



HARM REDUCTION IN THE NEW ENVIRONMENT

1ST REGIONAL HARM REDUCTION CONFERENCE

APRIL 4–6, 2017, VILNIUS, LITHUANIA

CONFERENCE REPORT

2017

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I hope that thanks to this conference we will understand what needs to be done with new approaches, how to convince governments to change their policies, and how to change the lives of people who use drugs. I hope that in 20 more years we will celebrate our common victory.



Anna Dovbakh, EHRN

INTRODUCTION

The Regional Conference “Harm Reduction in the New Environment” took place on April 4–6, 2017, in Vilnius, the capital of Lithuania. The first-ever harm reduction conference for the region of Central and Eastern Europe and Central Asia (CEECA) brought together 389 participants from 45 countries.

What is the new environment? It refers to opportunities and challenges for harm reduction programs and experts in CEECA. Criminalization of drug users remains prevalent; examples of evidence-based, humane drug policies are limited; CEECA governments are reluctant to make harm reduction an integral part of health and drug policies and programs; international harm reduction funding is decreasing; and the transition to domestic funding is slow. These are some of the factors contributing to a decrease in the coverage and quality of harm reduction programs.

On the other hand, the new environment may be interpreted as a transition from harm reduction driven solely by the priorities of the HIV response towards a rights-based approach. This natural progression of the harm reduction movement is underpinned by several interrelated processes. First, it is clear that repressive drug policies represent the biggest obstacle to the health and well-being of individual drug users and communities. Second, there is a growing international body of evidence, guidelines, and mechanisms supporting a focus on human rights. Third, the community of people who use drugs which is increasingly driving harm reduction at the local, national, and international levels sees harm reduction not just as a health issue but as a key element of evidence-based and humane drug policies.

The conference discussed a wide range of topics under the broad themes of harm reduction funding, the role of harm reduction in social and medical care for people who use drugs, and harm reduction as a health- and human rights-based drug policy. This report provides a summary of these discussions and conclusions and recommendations made by the conference participants.



Donors are leaving, but governments need to accept their obligations for harm reduction programs. Communities have the power to contribute to humanizing drug policies. This is our life, and we want to own it!



Gražina Aleksaitienė, Foundation “RIGRA”, Lithuania

FUNDING OF HARM REDUCTION IN THE NEW ENVIRONMENT

For 20 years in most CEECA countries harm reduction services have been funded largely by international donors. The ongoing reduction or withdrawal of this funding points to the need to plan a sustainable transition to domestic funding. Sustainable harm reduction funding and establishing local funding mechanisms was a key topic of the conference. Some of the key issues discussed include success stories and challenges from Lithuania, Estonia, Moldova, Ukraine, Belarus, and other transitioning countries; the role of local governments; social contracting and other funding modalities encouraging service provision by non-governmental organizations (NGOs); international efforts to support readiness to transition; and the results of the regional program “Harm Reduction Works – Fund It!”

Domestic funding: challenges and opportunities

NGOs have access to government funding in some countries of the region, but in most countries, sustainable funding mechanisms such as social contracting are not available. Even information about domestic funding of NGOs or about spending on the needs of key affected populations (KAPs) may be scarce. Even where these mechanisms exist, government funding is often associated with specific challenges. Short-term funding (project money, subsidies, grants, etc.) requires participation in annual competitions, and periodic decreases in subsidies are possible. Long-term funding (service provision, registries, etc.) is associated with significant paperwork, and organizations need to spend their own money upfront. Also, harm reduction experts may have limited knowledge of budget cycles, so capacity-building is important.

Despite these challenges, government contracts provide opportunities to increase government awareness of the benefits of harm reduction and help them build relevant institutional memory. Positive examples such as Russian civil society’s participation in developing social contracting guidelines for healthcare facilities, or harm reduction programs in Belarus advising the government on a comprehensive package of harm reduction services, demonstrate that NGOs in our region have sufficient capacity and expertise to work with government agencies. Experts noted that while initial funding may be limited, funding of NGOs capable of showing results will increase, especially if they provide unique services that others cannot provide.

” Governments do not always understand holistic approaches, but they understand numbers. We need to use available good data to convince governments of the economic effectiveness of harm reduction. ”

Ketevan Chkhatarashvili, Curatio Foundation, Georgia



Govern Deep inside, many of us understand that many governments will not support harm reduction because they do not have such opportunities. But there will always be harm reduction organizations. Let's depend on ourselves, on cooperation between people ready to do harm reduction under any conditions.



Anya Sarang, Andrey Rylkov Foundation, Russia

Facilitating the transition towards domestic funding

The conference participants highlighted factors enabling a successful transition, including well-established national HIV response systems, the presence of national and international strategies and agreements supporting harm reduction, political will for supporting harm reduction as part of health and social policies, the centrality of NGOs to the HIV response, including transparent policies and social contracting systems, and strong monitoring systems. Importantly, policies that criminalize drug users act as a structural barrier to domestic funding of harm reduction programs, so evidence-based, humane drug policies are important for sustainable funding. It is also important to define a basic harm reduction package as a public health intervention. If this is not done, governments may fund only services but not advocacy or capacity-building, or avoid funding specific services (for example, drug-testing kits). Therefore, to sustain the success achieved through international investments, civil society needs to advocate for comprehensive harm reduction interventions. Finally, mutual cooperation helps civil society organizations reach synergies and maximize the benefits of working with government funding.



Coming from an NGO background, it's not logical to me that governments are not using harm reduction even though it has proven to be cost-effective. It is viable for the whole society!



Ivana Vujović, NGO "Juventas", Montenegro



Local budgets have funding to support our programs. We need to start working with local authorities early on to involve them, way before we run out of funding from external donors.



Maxim Demchenko, NGO "Light of Hope", Ukraine

The importance of municipal funding

In many cities across our region, harm reduction is an important part of efforts to address health and social issues, including drug strategies. At the same time, municipal authorities have a crucial role to play in expanding access to harm reduction (for example, by investing in services) and decriminalizing drug users. The participants spoke about the importance of municipal funding for

NGO work and discussed funding options such as social contracting, subsidies, results-based funding, and other funding modalities.

The Regional Program has opened the discourse on decriminalization in Georgia, and that's its key achievement.

Alexander Asatiani, National Center of Disease Control and Public Health, Georgia

Harm Reduction Works – Fund It!

In 2014, EHRN, its country partners, and the Global Fund to Fight AIDS, Tuberculosis and Malaria launched a regional program with the message: “Harm Reduction Works – Fund It!” The results of its recent assessment, as well as its impact at the country level, were discussed at the conference. The assessment revealed the campaign’s three key results: developing a methodology for estimating the costs of harm reduction programs, strengthening drug-user communities, and ensuring a more positive attitude towards harm reduction within countries. In countries such as Moldova, the campaign has played a significant role in institutionalizing harm reduction, including the government’s decision to fund harm reduction programs. Overall, as a first large-scale project supporting drug-user activism in our region through bottom-up advocacy and training on budgeting and media activities, the campaign has helped engage communities in the design, implementation, and monitoring and evaluation of health programs. Nevertheless, the campaign assessment showed that community mobilization is not yet sustainable, so these efforts need to continue.

A key task for domestic and international organizations working in partnership is to ensure that harm reduction is financially sustainable.

Pulod Jamolov, NGO “SPIN Plus”, Tajikistan

Efforts to support transition readiness

Years ago, the emergence of the WHO, UNODC, and UNAIDS guidelines for public health interventions among KAPs became an important step towards institutionalizing harm reduction. Today, international collaboration is no less important for ensuring sustainable funding. The participants highlighted the need for more involvement in the region from the Global Fund, the European Union (EU), technical agencies, and other actors. Representatives of the Global Fund, the largest harm reduction donor in the region, spoke about the Fund’s efforts to support transition through grants, differentiated co-financing incentives, and other tools. A number of participants spoke about the need for international stakeholders to help empower civil society in the CEECA region to ensure that governments are held accountable for their commitments; for example, this could be done by conditioning donor funding upon evidence of collaboration between government

and NGOs. In addition, there is a need for continued support to involve harm reduction specialists in the development of health and social budgets.

THE ROLE OF HARM REDUCTION IN SOCIAL AND MEDICAL CARE FOR PEOPLE WHO USE DRUGS IN THE NEW ENVIRONMENT

In the CEECA region, the incidence of HIV, tuberculosis (TB), and hepatitis C (HCV) among people who use drugs is still on the rise. One of the reasons why the full potential of harm reduction to address these public health threats cannot be realized is because in most CEECA countries people who use drugs do not have access to a continuum of services from prevention to diagnosis to treatment. The conference paid significant attention to different aspects of this topic, including the role of harm reduction in the health system, the need to offer social services as part of harm reduction interventions, harm reduction in prison settings, the role of civil society in service provision, harm reduction for young people, and the challenges posed by new psychoactive substances. Many speakers presented the integration of harm reduction into health and social systems as a key solution for providing care to people who use drugs.

Harm reduction helped the Czech Republic reduce Hepatitis C incidence and avoid a significant HIV epidemic among drug users. A large share of the country's HIV budget goes towards harm reduction, enabling detection of the hidden populations.

Jindrich Voboril, Government Council for Anti-Drug Policy Coordination, Czech Republic

OST [opioid substitution therapy] and harm reduction are accessible to drug users. The challenge is to keep those services at the same level, and this is about having the resources to maintain those services.

Olena Kucheruk, International Renaissance Foundation, Ukraine

Harm reduction in the health system

The conference provided a space for discussing the ever-evolving role of harm reduction in the health system. Experts from France commented on the situation in the early days of the HIV/AIDS epidemic when health programs for drug users were organized around abstinence and prohibition, which resulted in a growing incidence of HIV. Introducing harm reduction interventions helped destigmatize drug users, which was crucial to addressing HIV. Since then, many countries have embraced harm reduction as an important part of health strategies, including the HIV treatment cascade, and the WHO, UNODC, UNAIDS, and other international agencies have issued recommendations on various aspects of services for drug users. The conference highlighted a recently developed strategy for Implementing Comprehensive HIV and HCV Programs with People Who Inject Drugs (IDUIT): a fast-track strategy for ending HIV/AIDS among people who use drugs,

removing barriers, and creating demand for HIV services. The participants also discussed ways of mainstreaming harm reduction by expanding services and engaging communities, as well as through other means.

We shouldn't think that HIV or access to syringes are the only issues faced by drug users; there are a number of social issues as well, such as access to healthcare and psychological and legal assistance.

Maxim Demchenko, NGO "Light of Hope", Ukraine

Harm reduction and drug-user re-socialization

In addition to health services, people who use drugs need access to re-socialization services, including psychological, legal, employment, and other assistance. Harm reduction program clients want to be accepted, heard, and understood. Most CEECA countries still lack such services. However, the participants provided a number of positive examples of re-socialization services provided by drop-in centers. For example, a center in Poltava, Ukraine includes crisis services for women and assists vulnerable individuals with receiving their welfare payments, and a center in Minsk, Belarus provides case management services to people who use drugs, allowing for a more comprehensive response to their needs. Prague, Czech Republic has a social café, which supports reintegration by providing employment to people after drug rehabilitation.

Harm reduction in prisons

In a situation when a significant share of prison inmates are people who use drugs, the lack of even basic harm reduction services (such as needle exchange or OST) in prisons in many countries is a significant challenge to addressing the global targets for HIV and HCV. This is not a CEECA-specific problem; as the conference participants observed that even in the UK, prison authorities often deny that drug use and sex take place behind prison walls. The lack of integration between penitentiary health systems and overall healthcare systems is another negative factor. Nevertheless, some countries in our region have made significant progress on harm reduction services in prisons. Moldova, a pioneer in prison harm reduction in the CEECA region, has even introduced overdose prevention with naloxone in prison settings. In Georgia, a recent prison reform transformed the prison health system and contributed to the country's success in tackling HCV. There is room for improvement, and Georgia is currently working on scaling up HCV treatment and access to OST in prisons.

People used to ask whether drug users are capable of changing things. Yes we are, and we can change things. There still are problems, but there are also leaders who are leading the community.

Natalya Zholnerova, NGO "Ameliya", Kazakhstan

This conference has highlighted access to naloxone as a key message. [In Kyrgyzstan,] community organizations, jointly with the drug treatment center, created a mechanism which enables any NGO to distribute naloxone. Only the community can have such a quick reaction to changes.

Sergey Bessonov, Public Fund "Ranar", Kyrgyzstan

A growing role for civil society

The conference reiterated the key role of civil society (both NGOs and community groups) in monitoring the quality of harm reduction programs and advocating for service expansion and human rights. Civil society organizations in many countries have helped ensure that the rules and procedures, location and hours, and services offered by harm reduction programs respond to clients' needs. For example, in Tajikistan, civil society supports building a system of integrated care, helping increase patient retention and their adherence to treatment. In Georgia, NGOs have played a positive role in preparing the healthcare system for integrated care. In Belarus, they have contributed to epidemiological research by collecting and analyzing data. In Ukraine, community-based buyers' clubs have facilitated access to generic HCV drugs.

Civil society's role as peer service providers is indispensable. Peer outreach workers motivate clients and refer them to health services, thus contributing to HIV, TB, and HCV service integration. But civil society is also increasingly working with governments and other partners to participate in decision-making. In Montenegro, civil society has advocated for a clear transition plan, resulting in additional allocations. In Ukraine, it has greatly contributed to the Global Fund processes and mechanisms, including by helping them focus on human rights and the decriminalization of drug use and sex work. NGOs and drug-user communities face barriers when doing this work: a significant workload, a challenging format for interaction, and insufficient time for preparation. Participants from Estonia spoke about constrained interactions between NGOs and community-based organizations when advocating for improved service quality.

It is necessary to empower NGOs during the transition to deliver results-oriented advocacy for harm reduction at all levels. For example, in Georgia, advocacy schools are used to boost community activism and motivation. The participants agreed on the need to continue building civil society's advocacy and planning skills and support community champions.

My friend died of an overdose at a party because of a combination of heroin and the synthetic drug NBOMe. People called an ambulance, but they were too scared to say that it was a drug overdose.

Artem, EHRN volunteer

” *Not everyone wants to be an activist, but working with young people has to create opportunities for activism for those who want it.* ”

Arseny Pavlovsky, Social Work Expert, Latvia

Targeting young people

To stay relevant, harm reduction needs to take into account changes in drug use and drug markets. Perhaps the single most important change in the past 20 years is the emergence of the Internet as the ultimate repository of drug-related information and a drug market. Naturally, the Internet is tremendously important for young people who use drugs. The participants highlighted the failures of the current approach to drug education at schools, which fails to provide accurate information and is, therefore, not taken seriously. For example, in Russia, with its harsh drug policies, students who use drugs are not getting support and may be expelled from school. At the same time, young people have their own harm reduction needs — for example, access to tools for assessing the quality of drugs and overdose management. They also need accurate information about the different legal and illegal drugs, especially since they may think that pharmaceutical drugs are safer because of their legal status.

Specialists from Ukraine highlighted three components of engaging young people in harm reduction: client management, empowerment through initiative groups, and human rights protection. Young people value individuality, so it is crucial to have an individual approach to each client. Participants from the Czech Republic observed that decriminalizing drug users has made it much safer for them to request harm reduction services. In Ireland, harm reduction plays an important role in educating party drug users, collecting information about drug trends, and testing party drugs at festivals. Participants from Russia spoke about using harm reduction principles in psychotherapy programs for teenagers, including the need to focus on controlled drug use. It is important to work with the parents of young people who use drugs, and offer remote assistance through the Internet.

” *Drug trends change every month and every year, and we need to act quicker to address new challenges as they arise.* ”

Murtaza Majeed, Youth RISE

” *We need to address the issue of the “new drugs” ourselves; the donors won’t be able to tell us how to deal with it.* ”

Alexandra Volgina, All-Ukrainian Network of PLWH

New psychoactive substances

The conference devoted a special morning session to the new psychoactive substances (NPSs). Some of the characteristics of those substances are their legal status, high quality, and less interaction between users and dealers, as the NPS are distributed via online markets or legal and grey-area smartshops. The enormous online market provides freedom to communicate and process transactions. On the one hand, the existence of this vast free market proves that the war on drugs has failed, but, on the other, reaching new drug users is also a challenge for harm reduction programs.

With this in mind, experts from Russia and Poland emphasized the need for training, sexual education, and work to address the physical harm that may be associated with the NPSs. For example, it is important for overdose messaging to take into account drugs other than heroin; checking street and party drugs is also needed. Importantly, the emergence of the NPSs does not render traditional harm reduction services obsolete; in countries such as Ukraine, opiates still account for 60–80% of the drug market, so needle exchange programs and OST will remain relevant for the foreseeable future.

All EECA countries have successful practices linking prevention and attracting key populations to treatment programs — but only where these linkages are encouraged. This requires additional efforts, as well as ensuring that harm reduction clients receive counseling in addition to the basic services.

Nataliya Leonchuk, ECUO

Service integration

Despite the recent improvements in HIV, TB, and HCV care, health systems in our regions are challenged by the lack of accountability, weak coordination, limited skills, and other issues. International evidence shows that harm reduction helps address co-infections and related mortality. A key challenge in the CEECA region is that people who use drugs, especially those living with HIV/TB/HCV co-infections, often have to receive services from different providers in an uncoordinated fashion. This problem is exacerbated by archaic and ineffective drug treatments. These care standards fail to produce attractive and effective services and contradict the progressive patient-oriented approaches to care that are becoming prevalent worldwide, ensuring that the planning, implementation, and monitoring of health and social programs is done with community participation. Meanwhile, there are opportunities for integrating harm reduction services at each point of the cascade of care, including diagnosis, linkage to care, and retention in care. This can be done through service integration, decentralization, expanding outpatient care, and community-based services.

Participants from different countries spoke about integrating harm reduction into healthcare by creating one-stop shops where doctors and social workers are working together. In Kazakhstan, for example, the Single Window programs and OST sites with additional services, as well as peer counselors, have helped integrate harm reduction into the health system. In Belarus, service

integration has been achieved through the co-location of services and multidisciplinary teams; in this scheme drug treatment combines the traditional abstinence-oriented approach, the Minnesota rehab model, harm reduction, and treatment for people living with HIV who use drugs. In Tajikistan, service integration has had a positive impact on service coverage, case identification, adherence, and prevention effectiveness. In Georgia, harm reduction has been successfully integrated into HCV programs implemented by domestic and international, public and private partners. In Moldova, coordination between healthcare facilities and harm reduction organizations has facilitated TB care.

“ *Every TB patient is a potential activist. There is a need to develop a TB patient community.* ”

Svetlana Prosvirina, NGO “Status Plus”, Russia

The participants also highlighted challenges. For example, Armenia lacks an active community of people with TB, which is a barrier to expanding patient-oriented approaches. Patient communities need help with their development and support.

“ *Drug users get HIV not because of heroin, but because of their fear of society.* ”

Fabrice Olivet, ASUD

“ *More needs to be done to bridge the gap between drug policies and human rights. We must ensure that States accept harm reduction perspectives in their drug policies. Drug policy reforms equal human rights.* ”

Daniel Joloy, Amnesty International

“ *Probation supervision, community work, treatment — anything is better than imprisonment.* ”

David Pesek, SANANIM, Czech Republic

HARM REDUCTION AS HEALTH- AND HUMAN RIGHTS-BASED DRUG POLICY

The conference was marked by widespread consensus on the fact that the war on drugs, including in the CEECA region, harms people who use drugs, yet fails to resolve drug-related problems. Drug policies that violate human rights range from a lack of access to health and harm reduction services for people who use drugs to unfair trials, police violence, and incarceration for minor drug offences. Women are especially affected by stigma and violence. These policies destroy lives, violate human rights, and exacerbate racial, ethnic, gender-based, and class inequalities. Reflecting a growing awareness of the barriers to human health and well-being presented by repressive drug policies, harm reduction increasingly focuses on human rights. The conference provided evidence of the positive impact of harm reduction and civil society activism on the health and well-being of individuals and communities.

The EU's Civil Society Forum on Drugs is amazing; it is really involved in the EU drug policy processes, and the voices of its members are being heard.

Agnieszka Sieniawska, Polish Drug Policy Network

Harm reduction is a key element of the humanization of drug policy

Despite the prevalence of harsh drug policies in our region, many countries, including in the CEECA, have introduced human rights-based alternatives to incarceration, and other policy reform. The EU presents an attractive model of comprehensive health- and human rights-based drug policies designed and implemented in cooperation with civil society. Its new drug strategy focuses on decriminalizing people who use drugs through law and policy reforms; addressing stigma and discrimination; and empowering and engaging communities.

We need to speak with governments about the impact of decriminalization on the healthcare system. We can have this dialogue today.

Slava Kushakov, Alliance for Public Health, Ukraine

As for individual countries, experts from Portugal noted that switching from criminalization to harm reduction was not associated with an increase in drug use among youth and instead signified a decrease in HIV incidence. The Czech Republic was one of the earliest CEECA countries to decriminalize drug possession and institutionalized harm reduction to prevent policy reversal — with good results. In Lithuania, alternatives to incarceration have been implemented with international donor support, although this program was suspended after the funding ended. In Estonia, harm reduction is facilitated by efforts at decriminalization. In Poland, a new drug law developed in cooperation with civil society includes a focus on harm reduction. Ukrainian NGOs are working with

the police to ensure that they refer people to harm reduction programs instead of detaining them. In Moldova, NGOs are building partnerships with law enforcement agencies and participating in training young police recruits in harm reduction and human rights.

“
Our community is coming back to human rights and safety; our key request is that we should accept ourselves and other people.”

Olga Belyaeva, EHRN

“
In the first phase of drug-user activism, the most important thing was to save people’s lives; now it is more about human rights and community interests.”

Mat Southwell, EuroNPUD

“
UNGASS 2016 happened because Mexico, Columbia, and other countries suffering greatly from the war on drugs requested it. But the situation when thousands of people are dying because of the drug war has not changed after the UNGASS.”

Barbara Goedde, Global Commission on Drug Policy

Obstacles to the humanization of drug policy include the lack of understanding between policymakers and harm reduction experts, exacerbated by limited support from key international mechanisms such as the UN Commission on Narcotic Drugs (CND), which has not yet adopted a definition of harm reduction. Advocacy for humane drug policy requires exceptional advocacy skills, significant expertise in human rights and policy issues, negotiation skills, time, and other resources. Promoting policy reform requires building the capacity of civil society organizations and communities across the region. Activists also face specific challenges such as stress and burnout. Capacity-building and support for activist networks are crucial to addressing these challenges.

“
There is a need for synergy between human rights organizations and harm reduction activists, because repressive drug policy is a human rights issue.”

David Subeliani, White Noise Movement, Georgia

I used to be skeptical about UN mechanisms, but after a few years you can see changes.

Medea Khmelidze, GHRN, Georgia

Using human rights instruments

It is important to remember that countries have international human rights obligations that form part of the national legislation, and can and should be held accountable for fulfilling those obligations. The building blocks for human rights-based policies include working with law enforcement agencies and judicial systems; building alliances with legal experts and organizations, and encouraging them to provide legal aid to people who use drugs; and providing training on human rights and legal issues to NGOs and communities, including innovative programs to encourage and support “street lawyers”. Documenting and sharing information about human rights violations is a key aspect of this work. The regional project “From Street to Government”, implemented by EHRN and ENPUD with support from the Robert Carr Fund for Civil Society Networks, documented 230 cases of violations of the right to access to treatment.

Criminalizing drugs leads to overcrowded prisons that create a negative image of a country in the eyes of its EU counterparts.

Marina Chokheli, OSF, Georgia

99% of women who use drugs face violence on a daily basis.

Larisa Solovyeva, ENPUD

The conference paid significant attention to various human rights instruments that can be used to submit this information. Independent UN Special Rapporteurs accept submissions and communicate with national governments, posing questions and receiving feedback. There are also nine UN committees that deal with various aspects of human rights, including the UN Economic and Social Council (ECOSOC): the right to health; the Human Rights Committee (HRC): torture, unfair court trials, and migrants; the Committee on the Elimination of Discrimination against Women (CEDAW): women’s rights; and other committees. CEDAW, in particular, encourages shadow reports from civil society to complement official country reviews, and groups dedicated to the rights of women who use drugs have participated in this process. In Georgia, a recent shadow report helped CEDAW issue concluding observations with a focus on evidence-based services for women who use drugs, harm reduction in detention settings, and gender-based approaches to harm reduction. In Kazakhstan, information about violations against women participating in OST programs was included in the shadow report. In Ukraine, shadow reports highlight the need to integrate gender issues in programs

and introduce separate gender indicators. In Russia, work on the latest shadow report demonstrated the importance of collaboration among women’s groups.

” *The value of human life must become a key focus for each police officer.* ”

Alexander Striltsiv, National Academy of Internal Affairs, Ukraine

” *Where there are partnerships with law enforcement agencies, there is a decrease in HIV and overdoses, and the crime rate improves.* ”

Zhannat Kosmukhamedova, UNODC

” *There is a myth that the police have nothing to do with harm reduction. However, crime prevention is also harm reduction.* ”

Mikhail Golichenko, Canadian HIV Legal Network

Working with the police

In Kazakhstan, Ukraine, Moldova, Georgia, and other countries, police reforms have helped change attitudes. The conference presented opportunities to discuss lessons learned from collaboration with the police, and relevant future opportunities. Given that law enforcement bodies are mandated by law to engage in crime prevention, relevant performance indicators may include a focus on supporting harm reduction and redirecting drug users to health and social services. Patrol officers who deal with drug users regularly can become natural allies of harm reduction.

In Georgia, Moldova, Tajikistan, Ukraine, and other countries, harm reduction programs and activists provide information and training on harm reduction to police officers, resulting in their increased awareness of the benefits of harm reduction. While the drug-user community is understandably wary of interactions with the police, there is a growing understanding of their benefits to the community as well.

Politicians aren't evil, but they just don't know and don't see the relations between drug use and HIV. Few politicians are open, but we need to keep pressuring them. Even one politician can make a change.

Victor Lilov, Movement for Unity and Solidarity in Europe "DEOS"

It is important to give politicians clear, understandable data on what has worked around the world.

Ken-Marti Vaher, Member of Parliament, Estonia

Advocacy and activism

The drug-user communities in our region have played an increasingly active role in harm reduction and the humanization of drug policy. Activism usually includes engaging people who use drugs in advocacy for alternatives to incarceration, and working with human rights organizations, government, police forces, and other stakeholders. Experts reiterated the critical importance of leadership of people who use drugs in designing policies that affect their lives. For example, Georgian activists spoke about the growth of a movement to reform drug policies and protect people's dignity and human rights, committed to providing emergency legal services to anyone at any time or place. Social media help them spread the message and build the capacity of people who use drugs to organize around human rights.

Governments want to talk to the 10% of drug users who have a problem, not to the 90% of drug users who don't have a problem.

Mat Southwell, EuroNPUD

The regional program "Harm Reduction Works – Fund It!" and other efforts build the capacities of activists. In Lithuania, drug-user communities gained advocacy and grant-writing skills. In Kazakhstan, communities were empowered to participate in policymaking, monitoring service quality, and working with law enforcement agencies. In Tajikistan, communities worked with the Ministry of Health to assess investments and the quality of services. Most importantly, communities across the region are more confident than ever before that positive changes are possible. This is illustrated by the story of the Eurasian Network of People Who Use Drugs (ENPUD), which has grown from a small activist initiative to a regional network of 350 members in over 18 countries. Today its members are trained in advocacy, mobilization, and monitoring and evaluation, and are working with country mechanisms to assess and design programs and policies.

To build strong and influential organizations, we need to avoid emotional exhaustion.

Inna Michaeli, AWID Global

Activists also spoke about challenges. First, when communities are not involved in finding solutions, drug policy reforms do not result in positive changes in people's lives. For example, in Estonia, following a drug law reform, drug users have to pay fines that they cannot afford, yet they are not receiving sufficient medical and social assistance. Poland's new drug law is progressive in some aspects, but it still includes mandatory treatment, which has been shown to be ineffective. Participants from several countries, especially women, voiced their concerns about safety. For example, advocates from Tajikistan are afraid to submit complaints to UN human rights bodies for fear of retaliation, and in Georgia, activist women who use drugs are subjected to social stigma. The participants urged donors to provide emergency funds for community support and to recognize women who use drugs as a strategically important group.

SPACES FOR INTERACTION

The conference provided opportunities for interactions in multiple spaces. Plenary sessions allowed participants to discuss overarching issues such as drug policy and harm reduction funding, and featured key experts in those fields. Parallel sessions contained in-depth discussions on those and other topics, including technical issues. Both plenary and parallel sessions allowed conference participants to ask questions.

In addition, there were daily community spaces with sessions dedicated to helping conference participants prepare for the XXII International AIDS Conference (Amsterdam 2018) and knowledge exchange; for example, the Andrey Rylkov Foundation (ARF) from Russia conducted an interactive session on social work. European Union Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT) organized daily workshops on integrated care and harm reduction financing. Lunch, coffee breaks, and dinner also provided opportunities for networking and discussions.

The participants had a unique opportunity to listen to and interact with international harm reduction experts, representatives of the UN Secretary-General and key UN agencies, the Global Fund, OSF, Trimbo's Institute, Amnesty International, and other organizations, as well as politicians and government experts from Lithuania, the Czech Republic, Estonia, Kazakhstan, Poland, Ukraine, Bulgaria, and other countries.

A special exhibition dedicated to the 20th anniversary of EHRN, depicting the history of the development of harm reduction in the CEECA region, was prepared and displayed throughout all three days of the conference. The participants could share their memories and leave their wishes for the future of harm reduction in the region.

A special photo booth for the campaign “Support. Don’t Punish.” was installed during the conference so that participants could express their support for the global campaign calling for the decriminalization of drug use and harm reduction by taking their picture and posting it online.

Conference participants had a chance to see the documentary “A Day in the Life: The World of People Who Use Drugs” and a video produced by ENPUD summarizing the key messages of the conference.

PARTNERSHIPS

EHRN is grateful to the Government of Lithuania for providing its views on harm reduction and drug policy; to the UN Secretary-General’s Special Envoy on HIV/AIDS in Eastern Europe and Central Asia, WHO, UNAIDS, and UNODC for presenting international perspectives on harm reduction in the region; to the Global Fund for discussing the future of harm reduction funding; to AFEW for presenting on AIDS 2018; to HA-REACT for organizing sessions on integrated care; to IWRAW for talking about UN human rights mechanisms; and to AWID, INPUD, and ENPUD for sharing activist perspectives.

We are working towards a future in which our rights are respected, where drug use is considered personal choice, and where drug policy aims to improve people’s lives and guarantee their health and freedom.

Ilya Lapin, ENPUD

CONCLUSIONS

The conference presented a comprehensive picture of harm reduction in the CEECA region, including its past, present, and future. Understandably, achieving a transition to domestic funding is a key target for harm reduction organizations and activists, and their domestic and international partners. However, it is important to understand that stable domestic funding entails much more than just budget allocations. It should reflect the integration of harm reduction into health and social systems and, most importantly, society’s acknowledgment of the rights of people who use drugs. Those rights are closely connected to the issue of evidence-based, humane drug policies.

Harm reduction conferences are unique; they are like big family reunions. We inform, defend, and inspire the work of each other.

Rick Lines, HRI

We can see light in the tunnel, not at the end of the tunnel. And whatever we have achieved is due to persistent advocacy.

John-Peter Kools, Trimbos Institute, the Netherlands

The conference showed that the mechanisms designed by the Global Fund to engage communities in decision-making at the national level are beginning to work. It also showed that the UN guidelines on care among KAPs are turning into reality. Finally, it showed that drug-user activism is not an empty concept. The conference clearly showed that the number of specialists and policymakers interested in rights-based approaches and interactions with communities is growing. It also showed that communities, health experts, and authorities could interact where their interests overlap, and demonstrated possible pathways towards those intersections. It is clear that in the 20 years of harm reduction in the CEECA region, we have come a long way, but more needs to be done. The following recommendations can be taken from the conference presentations and discussions:

- A sustainable transition to domestic funding of harm reduction is a key target, and its critical aspect is the creation of mechanisms for domestic funding of harm reduction NGOs. The regional program “Harm Reduction Works – Fund It!” was a first step towards designing relevant policies and programs. Further steps need to be taken to ensure a successful transition.
- Stable funding requires scaling up evidence-based harm reduction advocacy to demonstrate its benefits in addressing HIV, TB, HCV, and other public health challenges. This includes documenting and disseminating best practices. Assessing the effects of harm reduction should involve economists, anthropologists, sociologists, and other researchers, and should feature robust data collection and analysis.
- Harm reduction is an important element of comprehensive health and social care for people who use drugs. To maximize its impact, it is necessary to further integrate various services in the framework of patient-centered approaches. In addition, harm reduction should not be limited to health services; social and other services should be added to help re-socialize drug users.
- Trends are changing, and new psychoactive substances and the emergence of the Internet as a key space for drug-related interaction poses new challenges and opportunities for harm reduction. Harm reduction needs to be flexible and open to new ideas.
- Given that repressive drug policies are a key obstacle to harm reduction in our region, we need to support efforts at reducing the criminalization of drug users. Different stakeholders can play important roles in this process: health specialists, government experts, international agencies, and civil society. However, the impetus for change should come from

drug-user communities. Therefore, community growth and expertise should be supported as a priority.

- Many politicians in the CEECA region lack an understanding of harm reduction, and it is important to work with them. Civil society, and drug-user communities in particular, have a crucial role to play in this work, and capacity-building efforts should focus on policy development, negotiation, and government relations skills.