



## Position paper

# HARM REDUCTION IN RUSSIA

## Introduction

---

The dramatic growth of the HIV/AIDS epidemic in Russia started in the middle of the 1990's when the virus entered the large population of injecting drug users (IDUs). In response to the epidemic's growth, the government started preventive measures against the spread of HIV among IDUs.

At the root of that effort was a harm reduction strategy whose effectiveness has been confirmed with substantial research<sup>1</sup>. Reputable international organizations, experts from various fields of science, specialists of practical programmes and civil society leaders support the harm reduction strategy, which they think is an important component of a comprehensive policy against the HIV/AIDS epidemic.

The Declaration of Commitment on HIV/AIDS was adopted by a special session of the UN General Assembly in 2001 and signed by 189 nations, including Russia. It states that effective prevention, care and treatment strategies require non-discriminatory access to "vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs including anti-retroviral therapy, diagnostics and related technologies as well as increased research and development"<sup>2</sup>.

The UN Concept of Preventing the Transmission of HIV Among Drug Abusers notes that a full set of services to prevent HIV transmission among drug abusers includes "AIDS education, life skills training, condom distribution, voluntary and confidential HIV counselling and testing, access to clean needles and syringes, disinfecting materials, and referral to a variety of support services"<sup>3</sup>.

A harm reduction strategy is an important component of a comprehensive policy of counteracting the HIV/AIDS epidemic<sup>4</sup>. For a national strategy and HIV/AIDS programmes to be effective, they must include harm reduction principles aimed at curbing the epidemic among IDU's as an integral component.

### What is harm reduction: key principles

The phrase "harm reduction" was coined about 25 years ago to denote strategies and programmes aiming to reduce "the negative medical, social and economic implications of psychoactive substances abuse for drug users, their families and society as a whole"<sup>5</sup>.

According to public health care specialists, the priority of the harm reduction strategy is to "prevent the transmission of HIV and other infections by injecting drug use, overdose, involvement in criminal activities, destruction of family and social ties, and other medical and social consequences. On that basis, harm reduction implies a certain complex of medical and preventive measures "designed to prevent transmission of HIV and other infections through joint use of non-sterile injection equipment and drug solutions"<sup>6</sup>.

The definitions of "harm reduction" may vary, however, harm reduction champions have no doubts about the basic principles of the strategy.

#### Principle 1: Pragmatism and humanism

Non-medical use of psychoactive substances is inevitable in any society that has access to them. Hence, harm reduction programmes:

- **Shift** the emphasis from the long-term and difficult goal of eradicating drugs worldwide or in the selected country to the implementation of short-term and practically attainable goals, such as reduction of the HIV infection spread rate and preserving human lives and health.

---

<sup>1</sup> Hunt N., Trace M., Bewley-Taylor D. Reducing Drug Related Harms to Health: An Overview of the Global Evidence. Beckley Foundation Drug Policy Programme, 2005.

<sup>2</sup> Declaration of Commitment on HIV/AIDS: 26th Special Session of the UN General Assembly, June 2001.

<sup>3</sup> Preventing the Transmission of HIV Among Drug Abusers: UN system concept, 2000.

<sup>4</sup> Policy on Preventing HIV/AIDS among IDUs. UNAIDS, June 27-29, 2005.

<sup>5</sup> IHRA, 2005.

<sup>6</sup> Harm reduction approach to injecting drug use. WHO, 2003.

- **Accept** that drug use is inevitable (at least in the foreseeable future) and direct their efforts towards the reduction of its negative consequences. Above all, they see it necessary to prevent large-scale infection within high-risk groups before being able to accomplish other long-term objectives, such as a total refusal to use drugs.
- **Recognize** the need to change drug policy leading to negative social consequences such as violation of human rights (refusal to provide medical and social services above all), spread of infections, destruction of social ties, and so on. Criminalization of drug use leads to drug users' prosecution and discrimination, invokes society's fear and distrust of them, thus hampering the development of preventive, therapeutic and social programmes<sup>7</sup>.

## Principle 2: Diversity of approaches

Drug use and its effects harms both individuals and society as a whole. In programme implementation, therefore, a differentiated approach is essential. Drug-related problems may be targeted through health-improvement programmes for current drug users, especially through organizations designed to provide preventive and curative assistance. These organizations can help them access information and medical services, gain necessary skills and develop less risky behaviour with regard to HIV, viral hepatitis and sexually transmitted infections.

Some of the possible approaches under the harm reduction strategy may include:

- counselling for injecting drug users, and information and training in HIV/AIDS prevention and treatment;
- providing IDUs with access to health care services and social programmes;
- providing IDUs with preventive facilities, such as sterile injection equipment, bleach materials, condoms, and so on;
- educational work among IDUs;
- providing treatment and medical-social support to IDUs, including antiretroviral and replacement therapy<sup>8</sup>.

Today, against the background of the considerable expansion of antiretroviral therapy (ART) programmes, harm reduction programmes appear to be the most effective tool for reaching IDUs, a high-risk and difficult-to-access key population. Harm reduction programmes act as a link between patients and treatment programmes. They play a leading role in building IDUs' commitment to ART. Owing to peer-to-peer counselling and insight of the problem, programme workers who are directly in contact with IDUs give them information about the possibility of treatment and specific details of treatment thus helping to include them in assistance programmes.

The World Health Organization (WHO), the Joint UN Programme on HIV/AIDS (UNAIDS) and the UN Office on Drugs and Crime (UNODC) say that substitution therapy is one of the most effective methods of opioid dependency treatment. In addition, substitution therapy contributes to the prevention of HIV transmission among IDUs and the development of comprehensive programmes of care and treatment for IDUs living with HIV<sup>9</sup>.

However, due to legislative prohibition, substitution therapy is not used in Russia yet. Knowing this, we think it necessary to start a broad discussion and analysis of international experience, involving legislators, international and Russian health care experts, research and medical institutions, NGOs, and drug abuse communities.

## Principle 3: Harm reduction hierarchy

The key idea behind harm reduction programmes is to gradually change human behaviour. At the root of the approach is the theory which presumes that people's behaviour is influenced by their psychological and social features. The harm reduction hierarchy was designed based on this theory. It includes the following statements:

1. Don't start to use drugs; if you have, stop.
2. If you use drugs, refrain from injecting drugs.
3. If nevertheless you inject drugs, make sure you always use a sterile syringe.
4. If you can't use a sterile syringe every time, never use anybody else's.
5. If you use somebody else's syringe, cleanse it every time.

The harm reduction hierarchy is implemented bottom to top. By accepting it, getting involved in assistance programmes and changing their behaviour, drug abusers become full-scale participants in the prevention process aimed at containing the HIV infection epidemic.

<sup>7</sup> Unintended Consequences: Drug Policies Fuel the HIV Epidemic in Russia and Ukraine, OSI/IHRD, 2003.

<sup>8</sup> Principles of HIV infection prevention among injecting drug abusers. – WHO, Council of Europe, 1997.

<sup>9</sup> Position Paper: Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention. WHO/UNODC/UNAIDS, 2006.

#### **Principle 4: Observing human rights. Full-scale participation of drug abusers in programme activities**

Harm reduction focuses on preserving human health, the human right to adequate information about one's health and rights, and the right to access medical services.

It is not a harm reduction priority to resolve the problem of any individual's dependency on drugs or to resolve general problems associated with drug trafficking and abuse. However, as a separate kind of preventative and therapeutic intervention, it does not deny or refuse the need for other forms of work on drug-related issues.

Drug abusers are part of our society. Protecting the health of all society, one should also protect the health of drug abusers. To do this, they must be integrated into society rather than isolated from it.

Drug users enjoy all the civil rights stipulated by the national constitution and various international conventions signed by this country. Violation of these fundamental principles with regard for drug users creates significant obstacles to prevention and, more broadly, to social rehabilitation.

Drug users' organizations and informal associations play a critical role in representing and protecting the interests of the community. The key to successful harm reduction programmes is active and full-scale involvement of drug users in their design and implementation. These programmes ensure the broadest access to the key populations at high risk, providing a link between AIDS, drug abuse and epidemiological services and people in need of help. They help disseminate information and arrange effective preventative and medical support to people affected by the HIV/AIDS epidemic.

### **Brief history of harm reduction programmes in Russia**

Harm reduction programmes have been in effect in Russia since 1996, with the support of the Ministry of Health Care and Social Development<sup>10</sup>. The methodology of programme implementation is based on recommendations by the leading international organizations like WHO, UNAIDS, UNODC, scientific research, and positive international experience.

In addition to drawing from the best international expertise, the Russian experience has been analyzed, resulting in analytical reports about the best practices of HIV prevention among IDUs in Russia<sup>11</sup>. These reports summarize the experience and success factors of syringe distribution programmes.

In 2003, activists and specialists of the young Russian movement for harm reduction set up the Russian Harm Reduction Network (RHRN), a partnership of non-profit and government organizations supporting the harm reduction principles and directly participating in harm reduction programmes. The RHRN mission is to promote harm reduction strategy to combat the HIV/AIDS epidemic, maintain public health, and advocate for the civil rights of all Russians<sup>12</sup>.

As a result of the massive effort to train and educate specialists and activists, fund raising from various sources, training and activity expansion into regions, by the end of 2007 Russia had about 80 harm reduction programmes supported by the Russian Harm Reduction Network, Open Institute of Health, the Russian Health Care Fund, and the national project for health care. The programmes are being implemented by both non-profit organizations and government medical institutions.

While the occurrence of sexually transmitted HIV is growing in Russia, most HIV infections still result from injecting drug use.

Harm reduction is one of the most effective methods of HIV/AIDS prevention and treatment in the IDU population. Harm reduction programmes daily help thousands of people using injecting drugs. Yet the number and scale of harm reduction programmes operating in Russia are insufficient to improve the overall HIV/AIDS epidemic situation in this country, which suggests the need to substantially expand such programmes and seek political and financial support from the government and society on the whole.

---

<sup>10</sup> Resolutions by the Chief Sanitary Physician of the Russian Federation: 1999, 2002, 2004, 2005.

<sup>11</sup> Burrows D. «A Best Practice Model of Harm Reduction in the community and in prisons in Russian Federation», 2001, «Harm Reduction Programs in the Civilian and Prison Sectors of the Russian Federation: Assessment of Best Practices», Open Health Institute, 2006.

<sup>12</sup> See more about ARHRN at <http://www.harmreduction.ru>