, Kazakhstan, Portugal, Spain and Yugoslavia, over one half of all AIDS cases are attributed to injecting drug use and, in Argentina and the Islamic Republic of Iran, more than two fifths. While precise figures can be difficult to obtain, it is clear that HIV can spread through drug-using populations with remarkable speed and can stabilize at very high rates. For example, HIV infection among injecting drug users in various cities in Ukraine rose from virtually zero in 1994 to between 31 and 57 per cent in less than two years. In 1999, there was a massive outbreak of HIV infection among injecting drug users in Moscow, with more than three times as many new cases of HIV reported in that year than in all previous years combined. HIV prevalence rates ranging between 30 and 70 per cent have been found among injecting drug users in Argentina, Brazil, India, Spain, Thailand and the United States of America (Puerto Rico). Risk behaviour in these populations remains common (UNAIDS, 2000).

While in both Europe and the United States higher levels of heroin abuse have recently been accompanied by an increase in non-injecting modes of transmission, the number of countries reporting the existence of injecting drug users and HIV infection among them continues to grow. In 1998, 136 countries reported injecting drug abuse, a significant increase compared to 1992, when 80 countries reported such abuse. In addition, 93 countries (68 per cent of those reporting) reported that HIV infection had been identified among drug injectors (E/CN.7/2000/4, sect. IV.A). This illustrates a worrying trend: the diffusion of injecting into an increasing number of developing countries and countries in economic transition, in which the behaviour was often virtually unknown. An obvious concern in increased rates of injection relates to blood-borne infection in general and HIV infection in particular. Extrapolations from case data on AIDS suggest that the cumulative number of injecting drug users infected with HIV could be around 3.3 million (to 1997). Such estimates should be treated with caution, since both the true size of the global population of injecting drug users (estimated at 5 million in 1992) remains unknown, as does the rate of HIV infection among them (E/CN.7/2000/4, sect. IV.A).

HIV risk among drug users arises not only from injecting. Many types of psychoactive substances, whether injected or not, including alcohol, are risky in that they affect an individual's ability to make decisions about safe sexual behaviour. Studies have associated crack-cocaine use with elevated levels of high-risk sexual behaviour, for example in the United States, where crack-cocaine users account for an increasing proportion of AIDS cases.

Numerous studies have also found that drug users are disproportionately likely to be involved in the sex industry or to engage in high-risk sexual activity. Drug-injecting also contributes to an increased incidence of HIV infection through the transmission of the virus to the children of drug-injecting mothers, and through sexual contact between drug injectors and non-injectors.

Deciding on the implementation of intervention strategies to prevent HIV in injecting drug users is one of the most urgent questions facing policy makers. Studies have demonstrated that HIV transmission among injecting drug users can be prevented and

that the epidemic has been slowed and even reversed in some cases. HIV preventive activities that have had some impact on HIV prevalence and risk behaviour offer a combination of AIDS education, access to condoms and clean injecting equipment, counselling and drug abuse treatment.

Meeting the challenges of dealing with drug abuse and HIV/AIDS requires institutional commitment at the national and local levels, the involvement of the wider community in planning and implementation, adequate needs assessment, the provision of training programmes for the acquisition of new skills, increasing the availability of a wide range of services, evidence-based practice, and the establishment of monitoring and evaluation systems.

In the present booklet, an attempt is made to capture details of a range of practices, in order to provide useful lessons and offer references for those working in the field of drug abuse and HIV/AIDS prevention. Owing to time and space constraints, the entries in the booklet represent only some of the many reports and project information that were received. It is hoped that the lessons learned will be widely shared so as to contribute to the development of ethically sound and effective responses to the issue of drug abuse and HIV/AIDS prevention in the region.

In its first three chapters, the booklet presents 20 case studies, grouped according to the focus of the projects concerned: fieldwork, political mobilization and strategy development, and training and networking, each with an overview of lessons learned in the respective fields. Overall lessons learned and challenges for the future are summarized in a final chapter that is aimed at policy makers.

The case studies come from 11 countries in Eastern and Central Europe and Central Asia (Belarus, Bulgaria, the Czech Republic, Hungary, Kazakhstan, Lithuania, Poland, the Russian Federation, Slovakia, Slovenia and Ukraine) and provide detailed information for practitioners on the current policies and practice of HIV prevention among injecting drug users. They illustrate how both drug abuse and HIV preventive strategies and intervention concepts have been introduced into specific national and local contexts, and the responses to a number of important challenges.

Many case studies reach across the topics of fieldwork, policy development and networking since, in practice, these are closely linked. This applies in particular to national pilot projects, the objectives of which include both carrying out fieldwork for a target group in a certain geographical area and providing input to national policy development and training. Despite many common elements in intervention policies and strategies, the collection of case studies shows the different adaptations that occur in response to local contexts, and illustrates that the relative success of HIV preventive interventions is inextricably linked to the social, cultural and political contexts in which they occur (Rhodes, 1996).

Chapter I focuses on fieldwork projects, illustrating in 10 case studies how the main HIV preventive interventions targeting injecting drug users were put into practice, and how hidden target populations were reached. Experiences from outreach projects, peer education and low-threshold services (see glossary) show how supportive local conditions and clear strategy frameworks for community mobilization can contribute to the success of HIV prevention efforts. Further, the chapter gives examples of the work undertaken with specific target groups (sex workers and ethnic minorities) and highlights the practice of local cooperation between health and law-enforcement services, and state and non-governmental agencies. One example shows how the primary public health-care system can become a partner in the provision of substitution treatment to drug users, and thus contribute to reducing their stigmatization.

Chapter II contains five case studies that illustrate the process of political mobilization and national strategy development. Addressed, among others, are such questions as how

all stakeholders can become actively involved in HIV/AIDS prevention among injecting drug users and the roles that a supportive legal framework and intersectoral cooperation can play. The example of Poland shows the development and impact of the inclusion of programmes to facilitate access to sterile injecting equipment in the context of a strategy to prevent the spread of infection among injecting drug users. Another example documents typical obstacles to implementing HIV prevention activities in a low-prevalence context and describes which steps were taken to achieve consensus and support among the main stakeholders.

Chapter III gives five examples of training and networking projects, which play a major role as effective and cost-efficient contributions to information sharing, capacity-building and resource mobilization at the regional and national levels.

Chapter IV summarizes the lessons learned and the specific challenges with which projects for HIV prevention among injecting drug users in the region had to cope. The chapter also draws on discussions held among representatives of projects at a meeting convened by UNDCP at Minsk, from 13 to 15 July 2000, as part of the preparation of the present booklet.

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# I. Fieldwork

## Introduction

### Guiding principles

The ability to halt the HIV/AIDS epidemic requires a three-part strategy: (a) prevention of drug abuse, especially among young people; (b) provision and facilitation of access to drug abuse treatment; and (c) establishment of effective outreach to engage drug users in HIV preventive strategies that protect them and their partners and families from exposure to the virus, and encourage the uptake of substance abuse treatment and medical care. A comprehensive strategy to reduce drug abuse and the spread of HIV would offer a broad range of services, including comprehensive programmes for youth and primary prevention of drug abuse. Boxes 1 and 2 below provide examples of programmes that focus on such services.

#### **Box 1. United Nations Children's Fund: Young People's Health Development and Protection Programme**

The United Nations Children's Fund (UNICEF) recognizes that the problem of HIV/AIDS is inextricably connected to a range of problems confronted by children and young people, including substance abuse, sexually transmitted diseases and social exclusion (street and out-of-school children, and children in institutions). Preventive and care programmes for HIV/AIDS and sexually transmitted diseases are therefore an integral part of the UNICEF Young People's Health Development and Protection Programme in Central and Eastern Europe, countries members of the Commonwealth of Independent States (CIS) and the Baltic States.

The Programme is implemented in cooperation with Governments, non-governmental organizations and sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and helps to build national responses which:

- (a) Provide appropriate information to young people and help them to build the skills that enable them to make healthy choices in life so as to protect themselves from HIV/AIDS, sexually transmitted infection, injecting drug use and other substance abuse;
- (b) Create a safe and supportive environment for young people, free from violence, abuse and exploitation;
- (c) Provide confidential and accessible services that cater to the needs of young people;
- (d) Help young people to define their responsibilities and help them build the skills that enable them to live up to those responsibilities;
- (e) Help to create mechanisms that ensure that the rights of young people are respected by allowing them, among other things, to play a meaningful role in the decision-making processes that affect them;
- (f) Address the needs of girls as well as of boys, including those who are at highest risk, namely, those who are homeless, in institutions or out of school.

In the Russian Federation and Ukraine, several youth clinics, designed with the support of UNICEF, provide health education, clinical services and educational support to young people at an affordable price (free for street children). In some locations (e.g. the model clinic in Odessa), these clinics are complemented by an outreach component: a mobile van team provides counselling and distributes condoms and clean syringes.

In the Russian Federation, UNICEF supports a number of projects in Kaliningrad and St. Petersburg which provide, among other services, counselling for teenagers on drug abuse prevention, outreach peer education for injecting drug users by former drug addicts, and

psychosocial support and counselling for those who use drugs, as well as for their families and teachers. In St. Petersburg, a specific focus of the work of UNICEF is on street children.

*Source:* D. S. Mugrditchian, "HIV/AIDS epidemic in the Baltic Sea region: an overview of the international response" (report on a meeting held at Helsinki, on 7 and 8 December 1999), annex 3. The full text can be downloaded at <[www.synergyaids.com](http://www.synergyaids.com)>.

**Box 2. Two examples of the activities of the United Nations International Drug Control Programme in Central and Eastern Europe for the prevention of drug abuse**

Primary prevention of drug abuse can contribute to the reduction of the spread of HIV. Effective preventive strategies reduce the abuse of drugs and may also have beneficial effects by providing young people with the life skills and the supporting environments that enable them to take care of themselves (i.e. by choosing healthy behaviour) and by promoting partnerships at the community level. It has long been established that preventive activities based purely on the provision of information, especially if negative or exaggerated, are not effective. Instead, preventive strategies should include a range of activities that provide people with the social and personal skills necessary for the development of a healthy lifestyle, and with environments that support such development. It is impossible for one organization to implement these kinds of strategies on its own. The collaboration of all sectors of society is therefore crucial.

The above idea is behind a project that is being jointly implemented by the United Nations International Drug Control Programme (UNDCP) and the World Health Organization (WHO) in Belarus and the Russian Federation. The project has developed materials to train organizations that work at the community level to strengthen their capacity to develop and implement effective prevention of substance abuse. Following the training, the project will support, technically and financially, a number of such organizations. At a later stage of the project, a series of meetings is foreseen where the experiences of organizations in developing and implementing community-based prevention will be documented and discussed. It is hoped that, through this process, concrete suggestions of what works in this field and what does not will be arrived at and subsequently disseminated. The initiative is also being implemented in three countries in south-east Asia and in southern Africa.

UNDCP is also supporting the Governments of three Baltic States, Estonia, Latvia and Lithuania, in developing a curriculum for their secondary school students. The curriculum is being developed by national experts with the assistance of an international consultant and will focus on equipping young people with the personal and social skills necessary to avoid drug abuse and other forms of risky behaviour.

Experience from around the world indicates that a comprehensive package of measures must be used to prevent the spread of HIV among injectors. Such measures must be linked with existing health and social services and include raising awareness among and educating injectors and their sexual partners about HIV risks and safe practices; providing sterile injecting equipment; making available drug treatment programmes; providing access to counselling, and care and support, for HIV-infected injectors and with regard to sexually transmitted infection (STI); and providing condoms. Moreover, local communities—and the drug-user community itself—must be mobilized and participate fully in order for such a package of measures to work. No single element of this package will be effective if practised on its own.

WHO, together with UNAIDS and the Council of Europe, synthesized principles for preventing HIV infection among drug users (WHO, 1998), which are summarized in box 3 below.

### **Box 3. Principles for preventing HIV infection among drug users**

The basic principles\* for effective preventive work among injecting drug users at the national and local levels are:

- Information, communication and education;
- Providing easy access to health and social services;
- Reaching out to injecting drug users;
- Providing sterile injecting equipment and disinfectant materials;
- Providing substitution treatment.

These principles should not be seen in isolation from overall national drug strategies or national AIDS programmes. They are, however, valuable in guiding these national policies and programmes with regard to the specific goal of reducing HIV transmission among injecting drug users.

\*In this instance, the latter three principles in particular are referred to as “harm reduction” principles.

Among the main characteristics of successful HIV preventive programmes is that they are offered to their target group as part of a continuum of care. They provide appropriate referrals that may include, but are not limited to, substance abuse treatment, HIV counselling and testing, family planning services, STD testing and treatment, risk-reduction or relapse-prevention counselling, mental health counselling, testing for tuberculosis, women’s health services and HIV early intervention services. They also address other basic needs of their target groups, such as housing and food, so that HIV prevention may be considered a priority concern (Coloradans Working Together, 1999).

#### **Common features for an effective response**

The projects on HIV/AIDS prevention described in the present chapter, which were begun between 1992 and 1999 in six cities in Belarus, Sofia, Moscow, St. Petersburg, Klaipeda, Bratislava and Ljubljana, provide services to their clients that have proved effective in countries with a longer history of HIV/AIDS epidemics. Key features are: the distribution of information and educational materials, coupled with person-to-person communication on sexual and drug-related risk reduction; the facilitation of access to health and social services; and outreach, peer education and, in most cases, the provision of sterile injecting equipment. Two case studies describing substitution treatment programmes in Lithuania and Slovenia are also included.

The experiences in Central and Eastern Europe and Central Asian States illustrate two starting points for the development of HIV preventive services for drug users. First, existing drug abuse treatment services realized the need to reach out to drug users not in treatment and to diversify the range of services offered, in particular in the light of the HIV epidemic (e.g. Bulgaria and Lithuania). Here, treatment centres understood that some additional measures should be taken to prevent the further spread of HIV infection among injecting drug users. Second, community-based non-government organizations realized, many times in the absence or severe shortage of adequate treatment services, the need to take urgent action to prevent the spread of HIV among users and initiated projects to reach them and to provide them with the means to limit its transmission. They also realized the need to offer broader care to drug users and, in most cases, developed links and referral services to health and social agencies, as well as to drug abuse treatment services. Unfortunately, the latter are in many cases still underdeveloped.

The case studies describe how interventions have been technically implemented by the various projects and, even more important, how a broad, community-based response to HIV/AIDS among injecting drug users was achieved. They also illustrate the following principles:

(a) **Protection of human rights is critical for the successful prevention of HIV/AIDS.** Where civil rights are not respected, it is difficult to respond effectively to an epidemic. The case studies illustrate how important it is to raise awareness among the general public and the local authorities and to develop agreements with primary health care, police and other services in order to de-stigmatize drug users;

(b) **HIV prevention activities should be started as early as possible.** Once HIV is introduced into a local community of injecting drug users, it can spread extremely rapidly. Experience has shown, however, that injecting drug users can change their behaviour if they are appropriately supported. Examples of work in low-prevalence areas are provided in the case studies in Bulgaria, Hungary, Poland and Slovenia;

(c) **Interventions should be based on regular assessment of the nature and magnitude of drug abuse, as well as trends and patterns of HIV infection.** Interventions should build upon knowledge acquired from research, including empirical knowledge of the social milieu around which drug-taking revolves, as well as lessons learned from previous projects and interventions. In order to obtain more reliable epidemiological data on the trends of HIV epidemics and a better basis for the evaluation of the impact of preventive interventions, it is useful to introduce sentinel surveillance systems (see box 4);

(d) **There is a need to develop wide cooperation at the local level.** Such cooperation should include a policy of constructive collaboration between health services and other public services, in particular the police, with the aim of achieving effective HIV prevention as a public health objective. The case studies document how crucial it is to establish networks and partnerships among different service providers, especially between non-governmental and state service providers, to make HIV preventive interventions more effective by broadening the range of services available to clients. The Lithuanian example shows that the primary public health-care system can be an important partner in the provision of substitution treatment to drug users and thus make a valuable contribution to reducing the stigmatization of the target population;

(e) **There is a need to develop services outside the traditional settings.** A major challenge for many of the projects described below was to gain the trust of their clients. Since many drug users may not trust traditional medical institutions, gaining access to the out-of-treatment or hidden target population has usually been easier for non-governmental organizations and, in particular, those which have former or active drug users among their staff. Outreach work and peer education outside the normal service settings, working hours and other conventional work arrangements are needed to catch groups that cannot effectively be contacted by existing services or reached through traditional health education;

(f) **Developing effective responses to the problem of HIV among drug users is likely to be facilitated by considering the views of drug users and of the communities in which they live.** Programmes should be reality-based and meaningful to the people that they are designed to reach. The development of responses is likely to be facilitated by ensuring the active participation of the target group in all phases of programme development and implementation. Many drug users work as volunteers in peer outreach. Projects benefit from their knowledge when developing messages and educational materials on prevention, which can be tailored to the target audience on the basis of discussions held with focus groups of drug users. There was consensus among

the projects that the participation of peers in delivering interventions was a key factor in reaching and keeping in touch with drug users;

(g) **HIV preventive programmes should also focus on sexually risky behaviour among people who inject drugs or use other substances.** Epidemiological research findings indicate the increasing significance of sexual HIV transmission among injecting drug users and among crack-cocaine users, a factor which may often be overlooked. The project “Protect yourself” in Bratislava serves as an example of programmes focusing on drug-using sex workers;

(h) **Health services and drug abuse treatment programmes should make provision for assessment for HIV/AIDS and other infectious diseases,** as well as for counselling to help patients change behaviour that places them or others at risk of infection. Attention should be paid to the medical needs of drug users, with provision for on-site primary medical services and organized referrals to medical institutions. The provision of such services is illustrated by the collaboration between the HIV preventive programme in Moscow and public hospitals in the city.

**Box 4. Monitoring HIV epidemics in communities of injecting drug users through sentinel surveillance**

The rapidly developing HIV epidemics among injecting drug users in the region and expanding preventive activities require reliable instruments for monitoring the trends of the epidemics and the impact of HIV prevention interventions.

During the past few years, assessments of projects on HIV prevention among injecting drug users at various locations in Belarus, Kazakhstan, the Russian Federation and Ukraine showed behavioural changes among injecting drug users that have the potential to decrease the spread of HIV among this group. Adequate tools for the epidemiological monitoring of these changes were, however, not in place. The routine HIV surveillance system in the region is based on officially reported cases of HIV/AIDS and does not reflect the actual situation of HIV prevalence.

To support the establishment of a sustainable system of HIV surveillance among injecting drug users as a component of HIV prevention in the region, the joint WHO and UNAIDS subregional Project to Monitor the HIV Epidemic in Communities of Injecting Drug Users was designed. It is based on sentinel surveillance methodology and was implemented in the above-mentioned countries and in Moldova during the period 1999-2000.

The sentinel surveillance methodology is a particularly appropriate means of collecting data from selected areas and groups, and for determining the differences in HIV prevalence among groups and locations. Both high-risk and low-risk groups can be monitored to afford an indication of the range of HIV infection.

Results indicate that the HIV prevalence rates in communities of injecting drug users that are detected through sentinel surveillance are much higher than those determined through the official reporting system. For instance, according to the data of routine epidemiological surveillance, HIV prevalence among injecting drug users in Poltava, Ukraine, was around 10 per cent in 1999; however, an HIV sentinel survey conducted in the city in September 1999 showed that actual prevalence was as high as 40 per cent. In St. Petersburg, sentinel surveys revealed the beginning of explosive epidemics among injecting drug users in two districts of the city and a 100 per cent increase of prevalence within six months in one of those districts. Similar data from the other sentinel sites provided powerful advocacy tools for the local programme managers.

The project provided the basis for a broader implementation of sentinel surveillance in the region and for better cooperation between the networks of HIV preventive projects and the state services responsible for epidemiological monitoring. Some countries participating in the project (Belarus, Kazakhstan and Ukraine) are planning to implement the second generation of HIV surveillance methodology, recently developed by WHO and UNAIDS.

## Challenges

Experience highlighted the following challenges:

(a) **Comprehensive coverage of the entire targeted populations is essential.**

For preventive measures to be effective in changing the course of an HIV epidemic in a country, it is essential that as many individuals as possible in the at-risk populations are reached (a target of 60 per cent of injecting drug users was set by the strategy meeting to better coordinate regional support to national responses to HIV/AIDS in Central and Eastern Europe, convened by UNAIDS in 1999). No single approach can be acceptable to all drug users, as indicated by the coverage rates cited in the case studies (estimated rates vary between 2 and 33 per cent). To reach a substantial part of the population, services must be widely available. A major challenge for the projects is to obtain the necessary resources to continue their work in the longer term, in order to achieve lasting behavioural change and to provide the support and skills necessary to maintain behavioural change among injecting drug users;

(b) **Drug abuse treatment must be made readily available.**

Many large-scale studies have shown that patients participating in the various treatment modalities decrease their drug consumption significantly. Longer retention in treatment, as well as the completion of treatment, are correlated with a reduction in the type of behaviour that places a person at risk of or an increase in protective types of behaviour. In order to reach their target population, treatment services should be readily available and flexible. As indicated by several of the projects, applicants for treatment can be lost if it is not immediately available or readily accessible. It is necessary to have adequate resources to respond to the increase in the client and casework load that is likely to result from outreach work. Treatment systems should offer a range of alternatives, including substitution treatment, to respond to the different needs of drug users. Several of the projects realized that the demands posed by injecting drug users who were reached through HIV preventive interventions could not be met owing to the limited availability of treatment services;

(c) **Capacity-building in HIV prevention and treatment services must be encouraged within the existing system of health care.**

A general lack of referral and comprehensive HIV/AIDS treatment options was identified by several projects. Voluntary HIV counselling and testing services, together with the provision of care and treatment packages for drug users who test positive for HIV, must urgently become the rule in the region;

(d) **Systematic project planning, monitoring and evaluation must be further strengthened.**

Some projects, although not all, are based on local needs assessments, but objectives are often too broad or too numerous (or both) to be achievable. Project monitoring and evaluation are, with some exceptions, not well developed. In view of the growing demand to document their impact in order to obtain funds, steps have been taken by several projects to improve evaluation, introduce quality assurance measures and adjust programmes on a regular basis so as to meet better the needs of clients. A particularly useful step in this process could be to conduct small-scale qualitative studies that focus on a limited number of interventions. In some case studies, reference is made to assessment and research reports that were produced within the framework of the projects or at the national level. So far, however, not much HIV social and behavioural research has been conducted and very few studies have been published. It is hoped that the examples of the projects presented will contribute to raising the interest of researchers and of practitioners and will encourage them to carry out HIV research that can be used to inform decision makers about HIV prevention among injecting drug users.

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## Belarus

### **Involving young people, non-governmental organizations and the target population in preventing HIV/AIDS**

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#### **Implementers**

The project is administered by the United Nations Development Programme (UNDP) office in Belarus and is executed by a consortium of state and non-governmental organizations from the six participating cities: Minsk, Mogilev, Pinsk, Soligorsk, Svetlogorsk and Vitebsk.

#### **Funding**

The project obtained financial assistance from UNAIDS and from the International Harm Reduction Development Program of the Open Society Institute (New York), UNDP and UNICEF. Local authorities in all cities make further in-kind contributions to the projects.

#### **Objectives**

The main goal of the project is to reduce the spread of HIV infection among injecting drug users by:

- (a) Assessing drug-use patterns among the target group, and identifying risk behaviour that is related to injection of drugs and to sexual behaviour;
- (b) Providing drug users with information on HIV and STI, and on how to avoid the transmission of HIV through the use of contaminated syringes and risky sexual behaviour, and providing clean syringes and needles, disinfecting materials and condoms;
- (c) Achieving political and social acceptance of the strategy aimed at reducing the health and social consequences of drug abuse;
- (d) Carrying out public awareness activities aimed at the prevention of drug use and HIV infection among young people;
- (e) Ensuring the sustainability of the local projects.

## **Background**

Until 1995, only eight cases of HIV infection among injecting drug users were known in Belarus (UNAIDS and WHO, 1998 and 2000). As at December 1996, however, 973 new cases of HIV infection among injecting drug users had been detected, most of them in the course of a mass screening carried out in Svetlogorsk.

In response to the sudden rise in the number of new cases, UNAIDS and WHO offered the city's Executive Committee their help in the development of a pilot project to prevent the further spread of HIV among injecting drug users. A project proposal was elaborated together with the local non-governmental organization Parents for the Future of Children, and was accepted by the local authorities. The organization successfully executed the project in Svetlogorsk during the period 1997-1998 (UNAIDS, 2000; Kumaranayake and others, 2000).

In 1999, within the framework of a project on the mobilization and training of state and non-governmental organizations that was launched by the National AIDS Centre and UNAIDS, HIV preventive activities among injecting drug users were extended to Minsk, Mogilev and Vitebsk. In January 2000, Soligorsk and Pinsk were also included (United Nations Office in Belarus, 2000a).

## **Main activities**

The following activities are carried out in each city: (a) rapid assessment of the drug situation; (b) consultations with local experts; (c) local awareness campaigns, aimed at young people; (d) development and publication of information and educational materials; (e) opening of syringe exchange points; (f) training of personnel; (g) organization of outreach and peer education fieldwork; and (h) continuous project monitoring and epidemiological surveillance.

Drug users are actively involved in the development of information and educational materials and in outreach peer education.

## **Outcome/output**

The local teams have managed to secure considerable support from city authorities (e.g. free provision of premises, no charge for utilities and repairs and free disposal of used syringes). The local council for HIV and STI prevention, the main policy and decision-making body on HIV/AIDS-related issues in each city, supports the project. The project teams have established active partnerships with other state organizations and non-governmental organizations dealing with the prevention of HIV, STI and drug abuse and issues related to youth, and have involved them in the implementation of the project.

Between April 1999 and May 2000, the work of the project teams was the subject of 68 newspaper reports, 13 television reports and 6 local radio interviews.

Young people were heavily involved in the local awareness and preventive activities of the project conducted in Belarus within the framework of the 1999 World AIDS Campaign. Since drug-injecting is spreading rapidly among the younger age groups, this was of particular relevance.

HIV preventive services have been set up in all six cities, complemented by outreach workers and volunteers from the injecting drug user (IDU) community. Since the project started, the number of injecting drug users who have requested drug treatment has increased. The availability of treatment services is, however, still very limited.

## **Evaluation**

The project reaches between 5 and 30 per cent of the estimated number of drug users and thus already covers, in four of the six cities, the projected number of clients. Further

expansion is, however, not possible with the resources available, although such expansion is necessary to prevent effectively the further spread of HIV.

Surveys conducted among programme participants indicate that they have better knowledge of risk factors and that their drug use behaviour in so far as lower-risk practices has changed (United Nations Office in Belarus, 2000b).

In 1999 and 2000, questionnaire surveys were conducted anonymously among 518 programme participants in four cities. A comparison of the results of the surveys, conducted at the start of the projects and repeated after nine months, shows that a higher percentage of injecting drug users knows about risk factors for HIV and STI; a lower percentage of injecting drug users uses the same syringe more than once; and a lower percentage of injecting drug users uses a syringe for longer than one day.

### **Sustainability and future challenges**

The changes witnessed among injecting drug users with regard to safer behaviour depend largely upon the continuous provision of services. In order to increase the sustainability of less risky drug use and safer sexual behaviour, HIV/AIDS education, injecting equipment and condoms must be provided over a longer period of time. The fact that the project is implemented mainly with international resources and that there is no guarantee for funding after mid-2001 constitutes a risk for the sustainability of behavioural change.

Local intersectoral councils politically support the projects and make various in-kind contributions. Although the financial value of this support is at present minimal in relation to expenses, the political commitment of local government is an important factor that might contribute to prospects for the sustainability of the project.

The further development of the non-governmental sector must be assigned priority. The financial sustainability of each local project will depend largely upon the institutional capacities of non-governmental organizations, in particular with regard to fund raising. Training of the project teams in institutional development and project management is therefore considered vital.

### **Lessons learned**

- (1) **The assessment of local risk factors is essential for planning interventions.** Injecting drug use is a recent phenomenon in Belarus and the practice seems to have developed and spread in less than three years. There are, however, important differences in levels of local prevalence. These are possibly related to the different ways in which the drugs are processed or sold, prepared for use and consumed. In Svetlogorsk, sentinel surveillance revealed that 65.5 per cent of injecting drug users were infected with HIV. HIV infection rates among a sample of drug users in Minsk were, however, 17 per cent among recent drug users and 22 per cent among those with a longer history of drug-injecting. In Vitebsk and Mogilev, no or very few cases of HIV have so far been found among injecting drug users (United Nations Office in Belarus, 2000c).
- (2) **There is a need to develop a comprehensive strategy for HIV/AIDS prevention.** In Belarus, the majority of those infected with HIV are young people who have a short history of injecting drug use. It is therefore considered necessary to integrate HIV/AIDS prevention into programmes of primary prevention aimed at drug abuse and into HIV/AIDS preventive services for those who inject.
- (3) **There is a need to forge new partnerships for HIV prevention.** By means of the project, local authorities learned to appreciate the benefits of the involvement of non-governmental organizations in the work undertaken with vulnerable groups of

the population and became acquainted with an HIV/AIDS preventive approach that is aimed at reducing the health and social consequences of drug abuse.

- (4) **The size of the city and the geographical spread of the target population must be taken into account when planning services.** It is much easier to start a HIV preventive programme in a small city because local authorities show higher commitment. In larger cities, mobile services for HIV prevention are an asset, because injecting drug users will not visit a stationary centre if they have to travel a considerable distance. Outreach work and the involvement of peer educators are both essential for adequately reaching the target population.
- (5) **The flexibility and attractiveness of the services run by non-governmental organizations is an asset.** Services run by non-governmental organizations provide the less formal, more client-oriented, and less judgemental atmosphere needed to establish contact with, and the trust of injecting drug users. Further, non-governmental organizations tend to have greater flexibility with regard to the hours during which they can provide services and remain open, both of which factors increase their efficiency in comparison with the services run by state organizations.
- (6) **The number of options for treatment must be increased.** Appropriate treatment options for drug abuse, including substitution treatment, must be made available in order to respond to the varied needs of drug users and to attend to referrals from HIV preventive programmes.
- (7) **The involvement of the target group is essential.** Where injecting drug users believed that somebody showed real interest in their problems and cared about them, they were motivated to take active part in the activities of the project, as volunteers. It is important to combine the ongoing exchange of syringes with intensive work of volunteers to involve new injecting drug users in the project, in particular at the start of a programme. Peer outreach by volunteers is an efficient way of reaching injecting drug users who do not consider it necessary to visit the service.
- (8) **It is important continuously to monitor behavioural change among the targeted groups** and to adjust content and methods of HIV/AIDS preventive interventions so as to ensure and enhance the efficiency of the project.

#### **References and further reading**

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## **Bulgaria**

### **Outreach work on HIV/AIDS prevention among out-of-treatment injecting drug users**

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#### **Implementers**

The project is implemented by the Initiative for Health Foundation, a non-governmental organization founded in 1997 to establish and deliver services for drug users and to provide support to drug treatment services, local authorities and other agencies in the establishment of an effective drug policy in Bulgaria. The Foundation provides technical assistance to four new HIV preventive programmes and is involved in the development of the Bulgarian HIV/AIDS preventive strategy and drug demand reduction strategy.

#### **Funding**

The Sofia Needle Exchange Project receives its main financial support from the International Harm Reduction Development Program of the Open Society Institute, New York, and the Open Society Foundation, Sofia. The UNDP/UNAIDS Office in Sofia and the United Nations Theme Group on HIV/AIDS for Bulgaria provided financial and methodological support for research studies and ongoing support and valuable assistance to the Initiative for Health Foundation in regard to networking and partnerships with other organizations, professional and institutional development and planning of future activities. The project is also supported by Integrative Drogenhilfe, a non-governmental organization based in Frankfurt, Germany, and by the Chicago Recovery Alliance, based in Chicago, Illinois, United States of America.

#### **Objectives**

The general aim of the project is to reduce the risk of HIV/AIDS among injecting drug users in Sofia. The specific objectives of the project are:

- (a) To reach the out-of-treatment injecting drug users in their own environment;
- (b) To reduce the risk of infection with HIV and hepatitis B and C, and of other blood-borne or sexually transmitted infections and adverse health consequences of injecting drug use;
- (c) To increase the motivation of and help injecting drug users to enter drug treatment services and other health and social services;
- (d) To target the Roma minority community (see glossary) with a broad range of HIV preventive activities (needle exchange, health education, condom distribution etc.);

- (e) To encourage more injecting drug users to seek HIV counselling and testing services;
- (f) To assess the incidence of HIV/AIDS among out-of-treatment injecting drug users.

### **Background**

In the early 1990s, Bulgaria experienced the first real epidemic of heroin use. In 1998, it was estimated that 70 per cent of regular heroin users inject the drug (Yankova and others, 1998). The number of HIV/AIDS cases in Bulgaria is low (the cumulative number of cases in May 2000 was 287). In 83 per cent of the cases, heterosexual contact is the mode of transmission. HIV infection among injecting drug users has not yet been documented; however, ethnographic studies and treatment data show that risk behaviour, such as sharing of syringes, needles and other paraphernalia, is widespread (Vassilev and Nikolov, 1999; National Centre for Addictions, 1999b). Hepatitis B prevalence among users in treatment is about 20 per cent and hepatitis C prevalence is above 50 per cent (National Centre for Addictions, 1998, 1999a and 2000).

### **Main activities**

Prior to the commencement of the project in December 1998, a qualitative assessment study was conducted among out-of-treatment injecting drug users in Sofia (Vassilev and Nikolov, 1999). The study showed that there was a lack of information about HIV/AIDS and a lack of knowledge of the risks of injecting and how to avoid the risk of infection. Recommendations on how to implement an outreach, education and needle exchange programme in Sofia were received from injecting drug users and police officers in the course of interviews and focus groups.

The outreach, education and needle and syringe exchange activities of the project began in January 1999 at two locations; it was the first project in Bulgaria to offer such services. The initial core team was composed of a physician, a nurse and a social worker with experience in outpatient drug treatment, including methadone maintenance. The team was soon expanded to involve young people as trained volunteers, among them former injecting drug users and university students. The volunteers had less professional experience but were highly motivated to promote HIV prevention among active injecting drug users.

Mobile outreach work, undertaken by minibus or by foot, is the main activity of the project. Outreach work is carried out "on the ground" that is, in the users' environment and at the places they usually visit. Three teams operate at six permanent locations, including in two Roma communities (see box 5). Services are provided on each working day according to a fixed schedule and for three, four or seven hours, depending on the location. Participants in the needle exchange programme must be at least 18 years of age.

During contacts with injecting drug users, the teams, each comprising a team leader and a volunteer who assists and facilitates contact with the users, distribute educational materials and condoms, provide sterile injecting equipment, and collect used syringes and needles in containers. In face-to-face discussions, they provide information about safer sexual behaviour, safer injecting habits and other areas of health education, and they refer injecting drug users to drug and medical treatment, as well as to hepatitis and HIV/AIDS counselling and voluntary testing facilities.

#### **Box 5. Working with injecting drug users from Roma communities in Sofia**

The Director of the Sofia Needle Exchange project reports that, since 1998, the number of heroin users among minority populations, especially Roma, in the big cities of Bulgaria has increased. When the needle exchange programme was started at two locations in the centre of Sofia in January 1999, staff of the project began to develop contacts with the unofficial mayors of the two Roma areas of Sofia. In May 1999, the unofficial mayor of the Tatarly Roma area gave his approval for the start of a needle exchange programme in his community and, in December 1999, the same agreement was reached with the unofficial mayor of the second Roma minority area, Faculteta.

Working in Roma areas provides the opportunity to deliver a wide range of services to socially isolated groups of injecting drug users. At the same time, HIV prevention can be promoted among the entire community in these areas since the outreach teams meet not only the users, but also their relatives, neighbours and friends.

The project bus stops at locations in the centre of dense housing areas. Services are provided between the hours of 10 a.m. and 2 p.m. since the injecting drug users live close to the needle exchange locations, have no long distances to cover and can more easily be reached in the morning.

Since the needle and syringe exchange services were set up, a lot has been learned about HIV prevention among Roma communities in general and about the special aspects of HIV preventive programmes for the injecting drug users in this minority group. For example:

- (a) When the families, relatives and formal structures of the Roma minority are involved, needle exchange and secondary exchange function much better than among other user groups;
- (b) Resistance of the Roma community to accepting messages on HIV prevention, for example, on condom use, has to be overcome. This resistance has mainly a cultural background;
- (c) Other social and health problems of the community have also to be targeted;
- (d) To build a trusting relationship takes more time and interventions should be introduced slowly.

Information and educational materials are designed and edited by the Sofia Needle Exchange Project in consultation with injecting drug users. The project is also involved in research on HIV prevalence and incidence among injecting drug users from different ethnic groups (Nikolov and others, 2000).

The programme has established active cooperation and referral networks with several governmental services and non-governmental organizations, including the National Centre for Addictions, the Municipal Drug Treatment Service of Sofia, the outreach project of Caritas, the treatment centre of Médecins sans frontières and two youth centres. Through active membership in the Central and Eastern European Harm Reduction Network, project staff exchange information and experience on a regular basis with staff of other programmes in the region.

#### **Box 6. Police training, Bulgaria**

##### **A. Local cooperation between the Sofia Needle Exchange Project and street police officers in Sofia**

Street police officers from the six police departments in which the Sofia Needle Exchange Project operates receive training on a regular basis with regard to HIV prevention among injecting drug users. So far, more than 200 street policemen have attended lectures about HIV prevention and have discussed local collaboration. These training events are organized in collaboration with the press office at the Ministry of the Interior, are held at the offices of local police departments and constitute a regular part of the programme of the project.

##### **B. Regional public relation officers of the Bulgarian police force discuss cooperation between the police and non-governmental organizations**

As part of a broader training project organized by the Ministry of the Interior, training was provided to public relations police officers in Velingrad in June 2000. The first training seminar was attended by 20 (of a total 28) regional public relations officers. The main topics were integrative local drug demand and supply reduction policy, and collaboration between the police and the non-governmental organizations undertaking drug demand and harm reduction activities in Bulgaria. Further local training events in four cities with HIV preventive programmes and a second national training course are under preparation. The training project was financially supported by the International Harm Reduction Development Program of the Open Society Institute, New York.

The training contributed to the establishment of working relationships between all Bulgarian outreach needle exchange programmes and the local police authorities.

The Sofia Needle Exchange Project considers its collaboration with the local street police to be of crucial importance since it (a) enables the project team to provide information on HIV prevention and injecting drug use to police officers and (b) contributes to the smooth functioning of the project's outreach activities, in particular contact between staff and injecting drug users, since the police acknowledge the registration cards of programme participants. In the past, there had been a few occasions when outreach work was temporarily disrupted by police action on the street.

#### **Outcome/output**

In the first 18 months of the programme (January 1999-June 2000), the teams established new contacts with more than 1,300 injecting drug users (with whom more than 6,000 individual contacts were made). This number represents between 15 and 20 per cent of the estimated number of injecting drug users in Sofia. Of these, 710 users are regular clients of the Sofia Needle Exchange Project (making at least two visits) and have received participant registration cards. Services provided included the distribution of almost 74,000 syringes and 150,000 needles and 730 referrals to treatment centres.

Further, 1,000 copies of 10 different health educational leaflets and booklets have been distributed, and 3,000 copies of five types of materials were reprinted in the light of the high demand and for use by projects in other cities.

Twenty staff members of four new projects in other cities were trained in local workshops and by means of study visits to the Sofia Needle Exchange Project, 20 volunteers received ongoing training and staff from governmental and local non-governmental organizations participated in the regular training workshops convened by the project. A one-month intensive training course was organized for the 10 staff members of the local drug treatment service, and 200 street police officers were introduced to HIV prevention among injecting drug users by staff of the project (see box 6 above).

## Evaluation

Periodic assessments of the risk behaviour of the participants in the programme, their knowledge of risk practices, programme acceptance and their opinions about the programme are obtained through structured programme evaluation interviews. The project assistant, a team member who is not involved in the provision of services, carries out the interviews every six months.

The internal evaluation interviews among programme participants show the following results over the first 18 months of operation of the project:

- (a) A reduction in sharing of injecting equipment and other risk practices;
- (b) An increase in knowledge of risk reduction among injecting drug users;
- (c) A decrease in unsafe sexual practices;
- (d) Increases in requests for and use of condoms by injecting drug users, especially among commercial sex workers and the Roma minority.

The National Expert Group on the Development of the Bulgarian Strategy on HIV/AIDS, Ministry of Health, has recognized the importance of the project as a part of the national programme for HIV/AIDS and STI prevention. The establishment of the Sofia Needle Exchange Project as the first programme of its kind in the country, and the way in which it was implemented, contributed to a high degree to a more friendly and tolerant public attitude and to improved knowledge among both policy and decision makers with regard to HIV prevention among injecting drug users.

The adoption of the new Law on Drugs in 1999 was another important part of this process, since the law regulates the licensing of needle exchange programmes, thereby creating a sound legal basis for their existence and operation. The official documents and procedure for registration of the needle exchange projects are, however, still in the process of preparation, which causes problems for the management of these projects.

The Sofia Needle Exchange Project is now accepted by the public, the municipal authorities and the police. It functions in public places without resistance and major difficulties. The four new HIV preventive programmes in the country, run by non-governmental organizations, as well as the stationary centres set up and managed by governmental organizations, benefit from the experience of this well-functioning programme.

## Lessons learned

- (1) HIV preventive programmes (in particular those in areas of low HIV prevalence) should **address the prevention of other adverse health consequences of drug use** (e.g. hepatitis B and C, overdoses and abscesses), as well as general issues of health education, safer means of injecting and safer sexual behaviour.
- (2) The experiences of the Sofia Needle Exchange Project show that, in Bulgaria, as elsewhere, outreach and needle exchange programmes are **feasible and effective strategies for establishing and maintaining contact with out-of-treatment injecting drug users**. Mobile needle exchange programmes are the most appropriate for a big city.
- (3) Contact with the users must be based on **trust, respect and confidentiality**. HIV prevention must be organized on a professional basis, with trained paid staff and volunteers who are close to the drug-using population.
- (4) **Networking with other agencies** is crucial in increasing opportunities for HIV prevention, and providing support, care and treatment to injecting drug users.

- (5) The establishment of **working relationships with police officers** and their acceptance and understanding of needle exchange programmes contributes to their successful implementation and that of other risk-reduction interventions.
- (6) Project relations, based on **partnership, with governmental bodies** (i.e. ministries, the police and municipal administration) and the convening of meetings and the exchange of information on a regular basis are crucial for an efficient short-, medium- and long-term response to illicit drug use and HIV/AIDS.

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## **Lithuania**

### **Facilitating access to services for out-of-treatment drug users**

<b>Activity:</b>	Drop-in Centre, Klaipeda
<b>Starting year:</b>	1997
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#### **Implementers**

The Centre for Anonymous Consulting of Drug Users and Exchange of Syringes and Needles (the “Drop-in Centre”) in Klaipeda is a project implemented under the responsibility of the Director of the Klaipeda Addiction Treatment Centre, a specialized narcological (see glossary) state institution.

#### **Funding**

The local government of Klaipeda finances the work of the Drop-in Centre from special funds (the environment protection fund and the health fund). The rent for the project premises is met from the budget of the Klaipeda Addiction Treatment Centre.

#### **Objectives**

The main aim of the Drop-in Centre is to reduce the spread of HIV among injecting drug users in the community. In order to achieve this goal, the Centre has the following objectives:

- (a) To establish and maintain contact with as many hidden injecting and non-injecting drug users as possible and to gain their trust;
- (b) To increase the knowledge of such users of HIV/AIDS and other infectious diseases, and on methods of protection;
- (c) To encourage them to follow less risky drug and sexual behaviour;
- (d) To provide information on, and refer those who so wish to, further medical treatment and drug abuse counselling and treatment.

#### **Background**

Klaipeda, a city of 202,000 inhabitants, is situated on the shore of the Baltic Sea and is the only port of Lithuania (population 3.7 million). Between 1988, when the first case of HIV infection was diagnosed, and the end of 1994, the cumulative number of persons infected with HIV in the country was 29, among them one drug user. Accelerated growth has since been noted, with injecting drug use becoming the main mode of transmission from 1997 onwards (injecting drug users comprised 55 per cent of the HIV cases registered until the end of 1999). A large proportion of the cases of HIV infection registered in Lithuania until June 2000 (Lithuanian AIDS Centre, 2000) are from Klaipeda: 45 per cent of all Lithuanian HIV cases are residents of this city, whereas only

5.5 per cent of the total population of Lithuania lives in Klaipeda, and 11 per cent in its district.

Learning from the experiences of neighbouring Belarus, Poland and Ukraine, the authorities in Klaipeda had to pay attention to a marginalized target group such as injecting drug users. When the first four cases of HIV infection among injecting drug users were detected in Klaipeda at the end of 1996, local experts saw it as a signal to act. The local Addiction Treatment Centre launched an initiative to establish an interdepartmental coordination group within local government so as to strengthen the city's efforts directed at drug abuse prevention. This group, set up in the autumn of 1996 and headed by the Social Department, developed a preventive concept for the city, which added two main components to the existing services: primary drug prevention programmes for schools; and the establishment of a drop-in centre for drug users.

The Drop-in Centre was established as a low-threshold service (see glossary), detached from the local primary health-care centre and substance abuse treatment centre in order to reach a target group that stays away from drug treatment or medical institutions and that is not motivated to cease drug use.

In the spring of 1997, premises were found for the Drop-in Centre in a central location of the city and a former participant of the methadone maintenance programme, who had completed the rehabilitation course, was hired as its first worker. The Deputy Mayor, with broad press coverage, officially inaugurated the counselling centre on 7 May 1997. By the summer of 2000, two former drug users and one social worker were working on a full-time basis at the Centre and a psychologist was recruited on a part-time contract. Annual reports on the Drop-in Centre are available from the Klaipeda Addiction Treatment Centre.

### **Main activities**

The following activities were carried out:

- (a) Training of stabilized former drug users as counsellors at the Drop-in Centre;
- (b) Preparation and dissemination of information and educational materials on less risky drug-use behaviour, safer injection habits, HIV/AIDS, and hepatitis B and C;
- (c) Face-to-face discussions by workers of the Centre concerning the risks of transmission of HIV and other forms of infection, and on methods of protection;
- (d) Needle and syringe exchange, collection and disposal of used injecting equipment;
- (e) Distribution of condoms;
- (f) Informing clients of detoxification, the methadone maintenance programme and rehabilitation centres, individual counselling of clients, and their referral to the physicians, psychologist and social worker at the Klaipeda Addiction Treatment Centre;
- (g) Collection of data on clients, while respecting their anonymity;
- (h) Issuance of individual identification cards, upon request, for presentation to the police. Three years of experience has shown that such cards help to avoid any administrative sanctions during contacts with the police;
- (i) Monitoring of project implementation (limited to quantitative information).

### **Outcome/output**

**The Drop-in Centre reaches a considerable number of out-of-treatment drug users.** During its first three months of operation (May to July 1997), the Centre received

198 visits by 120 different clients. In August, two additional former drug users were hired and opening hours were extended from 8 a.m. to 10 p.m. on weekdays and from 8 a.m. to 8 p.m. on weekends. The average number of visits per month has since increased, to 217 in the last five months of 1997, to 273 in 1998 and to 371 in 1999. Over its three years of operation, the Drop-in Centre has reached 677 clients; the number of first-time visits was 272 in 1997, 223 in 1998 and 182 in 1999.

**There are fewer new HIV cases.** During 1999, only 8 additional HIV-infected injecting drug users were detected in Klaipeda among the 278 tested: less than one third of the cases registered in 1998, when there were 29 positive results among the 293 injecting drug users tested. In 1997, there were 21 cases among the 308 users tested. The decrease in the number of newly detected cases in 1999 and the fact that, since November 1998, the rate of spread of HIV among those tested had also decreased, were encouraging developments. Further epidemiological and behavioural studies would be necessary to examine and confirm the possible relationship between the HIV prevention programme and these data.

### **Sustainability and future challenges**

From the outset, the project has been financed by local government and although there were always some problems related to the funding of the consulting centre and its premises, the authorities of Klaipeda evaluate the programme positively. The continuation of the project is very likely and the Social Department is currently examining the possibility of opening a second centre in another part of town.

#### **Box 7. First needle exchange programme in Klaipeda, and why it did not work**

The Director of the Drop-in Centre, in relating the earlier experiences of the Centre in running a needle and syringe exchange, stated that after the first HIV-infected drug user was detected in Klaipeda in September 1996, it was understood that some additional measures should be taken to prevent the further spread of HIV infection among injecting drug users. There was already some rather superficial information on syringe and needle exchange, but the aim of the activity and how it was done were not completely understood. In October, a syringe and needle exchange room was opened at the polyclinics of the Klaipeda Addiction Treatment Centre. Information about the room was spread by the clients of the methadone programme of the Drop-in Centre and by other patients who had applied for help because of problems related to drug use. Absolute confidentiality was guaranteed to everyone who visited, but not many drug users accepted the offer. Progress was very slow and, in seven months, only 430 syringes were given out. Clients told workers at the Centre that other drug users would not come because they were afraid of them and of the police.

### **Lessons learned**

- (1) **Trust.** To establish trust between workers at the Drop-in Centre and drug users was a major challenge for the project. Two strategies that helped to meet this challenge were the recruitment of former drug users as workers at the Centre, and the establishment of the Centre outside the premises of the Klaipeda Drug Addiction Treatment Centre (see box 7 above). Still, it requires a great deal of time to establish contact with drug users and enormous efforts to maintain such contact.
- (2) **More than the exchange of needles is required to respond to the needs of clients.** In the early stages of planning the project, the only aim was for the Drop-in Centre to be a place for the exchange of syringes and needles but, soon afterwards, this attitude changed when that activity was viewed as very primitive and having little effect. At a subsequent stage of project planning, it became clear that, in order to design adequate services, it was necessary to consult

visitors on topics that were important to them. Over the three years of the project, the number of visitors who asked only for outpatient counselling services has steadily increased from 10 to 12 per cent, and more recently to 18 per cent of the total. The project reacted to this demand by establishing a half-time position in the team for a psychologist. It thus became clear that, to be attractive for its clients and efficient, the Centre had to provide many additional services.

- (3) **Monitoring and evaluation.** Given the scarce resources for project implementation, monitoring and scientific evaluation of the project has not been considered a priority. The absence of qualitative research on behavioural change among its clients must now, however, be considered a major weakness of the project. If this were introduced, the evaluation of its effectiveness would, together with the quantitative data on service use already collected and systematic project monitoring, contribute to a comprehensive assessment.
- (4) **Local interdepartmental coordination.** The active support, understanding and help of the staff of the municipality was essential for the effective functioning of the project. The interdepartmental coordination group on drug prevention, composed of representatives of the municipality, police, university, health-care sector and mass media, has facilitated its functioning. The provisional group was, however, terminated after one year and its tasks were taken over by a non-governmental organization, the Klaipeda Drug and AIDS Prevention Group.
- (5) **Cooperation with the police.** Since the beginning of the project, good relationships have been maintained with the police commissariat. In accordance with an agreement reached between the project and the police, police officers do not enter the premises of the consulting centre and do not carry out patrols in the near vicinity. They also do not detain clients or inflict any administrative punishment on them for carrying syringes and needles.

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## Lithuania

### Developing substitution treatment as part of comprehensive addiction treatment services

<b>Activity:</b>	Substitution treatment programmes in Vilnius and Druskininkai
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#### Implementers

The substitution programme in Vilnius is implemented by the Vilnius Substance Abuse Treatment Centre and three primary health-care centres. The programme in Druskininkai is implemented by the local Primary Health-Care Centre, the Druskininkai Municipality and the non-governmental organization Deliverance.

#### Funding

State authorities, through the municipal public health departments, fund substitution treatment as a part of other addiction treatments (e.g. detoxification and drug-free rehabilitation). The International Harm Reduction Development Program of the Open Society Institute, New York, and the Open Society Fund Lithuania provided training of staff, advocacy and financial support for the substitution programme and for networking.

#### Objectives

The goal of each project was to prevent HIV transmission in the local community. The objectives were:

- (a) To increase the accessibility of injecting drug users to health care and social services;

(b) To establish contact with a greater number of injecting drug users and provide them with information about health protection, HIV and STI prevention, and treatment opportunities;

(c) To increase the availability of condoms and clean injecting equipment among injecting drug users;

(d) To perform advocacy for public health approaches towards injecting drug users and for individual clients;

(e) To reduce the stigma associated with injecting drug use;

(f) To serve as a demonstration project for other programmes, support other emerging substitution treatment programmes in the country, and serve as a teaching basis for medical practitioners, social workers and psychologists.

## **Background**

Lithuania is a country of 65,200 square kilometres on the Baltic coast, with a population of 3.7 million. The capital, Vilnius, has 600,000 inhabitants. Gross national product per capita is 2,280 United States dollars, and health expenditure amounts to 5.1 per cent of total government expenditure. The incidence of AIDS is 0.22 per 100,000 inhabitants.

At the end of 1999, a cumulative total of 201 cases of HIV infection had been registered in Lithuania: 180 males and 21 females. Injecting drug users accounted for 54.7 per cent of all registered cases. Of 28 registered AIDS cases, 2 were injecting drug users. The prevalence of HIV infection was 1.162 per 100,000 population (Project on Drug Information Systems, 2000). In recent years, the number of injecting drug users among newly registered HIV cases has steadily increased: from 4 in 1996 to 23 in 1997, to 37 in 1998, and to 46 in 1999 (Lithuanian AIDS Centre, 2000).

## **Brief history of substitution treatment in Lithuania**

In 1995, the European Commission Phare Programme organized a study tour for two Lithuanian experts at programmes for drug users in London and Amsterdam. Thereafter, the Ministry of Health convened a series of meetings to discuss the possibility of introducing pilot substitution treatment programmes in Lithuania. The Ministry arranged for training in substitution treatment in Sweden and, in May 1995, elaborated the first national guidelines on substitution treatment. In accordance with the guidelines, substitution treatment was allowed on an experimental basis in three specialized narcological institutions.

The substitution treatment programme at the Vilnius Substance Abuse Treatment Narcological Centre, which was started on 25 October 1995, was the first substitution treatment programme for injecting drug users in the territory of the former Union of Soviet Socialist Republics. In the first few months, more than 100 clients took part in the programme. In order to increase its accessibility for injecting drug users, the treatment was extended in 1996 to three primary health-care centres in Vilnius. A Roma community in Vilnius with a serious drug-injecting problem was successfully reached through a general practitioner who was working in one of those centres (Subata and Tsukanov, 1999).

Once the Ministry had authorized the primary health-care centres to provide substitution treatment in 1997, a programme was opened at the request of the families of injecting drug users, at the Primary Health-Care Centre in Druskininkai, a non-specialized health-care facility in a small city of 25,000.

## **Main activities**

### **Substitution treatment process**

In Vilnius, substitution treatment is attached to the existing outpatient department of the specialized clinic for substance abuse treatment. When an injecting drug user applies for treatment, the physician assesses him or her. If the user meets the clinical criteria for substitution treatment, he or she is referred to a substitution treatment commission, which examines whether the client will be admitted to the programme. The client is then assigned to a physician, who decides on the treatment plan and undertakes its implementation. Two forms of substitution treatment are available: methadone maintenance; or outpatient detoxification for a period of one to six months.

The treatment plan includes screening, on a regular basis, for HIV, STI and tuberculosis. Routine laboratory tests and consultations with an internist are carried out. If necessary, a surgeon provides consultation and treatment. The plan furthermore includes an assessment by a social worker to draw up recommendations for social rehabilitation.

A methadone dispensing room is located at the outpatient department and includes a methadone dispenser and the necessary security measures. Methadone is dispensed in a liquid 0.1 per cent solution and must be consumed on site.

In Vilnius, new clients are usually referred by the specialized narcological clinic and, after the client's physical and social status is stabilized, he or she can be transferred to a primary health-care centre under the care of a general practitioner. The exception to this practice occurred with members of a Roma community which has a serious drug-injecting problem. Between 1996 and 2000, more than 50 Roma clients entered the substitution treatment programme through a primary health-care centre and a general practitioner.

At the Druskininkai Primary Health-Care Centre, a psychiatrist assesses new clients before submitting their applications to a substitution treatment commission, headed by the Director of the Centre. The mental health team at the Centre, which includes psychiatrists, nurses, a psychologist and social workers, is in charge of the treatment plan.

### **Other services provided**

Three primary health-care centres cooperate with the Vilnius Substance Abuse Treatment Centre in the substitution programme; other primary health-care centres provide general health care at the request of staff of the Vilnius Centre. While methadone clients are treated at general hospitals and at clinics which specialize in mental health, tuberculosis, dermatology and so on, these institutions dispense the methadone to them, in agreement with staff of the substitution treatment programme. Where necessary, some clients are assisted in obtaining a disability pension for chronic physical problems.

The Lithuanian AIDS Centre performs HIV testing free of charge for programme clients and clients in contact with outreach workers, and Caritas provides bandages, disinfectants and antibiotics free of charge. The Municipal Social Care Centre of Vilnius assists methadone clients in obtaining identification documents (e.g. passports), and the Foundation "Salpa" provides financial support for methadone clients in crisis, supports the self-help activities of methadone clients, and organizes summer camps for the children of clients.

### **Outreach and peer education**

Substitution treatment clients are encouraged to become engaged in peer education for HIV prevention and in needle and syringe exchange within the framework of an

outreach and needle exchange programme that was established in Vilnius in 1997. Six stable methadone clients were trained to provide HIV information to their peers and in needle and syringe exchange, and are employed—at a modest salary—as outreach workers. Because of the involvement of peer educators, the number of injecting drug users applying for HIV testing and substitution treatment has increased. The six methadone clients, including those who were HIV positive, became increasingly engaged in self-advocacy and founded a self-help club in 1999.

### **Partnerships**

The substitution treatment programmes have established several partnerships and alliances at the national and local levels. The Ministry of Health provided the initial training and the first version of national treatment guidelines and, in 1997, amended the guidelines within existing legislation, based on the needs of the clients and the programme. The Municipal Public Health Department in Vilnius, which funds local substitution treatment, approved the decentralization of the substitution treatment programme from a specialized clinic to three primary health-care centres in 1996 and 1997. The Municipal Public Health Department of Druskininkai funded the renovation of and the purchase of equipment for the substitution programme facility at the primary health-care centres in that city.

Law-enforcement agencies, city authorities and the professional community, including staff of primary health-care centres, increasingly accept substitution treatment and needle exchange as relevant interventions for injecting drug users. The law-enforcement sector is increasingly involved in advocating the extension of substitution treatment as one means of reducing criminal behaviour and drug demand among injecting drug users.

UNDP Lithuania provided advocacy for the programmes, the municipal and criminal police refer injecting drug users for substitution treatment, and the Lithuanian Association of Addictive Psychiatry provided the framework for networking and exchange of experience within the professional community.

### **Outcome/output**

The results of evaluations of the substitution treatment programme, based on treatment statistics, are presented annually to the Ministry of Health. At present, 1,200 injecting drug users are registered in Vilnius, but it is estimated that the actual number of users could be between 3,000 and 3,500. In 1999, 411 clients were in treatment and about 700 injecting drug users were reached through outreach activities, including 100 regular clients who used outreach and needle exchange services several times each month (in 1998, 236 clients were in maintenance treatment and 175 in outpatient detoxification with methadone). Thus, the substitution treatment programme, together with the outreach needle exchange, reached about one third of the estimated number of injecting drug users in Vilnius. The retention rate in treatment was 77 per cent in 1999 and 86 per cent in 1998, which was considered satisfactory, with a dropout rate of between 4 and 6 per cent each year.

The programme was also able to reach and provide services to a Roma community through their trusted general practitioner.

Until the end of 1998, no case of HIV infection had been registered among injecting drug users. In 1999, the first 29 cases were diagnosed. The prevalence of HIV among injecting drug users at the end of 1999 was 2.4 per cent. By 8 August 2000, there were no HIV cases in the Roma community.

### **Cost-effectiveness**

With a team of between 12 and 15 staff running the outpatient substitution treatment programme, the outreach needle exchange service and providing services to more than 500 injecting drug users in 1999 (411 taking part in the substitution programme and more than 100 as regular clients of the exchange service), the project managers consider these programmes to be cost-effective.

### **Sustainability and future challenges**

Substitution treatment has become less controversial and has gained more support at the national and local levels. It is anticipated that state funding of substitution treatment will increase in the future as its cost-effectiveness and benefits become further documented and acknowledged. The advocacy of stable methadone clients and their families contributes to this as well.

Access to substitution treatment and needle exchange is still insufficient in Vilnius in that there is a waiting list for substitution treatment and some city districts are not covered properly by needle exchange services. Ways must be found to increase the number of clients in substitution treatment by further decentralizing such treatment.

### **Lessons learned**

- (1) Substitution treatment and outreach needle exchange were introduced as additional services to the existing programmes of the narcological centre, existing staff and facilities were used and, at present, substitution treatment, together with inpatient detoxification and drug-free rehabilitation, constitutes the main treatment option. With the introduction of these approaches, **a higher number of injecting drug users could be reached** and HIV preventive activities could be carried out among members of the group.
- (2) Primary health-care centres offer a **non-stigmatizing setting for the treatment of injecting drug users**. The two-phase programme of initiation of substitution treatment at a specialized clinic, the referral of stable clients to a non-specialized institution and the involvement of general practitioners are considered to provide an increased level of individualized care.
- (3) The introduction of **new approaches to drug care**, including substitution treatment, has enhanced understanding and compassion towards injecting drug users among the staff who, in the Soviet era, were trained in a rather punitive approach.

### **References and further reading**

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Project on Drug Information Systems 2000, *National Report on the Drug Situation in Lithuania*, Vilnius.

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## Russian Federation

### Reaching young injecting drug users in the community and in hospitals through outreach work and peer support

<b>Activity:</b>	Harm Reduction—Moscow
<b>Starting year:</b>	1996
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#### Implementers

The project is implemented by Médecins sans frontières, an independent and international humanitarian organization. The concept for the project was developed in partnership with the non-governmental organization Mainline (Amsterdam) and with the Netherlands Institute of Public Health and Addiction, Trimbos Institute, Utrecht.

#### Funding

Funding is provided by Médecins sans frontières. The project uses the administrative and logistical structure of the Moscow office of Médecins sans frontières—Holland.

#### Objectives

The overall purpose of the project is to increase knowledge regarding the modes of HIV transmission and the prevention of infectious diseases among young injecting drug users in Moscow (i.e. those aged 15 to 25 years). The specific objectives of the project are:

- (a) To reach the young injecting drug users of Moscow by means of peer support and outreach work;
- (b) To disseminate information and educational materials among this group;
- (c) To raise awareness of HIV and other drug-related risks and to stimulate safer behaviour by means of peer education.

#### Background

In 1996, when the project was founded, the first outbreaks of HIV infection among injecting drug users were reflected in the official statistics: 5 cases had been reported in 1995, but 666 cases were reported in 1996. The number of diagnosed HIV cases reported by November 1996 among the Russian population of 147 million was 2,015 (UNAIDS and WHO, 1998, p. 5). Based on epidemiological surveillance studies, the number of adults and children living with HIV/AIDS at the end of 1997 was estimated at 40,000 (UNAIDS and WHO, 1998) and, two years later, at 130,000 (UNAIDS, 2000).

The project was one of the first projects undertaken in the Russian Federation on HIV prevention among injecting drug users and is revolutionary in so far as it is based on the following peer support principle: education on HIV prevention for drug users is provided by experienced and trained drug users who undertake outreach work. This

principle has enabled drug users to play a decisive role in the activities of the project and shape its policies from the outset. Programmes of peer education and outreach work were the only option suitable for the Russian Federation in 1996, since needle exchange programmes or methadone maintenance for drug users were prohibited officially, being considered to constitute a violation of the narcotics law.

### **Main activities**

An outreach team of former drug users was recruited and given training based on the *European Peer Support Manual* (Trautmann and Barendregt, 1994). In 1997, outreach work started in the Lubyanka area in the centre of Moscow, which, at that time, was the major drug-dealing area in the city. Outreach workers and peer educators contacted injecting drug users in the streets and established contacts with other drug users through the “snowball” method (Bijl and others, 1997).

In 1998, outreach work was expanded to two of the country’s largest narcological hospitals in Moscow and trained outreach workers gave lectures for patients, covering all relevant topics of HIV prevention. Since continued drug use occurs within the hospitals, there was a need to increase awareness of HIV/AIDS among the patients. Cooperation was established between the programme coordinator and Deputy Chief Doctor of Hospital No. 17, and subsequently formalized in a memorandum of understanding and expanded to Hospital No. 19. The programme has been working on establishing similar activities at the infectious disease hospitals in Moscow.

Since 1999, a team of trained peer educators provides counselling, information materials and condoms through outreach work among drug-using sex workers in Moscow.

A series of brochures, issued under the logo “Protect yourself” and adapted from international experience, was produced by the project. The brochures deal with HIV, hepatitis B and C, vein care, overdoses, legal issues, detoxification and drug treatment. Contacts were established with health professionals in Moscow, enabling the project to use their expertise in the creation of educational material. All educational messages have been tested in focus groups so as to ensure both their appropriateness for the target population and that the information respects local traditions and cultures. The materials are updated on a regular basis.

The outreach workers distribute information leaflets and condoms and educate drug users on HIV and other adverse health and social consequences of drug use, with the aim of stimulating safer injection habits and safer sexual behaviour among this group. Since 1999, Harm Reduction—Moscow also holds indoor seminars for injecting drug users twice a month, and both peers and the programme psychologist provide counselling for HIV-positive injecting drug users. Besides documenting their work, the outreach staff monitor closely any new developments in local drug use.

The non-governmental organization Mainline provides ongoing consultation by means of email, for example on how to choose outreach sites, manage outreach teams and work in a mixed team of active, former and non-injecting drug users.

The project staff advocates the human rights of injecting drug users and promotes the project’s experience through the mass media (e.g. interviews with Russian and foreign newspapers and on television) and through personal contacts with officials and decision makers.

### **Outcome/output**

In 1997, the first year of the programme, the 10 outreach workers focused on distributing written information materials in order to provide objective information on HIV/AIDS to as many drug users as possible. The logbooks of outreach workers

document that they reached about 10,000 injecting drug users and disseminated 20,000 leaflets and condoms.

In 1998 and 1999, the focus of the outreach work was shifted to providing peer education on safer injecting habits and safer sexual behaviour, and to providing lectures on HIV prevention at the narcological hospitals. Consequently, the number of injecting drug users reached by the team was thereby increased by between 50 and 250 per month. In the first six months of 2000, 1,050 new contacts were made.

Compared with the high number of contacts made with injecting drug users, the rate of referrals to medical institutions, detoxification programmes, rehabilitation centres and HIV testing facilities remained low. This is owing to the fact that there are not many anonymous services and most injecting drug users are afraid to contact official structures because they do not want to be registered as drug users. Recently, more anonymous testing facilities have become available.

The programme became a model for the HIV preventive activities carried out in other cities. Its information leaflets have been copied, reproduced and distributed, and experience of the project, and its staff, are utilized in the practical training that Médecins sans frontières provides for numerous projects in operation throughout the Russian Federation.

The programme received broad attention from the Ministry of Health and the Russian mass media, and stimulated awareness and discussion of the subject of HIV and injecting drug users among both professionals and the general public.

### **Evaluation**

In 1998 and 1999, epidemiologists of Médecins sans frontières conducted two behavioural surveys among injecting drug users in the streets and in narcological hospitals. The project is subject to regular internal evaluations by that organization. Four times a year, its consultant organization, Mainline, conducts on-site project monitoring and evaluation.

International research shows that peer support programmes are an efficient way to establish contact with drug users but that, to reach maximum effectiveness, they must be part of the system of social care for drug users, which includes psychological support, rehabilitation and agents for social adaptation. Even though the survey conducted by Médecins sans frontières in 1998 confirmed that a large percentage of injecting drug users continued to share injecting equipment, more recently the outreach workers have observed changes in behaviour: clients have reported considerably less sharing of injecting equipment. There is a need to monitor behavioural changes and to determine the extent to which they can be attributed to the work of the project. The most recent survey confirms that injecting drug users are aware of HIV and that they report less sharing of equipment than before. Also, based on observations by outreach workers, the perceptions of drug users about sharing is changing and it is increasingly being considered “shameful” behaviour.

### **Sustainability and future challenges**

By providing AIDS education through peers and by stimulating safer behaviour, the project attempts to contribute to slowing down the rate of HIV epidemic among injecting drug users. Because it is one of only two programmes in a city with over 10 million inhabitants, its impact is clearly limited. The project staff promotes the idea that the large-scale implementation of a comprehensive programme on HIV prevention, including peer support outreach, is urgently needed in the city and in the Russian Federation in general.

The project is, however, still dependent on international funding. Efforts to establish it as an independent non-governmental organization and transfer it into local health and social security structures have not as yet been successful for various reasons, ranging from a lack of funds to a lack of political support for the approach.

### **Lessons learned**

- (1) The most important lesson learned is that, without the **involvement of drug users themselves**, there can be no ongoing behavioural change and effective HIV prevention among that group. It is crucial to implement HIV preventive activities on the basis of the peer support principle, involving people from the drug-using community.
- (2) The project team has realized the importance of maintaining a **systematic and regular exchange of information** among the various HIV preventive programmes operating in a city, among the various cities and even among countries, including the discussion of various topics.
- (3) It is crucial to **link HIV preventive activities to, and incorporate them into, the existing health-care structures** by means of ongoing exchange of information between governmental structures and non-governmental organizations.
- (4) Those working with the drug-using population must be engaged in advocating adequate services for drug users, **informing the wider community** of the developments in HIV prevention, protecting human rights and combating stigmatization of the target group.

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## Russian Federation

### Reaching drug users through mobile services for HIV prevention

<b>Activity:</b>	Bus for the provision of preventive services and assistance to injecting drug users in St. Petersburg
<b>Starting year:</b>	2000 (after the joint project undertaken during 1997-1999 with the Vozvrastchenyie Foundation)
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### Implementers

Between January 1997 and May 1999, a bus project was carried out by Médecins du monde and the Russian non-governmental organization Vozvrastcheniye (see box 8). After the bus was destroyed by arson in May 1999, the two organizations decided to carry out their HIV preventive activities independently. The staff of two teams of Médecins du monde in St. Petersburg operate a new bus and a local non-governmental organization, which is in the process of registration, will take over the implementation of the project.

### Funding

During its first two years, the project was funded by the European Commission (LIEN Tacis Programme, 80 per cent) and Médecins du monde (20 per cent). UNAIDS allocated funds for the development of outreach work. Since January 1999, the project has been funded solely by Médecins du monde. The United Kingdom Know-How Fund and the Open Society Institute made donations for the purchase and equipping of a new bus; the Embassy of France in Moscow allocated funds for seminars and training sessions.

### Objectives

The project is aimed at the prevention of HIV, hepatitis and STI among drug users. Its objectives are:

- (a) To modify the behaviour of injecting drug users (e.g. by educating them in prevention and motivating them to adopt lower risk forms of drug use and sexual behaviour);
- (b) To create a network of outreach workers in order to establish a sustainable system of prevention among injecting drug users by means of peer education;
- (c) To lobby for the acceptance of HIV preventive measures by city authorities and to support the introduction of an adequate local programme on HIV prevention;
- (d) To modify the attitudes of health professionals towards drug users.

## **Main activities**

### **Outreach work**

The outreach work is carried out from a bus, at six different locations in the city. Every week, the bus visits each location twice, enabling drug users to stay in contact with the team and to obtain a sufficient supply of clean syringes. The team is composed of two medical doctors, a nurse, a psychologist and five social workers, whose work is overseen by the medical coordinator. The project also utilizes the services of volunteers. The following services are provided: information and educational materials on HIV and STI prevention; outreach peer education for injecting drug users and female sex workers; distribution of sterile injecting equipment, disinfecting material and condoms; medical care, psychological counselling and referral to medical services; and pre- and post-test counselling and voluntary testing for HIV, hepatitis and syphilis.

### **Other activities**

Other activities originating from the bus project are: behavioural risk studies among injecting drug users; training of health professionals; creation of a city-wide network of Russian specialists, working in the field of HIV epidemics; elaboration of a preventive programme for schools; provision of assistance in establishing a self-support group of HIV-infected people; and working with the police to achieve increased mutual understanding.

#### **Box 8. A local network of services for drug users**

##### **Vozvrastcheniye (“Return”), St. Petersburg**

Vozvrastcheniye was founded in 1988 by a group of specialists who decided to help drug addicted people who could not find assistance within the state system. Over the course of 12 years, this non-governmental, charitable, non-profit organization has developed a network of services for drug users, which provides, among others, detoxification, residential rehabilitation, outpatient counselling and, more recently, outreach syringe exchange. It is also active in research among injecting drug users and female sex workers.

HIV preventive activities among injecting drug users were begun in January 1997, with funding from the LIEN Tacis Programme of the European Commission. Médecins du monde, the French non-governmental organization, became the partner of Vozvrastcheniye in the project entitled “Bus for HIV/AIDS prevention among drug addicts in St. Petersburg”, which was carried out jointly until May 1999. Since October 1999, the non-governmental organization independently runs the project, which has been extended by mobile outreach units, a minibus and a trailer and which provides services at various locations in St. Petersburg. During the period from 1997 to 1999, more than 8,500 drug users became clients of the bus, which provided needle and syringe exchange, medical aid, psychological counselling, and voluntary HIV and STI counselling and testing. Vozvrastcheniye developed various new programmes to curb the spread of HIV among injecting drug users in the city on the basis of behavioural and epidemiological surveys carried out among the clients reached by the bus.

Since 1998, its staff provides outpatient counselling on drug use and HIV prevention at the municipal hospital for infectious diseases (the Botkin Hospital), at which drug users are hospitalized during viral hepatitis treatment; at the State Emergency Hospital, where drug users with overdose are treated; and at the Hepatological Centre. In Kolpino, a suburb of St. Petersburg in which there is a high percentage of very young drug users, Vozvrastcheniye runs an outpatient centre. With its syringe exchange programmes, the organization reaches between 160 and 180 clients each day, and between 150 and 160 psychological consultations are held each week. About 100 patients each year are treated at the residential rehabilitation centre of Vozvrastcheniye, and about the same number of clients undergo detoxification treatment. Since 2000, the

rehabilitation centre has functioned as a crisis centre for HIV-infected drug users and about 200 clients have utilized this service.

Various international donors have supported the drug services of Vozvrastcheniye since 1992. Recently funded projects include workshops for law-enforcement agencies, sentinel surveillance studies, training to strengthen research capacity in HIV prevention in St. Petersburg and seven other cities in the Russian Federation, Ukraine and Belarus, and participation in phase II of the multi-city comparative study of injecting drug use, initiated by the World Health Organization.

*Source:* Vozvrastcheniye, *Twelve Years' Long Journey*, St. Petersburg, 2000.

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### **Outcome/output**

During the period from January to September 2000, more than 125,000 clean syringes and 50,000 condoms were distributed and about 1,700 clients were tested for HIV and STI. The results showed that 75 per cent have hepatitis C and 6.5 per cent suffered from syphilis. During February and March 2000, the rate of HIV infection was 11 per cent; during August/September 2000, the rate had increased to 24 per cent at the same locations.

The project staff provides training to local staff and to experts from other Russian cities. A network of services is being created. Up to September 2000, project staff had trained 65 health professionals, including local staff and professionals from St. Petersburg and from the Russian cities of Astrakhan, Elista, Pskov and Tver, where the experience gained in St. Petersburg contributed to the development of new projects. Well-known French specialists are among the trainers, and experts from the participating Russian cities were invited to participate in a long-term training course in Paris as a means of familiarizing them with current practices of caring for HIV-infected people. Besides increasing professional knowledge, the training courses also covered issues related to organizational development.

### **Sustainability and future challenges**

The project has accumulated experiences that are an important input to national strategic planning. The project is part of the process of national strategic planning carried out by UNAIDS—Moscow and will serve as example in the UNAIDS process of mobilizing high-level local authorities (e.g. vice-governors and governors) from 17 regions of the Russian Federation to participate in the response to the HIV epidemic.

Representatives of the above-mentioned cities have created a non-governmental organization, the Association “Doctors—New Initiative”, which will consolidate cooperation and facilitate the exchange of experience among services and thus contribute to increased sustainability of the approach. Representatives of 10 other cities have expressed interest in participating in the Association and their membership will soon be formalized.

### **Lessons learned**

- (1) Cooperation with the authorities is a prerequisite to the successful implementation of a new approach to HIV and STI prevention at the municipal and national levels. A very important component of the project is its work with administrative and medical authorities.**

Since the St. Petersburg bus project was the first one in the Russian Federation to be undertaken on such a large scale, it was a basic requirement to make its specific

approach understood and accepted. The problems met with in the beginning were considerable, and, on several occasions, the project was at risk of being closed down by the police and city authorities who were concerned that it would encourage young people to use drugs.

Ongoing advocacy by project staff, explaining to health professionals, the media and members of the city administration the need for such HIV preventive measures as needle exchange, had to be carried out. This process was complemented by the work of other bodies (in particular the Open Society Institute and Médecins sans frontières—Holland) which, at the same time, organized lobbying at the national level.

- (2) **It was important that cooperation with public health structures be established so that the bus project could increase the number of treatment options for clients and gain support in changing public opinion towards the project.**

When the bus project was started in 1997, the world of drug users was virtually closed and unknown by the health professionals and authorities of St. Petersburg. The general attitude towards this population was one of rejection, or even persecution. Among health professionals, a medical approach to addiction dominated and there was little awareness and knowledge of the psychosocial aspects of drug addiction.

Soon after the beginning of the bus project, good contacts were established with the Botkin Hospital for Infectious Diseases, whose staff was especially receptive, because many of their patients were drug users who were receiving treatment for hepatitis. The provision of adequate treatment to drug users posed specific problems for the staff of the hospital because of their large number and behaviour. Cooperation between the project staff and the workers at the hospital in client counselling was established: the first step in changing public opinion.

As the next step, the Municipal Centre for Sanitary and Epidemic Surveillance became involved in the project. The specialists at the Centre were conscious of the fact that prevention of HIV and hepatitis among injecting drug users was an important problem for which they were responsible, and that the bus project, run by non-governmental organizations, could facilitate access to the target group. The combination of the capacities of a project run by a non-governmental organization and the responsible public health structure was a major factor in mobilizing the city administration. This turned out to be crucial for the acceptance of an approach aimed at reducing the health and social consequences of drug abuse in St. Petersburg, which was formalized by a governor's decree in January 2000.

## **Slovakia**

### **HIV/AIDS prevention among drug-using sex workers**

**Activity:** “Protect yourself”, Bratislava  
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#### **Implementers**

The project is implemented by the non-governmental organization Odysseus, which was established in 1997 to prevent HIV/AIDS and other blood-borne infections and sexually transmitted diseases among drug users and female and male street sex workers. The mission of the organization is to help its clients to regain their dignity, and to be accepted as equal members of society.

#### **Funding**

Odysseus started the project in October 1998 with the full financial support of the Open Society Foundation and its Lindesmith Centre, which continue to be the main donors for the project. The local authorities of two districts of Bratislava, Petržalka and Ruzinov, also support the project. A subproject to involve further specialists in outreach work was started in April 2000 and is financed through the mutual grant programme “Street child” of the Children of Slovakia Foundation, the Open Society Foundation and the King Baudouin Foundation.

#### **Objectives**

The main goal of the project is to reduce the health consequences of drug use and prostitution (HIV/AIDS, hepatitis B and C and other blood-borne infections and sexually transmitted diseases) among its target groups. The specific objectives of the project are:

- (a) To establish contacts with and maintain relations with the target groups;
- (b) To increase the access of injecting drug users and sex workers to relevant information on drug use, HIV/AIDS and sexually transmitted infections, and to means of protection;
- (c) To reduce the frequency of re-use of syringes and needles;
- (d) To reduce the frequency of unprotected sexual intercourse;
- (e) To increase contacts between injecting drug users and sex workers and the health-care system and social services.

#### **Background**

Slovakia, and in particular its capital, Bratislava, experienced a rapid increase of problematic drug abuse in the early 1990s, when patterns of drug consumption shifted

from solvents, hypnotics and sedatives to heroin-injecting. An explosive growth in the number of treated opiate addicts has been registered in the country since 1994. Until 1995, most of those treated were residents of Bratislava but the spread of the heroin epidemic throughout the country has been confirmed by an increased percentage of clients outside the capital.

In 1997, nearly 80 per cent of all drug dependency treatments (1,654 cases) were related to opiate and/or heroin use; most clients were drug injectors, and about two thirds of all clients were aged 24 years or younger. During that year, the first methadone programme and a stationary needle exchange programme were established in Bratislava, but no outreach or other low-threshold services (see glossary) existed (Nociar, 1998).

Prostitution is not forbidden in Slovakia, but local governments do prohibit the offer of sexual services in public places and offenders can be fined. Prior to the launch of the project, its staff visited the areas of street prostitution and drug consumption and established contact with their future clients. It became apparent that the existing services were either not known to them or that the threshold of those services was too high. Since there was no other programme providing assistance to street sex workers, who work under very poor conditions, the initiative was very much welcomed.

### **Main activities**

The project “Protect yourself” was the first in Slovakia to provide outreach and street needle-exchange services. It provides services every Monday, Wednesday, Friday and Sunday in four areas in the centre of Bratislava, including two areas that are known for street prostitution. The team consists of 15 (2 male and 13 female) street workers (including a project coordinator and an assistant), who offer a range of services for a total of 24 hours each week. Other activities of Odysseus include the production of information and educational materials, and local multidisciplinary networking, aimed at facilitating the access of clients to health, social and legal services.

### **Street work**

The street workers work in pairs, carrying their materials in two big green bags which have become a “signal” to clients. They also carry a container for used syringes and needles, on which the name of the project appears. The street work is done in the late afternoon and in the evening, with areas of prostitution usually visited by the team in the evenings (until 10 p.m.). Reliability and stability with regard to staff and working hours are appreciated by the clients: the female sex workers appreciate that they can establish a continuous contact with staff members. The following services are provided: (a) distribution of educational materials on safe sex and safer injecting, and of condoms; (b) information and discussions on reducing the harm arising from drug use and sexual behaviour; (c) distribution and exchange of clean needles and syringes and other materials for safer injection habits (e.g. alcohol swabs, dry swabs, filters, water, ascorbic acid powder); and (d) removal of used syringes from circulation and their safe disposal.

### **Developing information and educational materials**

A booklet on safer injecting practices, entitled “Chran sa sam” (Protect yourself), which the project team designed in February 1999, is broadly disseminated. It is well accepted by the target group and many clients report that having read the booklet was an important reason for them to enter into contact with the street workers, and to discuss specific issues. This booklet was inspired by the Czech version of the booklet entitled “What works”, originally produced in the United Kingdom of Great Britain and Northern Ireland. With the agreement of the non-governmental organization that designed it, the booklet was translated into Slovak and the text discussed with former drug users. The local version of the booklet, which took into account the comments

made, has been evaluated by its readers as very interesting and full of useful information.

To inform female sex workers about safer sexual behaviour, HIV/AIDS and STI, the educational booklet “Ahoj u nas”, which looks like a comic strip, is disseminated. It was translated by the organization Bliss without Risk (Prague) and is especially designed for female street prostitutes.

### **Facilitating access to specialist services**

In April 2000, a pilot subproject to involve experts in outreach work was started. The aim of the project is to negotiate the better access of the client to specialists in the field of social work, psychology, gynaecology and law. Once a week, a professional from one of the four disciplines works together with the street workers in outreach activities. In this way, initial contact is established and clients are encouraged to consult these specialists in case of need. The pilot project was completed in December 2000 and a follow-up project, based on the evaluation of the pilot, is planned.

### **Monitoring and evaluation**

Project activities are monitored through reports written by the street workers after every shift. The numbers of contacts made, the quantity of material given out and collected, and other observations and assessments are recorded. The reports are evaluated every two weeks and the results, including an analysis of the most frequently asked questions, are discussed at a meeting convened for that purpose. Strategic planning meetings are held twice a year, at which all members of Odysseus and the street workers plan future activities and strategies. The project submits written evaluation reports to its donors every four to six months, and is evaluated during site visits by representatives of the donors.

### **Outcome/output**

During its first 23 months of functioning (October 1998-August 2000), the project operated on 403 days for an average 6 hours each day, a total of 2,418 hours.

There were 12,778 contacts between street workers and clients, varying between 137 in the winter months and 1,069 during summer months; 78,697 used syringes were collected and 110,752 sterile syringes were distributed; 30,142 condoms were given out; and approximately 400 copies of information and educational materials were distributed. In cooperation with the National Reference Centre for the Prevention of HIV/AIDS, the project provided HIV counselling and saliva testing directly on the streets. Between February 1999 and February 2000, approximately 100 clients made use of this service, which included pre-test and post-test counselling. No HIV-positive cases were detected. The programme was, however, discontinued, owing to lack of funds.

### **Sustainability and future challenges**

Local funding for the project is very limited and its financial sustainability is not clear. More systematic efforts should be made to obtain financial and ongoing support that is independent of international donors.

The evaluation conducted by the project is mainly quantitative. The project staff plans to focus future evaluation more on qualitative methodologies.

### **Lessons learned**

- (1) **Outreach is an effective way** to establish contacts and relationships with injecting drug users and sex workers and to disseminate sterile materials and information on HIV prevention among groups that do not take advantage of other services.

- (2) **The approach to clients must be respectful and confidential.** A basic requirement is a respectful and tolerant approach. Contact must be based on confidentiality and trust. To participate in the programme, no formal documents are required.
- (3) **The qualifications, continuity and supervision of staff are important factors.** It is necessary to have professionally trained street workers who are remunerated. Ongoing training and supervision should be offered to staff, in particular to prevent burnout. Especially at the beginning of the project, there should not be too many changes in the team. It is better to start with a small project team and to extend the team only when the project is effectively established. The founding team should spend as much time as possible in the street, both to become known among injecting drug users and sex workers and to promote the project.
- (4) **Local networking is important.** To obtain a good and safe environment for outreach work, it is important, while the project is under preparation, to apprise other key actors at the local level (i.e. local government, health and other social services, including non-governmental organizations) of developments, to cooperate with them and to establish networks. It is also important to inform the police of the activities of the project and to lobby for their support and a non-discriminative approach towards injecting drug users and sex workers.

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## **Slovenia**

### **Facilities for drug users and people with HIV**

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### **Implementers**

The AIDS Foundation Robert is an independent non-governmental organization, which implements three projects: Project Stigma; a project for prisoners; and an HIV and AIDS project.

### **Funding**

Project Stigma was established and maintained during its initial years of operation with funds from the WHO Regional Office for Europe, and received funding from the International Harm Reduction Development Program (IHRD) of the Open Society Institute, New York, and the Soros Foundation from 1996 to 2000. Since 2000, it has been funded by the Slovenian Ministry of Labour, Family and Social Affairs, the City Council of Ljubljana, and by private donors. IHRD continues to support the project by including project staff in its training programmes.

### **Background**

Project Stigma was initiated around 10 years ago (Flaker and others, 1992) and was officially registered in 1992. It is the only low-threshold centre for injecting drug users in Ljubljana and is among the few programmes of its type in Slovenia, a country in which there is a low prevalence of HIV among injecting drug users. By the end of 1999, 155 cases of HIV infection had been reported in the country and, of the 84 that had developed AIDS, 5 were injecting drug users. Of the cases reported during the period from 1997 to 1999, 8 per cent were injecting drug users (UNAIDS and WHO, 2000). By December 2000, the Institute of Public Health of Slovenia had registered 13 HIV-infected injecting drug users.

### **Objectives**

The basic principle of the AIDS Foundation Robert is to ensure that services are relevant, accessible and appropriate for people from all sectors of society. Special attention is paid to groups which face dual discrimination, such as prisoners. The main goal of Project Stigma is to develop and provide credible and reliable services for injecting drug users. It develops, advocates and implements pragmatic and effective approaches towards reducing the negative health and social consequences of drug use.

The objectives of Project Stigma are:

- (a) To reduce the negative consequences of drug use;
- (b) To provide up-to-date information on the prevention of diseases such as HIV and hepatitis;
- (c) To provide harm reduction services to drug users (e.g. needle exchange, outreach and drop-in centres);
- (d) To provide counselling services, including a telephone helpline;
- (e) To assist drug users to form support groups for dealing with their specific problems and status.

### **Main activities**

Project Stigma supports activities for the modification of risky drug-taking behaviour and for the prevention of the transmission of infectious diseases (HIV, hepatitis B and C etc.).

Its main activities are:

- (a) An outreach programme to contact injecting drug users who are not in contact with treatment services and who do not actively seek medical assistance and social support services;
- (b) Syringe and needle exchange at the project's premises and through outreach work;
- (c) Secondary syringe and needle exchange. With the participation of drug users from other Slovenian cities, Project Stigma recently initiated the distribution of clean needles to drug users in other parts of the country, where they are not as available and accessible;
- (d) Counselling for imprisoned drug users in Ljubljana prison, and practical support after their release from prison (e.g. employment and housing);
- (e) Establishment of a self-help group for people with AIDS, and provision of peer education for students and volunteers.

In addition, the project tries to respond to the more general needs of its target population, such as housing, employment, obtaining official documents (e.g. identity card, passport and health insurance membership card) and the development of social integration skills. The introduction of motivational interviewing as a counselling method has proved to be very useful and effective in interaction with the target population. At the beginning of 2000, Project Stigma launched a campaign calling for the establishment of safe injecting rooms for drug users and initiated a discussion of future national policy on this issue. An anonymous HIV testing service (including pre- and post-test counselling) is also to be introduced.

Over the past five years, the project team held a series of training events for professionals from other organizations. These included three major courses for about 200 trainees on pragmatic responses to drug use, drug policy and projects and research results, which were organized in cooperation with the School for Social Work of the University of Ljubljana. Further, Project Stigma organized a series of smaller training seminars for staff from various non-governmental and governmental organizations, including the centres for social work, primary and secondary schools, and primary health organizations. During these training events, theoretical background knowledge on new approaches to the care of drug users was presented and the possibilities of their practical implementation in Slovenia were examined.

One of the strengths of Project Stigma is its capacity to respond quickly to new trends and developments in the various fields related to drug addiction. For example, when there was an unexpected spread of viral hepatitis among inmates at Dob Prison in Slovenia, Project Stigma was able immediately to provide assistance and train prison staff and inmates on adequate preventive measures and responses.

### Outcome/output

In 2000, Project Stigma provided services to nearly 1,000 drug users (209 female and 754 male) during 7,892 visits. Almost 166,000 needles and syringes were distributed and close to 69,000 returned.

<i>Project Stigma</i>	1999	2000	<i>Difference, 1999-2000</i>	
			<i>Number</i>	<i>Percentage</i>
Number of visitors	740	963	223	+ 30
Number of visits	3 868	7 892	4 024	+104
Number of needles and syringes issued	59 196	165 804	106 608	+180
Return rate (percentage)	52.3	60.0	7.7	–

As shown in the above table, there was a 30 per cent increase in the number of visitors in 2000 compared to 1999, and the number of individual visits to the low-threshold centre more than doubled, to an average of 31 each day (the centre was open for 250 days in 2000, from 9 a.m. to 5 p.m.). During the same period, the number of syringes and needles distributed increased threefold, partly owing to a well-organized secondary syringe and needle exchange programme.

An increased use of services had already been noted in 1998, when the number of visits doubled, compared to 1997, after the location of the low-threshold centre was changed and the Foundation reorganized (Phare Project on Drug Information Systems, 1999).

A qualitative research study among injecting drug users in Slovenia, conducted by Dr Vito Flaker of the University of Ljubljana during 1998/1999, assessed, among others, the services available to drug users (Flaker and others, 1999). The results showed a good level of availability of needles and syringes to drug users in Ljubljana, which was mainly viewed as a result of the local programme run by Project Stigma. There was, however, a lack in the availability and accessibility of injecting equipment in geographically remote areas of the country. Based on the research results, Project Stigma set up its secondary exchange scheme, which reaches a wide geographical area outside the capital. The study also showed that the housing and employment activities of Project Stigma were needed and much appreciated by drug users. Responses from relatives and community members to the activities of the project are positive.

The existence since the early 1990s of the low-threshold Project Stigma, and in particular its needle exchange programme, has made, according to many grass-roots workers, researchers and politicians in Slovenia, an important contribution to the process of early awareness-raising among drug users and the general public concerning issues related to HIV prevention. It has created favourable conditions for keeping HIV prevalence low within a context of high problem drug use.

In November 2000, the AIDS Foundation Robert launched the publication entitled “Nasvetnik”, which contains up-to-date information about HIV/AIDS and illegal drugs and an inventory and precise descriptions of all of the services in Slovenia that provide assistance to various target groups of drug users. “Nasvetnik” is printed in 1,000 copies and distributed through various drug organizations so as to reach the broadest possible audience in Slovenia.

Experts from the project have been acting as consultants to the Government during the process of finalization of two national laws on drugs, adopted by the Parliament of

Slovenia in 1999 and are currently involved in the preparation of a new national drug strategy.

A quantitative and qualitative evaluation of the services provided by Project Stigma has been carried out each year since 1992. This includes a detailed description of the work done, information on the quantity of services delivered and indicators of their quality. The results show the benefits and effectiveness of the project (AIDS Foundation Robert/Project Stigma, 1996-1999).

### **Sustainability**

The sustainability of the AIDS Foundation Robert and Project Stigma was assured in January 2000 when the Foundation signed an agreement with the Ministry of Labour, Family and Social Affairs of Slovenia. The Ministry agreed to support the project during the subsequent five years (2000-2005). In addition, the Municipality of Ljubljana decided to provide supplementary financial support during the same period, funding about 35 per cent of the costs to the Foundation, in recognition of its work.

Volunteers, especially drug users, play a key role in Project Stigma. They are involved in outreach work and have initiated a drug user network. Current and former drug users are active in the process of preparation of the new national drug strategy, they respond to the violation of their rights (e.g. with regard to employment, housing, police action, health care and social security) and they also form a self-support group. The project offers internship programmes for students from Ljubljana University, thereby serving as a learning base for students from the School for Social Work and from the Faculty for Social Pedagogy.

### **Lessons learned**

- (1) Drug use is a complex phenomenon, which cannot be explained solely on the basis of pharmacological, psychological, physical, social or political criteria. The dynamics and interrelationships among the various aspects of drug use must be taken into account in order to fully comprehend the problem. Bearing this in mind, the project ensured that drug users would benefit most from its activities if they were not exposed to demands for abstinence, or to stigmatization and marginalization.
- (2) One of the most important aspects of a project is the involvement of drug users in almost all phases of the project cycle: design, planning, implementation, monitoring and evaluation. This not only ensures the availability of up-to-date information about the changing drug scene but also increases access to hidden populations of drug users. Staff members who are active or former drug users play an important role in the provision of assistance to drug users, in particular in the secondary needle distribution programme and in outreach work.

Although the above-mentioned approach has many benefits, it may also bring about several difficulties. Project staff could view those staff members who are active or former drug users as not meriting complete trust. The clients of the project also differ in their opinions towards such staff: they may represent a model for the development of a positive career that is worth following, or they may be viewed as a negative form of competition. Measures are taken to avoid or overcome those problems, such as the establishment of self-support groups, provision of supervision and advice on personal support techniques and the convening of frequent staff meetings to discuss all important matters.

- (3) All clients should be treated without prejudice and should not be stigmatized. Regardless of his or her condition (drugged, drunk, homeless or hungry), when a drug user enters the premises of the project he or she should receive assistance.

The drug user and a project professional should work together to identify problems. This will facilitate further work, in case repeated contact and more in-depth interaction are needed and planned.

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## Slovenia

### Network of Centres for the Prevention and Treatment of Drug Addiction

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### Background

It is estimated that there are between 5,000 and 10,000 heroin users in Slovenia (3.6 to 7.1 per 1,000 population aged 15 to 64 years). Furthermore, the sharing of needles, syringes and other equipment (58 per cent and 67 per cent, respectively), as well as unsafe sexual behaviour, are common among drug users in Slovenia and dangerously increase the potential for the spread of HIV in the community.

Of the nine AIDS cases reported in Slovenia in 1999, however, in only one was there a history of intravenous drug use. Since 1986, several hundred injecting drug users have voluntarily and confidentially tested for HIV and, by December 2000, 13 had tested positive (among them 7 cases that already developed AIDS).

The prevalence of HIV infection among injecting drug users may, however, increase rapidly if and when a new case of HIV is introduced. Thus, HIV preventive interventions aimed at reducing high-risk intravenous drug use and unsafe sexual behaviour among drug users are considered a high priority within the National AIDS Prevention and Care Programme. For this reason, the professional staff working at the 14 regional centres for the prevention and treatment of drug addiction received additional training in HIV prevention which, together with the early use of substitution treatment, may have contributed to the current low prevalence of HIV in this population.

With the opening of the Centre for the Treatment of Drug Addiction at the Mental Health Centre in Ljubljana in January 1995 came the awareness that the prescription of

methadone in some of the outpatient clinics for drug users was completely unstructured. The need arose for a more efficient network of drug prevention and rehabilitation centres in Slovenia. The Network of Centres for the Prevention and Treatment of Drug Addiction was established to provide preventive programmes and free treatment and is financially supported by the Institute of Health Insurance of Slovenia. The establishment of the Network was a significant step forward in the inclusion of drug-dependent persons in assistance programmes.

In Slovenia, treatment programmes for drug users are implemented on the basis of a firm legal mandate, which includes the Law on the Prevention of Illicit Drug Use and the Treatment of Drug Users. This has been supported by the adoption of a set of guidelines for the appropriate treatment of drug addiction by the Health Council at the Ministry of Health in 1994, and the adoption of guidelines on clinical management at the Symposium on Methadone Maintenance, held in 1994. The latter were updated in 2000. The recommendations adopted for the treatment of drug addiction include instructions for general practitioners, psychiatrists, and for doctors in military service and those dealing with prisoners. Specific guidelines were prepared for emergency procedures, the hospital treatment of drug users, the treatment of diseases connected or unconnected with drug use and other situations in which medical personnel encounter drug users.

### **Objectives**

Some of the main goals concerning the HIV/AIDS epidemic that have been established through the Network are:

- (a) Expansion of preventive programmes;
- (b) Provision of free medical care to all of the drug-using population in Slovenia, including methadone and other substitution programmes;
- (c) Development of treatment guidelines for medical doctors and of a manual for the methadone maintenance programme;
- (d) Development of community outreach harm reduction programmes;
- (e) Assessment of the extent of HIV infection among injecting drug users and of behaviour that puts them at risk of infection.

### **Main activities**

The centres carry out preventive programmes and provide the following: individual, group and family therapy; counselling services for drug users and their relatives; community health programmes; substitution treatment; assistance in rehabilitation and social reintegration; and consultations concerning health, social and educational services. They work closely with non-governmental organizations, treatment centres and self-help groups. Evaluation and research are important elements of their work. There is a multi-disciplinary team of specially trained professionals: general practitioners or physicians specialized in social medicine, nurses, psychiatrists, psychologists, social workers, laboratory technicians and administrative workers. Services provided include testing for hepatitis B and C and HIV, immunization against hepatitis B infection, treatment for hepatitis C, and treatment of drug-dependent pregnant women and their children.

The methadone maintenance programme is considered one of the fundamental treatment and harm reduction strategies of the current national drug policy.

### **Outcome/output**

With the development of the Network and the establishment of the Coordination Body of Centres for the Prevention and Treatment of Drug Addiction and of the Supervision Commission at the Ministry of Health, and through the setting up of new centres and the

expansion of services at existing ones and at outpatient clinics, the provision of services for prevention and treatment has been considerably increased.

Between January 1995 and March 2000, the Centre for the Treatment of Drug Addiction at the Psychiatric Clinic in Ljubljana treated 484 inpatient and 2,132 outpatient clients. Altogether, between April 1995 and March 2000, the Network treated 3,764 patients. In March 2000, 1,247 patients were taking part in the methadone maintenance programmes of the Network.

The Network also succeeded in promoting cooperation in the development of principles for the treatment of drug users in prisons and military service, setting forth recommendations regarding the employment of drug users and their ability to drive. It also ensured the involvement of drug users in creating the policy of the Network, through the establishment of "consumer boards".

Numerous informative materials about the treatment programmes and general activities of the Network, leaflets about hepatitis B and immunization against it, and manuals on methadone, women and drugs, urine tests, overdosing, club drugs and marijuana have also been produced. As mentioned above, guidelines for the medical profession were also developed.

### **Evaluation**

Since 1995, the Supervision Commission at the Ministry of Health has inspected the centres on a regular basis and has contributed to a constant improvement in the implementation of the programme of the Network.

The methadone maintenance programmes were evaluated in 1995, 1997 and 2000. In 1995 and 1997, the evaluation studies included client satisfaction surveys, which showed that the methadone maintenance programme was considered either useful or very useful by more than 90 per cent of the patients that completed the questionnaires (response rates were 51 per cent in 1995 and 72 per cent in 1997).

### **Sustainability**

The Law on the Prevention of Illicit Drug Use and the Treatment of Drug Users defines the forms of treatment and the establishment of the centres. The programmes of the centres are supported by the Ministry of Health and funded by the Health Insurance Institute. The financing is provided in lump sums and does not entirely cover the full cost of implementing the programmes, primarily because the number of users seeking assistance is increasing. To a lesser extent, the programmes receive funding through public tender for preventive projects. The Network is pursuing opportunities to become actively involved in international projects. The Sound of Reflection Foundation has been established by the staff in charge of the centres with the hope of improving funding for the programmes.

### **Lessons learned**

- (1) **Early and comprehensive interventions.** An important goal is to encourage the majority of drug users to contact treatment programmes at the earliest possible stage. HIV preventive interventions aimed at reducing high-risk injecting drug use and unsafe sexual behaviour among injecting drug users should also be considered a priority. The comprehensive programmes of a network such as that in Slovenia can attract a large number of drug users to treatment. Further, it is considered that the current low prevalence of HIV infection among injecting drug users might be due to the early introduction of methadone maintenance programmes.

- (2) **User-friendly services.** The inclusion of drug users in the user-friendly forms of organized assistance such as that provided by the Network reduces the actual use of illicit drugs and, consequently, the risks associated with drug use (especially those due to injecting), such as HIV infection and hepatitis. The continuous implementation of prevention-oriented programmes and the provision of suitable information reduces the occurrence and continuation of behaviour that puts people at risk of infection.
- (3) **Accessible and integrated services.** The Network provides health care and the various forms of assistance needed in cases of drug addiction. The cooperation of the Network with all addiction programmes currently being implemented in Slovenia, both governmental and non-governmental, as well as low-threshold and higher threshold services, is an essential element in providing drug users with integrated assistance. These services are available to all persons in Slovenia who have health insurance.
- (4) **Ethical soundness and response to individual needs.** Accessibility and respect for individuality are fundamental principles of all programmes offered at the centres. All patients taking part in the programmes are fully informed of the operation and requirements of the programme and of their options, and sign an informed consent form. Special programmes for adolescents and drug-dependent women are provided. The treatment of addiction is assigned top priority, and there are almost no waiting lists. Clients are encouraged to participate in the programme planning and supervision of the centres and, as mentioned above, consumer boards are being introduced. There are possibilities to obtain free legal aid. In addition, the possibility of filing complaints regarding the centres has been incorporated into the system.

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## II. Political mobilization and development of a national strategy

### Introduction

The rapid rise of HIV infection among injecting drug users in some countries of the former Union of Soviet Socialist Republics has confirmed that high-risk injecting practices can lead to outbreaks of HIV at any time, whether or not regular mass testing is performed. While the number of cases has so far remained small in many countries, overall growth has been rapid. There is a high risk that many more infections may occur among injecting drug users and that HIV will spread into other parts of the population (UNAIDS, 2000). To respond to this challenge, there is a need to develop strategies to halt the spread of HIV among injecting drug users, even if there are competing priorities. For strategies to be effective and sustainable, their development must involve all relevant sectors of government and society.

While bringing out regional diversity and similarity, the case studies described below give an up-to-date picture of common challenges in developing strategies for HIV prevention among injecting drug users, such as:

(a) **Legal basis.** A national strategy must be built upon legal frameworks, that can be adapted to allow a comprehensive response;

(b) **Awareness.** A low level of awareness about the problems of drug use and HIV/AIDS among the general public, and inadequate knowledge about methods of prevention, often leads to prejudices against drug users. Misunderstandings and stereotyping about specific preventive interventions, such as needle and syringe exchange, must be overcome;

(c) The **understanding of drug use** as a social phenomenon, and not purely a medical problem, must be fostered and consensus on HIV/AIDS prevention reached among the general population, as well as among professionals from various disciplines;

(d) **Multisectoral approach.** There must be cooperation among all sectors of society with regard to preventing HIV/AIDS infection among drug users. This major public health objective can be tackled by using a multidisciplinary approach, which can be a new concept for most professionals. Constructive collaboration is particularly important between the health and law-enforcement sectors;

(e) **Local responsibilities.** More responsibilities in terms of decision-making and funding should be delegated and decentralized to the local level;

(f) **Assessment.** The extent of drug use and of risk behaviour related to HIV/AIDS is in many cases largely unknown. In order to inform national strategy development over time, there is a need to carry out research studies to assess and monitor the evolution of risk behaviour.

Theoretically, the process of developing a strategy for HIV prevention among drug users should first build upon achieved consensus among the various stakeholders, then establish cooperative structures and allocate responsibilities and funds, and subsequently take measures to increase professional skills and service capacity. In practice, these three areas are often dealt with simultaneously. In particular in countries in which local HIV epidemics have developed over a short period of time, preventive activities were begun while the national strategy was still under preparation. Consequently, the process of political mobilization, strategy building and policy development at the national level is started at a time when HIV preventive interventions are already being implemented in some cities. The absence of national policies and relevant legislation may, however, jeopardize and delay local responses.

Political mobilization with regard to HIV prevention among injecting drug users is considerably more difficult to achieve in low-prevalence contexts. The social and economic hardship that is linked to the transformations that the societies in Central and Eastern Europe are undergoing strongly shapes individual and collective perspectives of priorities in health care. In countries in which there is a low prevalence of HIV infection, it has been, and still is, a major challenge to draw attention to the problem of HIV infection among injecting drug users and to establish consensus and support for measures to prevent it. Even where HIV sero-prevalence levels are low, strategies for HIV prevention among injecting drug users that are based upon the harm reduction principles (see glossary) and embedded in a wider framework of comprehensive services, are being increasingly introduced into national drug strategies.

In many cases, as reflected in several of the case studies, the decision to implement innovative strategies in HIV prevention is the result of pragmatic considerations in the context of a locally emerging epidemic, and largely involves the availability of external funding. In many cases, to start up projects requires that alliances be built not only between international bodies and national governments, but also between local structures (mainly involving the voluntary sector) and international donors. Experience gathered in a local context and by national experts is a useful complement to international experience. Local experience is a more understandable and often more credible input than experience from outside the region to awareness-raising among national or regional audiences of decision makers, professionals and, through the mass media, the general public.

Five case studies are presented below. The case studies from Belarus, Kazakhstan and Ukraine document the process of shaping a new national approach to drug users that is fundamentally different from the largely repressive model that prevailed not so long ago. Promoted and financially supported by international organizations and donors, this process started in 1996 and has, within a short period of time, led to the first measurable achievements. The case studies also describe the difficulties experienced and how they were overcome. The cases of Hungary and Poland provide examples of the development of policies and programmes for HIV prevention among injecting drug users in contexts of low prevalence.

A way of formalizing cross-sectoral cooperation in HIV prevention at the national level is illustrated by the example of Belarus where, in 1996, the Interdepartmental Council on HIV and STI Prevention was established. This process was facilitated by the support of the United Nations Theme Group on HIV/AIDS (see box 9). Educational and medical state bodies are now more systematically supported by the non-medical state sectors in the achievement of public health objectives. The importance of including the voluntary sector into the official cooperative structures in the future is increasingly recognized, since most projects on HIV prevention in cities in Belarus are carried out by non-governmental organizations.

**Box 9. United Nations Theme Group on HIV/AIDS as a partner of the government and non-governmental organizations in the expansion of a national response**

Almost from the time of its creation in February 1996, the Belarus United Nations Theme Group on HIV/AIDS, the membership of which includes including UNDP, UNICEF, WHO, the World Bank, UNHCR, UNFPA and the National Commission for UNESCO, has become an active partner of the Government in developing an expanded national response to the HIV epidemic. The United Nations Theme Group advocates a multisectoral approach to HIV preventive activities at all administrative levels and lobbies for the introduction of harm reduction strategies as the most effective method for HIV prevention among injecting drug users that can be implemented only with multisectoral support. Major activities of the Group have included:

(a) Advocacy activities, assisted by the UNAIDS Inter-Country Programme Adviser, that contributed towards the decision by the Government of Belarus to establish, on 2 October 1996, a common coordination body, the Interdepartmental Council on HIV and STI Prevention. This body aims to ensure interdepartmental coordination in implementing a national plan for HIV prevention and is composed of high-ranking representatives of 12 ministries;

(b) After the establishment of the Council, the United Nations Theme Group assisted technically and financially in conducting and following up a national workshop which was held in April 1998. As a result, sectoral plans for HIV/AIDS preventive activities for all 19 ministries involved in the work of the Committee were developed, and a national multisectoral strategy, the State Programme on HIV/AIDS and STD Prevention, 1997-2000, was compiled. This strategic plan contains provisions for the organization of various preventive activities among vulnerable groups and HIV-infected individuals, as well as for the distribution of disinfectant, condoms and syringes for drug users at narcological dispensaries;

(c) At the request of the Government of Belarus for assistance in responding to the explosion of HIV infection in Svetlogorsk, the United Nations Theme Group facilitated the development and launching of a project for HIV prevention among injecting drug users. The project was funded and technically assisted by UNAIDS, WHO and UNDP. Its implementation contributed towards consolidation of the city executive-level multisectoral body on HIV prevention;

(d) The United Nations Theme Group is collaborating with the Government in the establishment of multisectoral bodies on HIV/AIDS prevention at all administrative levels: national, oblast (administrative region) and city. Furthermore, during the period 1997-1998, the Group facilitated the implementation of a project aimed at mobilizing the involvement of organizations, institutions and societies in activities for HIV prevention among injecting drug users;

(e) The United Nations Theme Group was also an active partner in developing and implementing an educational project in support of the implementation of the above-mentioned State Programme. The activities under this project helped to consolidate the involvement of non-medical sectors in information, educational and communication activities for HIV prevention. The significant results achieved in this respect were made known at the conference held in February 2000 upon the completion of the project;

(f) At present, the United Nations Theme Group supports a project, implemented by the Government of Belarus, on developing the national strategic multisectoral plan for 2001-2005. The secretariat of UNAIDS provided technical assistance for training the technical multisectoral working groups in conducting a strategic planning process in accordance with the methodology promoted by UNAIDS.

#### **United Nations theme groups on HIV/AIDS**

UNAIDS operates mainly through the country-based staff of its seven cosponsors. Meeting as the host country's United Nations Theme Group on HIV/AIDS, representatives of the cosponsoring organizations share information, plan and monitor coordinated action among themselves and with other partners, and decide on joint financing of major AIDS activities in support of the Government concerned and other national partners. The principal objective of each theme group is to support the host country's efforts to mount an effective and comprehensive response to HIV/AIDS. In most cases, the host Government participates in the theme group and, increasingly, representatives of other United Nations agencies and bilateral organizations working in the country also participate.

Further information on the theme groups may be obtained from Marina Bezruchenko-Novachuk at the Europe Desk, UNAIDS, 20, avenue Appia, CH-1211 Geneva 27, Switzerland.

The Government of Hungary recently adopted the National Strategy to Combat the Drug Problem. A range of projects on HIV information and education, which also recently

included some HIV preventive services for active drug users, have also been developed. The official endorsement of low-threshold needle exchange and methadone programmes to be implemented within the context of the new strategy required intensive consultations with professionals, and was accompanied by heated debate at the national level. The new strategy provides a more secure basis for the projects on HIV prevention among injecting drug users that are operating in Hungary today. The strategy also opens the door for the diversification of services for drug users, and has a potential longer-term impact on the further development of such services in the country.

The pilot project in the city of Temirtau, Kazakhstan, a joint effort by the Government, the United Nations and the community, is an informative example of a common initiative that uses the experience gained at a pilot location to shape a strategy for an effective response at the national level. One of the main lessons learned from the project is that restrictive policies towards drug users must be overcome in order to reach them and to encourage behavioural change. The results of the local pilot project, and in particular the success of interventions that led to increased access of injecting drug users to health services, are now used to design similar approaches in other Central Asian countries.

The history of drug use as a social problem in Poland dates back to the late 1960s. This problem was fuelled, after several years of latency, by the introduction of Polish heroin, known as *kompot*, in the 1970s. Poland was the first country in the region to set up a comprehensive official policy for HIV prevention among injecting drug users, which included the establishment of needle and syringe exchange programmes, very soon after the registration of the first cases of HIV infection among injecting drug users. The implementation and evaluation of the official policy are described in the case study of Poland, presented below.

The Ukrainian case study provides an example of how the legislative framework was changed to allow it adequately to address HIV prevention among injecting drug users, the stereotypical attitudes and misconceptions towards HIV preventive interventions that had to be overcome among the public and professionals, and how information and advocacy contributed to the changes. It also documents how essential the experience gained in local pilot projects was to the mobilization process.

## **References**

UNAIDS 2000, *Report on the Global HIV/AIDS Epidemic, June 2000*, Geneva.

## Belarus

### Coordinating HIV/AIDS prevention on a national basis\*

<b>Activity:</b>	Organization and development of interdepartmental cooperation in HIV/AIDS prevention
<b>Starting year:</b>	1996
<b>Contact person:</b>	Valery Filonov, Deputy Minister of Public Health and Chairman, Interdepartmental Council on HIV and STI Prevention
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### Implementers

A steering committee, composed of representatives of the ministries of public health, education, youth and culture in decision-taking positions, coordinates the activities of the Interdepartmental Council, including management of the funds provided by external donors. It holds consultations with the various ministries involved as regards their contributions to its work and securing funding from their budgets, and it organizes the training of representatives of regional and city administrative councils in HIV prevention. The National AIDS Prevention Centre in Belarus, in cooperation with UNAIDS, designs and coordinates awareness-raising campaigns, conducts rapid assessment studies among drug users, and provides training for specialists in intervention projects. The involvement of the non-governmental sector in HIV preventive activities is promoted by the national strategy, although financial support for the work of non-governmental organizations comes mainly from international donors.

### Background

Between 1987 and the end of 1995, 113 cases of HIV infection were registered in Belarus. In 1996, however, the number of HIV-positive cases rapidly increased to 1,134, with most new infections (more than 800) found among young injecting drug users in Svetlogorsk, in the course of a mass screening. An emergency meeting organized by the executive committee of the city and attended by local and national stakeholders and representatives of United Nations bodies was held to consider how to contain the epidemic. The main results of this meeting were the decisions: (a) to implement a strategy to reduce the consequences of the non-medical use of drugs by injecting drug users; (b) to develop a pilot project for Svetlogorsk; and (c) urgently to expand cooperation among ministries and other bodies in order to tackle issues related to HIV/AIDS on an intersectoral basis.

The first steps towards interdepartmental cooperation had been taken in 1990, when the ministries of culture and internal affairs, the Trade Union Federation of Belarus and the Belarus Society of the Red Cross took part in the organization of the AIDS Prevention Day. Cooperation continued in 1991 with the development of educational programmes

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\* The text is based on the plenary speech made by Dr Valery Filonov, Deputy Minister of Public Health and Chairman of the Interdepartmental Council on HIV and STI Prevention, at the meeting on lessons learned concerning the prevention of the transmission of HIV/AIDS among injecting drug users in Central and Eastern Europe and the Central Asian States, convened at Minsk, from 13 to 15 July 2000, as part of the preparation of the present booklet.

on HIV/AIDS and, in 1993, with the adoption of the first national action plan on AIDS prevention, which was to be carried out by various ministries and departments. Among prevention actions carried out on a regular basis since 1991 are media campaigns on HIV prevention, which continue to be broadcast free of charge by state mass media. The above-mentioned decision to expand cooperation was formalized as the Interdepartmental Council on HIV and STI Prevention of Belarus in October 1996. The Interdepartmental Council was set up under the Council of Ministers and is chaired by the Deputy Prime Minister and co-chaired by the Deputy Minister of Health. Among its members are representatives of 13 ministries, the State Security Committee, the Belarussian Mail, the State Press Committee (in cooperation with the State Television and Radio Corporation) and of the Council of Ministers. It meets every six months.

### **Main activities**

The main task of the Interdepartmental Council is to coordinate the implementation of the national strategy for the prevention of HIV/AIDS and STD among ministries, other governmental bodies, the oblast (administrative region), regional and city executive committees, enterprises, and other institutions and organizations.

The specific tasks of the Interdepartmental Council include: (a) the study of epidemiological trends and the assessment of risks in order to develop effective preventive measures; (b) the organization of public information campaigns (e.g. activities aimed at young people that are conducted within the framework of World AIDS Day); (c) the development of proposals for improved social protection of persons living with HIV/AIDS; and (d) the development of international cooperation in the field.

### **Outcome/output**

The coordination of the implementation of the national strategy by the Interdepartmental Council has led to increased cooperation between the medical and non-medical fields, and has encouraged and supported local cooperation. The first positive results among the target groups of the strategy are:

(a) **Since 1996, cooperation in HIV preventive activities has increasingly involved the non-medical field.** For example, the Ministry of Defence organizes HIV education among military staff, the Ministry of Internal Affairs carries out HIV preventive activities among prisoners, and national youth authorities and non-governmental youth services design and conduct various awareness-raising activities;

(b) **At the local level, cooperation between state and non-governmental agencies has increased** and local coordination bodies which support effectively the implementation of projects on HIV prevention among injecting drug users by medical and non-medical structures have been established;

(c) Behavioural studies carried out in several cities in which projects on HIV prevention are being implemented show, among other results, **increased knowledge of HIV risks and prevention among the target group** (see also the case study of Belarus in chap. I above);

(d) Model projections of HIV prevalence, drawn up within the context of a study of the cost-effectiveness of HIV preventive interventions in the most affected city, Svetlogorsk, suggest that **the measures taken are averting HIV infection among injecting drug users and their non-injecting sexual partners** (Kumaranayake and others 2000);

(e) In 1996, about one quarter of all newly known HIV infections were among those aged 15 to 19 years. In 1999, only one in seven new HIV cases (14 per cent) were in this young age group. The most recent HIV prevalence study, carried out among

military conscripts in 1999, showed that the rate had fallen to 0.17 per cent, whereas in 1996 nearly 0.7 per cent of men called up for military service had tested HIV positive. **These data might indicate an emerging trend of reduced risk-taking behaviour among the younger members of the population.**

#### **References and further reading**

Kumaranayake, L. and others 2000, The cost-effectiveness of HIV preventive measures among injecting drug users in Svetlogorsk, Belarus (draft, May 2000), UNAIDS, Geneva. [For the summary of the study and for information on how to obtain the full text of the report, see <[www.unaids.org/bestpractice/digest/files/costbelarus.html](http://www.unaids.org/bestpractice/digest/files/costbelarus.html)>.]

## Hungary

### Addressing HIV/AIDS prevention among injecting drug users within the framework of the national strategy

<b>Activity:</b>	Addressing HIV/AIDS prevention among injecting drug users within the framework of the National Strategy to Combat the Drug Problem and in a low-prevalence context
<b>Starting year:</b>	2000
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<b>For further information contact:</b>	Akos Topolanszky, Deputy Secretary, Ministry of Youth and and Sports, Chairperson of the Coordination Committee on Drug Affairs, Hold utca 1, Budapest, Hungary-1054. Telephone: + (36) (1) 301 9276. Facsimile: + (36) (1) 301 9285. Email: akos.topolanszky@ism.gov.hu

#### Background

In June 2000, the Government of Hungary adopted the first National Strategy to Combat the Drug Problem. The draft of the Strategy was prepared by the Coordination Committee on Drug Affairs and its subcommittees, and involved consultations with 1,054 professional, civic and church organizations and experts during 1999. The final version of the Strategy also reflects the results of a wide public discussion, opened by the first governmental reading of the draft strategy in February 2000. In December 2000, the Hungarian Parliament formally endorsed the Strategy (Resolution 96/2000) with the support of votes from all political parties.

The new Strategy addresses HIV/AIDS prevention among injecting drug users, in particular in the context of its third objective, which concerns social work, treatment and rehabilitation, and in accordance with which assistance is to be given to individuals and families in contact with drugs and struggling with drug problems. Harm reduction is one of the prominent principles of the Strategy. To respond effectively and cost-efficiently to HIV/AIDS risks among injecting drug users, the Strategy calls for the substantial development of outreach and low-threshold services, including needle exchange and methadone treatment.

These elements gave rise to particularly intensive discussions during the expert consultations. Ministries and public and professional bodies had to find common ground concerning this sensitive issue. In view of the low prevalence of HIV/AIDS in the country (the incidence of AIDS is 3.6 cases per 1 million inhabitants), many considered that further action was not needed. While according to official statistics, heroin injecting and use of amphetamines is widespread in Hungary, only one case of HIV infection among injecting drug users has been recorded by the B. Johan Epidemiological Centre

of the National Public Health Directorate. For many partners in the consultative process, the low figures for HIV infection demonstrated the efficiency of the existing policy, excluding harm reduction.

Increasing numbers of hepatitis C infection, in particular among young injecting drug users, have, however, recently been found. In two studies conducted by the National AIDS Laboratory among samples of 333 and 351 drug users, the prevalence of hepatitis B infection was 2.5 per cent and 0.6 per cent and hepatitis C infection rates were 15.4 per cent and 9.6 per cent, respectively.

### **Outcome**

The Strategy has provided more support to the few services for active drug users that operate in Hungary to date. It also provides a basis for increasing the number, capacity, accessibility and effectiveness of such services and encourages local cooperation between health services and law-enforcement agencies. More injecting drug users will gain access to treatment and care, if the measures formulated in the Strategy are implemented successfully.

### **Lessons learned**

Two complementary factors were important in gaining the broad support needed to incorporate harm reduction principles into the new Strategy:

- (1) **International support.** International cooperation (especially its upcoming entry into the European Union) is a priority in Hungary; thus, international experience and proposals were very influential during the negotiation phase.
- (2) **Wide discussion.** At the same time, the discussions held were very specific, taking into account the cultural and ethical background of Hungary. The ethical discourse played a major role in winning the support of professionals and of the public.

## **Kazakhstan**

### **Developing HIV/AIDS prevention in Central Asian countries**

<b>Activity:</b>	Promotion of a effective multisectoral response to sexually transmitted infection, HIV/AIDS and drug use in Karaganda oblast and nationwide
<b>Starting year:</b>	1996
<b>Contact person:</b>	Alexander Kosshukin, National Project Coordinator
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#### **Implementers**

The project is a joint initiative of the Government of Kazakhstan and United Nations agencies. It is implemented by the centres for AIDS prevention and control of the Karaganda region and of the town of Temirtau, the location for the pilot project (Bussel, 1999).

#### **Funding**

Input in kind and in cash were made by the Government, and UNDP, UNAIDS, UNDCP, UNFPA and UNESCO, as well as by the enterprise Karmet, which contributed about 25 per cent of the project funds.

#### **Objectives**

The project is aimed at promoting, among the central and local authorities, civil society and the public, in an effective and sustainable manner, the understanding of, and the capacity to respond to, the HIV/AIDS epidemic, STI and increased drug use and their effects on personal, social and economic life.

The goal of the project is to reverse unfavourable trends in HIV/AIDS, STI and drug use in Temirtau and to establish a basis for the replication of the project throughout the nation. Approaches that prove to be effective at the pilot site towards the prevention of HIV/AIDS, STI and drug use and the promotion of a healthy lifestyle should become part of national policy.

#### **Background**

Until 1995, the rate of HIV infection in Kazakhstan appeared to be negligible, with 31 cases reported between 1987 and 1995 for the whole country. In 1996, however, an explosive spread of HIV cases in Karaganda oblast (administrative region) was registered, with most cases occurring in Temirtau, a one-company town in central Kazakhstan, where the main steel plant had been in economic decline since the early 1990s (see box 10).

**Box 10. The case of Temirtau**

Karaganda oblast (administrative region) is one of two highly industrialized provinces in the centre of Kazakhstan, and the Temirtau steel plant was one of the largest steel producers in the former Union of Soviet Socialist Republics. After the break-up of the Soviet Union and the loss of input and markets, the plant and Temirtau, a typical one-company town, were confronted with severe social and economic problems. In November 1995, the international Ispat group acquired the steel plant. In response to a shrinking market for its products, the Ispat-Karmet plant in Temirtau decreased production by 30 per cent and started a massive cutback in manpower, with the aim of reducing the number of employees by 20,000 by 2000.

An upsurge of injecting drug use among young people who were left unemployed has led to outbreaks of HIV and remains a fuelling factor in the further spread of infection. It is estimated that at least 3,000 of the 32,000 young people aged between 15 and 29 years in Temirtau inject drugs.

The closure after the privatization of various services that the factory had provided to its workers when it was state-owned (among them schools, hospitals and social services) has worsened the situation.

*Source:* UNAIDS, "Temirtau story". United Nations-facilitated response to HIV/AIDS, STI and drug use in Central Asian countries (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan), 1996-1998. (United Nations Office, Almaty, January 1999), p. 15.

At the start of the project, several background factors and conditions for the spread of HIV were identified. Among them were severe social and economic dislocation, breakdown of health services, denial of the HIV pandemic, skyrocketing STI rates, the rapidly increasing prevalence of injecting drug use, administrative measures taken against prostitutes and drug users, inadequate political commitment and lack of financial resources.

**Main activities****Increasing information, education and communication**

A sociological study on the knowledge, risk-taking behaviour and information needs of the target group was conducted, and information and educational materials on the prevention of HIV, STI and drug abuse were developed accordingly. Awareness campaigns were undertaken among high-risk groups, and also among health and educational services, local authorities, the mass media, the private sector, non-governmental organizations and the general public. Programmes for schools on drug abuse prevention were developed and integrated into school curricula.

**Strengthening an effective response**

Intersectoral cooperation, involving authorities, health and educational services, the mass media, the private sector, non-governmental organizations and United Nations agencies, was established and legislative regulations improved to increase the access of injecting drug users to project facilities. Project staff were trained and peer support outreach work was organized. A telephone help-line was set up and trust points (see glossary) were opened for the distribution of sterile syringes and needles, condoms and information materials and the provision of counselling and peer education. Community support groups were established, health professionals were trained in STI management, and staff of non-governmental organizations were trained in networking and ways in which to increase cooperation with governmental agencies.

### **Monitoring, evaluation and nationwide replication**

A local project coordination body was set up and impact evaluation tools (e.g. sentinel surveillance and sociological studies) were put in place. Resource mobilization took place throughout the duration of the project, and steps were taken to ensure that the responsibility for the trust points could in the future be taken over by the local authorities.

### **Outcome/output and evaluation findings**

Interventions that combine the provision of education and information and promotion of safer behaviour, together with referral to health services, and the provision of syringes, needles and condoms, have proved to be feasible in Termitau and available data indicate that they have been effective in reducing the spread of HIV infection among injecting drug users in that town (Berlin, 1999; Baimursina, 1999).

**Cross-sectoral cooperation was established.** A Coordination Committee, headed by the Akim (highest executive officer) of Temirtau was set up. The entire health-care and educational system of Temirtau, two non-governmental organizations representing drug users and their parents, and people living with HIV/AIDS are all actively involved in the project.

**The legislative and regulatory environment was improved so as to permit more effective work with the population at high risk of HIV or sexually transmitted infection.** The approach to STI treatment was changed to a case-management approach that allows anonymous, rapid and efficient treatment of STI patients. The persecution of STI patients (including many drug users) by the police, which was aimed at tracing contacts, was stopped. Local police agreed to stop the detention of people in the streets who carry syringes on suspicion of participation in drug trafficking and storage (a punishable act according to the Criminal Code of Kazakhstan).

**Professional capacities among health professionals have increased.** Two hundred representatives of local health services dealing with problems related to HIV/AIDS, STI and drug use were trained in preventive and community-based work. Outreach work was introduced into the practices of specialized services and local non-governmental organizations. Fifty representatives of non-governmental organizations have been trained in the design and implementation of programmes of prevention and care. Injecting drug users are involved as volunteers in the project and provide peer education.

**Information and educational materials have become more readily available and their contents more understandable for various target groups of the population.** Materials on HIV/AIDS prevention were developed for different groups; 54,000 copies of six different leaflets were printed. Issues of HIV/AIDS, STI and drug abuse prevention were included into school curricula for grades 5 to 11 (Berlin, 1999).

**Awareness of and information about HIV/AIDS, STI and drug abuse have increased.** The results of questionnaires show that awareness of issues related to HIV/AIDS, STI and drug addiction has considerably increased among the drug-injecting community, young people and the general population. The percentage of correct answers in the questionnaires increased by between 20 and 30 per cent in one year. The results of a sociological survey of the general population show higher acceptance of condom use. Behavioural studies of addicts show increased use of sterile equipment and disinfecting of used syringes, and a 10 per cent increase in condom use.

**Access of injecting drug users to health services has increased.** The six trust points which provide counselling, condoms, needle exchange services and information materials are visited by between 350 and 400 clients each day. Since the start of the

project in 1996, 300,000 syringes, 200,000 condoms and over 30,000 leaflets on the prevention of HIV/AIDS, STI and drug abuse have been distributed.

**Surveillance studies show that the spread of HIV infection among injecting drug users in Temirtau has slowed down.** In 1999, the proportion of HIV-infected persons found through routine HIV testing among first-time visitors to drug user dispensaries in Temirtau decreased to 0.6 per cent, compared to 3.9 per cent in 1997. This decrease was even more marked among recent drug users (i.e. those who have injected drugs for less than one year): down from 15 per cent in 1997 to 5.1 per cent in 1999.

### **Sustainability and future challenges**

Local authorities have started to assume responsibility for the further development of the project, and the state health service provides staff for three of the six Temirtau trust points. From 2001 onwards, the costs of syringes and needles will be met from the local health budget. The Ispat-Karmet plant continues to support the project. It is of vital interest to the company to maintain social stability and consensus in the town and to prevent the migration of highly qualified personnel.

The project has established contacts with various parties in order to mobilize resources, namely, with the Open Society Institute/Soros Foundation, which provides financial support for drug demand and harm reduction programmes in seven regions of Kazakhstan, and with United Nations agencies, non-governmental organizations and religious groups.

The main task at present is to increase the coverage of the project. Only 10 per cent of the estimated number of injecting drug users currently visit the trust points on a daily basis. The exchange of syringes and needles alone does not attract many users, since they can be bought at a cost that is lower than that of the public transport fare to the trust point. To overcome this obstacle, new trust points should be established so as to increase accessibility to the programme. The establishment of a substitution programme is on the agenda.

### **Lessons learned**

- (1) It became obvious that the promotion of safer behaviour should be the key principle of HIV/AIDS prevention among injecting drug users, rather than restrictions and limitations.
- (2) Local cross-sectoral coordination, which includes non-governmental organizations, people living with HIV, and former and current drug users and their families, is essential for achieving stabilization in the spread of HIV.
- (3) The leading role of local authorities in the implementation of the project is essential in ensuring its sustainability.
- (4) The many limitations and restrictions that prompt drug users to hide from the State and society rather than utilize the services offered to them still exist. Ongoing advocacy activities are needed to create a supportive environment for the effective prevention of HIV and drug abuse in the country.
- (5) The rehabilitation of drug users is an unresolved issue. Services for the treatment and rehabilitation of drug users are very limited and substitution treatment, which could motivate more of them to adopt healthier behaviour, is not allowed.
- (6) The lessons learned from the Temirtau pilot project and their wide dissemination through a subregional newsletter which is published on a regular basis were instrumental in motivating policy makers and donor organizations to replicate such intervention projects not only in Kazakhstan, but also in other countries of Central Asia (e.g. Kyrgyzstan, Tajikistan and Uzbekistan).

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## Poland

### **Facilitating access to sterile injecting equipment as part of the national comprehensive strategy to prevent the spread of infections among injecting drug users\***

**Project title:** Experiences in needle and syringe exchange programmes for injecting drug users

**Starting year:** 1989

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#### **Background**

In the early 1980s, the eve of the HIV epidemic, there were between 20,000 and 40,000 injecting drug users in Poland. The main substance of abuse was kompot (i.e. Polish heroin), made from domestic poppy straw by its users. Dispensable injecting equipment was in short supply even in surgical and maternity services. Therefore, sharing of needles and syringes among small groups of friends was a common feature of the pattern of drug use (Moskalewicz and Sieroslawski, 1995). Despite this, no HIV-positive injectors were recorded in Poland until the summer of 1988.

#### **Main activities**

##### **Development of a comprehensive policy to prevent the rapid spread of infections among addicts**

In 1988, the National Programme for Prevention and Counteracting of AIDS was adopted. Its authors were aware of the growing risk of an HIV epidemic among injecting drug users, as had been demonstrated by the experience of a number of cities and countries with a drug pattern similar to that in Poland (Robertson and others, 1986; Battjes and Pickens, 1988; Des Jarlais and others, 1989). To prevent the rapid spread of infections among addicts, therefore, the Programme recommended a comprehensive approach that included needle exchange among other educational and treatment efforts. It was some time, however, before this approach was adopted. The idea of needle exchange was criticized because of the then-prevailing policy of drug-free treatment, and there was resistance because of the shortage of disposable equipment at medical services in general. Nevertheless, needles were distributed for the first time in 1988 by the largest non-governmental organization, Monar.

At the beginning of 1989, the Minister of Health and Social Welfare required provincial head physicians to appoint special centres to initiate the free distribution of injecting equipment and to allocate appropriate financial resources for that purpose.

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\* The present section is an abbreviated version of the article by Zenon Kulka and Jacek Moskalewicz, "Wpływ wymiany igieł i strzykawek na zakażenia HIV wśród narkomanów opiatowych w Polsce", *Alkoholizm i Narkomania*, vol. 1, No. 30 (1998), pp. 29-40. The authors wish to acknowledge the support provided by the WHO Regional Office for Europe.

## **Implementation of the policy**

In spite of these initiatives and of the growing number of needles and syringes distributed, the number of new infections among injecting drug users at first grew rapidly, from 12 in 1988, to 411 in 1989 and to 653 in 1990. In the years that followed, however, the number of new infections tended to decline and varied between 200 and 350 annually throughout the 1990s.

In 1996, a survey was carried out among relevant institutions to summarize the experience accumulated after several years of operating needle distribution schemes. The survey showed that the number of needles and syringes distributed had increased systematically, from over 12,000 in 1988 to between 200,000 and 300,000 each year by the mid-1990s. Despite some missing data, it is estimated that about 1.5 million needles and about 1 million syringes were distributed in Poland during the period from 1988 to 1996. From 1993 onwards, the distribution of needles and syringes among drug users was carried out in 36 of the 49 provinces of Poland, albeit with varying intensity.

Two thirds of the 165 respondents to the 1996 survey evaluated the programme for the distribution of injecting equipment among drug users very positively or positively; nearly one third either had no opinion or avoided a response. Only 5 per cent of respondents evaluated the programme negatively. In the opinion of most respondents, the programmes of needle and syringe exchange or even free distribution among drug users contributed significantly to the curbing of HIV, hepatitis B and other infections. Moreover, they argued that the exchange of needles and syringes enabled more frequent contact with addicts, with the first therapeutic interviews motivating users to undertake drug treatment and also treatment of accompanying diseases.

The respondents identified many obstacles:

- (a) Frequent lack of funds and, as a result, the need to limit the number of needles and syringes distributed or even to discontinue the programme for long periods;
- (b) Incompatibility between the size of the needles and syringes (often donated by charity organizations) and the drug user's needs;
- (c) Lack of understanding of the programme by the police and municipal guards, leading to confiscation of new needles and syringes from both drug users and the street workers who distributed them;
- (d) Need for street workers to work in pairs because of the possible aggression of drug users;
- (e) Difficulties in storing and disposing of used equipment;
- (f) Need to adjust the time and place of distribution of equipment to the users' needs;
- (g) Difficulties in meeting the health and social needs of drug users.

## **Outcome/output**

Some evidence exists that the provision of sterile injecting equipment may have impacted on the number of cases of HIV infection occurring among drug injectors: an analysis of data on HIV infection rates in Poland between 1990 and 1995 by region shows a statistically significant impact. Regions with higher rates of syringe distribution were found to have lower rates of HIV infection, even when the number of drug injectors was taken into account. Obviously, such analysis is complex and caution must be used when interpreting the results. Nonetheless, a relatively modest investment in providing sterile equipment appeared to impact positively in decreasing HIV infection among drug injectors.

## Lessons learned

- (1) A link between needle sharing and HIV infection was shown by a number of studies carried out in the latter half of the 1980s (Robertson and others, 1986; Des Jarlais and others, 1989). For this reason, the provision of clean injecting equipment as a component of the strategy to prevent an HIV epidemic was considered in Poland during the period 1987-1988, just prior to the identification of the first infections among injecting drug users. Immediate implementation of the innovative approach met resistance among professionals and health administration officials because of the prevailing attitudes towards drug-free treatment and the shortage of disposable medical equipment in general. Eventually, needle exchange programmes were implemented on the basis of various arguments: technical recommendations, signs of the coming epidemic, and initiatives taken by non-governmental organizations. Last but not least, the increased production of disposable equipment has played a role.
- (2) Similar to experiences of other countries (Normand, Vlahov and Moses, 1995; Stimson, Des Jarlais and Ball, 1998), the distribution of sterile needles and syringes contributed to the prevention of a rapid growth in HIV infection among injecting drug users in Poland. It must be stressed, however, that this impact relates not only to a lower probability of infection: the Polish experience demonstrates that the distribution of sterile equipment may prevent marginalization of drug users, attract hidden populations, provide the opportunity for direct contacts and education, and increase the likelihood of treatment being undertaken.
- (3) The relative success of the Polish policy in this area can be attributed to:
  - (a) Decentralization of action, including allocation of funds;
  - (b) Involvement of both public health agencies and non-governmental organizations;
  - (c) Cooperation with other stakeholders (e.g. police and municipalities).

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## Ukraine

### Five years of HIV/AIDS prevention among injecting drug users at the epicentre of the epidemic\*

<b>Activity:</b>	Mobilizing the involvement of institutions, societies and organizations in HIV prevention among injecting drug users
<b>Starting year:</b>	1996
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#### Funding

Projects on HIV prevention among drug users in Ukraine have been funded by several donors. For the past two years, the main source of such funding has been the Open Society Institute and its local partner, the International Renaissance Foundation, which have financed 14 of the 17 needle exchange projects, 8 commercial sex worker projects, 1 prison project and the harm reduction network (see chap. III, box 15), as well as training of media and law-enforcement staff. Further, UNAIDS, the Government of Germany and other international donors have also contributed funds for various projects.

#### Background

In 1995, multiple HIV epidemics among injecting drug users were registered in the southern regions of Ukraine (Odessa and Nikolayev) and in the Autonomous Republic of Crimea. One year later, epidemics were reported from all administrative regions of Ukraine.

A major challenge was that, at that time, the national legislation on HIV/AIDS did not allow programmes adequately to address the spread of HIV among injecting drug users, and therefore hampered the establishment of services for that target group. As a first step, the governmental AIDS Committee, in partnership with the WHO Global Programme on AIDS, convened a workshop in October 1995, with the aim of sharing international experience in HIV prevention among injecting drug users. A process of adapting national legislation was initiated in 1996, and resulted in a change to the existing law in 1998, which created favourable conditions for the implementation of a more comprehensive strategy for HIV prevention among drug users (see box 11).

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\* The present section summarizes experiences in various projects implemented in Ukraine between 1996 and 2000. It is based on information submitted by Lidia Andrushchak, UNAIDS Project Coordinator, Kiev; Lev Khodakevich, Team Leader, CPP/Europe at UNAIDS (UNAIDS Inter-country Programme Adviser for Ukraine during the period 1996-1997); and Yuri Kobyshcha, UNAIDS Inter-country Technical Adviser for Central and Eastern Europe. Correspondence should be addressed to the first author mentioned.

## Main activities

As a further immediate response to the problem, a pilot project on HIV prevention among injecting drug users was implemented in Odessa from 1996. This allowed the building of capacity among national experts to address HIV prevention among the major target group of young injecting drug users.

### Box 11. Law reform in Ukraine

The first Ukrainian law on AIDS prevention and social protection of the population was adopted in 1991 and was quite progressive for the time, introducing anonymous voluntary testing. It contained a number of provisions, however, which either created obstacles to carrying out preventive activities for vulnerable groups or made them impossible. For example, the law provided for compulsory and mandatory testing of some groups, among them injecting drug users. Also, the responsibility of the State to carry out preventive activities among the population was not mentioned.

The process of law reform was initiated in 1996 by the National AIDS Committee of Ukraine and carried out by a group of national experts (lawyers and physicians), under the supervision of the Parliamentary Committee on dealing with public health, maternal and childhood issues.

During 1997, the best legislative practices throughout the world concerning HIV/AIDS were analysed, and successful examples of the implementation of strategies for HIV prevention in other countries were studied. National practices were reviewed, in particular as regards whether the planned measures corresponded to existing Ukrainian legislation. The Ministry of Justice concluded that the main components of a harm reduction approach, in particular syringe and needle exchange, did not contradict national law. The decision to amend the existing law, introducing a number of articles directed specifically at HIV prevention among injecting drug users, was subsequently taken.

On 3 March 1998, an amendment to the law was adopted by the Parliament of Ukraine whereby the State would guarantee prevention of the spread of HIV among injecting drug users by creating the necessary conditions for the replacement of used needles and syringes with sterile ones (art. 4). Further, compulsory testing of injecting drug users was abolished.

The reform process provoked debate at the political, professional and public levels, and several obstacles had to be overcome. For example, considerable efforts were needed to overcome the fear of legislative bodies and individual parliamentarians that needle and syringe exchange would promote the use of drugs. The provision of public information and discussions about the change to national legislation played an important role in changing the negative attitude of the general population towards syringe exchange for injecting drug users, an attitude based on the lack of syringes available in many health-care institutions. The general public had to be persuaded that this activity was beneficial not only for the drug users but also, indirectly, for the entire population. The change in the legal environment made it possible to implement HIV prevention on a wider scale.

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The development of HIV epidemics among injecting drug users in other regions of the country soon resulted in an expansion of the preventive activities piloted in Odessa. In November 1997, representatives of both the regional and local administration in all 27 regions of the country were called to Yalta to attend an advocacy meeting.

At this meeting, strategies to prevent the spread of HIV from other countries, as well as information on the experience gained in the Ukrainian cities of Odessa and Poltava, were presented. This experience generated genuine interest, lively discussion and an

understanding of the harm reduction strategy among the participants, who agreed to lobby for support within their administrations.

Six cities confirmed their intention to implement projects on HIV/AIDS prevention among injecting drug users, using the peer education approach. Project implementation started with a political decision confirming the legality of the chosen strategy. Local implementers and partners were identified, including non-governmental organizations and governmental bodies such as regional AIDS centres, narcological clinics and providers of social services for youth. Local norms and regulations were adapted for the implementation of the strategy, project coordinators and working groups were trained and behavioural studies were carried out, accompanied by the provision of information and education.

### **Outcome/output**

As a result of the above-mentioned projects, a strategy for HIV/AIDS prevention among injecting drug users that is based on the principles of harm reduction has been integrated into local plans for AIDS prevention. Active local cooperation on HIV prevention has been established among non-governmental organizations, public health-care providers and other services that are professionally connected with drug users. Law-enforcement bodies (e.g. police patrol and sentry services, juvenile police and departments concerned with illegal drug trafficking) are recognized as important players in this area, and project implementers are working to achieve a better understanding and tolerance among the police.

UNAIDS worked with the decision makers at the governmental level and with the administrations of the cities in which the highest number of HIV-infected injecting drug users were registered. It provided support for a broad advocacy and information campaign and for the dissemination of international experience in the field, such as that concerning substitution treatment. It contributed to the training of Ukrainian professionals (see chap. III, case study of Ukraine) and drew the attention of international donors to the problem. On the basis of the recommendations made by UNAIDS, HIV prevention among injecting drug users was included in several local programmes on AIDS prevention.

Other HIV preventive activities undertaken in Ukraine include the project for the prevention of HIV/AIDS in prisons, which was started in 1997 and which led to the development of an innovative model that could be applied with benefit in other countries of the region (Gunchenko, 1999; Curran and others, 1999).

### **Lessons learned**

In less than five years, the attitude to the problem of HIV has changed among politicians, professionals and the public in Ukraine. It is now viewed as a many-sided social phenomenon rather than a purely medical problem.

This has been made possible by carrying out awareness-raising and advocacy activities among national and local decision makers, the systematic dissemination of information through the mass media, and the building of knowledge, capacities and skills among Ukrainian experts.

A main contribution to achieving attitudinal change was the process of law reform, which triggered a wide debate on drug use and approaches to HIV prevention. In this way, it was possible to overcome negative attitudes and long-standing misconceptions about syringe exchange.

The practical outcome of the five years of project-related work, made possible through external funding by the Open Society Institute/International Renaissance Foundation,

UNAIDS, the Government of Germany and other donors, is that projects on HIV prevention among injecting drug users based on harm reduction principles are currently available in 17 Ukrainian cities and a network of services has been established (see chap. III, case study of Ukraine).

During the above-mentioned process, many important lessons were learned regarding the prevention of HIV among injecting drug users, including:

- (1) Favourable national legislation is a main precondition for introducing and sustaining comprehensive HIV preventive interventions for injecting drug users.
- (2) Ongoing active information and advocacy work with the administration, mass media and specialists were needed to support the establishment of services.
- (3) The presentation in the mass media of the experience gained in local projects contributed to increased understanding and acceptance among the public of the adopted (and controversial) intervention strategies.
- (4) A coordinated and comprehensive approach to HIV prevention that involves all professional groups concerned, non-governmental organizations, law-enforcement agencies and representatives of the target groups is needed for the successful implementation of interventions.
- (5) The involvement of regional AIDS centres in the harm reduction programmes led to an important reorientation of their activities, from mere HIV testing to counselling and prevention.
- (6) The future focus of such work should be on sustainability, that is, strengthening understanding of the approach among the widest possible audience, building capacities in medical and social services throughout the country and creating a financial basis for the future.

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### **III. Training and networking**

#### **Introduction**

In order to maximize the effectiveness, efficiency and sustainability of strategies and interventions to prevent the transmission of HIV among injecting drug users, it is necessary to provide reliable, objective and evidence-based information and to improve the knowledge and skills of policy makers and practitioners, thereby expanding the pool of technical expertise. To this end, initiatives have been developed in many countries of the region to disseminate information on state-of-the-art approaches to HIV/AIDS prevention among injecting drug users, to increase networking and the exchange of information on lessons learned among experts working in the field and to provide continuous training of national experts.

The present chapter provides five examples of training and networking projects which make effective and cost-efficient contributions to information sharing, capacity-building and resource mobilization at the regional and national levels.

#### **Capacity-building and training**

In order to design and establish new services, the capacities of the existing health-care system must be reoriented so as to meet the needs of a comprehensive strategy on drug abuse and HIV prevention. Professionals need up-to-date information and training in providing diversified services to drug users and in HIV/AIDS preventive interventions in order to enable effective service delivery to the target population. Two examples of training projects are described in the present chapter.

A training programme to increase the knowledge about HIV/AIDS prevention among health professionals at governmental AIDS centres, narcological clinics and dispensaries, and non-governmental organizations from 60 cities in the Russian Federation was implemented between 1997 and 2000. Within the framework of the programme, rapid situation assessments of drug use were carried out in more than 63 cities. The effects of the training reach far beyond capacity-building among local experts and gaining a better epidemiological overview of the HIV/AIDS situation in the country: the training programme was linked to a grant mechanism and new HIV/AIDS preventive initiatives among injecting drug users in 34 cities could be established as a follow-up. This case study provides an excellent example of how to expand the coverage of HIV prevention among injecting drug users rapidly and systematically, based on a systematic assessment of local needs.

Responding to the increase in the demand for skilled staff in HIV/AIDS prevention in Ukraine and other countries, the International Training Centre was established in Odessa in 1997. It meets the qualification needs of Ukrainian and Russian-speaking experts, and has so far trained more than 300 experts from government, non-governmental organizations and law-enforcement bodies. Its team of trainers and its target groups of trainees include representatives of HIV-vulnerable groups. Among its other achievements are the development of a policy of cooperation with the mass media, and the compilation and dissemination of key materials on HIV/AIDS prevention among injecting drug users, that are useful and relevant in the specific social and political context of the Commonwealth of Independent States (CIS).

#### **Networking**

Networking among providers of HIV preventive services to exchange experience and lessons learned, and making available to a wider target audience up-to-date information about contemporary responses to the HIV epidemic, are both important contributions to the promotion of an effective response to HIV in the region. To illustrate the progress

that has been made in this field over the past few years, the present chapter contains examples of networking activities undertaken at the national, subregional and regional levels.

The Central and Eastern European Harm Reduction Network was founded in 1997 by 18 programmes, and has since then extended its membership to more than 100 organizations and individuals from 26 countries, including most countries of the region. It disseminates information through a list-server, provides information on member organizations on its web site and produces a printed newsletter. Knowing about each other's work through the Network's regular mailings, the members of the Network exchange information and lessons learned and support each other in solving project-related problems.

The Harm Reduction Network of the Czech Republic is presented as an example of a national network, covering 75 per cent of the HIV/AIDS preventive services in the country. It provides a platform for experts at the grass-roots level, where they can contribute to improving the quality of services by defining common standards. It fosters cooperation between non-governmental organizations and public bodies, and it channels input from the practice field that can inform national advocacy of HIV/AIDS preventive policies and interventions.

Box 15 contains a description of how the Ukrainian Harm Reduction Network uses new technologies to provide information on HIV/AIDS, drug use, and STI prevention and treatment. By means of Internet-based information dissemination and other projects, the Network aims to close information gaps among a Ukrainian and Russian-speaking audience of medical and non-medical staff in state and voluntary organizations, as well as among law-enforcement officials.

## Russian Federation

### Linking risk assessment and response to HIV/AIDS\*

<b>Activity:</b>	Training in harm reduction and rapid situation assessment
<b>Starting year:</b>	1997
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### Implementers and funding

The training programme was implemented by Médecins sans frontières—Holland which also provided the funding, together with the Open Society Institute, New York.

### Background

After a situation assessment during the period 1995-1997, Médecins sans frontières—Holland, together with the Ministry of Health of the Russian Federation, determined that there were three key requirements for effectively preventing HIV infection among injecting drug users: (a) the training of several hundred Russian doctors, governmental officials, staff of non-governmental organizations and former drug users in the methods that had proved to be successful in preventing or controlling HIV epidemics among drug users in other countries; (b) the establishment of preventive interventions in cities and regions throughout the nation; and (c) governmental policy support for those measures.

Médecins sans frontières—Holland worked with several national and international organizations in developing appropriate activities to meet the three requirements. The Ministry of Health, through its infectious disease and narcological departments, provided significant and practical advice and support in the implementation by Médecins sans frontières—Holland of its training programme and the selection of participants. In order to sustain the preventive activities that would emerge from the training programme, Médecins sans frontières—Holland formed a strategic alliance, the Russian AIDS Prevention Initiative—Drugs (RAPID), with the Lindesmith Centre (Open Society Institute—Russia) and Médecins du monde. Under the RAPID programme, participants who completed a rapid situation assessment in their city or region were invited to apply for technical assistance (provided by international advisers) and funding for HIV/AIDS preventive programmes from the Open Society Institute—Russia.

Médecins sans frontières—Holland and UNAIDS worked together on joint training efforts and the development of educational material in Russian prior to the training course and UNAIDS, within the framework of a broader contract with the Trimbos Institute, enabled the staff of the latter to participate in the design and delivery of the first three training courses.

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\* The present section is largely based on Burrows and others, 2000; Trautmann and Barendregt, 1994; and WHO, 1998.

## **Objectives**

The objective of the project was to provide training and support to 200 health professionals from cities in the Russian Federation and other cities in CIS member countries that would enable them to set up or improve HIV/AIDS preventive services for injecting drug users in their towns.

Teams from the cities usually consisted of three representatives, so as to ensure that each of the following sectors were represented: governmental AIDS centres, narcological clinics and dispensaries (governmental agencies for the treatment of alcoholism and drug addiction) and non-governmental organizations.

As part of the training, participants were asked to carry out a rapid situation assessment in their city or region as a major step towards the design and implementation of an effective programme to prevent HIV transmission among injecting drug users.

The main resource materials on which the training was based were the *Rapid Assessment and Response Guide on Injecting Drug Use* (draft for field testing) (WHO, 1998) and the *European Peer Support Manual* (Trautmann and Barendregt, 1994). The training course covered key aspects of HIV and STI prevention, rapid assessment and development of associated intervention, including methods of outreach and community-based HIV prevention; rapid assessment methodology; dissemination of assessment findings; programme planning, staffing and budgets; proposal writing and fund-raising; and methods for providing onwards training.

## **Main activities**

Each training course took place over a period of four months. It began with an initial training course of 11 or 12 days' duration, convened in Moscow. This was followed by 12 weeks' work by participants in their cities assembling a team and attempting to carry out a rapid situation assessment (with technical support provided by and city visits from staff and consultants of Médecins sans frontières, upon request and where feasible). The training concluded with a return training course of five or six days' duration, held in Moscow to discuss the processes and results of the rapid situation assessment in each city and the use of those results for initial programme planning. Each training course was scheduled to overlap, with the participants in the initial training course spending their last day listening to results of rapid situation assessments carried out by participants of the return training course.

After attempting and/or completing a rapid assessment, participants in the return training course discussed with training staff their ideas for HIV preventive programmes. For each city, participants were encouraged to develop programme goals and objectives, and to plan activities, staffing levels, internal and external information flows, data collection for evaluation and budgets. The return training course concentrated on the use of assessment findings for programme planning; development of an overview of programme planning; writing of grant applications; management and organization of HIV preventive activities; recruitment and management of staff; monitoring, recording and evaluation; local and regional networking; and materials and budgets. At the end of the return course, participants were encouraged to use the results of their rapid situation assessments and their programme ideas to apply to the Open Society Institute—Russia for further assistance with programme development and eventual funding for HIV preventive programmes under the RAPID programme.

## **Outcome/output**

The content of the training and the way the training was conducted have been useful in assisting participants from Russian (and other CIS) governmental and non-governmental

organizations to perceive the need for rapid situation assessments of HIV and drug use. Such assessments have become crucial in the light of the worsening HIV epidemic among drug users in the country and cities of the region. They have also understood the need to acquire the necessary skills and working methods to undertake rapid situation assessments.

Up to January 2000, representatives of 61 cities in Russia and 4 in other CIS countries have been trained and 63 rapid situation assessments completed. As at June 2000, the Open Society Institute—Russia had approved 34 applications, thus filling all available grant slots. The new programmes include a mix of stationary and mobile needle exchange programmes, outreach and group education activities for injecting drug users, preparation and distribution of specific educational material for injecting drug users, referrals and provision of other, mainly medical, services. The grants were provided for one year, with possible renewal for a further two years.

### **Evaluation**

To conduct a comprehensive training programme and to integrate it with further capacity development and funding activities has had a greater practical impact than the many short training courses on harm reduction and HIV prevention that have been offered in Eastern Europe and elsewhere.

A programme established specifically to fund HIV preventive initiatives in the Russian Federation was a powerful incentive for city administration officials to support both rapid situation assessment and an eventual programme. This is the greatest benefit of a strategic approach in which training, funding, technical assistance and advocacy are linked.

At the beginning of 1998, there were four HIV preventive interventions being carried out among injecting drug users in the Russian Federation. The 34 programmes subsequently set up meant an increase of 900 per cent in projects on HIV prevention within three years.

### **Sustainability**

The experience and knowledge acquired through the training will be sustained. After the termination of the programme early in 2000, all acquired knowledge and experience (materials, training schedules and documentation) were handed over to the Medical Academy for Post-Graduate Studies of the Russian Federation. Henceforth, the training will be carried out as part of the ongoing vocational training of narcologists in Russia.

The training programme serves as a model for further international assistance. Its structure, which combined rapid assessment and response methods and training within a strategic framework and which also included additional technical assistance and funding, serves, to a considerable degree, as a model for a World Bank loan that is under negotiation with the Government of the Russian Federation.

### **Lessons learned**

- (1) The programme implementers have observed that the above-mentioned type of training approach appears to influence the attitudes and behaviour of participants in addition to transferring knowledge and skills.**

The training programme has stimulated collaboration among health, law-enforcement and other administrative agencies at the city and regional levels, Ministry of Health structures at the federal level, governmental structures, non-governmental organizations and international agencies.

(2) **Interdepartmental cooperation at the city and national levels was increased.**

A major benefit of carrying out local rapid situation assessments lay with the political process of raising the issue of HIV prevention among injecting drug users both with decision makers and the general community, and gaining support for interventions.

The rapid situation assessment is a practical step that, together with training and city visits, the participants felt capable of undertaking. It was also a non-committal step: by undertaking such an assessment, the participants were seeking information on a topic for which they had some responsibility in their cities, rather than talking about needle exchange or other contentious issues from the very beginning. While seeking support for the assessment, and during city visits by training staff, contentious issues were raised in the context of assessment data that showed rapid increases in drug-injecting and high levels of risky behaviour as regards HIV transmission.

By seeking support and information from various agencies in the city, an educational process occurred in which important decision makers from several sectors were shown the dimensions of the problem and were introduced to strategies that could be used to combat it.

When the results of the rapid situation assessments were used to design programmes, all of the important decision makers were at least aware of the rationale for the proposed programmes.

(3) **The training took into account the specific circumstances in the country.**

The factors that were particularly taken into account were: a high level of education among professionals who continue to suffer from a very limited access to international best practice owing to 70 years of isolation; collapse of old structures and transition into new ones; and booming medical needs at a time when there were very few international organizations present.

(4) **The training was cost-efficient.**

Repeated internal evaluations and audits performed by Médecins sans frontières and external evaluators indicated the efficient use of available human and financial resources.

(5) **As a timely and comprehensive early-outbreak intervention, the training programme will contribute to the development of a national strategy to contain the epidemic of HIV among injecting drug users.** The 34 recently established projects on HIV prevention will receive advanced technical assistance to improve further their performance and effectiveness, and will serve as model projects for future initiatives.

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## Ukraine

### Exchange of best practice and networking in the Commonwealth of Independent States

**Activity:** International Training Centre, Odessa

**Starting year:** 1997

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#### Implementers

The project is implemented by the non-governmental organization (public movement) Vera, Nadezhda, Lyubov (Faith, Hope, Love), in partnership with the Ukrainian Ministry of Health, the State Centre of Social Services for Youth and the National AIDS Centre.

#### Funding

The main donors are the World AIDS Foundation and UNAIDS. Some activities of the training centre were funded by UNICEF, the British Council and the Lindesmith Centre, a project of the Open Society Institute.

#### Background

In 1996, HIV/AIDS preventive efforts among vulnerable groups were stepped up considerably in Ukraine (see Ukrainian case study in chap. II), which led to a significant increase in the demand for skilled staff.

In response to the need for training in areas of the larger geographical region, the International Training Centre was set up in Odessa in 1997. The design of the Centre's activities acknowledged the similarities in the development of the epidemic in CIS member countries and the fact that there is no language barrier.

#### Objectives

The following objectives, for both Ukraine and other CIS countries, were defined:

(a) Mobilization of resources for the expansion, strengthening and further implementation of HIV/AIDS preventive activities in vulnerable groups (in particular injecting drug users and female sex workers);

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(b) Conduct of informative methodological workshops for staff of projects on HIV/AIDS prevention, aimed at the exchange of information on best practice, the development of mechanisms for cooperation and the increased effectiveness of the projects;

(c) Increasing the knowledge of professionals with regard to working with vulnerable groups;

(d) Strengthening of intersectoral cooperation in order to support the implementation of projects.

### **Main activities**

The Training Centre is managed by a team composed of the project coordinator and two specialists on the prevention of HIV/AIDS among vulnerable groups (i.e. injecting drug users and female sex workers), and has a team of trainers and a technical team. Its target groups are representatives of governmental and non-governmental organizations from CIS countries, as well as representatives of groups at risk.

Training programmes have been developed in accordance with the objectives of the Centre, and are focused on sharing Ukrainian and international experience in HIV/AIDS prevention among vulnerable groups with national experts and with experts from other countries.

**Topics.** The training covers the following topics: (a) intersectoral cooperation; (b) methodology of rapid assessment of HIV epidemics; (c) design of responses on the basis of the assessment (e.g. production of information materials for, and their dissemination to, target groups, organization of needle exchange and condom distribution work); (d) principles and approaches, and organization of work with vulnerable groups (e.g. outreach, working with volunteers); (e) resource mobilization; (f) monitoring and project evaluation; and (g) structure and preparation of funding proposals.

**Methodology.** Training programmes are based on the methodological recommendations of WHO on preventing HIV infection among risk groups (see chap. I, box 3), complemented by additional methodological recommendations and training modules based on national experience and developed by the trainers. The methodological modules are complemented by practical ones that test and apply knowledge obtained at project sites in Odessa. Participants are provided with a package of information and training materials.

**Trainers.** The courses are conducted by the team of trainers and leaders of the two local preventive projects and a team of specialists from the regional health administration, the Department of Internal Affairs and a research institute, as well as representatives of groups vulnerable to HIV (injecting drug users and female sex workers).

**Equipment.** The Training Centre is equipped with computers, television and video equipment, facsimile and Internet connections, and has a library. The library collects materials on the best international, national and local experience and at present holds over 500 documents on HIV/AIDS prevention among injecting drug users published in Ukraine, CIS countries and overseas. These materials have been used to prepare the comprehensive package of 40 items of information and training material that is handed out to all participants in the training seminars (see box 12).

#### **Box 12. Information and training package of the International Training Centre, Odessa**

To successfully implement projects on HIV/AIDS prevention, the support of administration, professionals and the general population is essential. A first step for those who want to establish such projects is to provide their partners with useful and up-to-date information on the topic; however, for many organizations which want to start work in the field, access to the

methodological and other information materials that could support them in that task is very limited.

These facts were taken into account by the Centre when it prepared a comprehensive information kit, which contains more than 40 items of material on the following issues:

- (a) Legislative and legal documents that regulate the implementation of preventive work among vulnerable population groups;
- (b) Information material about national and international experience in HIV/AIDS prevention among vulnerable groups;
- (c) Documentation on methodological standards and recommendations;
- (d) Examples of information and educational materials (i.e. brochures, leaflets, posters and handbooks that have been developed and published by various projects).

### **Outcome/output**

**Training courses.** A series of meetings, round-table meetings and specific training seminars was conducted by the Training Centre as part of two major courses which focused on HIV prevention among the target populations of injecting drug users and female sex workers:

- (a) The course on prevention of HIV/AIDS among injecting drug users included one round-table meeting and five training seminars which involved 215 representatives of governmental and non-governmental organizations from Odessa and other Ukrainian oblasts (administrative regions), as well as from Belarus, Georgia, Moldova, the Russian Federation and Uzbekistan, and was based on experience of the pilot project in Odessa;
- (b) A specialized training course on HIV sentinel surveillance was attended by 20 experts from Ukraine and Moldova;
- (c) The course on prevention of HIV and STD among female sex workers included a conference with 20 participants and a seminar involving 45 participants from Ukraine, Belarus and Moldova;
- (d) A new training course on the prevention of HIV/AIDS among men who have sex with men is currently under development.

**Trainees.** Among the participants of the courses were representatives of various governmental bodies (61 per cent) and non-governmental organizations (29 per cent), who were working or were planning to work with population groups at risk of HIV. Governmental officials, law-enforcement staff, media professionals and health and counselling specialists, as well as representatives of vulnerable groups, were involved.

**Evaluation by participants of training activities.** Each training seminar was evaluated by its participants, and a brief analysis of results shows that content and working methods were considered to have been of high quality. The topics discussed were considered highly relevant and closely related to the professional occupation and interests of the participants. The information and training package was positively evaluated, both for its quantity and quality. All participants indicated that the seminar had helped them to increase their professional knowledge.

**Dissemination of information and educational materials.** More than 2,700 copies of the information and training package were distributed among the seminar participants, administrative bodies, law-enforcement bodies, health system specialists, social services for young people and various non-governmental organizations.

**Mass media.** The Centre has developed an active policy towards the mass media (see box 13), which resulted in regular coverage of its activities. A press conference forms part of the programme of each training event.

**Box 13. Media policy of the International Training Centre, Odessa**

In order to ensure the dissemination of information on the seminars and other activities of the International Training Centre in Odessa and to raise awareness of HIV/AIDS among the general population and among vulnerable groups, the Centre developed a mechanism to involve the mass media.

When the Centre was still in its planning stage, an information letter explaining its goal, objectives and activities was produced and sent to the major news agencies, and television and radio stations. This provided an opportunity for the Centre's management to establish contacts and links with the mass media.

Journalists are informed on a regular basis of all events that take place at the Centre and the agendas of the seminars and are provided with detailed information on the specific topics to be discussed. This has encouraged many of them to meet with the organizers, trainers and participants both on the opening day and during the course of the seminars. A press conference to discuss the issues addressed during training forms a regular part of the agenda of all seminars held at the Centre.

By means of this specific press policy, the Centre has been able to raise its profile and to draw attention to activities in the field of HIV/AIDS prevention throughout the region.

**Follow-up projects.** An analysis of the follow-up activities of the participants in the first course (on injecting drug users) showed that new projects had been set up in 10 Ukrainian cities, with the financial support of the Open Society Institute and its local partner, the International Renaissance Foundation. This brought the number of cities in which there are HIV preventive interventions among injecting drug users to 17.

After the second training course, experts in 11 Ukrainian cities started to implement projects for sex workers (bringing the number of cities in which HIV and STD preventive activities are carried out among female sex workers to 12). Concrete follow-up activities also took place in Belarus and Moldova.

The HIV sentinel surveillance training led to the development and introduction of a national sentinel surveillance strategy as a vital component of the HIV/AIDS surveillance system and of research in six regions in Ukraine; studies have so far been conducted among eight sentinel groups.

**Networking with other institutions.** In addition to its partnerships with the Ministry of Health, the National AIDS Centre, the Institute for Social Research and the State Centre of Social Services for Youth, the Training Centre has built further alliances with national and regional bodies. These include the Ukrainian Association for Family Planning, the Health Department of the Odessa Regional State Administration, the regional narcological dispensary, the Regional AIDS Centre, and the regional militia.

**Sustainability**

The management of the Centre assumes that provision will be made for training materials, seminars and workshops in the State budget, under the regional HIV/AIDS programme (2001-2004) for Odessa.

Future training will, at least in part, be funded by contributions from the trainees and/or their organizations, but it is hoped that the Centre will also in future be financially supported by its international sponsors, the World AIDS Foundation, the United States

Agency for International Development, UNICEF and the Open Society Institute/Lindesmith Centre).

### Lessons learned

- (1) **Design and implementation of training courses.** Through the involvement of a multisectoral team of trainers, the Training Centre was able to demonstrate to training participants how different organizations cooperate in HIV/AIDS prevention among injecting drug users. This was of great significance, since it vividly demonstrated that a multisectoral approach to HIV/AIDS prevention among injecting drug users is not only feasible, but essential. The involvement of trainers representing law enforcement, health administration, non-governmental organizations and vulnerable population groups contributed to the positive evaluation of the seminars by the participants.

The credibility of the transmitted information was in particular supported by the involvement of representatives of vulnerable groups in the design and implementation of the training. They were an important source of practical knowledge for participants on how to organize their work with the target groups.

According to the participants in the training seminars, the exchange of lessons learned and best practice and the multisectoral approach and competence of the trainers increased their understanding of the role and value of HIV/AIDS prevention, based on principles of harm reduction.

- (2) **Output to which the training contributed.** The experience of the Training Centre shows that well-designed training courses that cover relevant topics can make an important contribution to the development of new activities in HIV/AIDS prevention among injecting drug users in the region.

The Centre has existed for only three years, and the longer-term effects of the training strongly depend upon the success of the trainees in raising funds for their future projects. As described above, however, the results of the training are visible in Ukraine, as well as in other countries.

#### **Box 14. Using the Internet for HIV/AIDS prevention: the Ukrainian Harm Reduction Network**

The Internet provides a wealth of information about HIV/AIDS and sexually transmitted infection (STI), as well as drug prevention and treatment. Most of the material is, however, published in languages that are neither spoken nor understood by most of the staff of projects on HIV/AIDS prevention in Ukraine and other Eastern European countries. Information remained inaccessible. This prompted the Ukrainian Harm Reduction Network to establish its own Internet server, and to provide information in Ukrainian and Russian so as to reduce the language barrier in access to information.

**Target groups.** The following groups are targeted: (a) staff of non-governmental organizations working in the field of HIV/AIDS and drug prevention; (b) medical and non-medical staff in public health institutions; (c) staff of law-enforcement agencies; (d) employees within the governmental social services; (e) persons living with HIV/AIDS and the members of their families; and (f) family members of persons who belong to groups at risk of HIV/AIDS.

**Objectives.** It is hoped that through this service, knowledge about prevention, treatment and measures to reduce the spread of HIV/AIDS, STI and drug use will increase among the above-mentioned professional groups, representatives of vulnerable groups of the population and members of society as a whole.

**Information and services provided.** The Network publishes information, news, updated statistical data and information on projects on HIV/AIDS and STI prevention and their activities,

and provides print-ready copy of leaflets, brochures and newspapers in portable document format (PDF). Information about potential donor organizations for HIV prevention and on training possibilities is shared, as are translations of relevant foreign publications and articles. Medical freeware and shareware that can be downloaded are also made available. All materials are also copied on multimedia compact disks, to make them accessible to projects and experts with no access to the Internet. The compact disks are distributed by mail.

**Funding.** The server started up on an experimental basis on 15 May 2000, and the site was visited 350 times during its first two months of operation. After this successful pilot phase, the project has, since July 2000, been funded by the Open Society Institute (New York) and the International Renaissance Foundation (the national Soros Foundation in Kiev). The approximate cost is 6,000 United States dollars per year, one quarter of which is used for mail delivery of the compact disks.

To achieve financial sustainability is the most difficult problem for all Ukrainian non-governmental organizations working in the field of HIV/AIDS prevention. In the case of a server, however, it seems to be relatively easier to find donors, and efforts are under way to find support for the establishment of other sites in the future.

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## Central and Eastern Europe

### Peer advice for HIV preventive services through a regional network

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#### Implementers

The Central and Eastern European Harm Reduction Network is implemented by its members, namely, projects on HIV prevention among injecting drug users and individuals interested in harm reduction in countries of central and southern Europe and members of the former Union of Soviet Socialist Republics.

#### Funding

Until December 1999, the Network received funding from the International Harm Reduction Development Program of the Open Society Institute, New York. Between December 1997 and May 1998, an office at the UNDP premises in Warsaw was allocated to the Network, and UNAIDS financed a part-time position of assistant during five months in 1998.

#### Background

The Network was founded at a meeting of representatives of 18 harm reduction programmes and other organizations from seven countries of the region, held in Warsaw in June 1997, when the mission statement (see box 15) was adopted and a steering committee of nine members established. The Steering Committee is assigned one paid position, that of Coordinator. The first meeting of the Steering Committee was held at Ljubljana in September 1997, by which time several organizations had expressed their support for the Network: UNAIDS, the Lindesmith Centre (a project of the Open Society Institute), UNDP Warsaw, the Netherlands Institute of Mental Health and Addiction (the Trimbos Institute) and the Asian Harm Reduction Network.

#### Box 15. Mission statement of the Central and Eastern European Harm Reduction Network

##### General statement

We, the participants of harm reduction programmes for non-medical consumers of drugs, have founded this association in order to develop and implement common policies to benefit the health and well-being of individuals living in Central and Eastern European countries and in the newly independent States.

### **Aims of the Central and Eastern European Harm Reduction Network**

1. To work with all governmental organizations and non-governmental organizations and other associations towards the development and support of activities in the field of prevention and reduction of all harm related to non-medical drug use, especially HIV infection.
2. To evaluate efficiency of harm reduction programmes in the region, to publicize the results of these activities and to inform communities, Governments and the international community of the situation in these countries.
3. To support humanization of the response of society towards drug consumers and people living with HIV or AIDS in order to prevent them from being marginalized, to prevent the growth of social tension and to protect their irrevocable human rights.

The association was founded on the principle of respect for the cultural and religious traditions of different nations and peoples, and the right of all people to be provided with medical and social assistance.

We welcome as members any individuals, programmes and organizations which subscribe to these principles.

### **Objectives**

The main goal of the Network is to reduce drug-related harm, in particular the spread of HIV among drug users in the region (see box 15, aim 1). Its role is to empower its members to respond better to the needs of their clients.

The overall objective of the Network is to develop and maintain communication among harm reduction projects and professionals in the target region, and to enhance the exchange of information, the acquisition of knowledge and cooperation.

Its immediate objectives are:

- (a) To provide members with up-to-date information on HIV prevention, based on the principles of harm reduction;
- (b) To support them in successfully implementing preventive activities among drug users.

### **Main activities**

In September 1997, the Steering Committee established a work plan for the ensuing two years, which contained a set of concrete activities for the Network, including, among others: (a) the dissemination of relevant information via email or mail; (b) the establishment of a Network web site; and (c) the production of a Network newsletter on harm reduction activities.

It was further decided that the Network should establish working teams on specific issues and support its members through the dissemination of information on funding sources.

### **Outcome/output**

The main purpose of the Network—and the main use that its members make of it—is to learn of other projects and people, to exchange information and knowledge on relevant topics, projects, or problems encountered. Networking makes project staff aware that there is someone doing the same type of work that they do and searching for solutions to problems with which they are familiar. To exchange lessons learned from fieldwork and from policy and strategy development, is the key aim of the Network and it occurs informally, as peer advice in direct communication among members.

One of the main achievements of the Network is its having enabled project staff to find answers to their questions and giving them the opportunity to provide support to others on the basis of their own experience. This exchange has been extremely useful in preventing the syndrome of “burnout” that such challenging work frequently brings about. Even a short note, such as “Haven’t heard about you for ages. Do you still run your project?” or “Did you succeed last time with this and that?”, makes people feel that they are not isolated. The technical documents in list-server mailings have been found useful in the preparation of reports, a grant proposal or a presentation.

Further:

(a) By mid-2000, the network had extended its membership to 114 individuals and organizations from 26 countries. It reaches 19 countries in the region;

(b) In February 1998, a web site and list-server were established. Since then, Network members and other subscribers have received around 300 items of material on harm reduction, HIV prevention and other drug-related topics. The web site provides information on member organizations and their projects;

(c) Three issues of the bilingual (Russian-English) newsletter have been published and 500 copies were mailed to Network members, supporters and international organizations. Each newsletter addresses a specific key theme;

(d) Three working teams were established to support the editing of the newsletter and the administration of the Network;

(e) Information about funding sources, grants, fellowships, training possibilities and conferences, up-to-date information on the HIV situation in the region, and information on the activities of individual projects was disseminated through the list-server.

A further achievement of the Network is that the international community has been informed about the activities of its members and about the drugs and HIV/AIDS situation in the region. This was accomplished through active participation in international working groups (among them the UNAIDS Task Force, Global Voice, the Global Research Network on HIV Prevention among Injecting Drug Users of the United States National Institute on Drug Abuse and the International Harm Reduction Association).

### **Sustainability and future challenges**

Language is still an important obstacle to communication but, in the summer of 2000, simultaneous list-serving for Russian-speaking members of the Network was started. Not all Network members have email, and their main information source remains the newsletter. For a member of the Steering Committee to participate in the management of the Network, good technical equipment is essential. The number of projects that are presented on the web site is still small. Because of financial limitations, no meeting of Network members or renting of own-office facilities could be realized. The financial sustainability of the Network is not guaranteed.

The history of harm reduction projects in the region is short, and projects need further methodological support as well as up-to-date information since very little information is available in most areas. The region is large, and the HIV problem is not homogenous throughout the region, which raises the question of whether there should be the one, regional network. It is likely that the availability of new funding will be based on competing subregional initiatives. On the other hand, members have made extensive personal contributions to the Network and appreciate belonging to this internationally accepted organization.

A future challenge for the Network will be to encourage and support the evaluation of the efficiency of projects on harm reduction and HIV prevention: an important objective which has not yet been tackled and for which there is a lot of demand.

### Lessons learned

- (1) **The Network and its instruments are a cost-efficient and rapid way of disseminating information to key actors in the region and beyond.**

The Network enables its members to obtain up-to-date information on HIV and harm reduction and has been used to establish cooperation, to win allies, to obtain advice on professional questions and to receive support in difficult situations. Over the three years of its existence, membership in the Network has become increasingly attractive, with 114 individuals and organizations registered as members, 101 of them based in 19 Central European and newly independent States and 13 countries of other regions.

- (2) **Important developments have taken place with regard to the membership.**

When the Network was founded in 1997, its members were from Central Europe. Many of them were non-governmental organizations which had some experience in drug prevention and drug-free treatment and had extended their scope of action into harm reduction. In 2000, most members were from the three countries with the most severe HIV epidemic in the region, namely, Moldova, the Russian Federation and Ukraine and were recently established non-governmental organizations working in the field of HIV prevention, most of them funded by donors such as the International Harm Reduction Development Program, Médecins sans frontières—Holland and Médecins du monde. It is considered positive that these new members became involved in the Network at the earliest stage, recognizing the great potential for improving knowledge and acquiring relevant information through regional information sharing.

- (3) Through the active participation of its members in many international events and organizations, **the Network has won international acceptance.**

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## Czech Republic

### **Empowering workers at the grass-roots level to develop service quality standards and to contribute to advocacy**

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#### **Implementers**

The Harm Reduction Network of the Czech Republic is one of the key activities of the Harm Reduction Section of the Association of Non-Governmental Organizations. The Association was established in 1994 as an umbrella organization for non-governmental providers of drug demand reduction services in the Czech Republic, serving as the partner of governmental bodies in the planning of the national drug strategy and its implementation. Alongside other topic-specific arms (e.g. for treatment and primary prevention), the Network represents organizations and professionals within the Association and operates as a legal part of the umbrella organization, with clearly specified rights and responsibilities.

Fifty-two individual services—75 per cent of all harm reduction services in the Czech Republic—participate in the Network and cover most of the major towns and regions. Nineteen non-governmental organizations are involved in the decision-making process of the Harm Reduction Section as official (paying) members. All other members have the status of partners, which allows them to participate in all events.

#### **Funding**

Membership in the Network is voluntary; the fee of 120 United States dollars per member organization is used mainly for communication costs. The Network is administered through the Association, which keeps costs low. Funds to cover work on specific tasks for the Network are raised through its other activities and projects, for example, training and organization of conferences.

#### **Objectives**

The main objectives of the Network are:

- (a) To increase the quality of harm reduction services in the Czech Republic;
- (b) To enhance cooperation among non-governmental organizations, and between non-governmental organizations and public bodies;

(c) To advocate for HIV/AIDS prevention, based on the principles of harm reduction.

### **Background**

Responding to the steadily increasing number of harm reduction service providers among its members during the 1990s, the Association set up a working group of representatives of key regional harm reduction centres in 1997. The task of this group was to prepare for the establishment of an official national platform that would provide HIV/AIDS preventive services to drug users, based on the principles of harm reduction. The working group conducted a national assessment of the needs of providers as regards cooperation, information, training and networking, and elaborated proposals for the priorities and activities of the Harm Reduction Section. These documents, reflecting the needs directly expressed by service providers, were discussed and adopted during the first General Assembly, held in 1999, when the Network was formally established and a chairperson elected.

### **Main activities**

To improve the quality of harm reduction services, the Network: offers systematic training to build professional capacity; makes up-to-date information available to practising professionals and service planners (by means of its web site and mail); and organizes conferences and topic-specific seminars and meetings to enable members to exchange experience.

To increase cooperation between non-governmental and governmental organizations, the Network provides consultative services on the planning of national and local drug strategies and actively supports their implementation. In addition, the Network initiates and participates in the elaboration of national standards for service delivery and evaluation, systems of accreditation, licensing and funding of non-governmental organizations.

The advocacy activities of the Network are directed at: the general public, policy makers, service providers and practising professionals in the health and criminal justice system. The Network publishes reports and articles on harm reduction, translates key documents and conducts targeted media activities (e.g. training of and onsite visits by journalists). Meetings of the Board of the Network and of task-oriented working groups are held every three months.

### **Outcome/output**

The Network has organized two major national conferences on topics related to harm reduction, which were held in May 1998 and June 1999. Continuous training is organized within the framework of an official training curriculum. Specific topical training events are organized by regional or task-oriented groups of member organizations. In 1999, 500 persons, including regional harm reduction coordinators, service providers and prison staff, have been trained.

The Network makes a wide range of topic-related information available on its web site (<[www.sananim.cz](http://www.sananim.cz)>), which also offers a platform for communication, public relations and advocacy, references to technical documents, news, media monitoring, information on training opportunities and other practical information (e.g. on the treatment slots available at treatment centres and outpatient clinics).

Through its umbrella organization, the Association of Non-Governmental Organizations, the Network maintains direct links to the National Drug Commission, the National Epidemiology Focal Point, the Prison Service and other governmental bodies

as well as non-governmental associations, for example, the Prague Coalition of Non-Governmental Organizations.

The Network is used as a pool of expertise: it is a consultative partner of government on topics related to harm reduction, and its members are involved in various tasks and projects at the governmental level. The Network established its own quality standards for the projects of its members and monitors and evaluates its work by undertaking periodic questionnaire surveys of its activities (i.e. its web site, training and conferences).

### **Lessons learned**

Since its founding in 1998, the Harm Reduction Network of the Czech Republic has developed into an active national platform for policy advocacy, cooperation and networking, as well as for capacity-building in the field of HIV/AIDS prevention among drug users. Its activities have contributed to the development of the national drug policy, to service coordination and licensing, and to improved communication and cooperation between the governmental and non-governmental sectors, as well as among non-governmental organizations. One of its major achievements is the provision of training and education to the staff of drug services and the prison system.

The key lessons learned are:

- (1) Cooperation among services and organizations has been of benefit to all those involved.
- (2) Combining the forces of individual service providers under the umbrella of a network has provided a much stronger basis for advocacy activities.
- (3) The Network was able to speed up the process of developing effective policies and strategies, and of implementing them on a national scale.
- (4) To develop better and more effective services, bad and good practice and experience should be shared among all members.
- (5) Capacities have been increased, mainly with regard to the provision of effective and client-oriented professional services.

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## **IV. Conclusions: challenges and lessons learned**

### **Background**

Profound social and economic change in Eastern Europe and Central Asia have created conditions that make the countries of those regions particularly vulnerable to drug use and the spread of HIV. Analysing the determinants of the HIV/AIDS epidemics, a report (MAP, 1998), which draws upon the work of epidemiologists and social researchers from the region concluded that the region was confronted with several simultaneous epidemics and trends, namely, drug use, HIV, prostitution, and classic sexually transmitted disease, noting that AIDS programme managers and epidemiologists had followed the various HIV epidemics since the 1980s and monitored the spread in different populations, including foreigners, children, men who had sex with men and, more recently, injecting drug users. The report stressed that risk behaviour certainly existed before the break-up of the former Union of Socialist Republics, but that political changes had exacerbated the situation, leading to a rapid increase in the numbers of people practising high-risk drug and sexual behaviour, which was creating the conditions for rapidly growing HIV epidemics. The report noted that there were large vulnerable populations which were not yet HIV-infected, including many young people who were either already injecting drugs and engaging in unsafe sexual behaviour or who might start doing so in the future.

The rapid spread of HIV among injecting drug users has been documented for some countries of the former Soviet Union since 1995. Although the absolute number of cases is still small in many countries, the risk of further spread of HIV within the group of injecting drug users and into other parts of the population is considered to be high (UNAIDS, 2000).

In the mid-1990s, the situation in Central and Eastern Europe and the Central Asian States presented particular circumstances that are worth noting: limited experience with drug abuse and associated problems; predominance of interdiction approaches; societies in transition with the accompanying social problems, and rapid dissemination of injecting drug use, high-risk behaviour and potential for HIV transmission. In view of this situation, several Governments, supported in many cases by international organizations, responded to the urgent need to act to prevent HIV among injecting drug users. This meant the development of new, in some cases controversial, approaches, and work towards their legitimization. As a first step, measures aimed at the avoidance of HIV transmission were assigned priority. Progressively, the need to diversify services for drug users and offer a wider range of approaches was recognized. The need to develop comprehensive drug demand reduction programmes, a component of which is prevention of the health and social consequences of drug abuse, in particular HIV infection, was understood. There is now a need to diversify and expand services. At the same time, the different interventions and components need to be monitored and evaluated in order to determine the relative importance of each so as to accumulate further knowledge of which models will have a stronger impact on the prevention of HIV infection among drug users.

### **Common challenges**

As part of the preparation of the present booklet, 22 representatives of projects on HIV prevention among injecting drug users met at Minsk, from 13 to 15 July 2000, to discuss common challenges and lessons learned (UNDCP, 2000). They identified several issues that would need to be tackled with regard to development and implementation of strategies for HIV prevention among injecting drug users. The discussions showed that

there is high awareness among project implementers that a comprehensive interventive strategy for HIV prevention requires, as in other fields of health promotion, an integrated approach to encouraging individual, community and political action (Rhodes, 1996).

### **Policy issues**

Common challenges at the policy level were identified as: (a) awareness-raising and advocacy; (b) strategic planning of a multisectoral response; (c) design of implementation policies that are able systematically to broaden and diversify existing treatment and care approaches, including reducing the health and social consequences of drug abuse; (d) situation analysis of available resources and needs assessment; and (e) sustainability.

### **Project implementation**

With regard to the implementation of preventive interventions, the experts considered the involvement of non-governmental organizations and the target population as vital, and the establishment of broad local alliances and constructive partnerships with all stakeholders was viewed as a major challenge. This included relationships with the local administration, the police and providers of health care from the state and non-governmental sectors, as well as representatives of the target populations. To improve services on the basis of local assessments and to tailor them towards the target population was viewed as a further challenge.

### **Lessons learned**

The following joint statement,\* summarizing key principles of effective HIV/AIDS prevention, was elaborated by the participants in the meeting held in Minsk:

#### **“Key components of effective prevention of HIV/AIDS**

- “(1) A national strategy, policy and action plan, focused on effective interventions and targeted at groups at most risk of HIV/AIDS, has to be elaborated, agreed and implemented in every country, in close cooperation with, and with the participation of, all relevant parties, organizations and individuals (e.g. representatives of the governmental, private, non-governmental, expert and local sectors). The plan should include general and short-term objectives, concrete tasks and expected results, and should clarify responsibilities, concrete interventions and evaluation procedures.
- “(2) Effective and targeted interventions, focused on the reduction of specific harm and on specific preventive activities, have to be identified and implemented in every place, environment, community or region in which risk behaviour, environment or conditions are reported, occur or are predicted. The principles for these interventions have been identified in the WHO publication, *Principles for Preventing HIV Infection among Drug Users*.<sup>a</sup>
- “(3) The following elements are crucial to effective action and success:
  - “(a) The involvement of all sectors of society, including individuals, the family and the community;

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\* The statement was developed by a subgroup of participants, on the initiative of Jiri Richter of the Harm Reduction Network of the Czech Republic. It was circulated to all participants for comment and finalized after the meeting.

- “(b) The involvement of all professionals from all relevant agencies (social, health, law-enforcement and criminal justice), as well as those who are affected by or at risk of HIV/AIDS;
- “(c) Activities and interventions must be focused on knowledge and awareness, changing skills, attitudes and behaviour;
- “(d) To be effective, interventions must be locally oriented, focused on individual needs and periodically revised and changed according to the actual situation.

“Notes

“<sup>a</sup>World Health Organization, Regional Office for Europe (Copenhagen, 1998).”

**References**

MAP (Monitoring the AIDS Pandemic Network) 1998, *The Determinants of the HIV/AIDS Epidemics in Eastern Europe*, Veyrier du Lac, France. [MAP reports are available through the following web sites: <[www.fhi.org](http://www.fhi.org)>; <[www.hri.ca/partners/fixcenter](http://www.hri.ca/partners/fixcenter)>; and <[www.unaids.org](http://www.unaids.org)>.]

Rhodes, T. 1996, Individual and community action in HIV prevention. An introduction, in T. Rhodes and R. Hartnoll, *AIDS, Drugs and Prevention*, Routledge, London and New York, pp. 1-9.

UNAIDS 2000, *Report on the Global HIV/AIDS Epidemic*, UNAIDS, Geneva.

UNDCP 2000, Meeting on lessons learned on the prevention of the transmission of HIV/AIDS among injecting drug users in Central and Eastern Europe and Central Asia, Minsk, 13-15 July 2000, Final meeting report dated 7 August 2000, Internal working document, Vienna.

## Glossary

**Harm reduction principles.** In the present document, the following three principles are referred to as “harm reduction principles”:

- (a) Reaching out to injecting drug users;
- (b) Discouraging the sharing of contaminated injecting equipment by providing sterile injecting equipment and disinfectant materials;
- (c) Providing substitution treatment.

These principles are part of the principles for preventing HIV infection among drug users compiled by WHO in cooperation with UNAIDS and the Council of Europe in 1998. Another two principles concern information, communication and education; and provision of easy access to health and social services. The above-mentioned principles should not be viewed in isolation from overall national drug strategies or national AIDS programmes. They are, however, valuable in guiding national policies and programmes as regards the specific goal of reducing HIV transmission among injecting drug users.

**Low-threshold services.** Services for drug users are known as low-threshold services when they are easily accessible by clients, and when abstinence is not a prerequisite for service provision. Often, such services work with clients on an anonymous basis. They are designed to attract future clients by offering, besides drug-related services, other services that respond to the immediate needs of clients, such as free or cheap food, clothing or shelter.

**Narcology, narcological centre.** Narcological centres are specialized governmental health-care institutions in the newly independent States that provide outpatient and inpatient treatment and rehabilitation of substance abuse disorders. Narcological centres and dispensaries are usually also responsible for gathering data on substance abuse and for the coordination of preventive activities in a certain area (country, region or city). The narcological treatment system in the former Union of Soviet Socialist Republics has included, since its foundation in 1976, the principle of compulsory treatment at the narcological centres.

**Roma communities.** Although the Romani people are often referred to as “gypsies” (but prefer to be known by their more proper designation, Roma), not all “gypsies” or nomadic peoples are Roma. The Roma are descendants of the ancient warrior classes of India, in particular the Punjab, and they are identifiable by their language, religion and customs, which can be directly linked to those of the Punjabi in northern India.

**Trust point.** A term used for drug, HIV and STI preventive services in Kazakhstan, which allow their clients to remain anonymous. They are often low-threshold services (see above) and run by non-governmental organizations. The term indicates the main objective of the services, namely that of creating trust between drug users and drug and health-care services, thus establishing contact with and providing services to out-of-treatment populations.

The need for trust points is explained by the fact that, in accordance with existing regulations in Kazakhstan, all drug users must be recorded by name in the governmental medical establishments of a particular type, known as dispensaries for drug addicts, which are in close contact with the police. Persons who have been registered in the dispensaries cannot be employed in many sectors of the economy. In consequence, drug users do their best to avoid contact with the state health service.