



Drug Law, Drug Use and Health in Kaliningrad, Russia

---

Rapid Policy Assessment and Response

# **HIV and Drug Policy in Kaliningrad: Risk, Silence and the Gap between Human Needs and Health Services**

## *Kaliningrad Final Report and Action Plan*

### **Kaliningrad Investigators**

*Inna Vyshemirskaya  
Victoria Osipenko  
Alexander Koss  
Olga Burkhanova*

### **U.S. Investigators**

*Zita Lazzarini  
Scott Burris  
Patricia Case  
Repsina Chintalova-Dallas*

*Kaliningrad, 2008*

*Rapid Policy Assessment and Response in the Former Soviet Union and Central and Eastern Europe was funded by the U.S. National Institute of Drug Abuse, NIDA: Grant # 5 R01 DA17002-02, Zita Lazzarini, Principal Investigator*

*The Rapid Policy Assessment and Response Tools were initially developed with the support of the International Harm Reduction Development Program of the Open Society Institute, Scott Burris, Principal Investigator. The tools and training materials were influenced by a set of Rapid Assessment and Response (RAR) materials, developed by Stimson, Renton, Fitch and Rhodes, and used by the World Health Organization. Participants in the development process included Joseph Welsh and Daniel Abrahamson.*

*Current versions of the tools and training materials are available on the world wide web at <http://www.rpar.org>*

*The principal author of this Report is Inna Vyshemirskaya, a sociologist and project manager of the “YLA” regional NGO. Also contributing were other members of the Russian RPAR research team – Victoria Osipenko, program manager of “YLA”, Alexander Koss, PhD, lecturer at the I. Kant State University of Russia, and Olga Burkhanova, Chairwoman of the Board of the “Help Now” regional NGO.*

*The authors are grateful to their American colleagues -- Zita Lazzarini, Scott Burris, Patricia Case, and Repsina Chintalova-Dallas -- who trained them in using the RPAR method and carefully supported during its preparation and implementation, as well as during the stage of carrying out the Action Plan.*

*The authors would like to express their special appreciation to all the Kaliningrad participants, and especially the members of Community Advisory Board (CAB) for their active participation in the CAB meetings and support in carrying out RPAR and starting the implementation of the Action Plan. They thank, too, all the key informants, who shared their knowledge and experience of working with drug users. Finally, the authors thank the people, who told about their lives with drugs and HIV, and all those people who have given up drugs and are now working in this field with us.*



NGO “YLA”



## List of acronyms

- AIDS** – Acquired Immunodeficiency Syndrome
- ARVT** – Antiretroviral Therapy
- CAB** – Community Action Board
- CPI** – Criminal Penitentiary Inspection
- CSW** – Commercial Sex Worker
- DSSVG** – project “Developing social services for vulnerable groups – III, Russian Federation”
- GFATM** – The Global Fund to Fight AIDS, Tuberculosis and Malaria
- HIV** – Human Immunodeficiency Virus
- IC** – Institutions of Confinement
- IDU** – Injection Drug User
- KLI** – Kaliningrad Law Institute attached to the RF Ministry of Interior
- KRNH** – Kaliningrad Regional Narcological Hospital
- MTD** – Multidisciplinary Team
- NGO** – Non-governmental organization
- NEP** – Needle Exchange Program
- PLWHA** – People Living With HIV/AIDS
- STDs** – Sexually Transmitted Infections
- RF** – Russian Federation
- RHRN** – Russian Harm Reduction Network
- WHO** – World Health Organization

## Preface

This is the second Final Report from our three-city NIDA evaluation of Rapid Policy Assessment and Response. Like the first report, from Szczecin, Poland, this is a case study of drug policy, public health and HIV in one city and its environs. As such, its findings are not necessarily generalizable to other places in Russia. It is a sobering report, and one that should cause serious concern to anyone interested in preventing and treating HIV, hepatitis, and drug dependency. A group of dedicated researchers and local citizens took a hard look at how the laws on drug use, and related social and health services, were really being implemented. The Report shows that treating drug users as criminals increases stigma and decreases access to preventive and therapeutic services. The continuing poor state of drug treatment in Russia is shown in this Report to take a heavy toll in human misery in Kaliningrad. Policies that prohibit methadone treatment, and that require the registration of people seeking public drug treatment, stand as unnecessary barriers to good public health. At the same time, the Report is inspiring in its description of locally-conceived and executed interventions to meet the health needs of drug users and address the negative attitudes that hinder better health in the community,

This report has important information for Russia, but it should also be of interest to health and criminal justice policy stakeholders everywhere. It demonstrates that the effects of public policies cannot be deduced from the law on the books or the work plans of ministries. To find the problems, we have to look locally, where life actually happens. While the Kaliningrad story makes clear that new national policies cannot be effectively implemented without appropriately training staff and funding new services, it also shows that local people, working together in a data-driven process, can come up with practical and effective solutions to their own problems.

We congratulate the Kaliningrad RPAR team and the CAB for their important work.

*Scott Burris, Patricia Case, Lita Lazzarini and Rezsina Chintalova-Dallas*

US RPAR Team

April 30, 2008

*This Report is an adaptation of the original Russian version, written by the Kaliningrad RPAR Team, and translated by Olga Danilova. The English version was edited by Scott Burris.*

EXECUTIVE SUMMARY .....	1
I. INTRODUCTION .....	5
II. METHODOLOGY .....	10
III. FINDINGS .....	13
A. The Scope of Illicit Drug Use in Kaliningrad .....	13
B. Risky Practices Among Drug Users .....	14
1. Risks of Getting Infected with HIV and Hepatitis from Sharing Drug Injecting Equipment.....	14
2. Sexual Transmission Risk.....	17
C. Low Level of Awareness about Health Risks among IDUs .....	19
D. HIV Testing and other Prevention Services among Drug Users .....	20
E. Drug Treatment .....	22
1. Availability of Drug Treatment in Kaliningrad .....	22
2. IDUs' Awareness of and Attitudes Towards Drug Treatment in Kaliningrad .....	25
3. The Problem of Narcological Registration.....	27
4. Opinions of Specialists Working With IDUs on the Existing Drug Treatment System .....	30
5. Drug Treatment and Drug-Related Disease Prevention.....	31
6. Awareness of Existing Treatment and Other Types of Intervention among Specialists Dealing with IDUs .....	32
F. Attitude of Specialists towards Drug Users.....	33
G. Stigma, Scarcity and the Stereotype of Incurable Drug Dependence .....	34
H. Available Types of Help for IDUs and their Demand for It – IDUs' Opinions .....	35
I. Participation of NGOs in Prevention Activities: Policy and Resource Barriers.....	38
J. Attitudes Towards Harm Reduction Programs.....	38
IV. ROOT CAUSES ANALYSIS BY THE CAB.....	43
V. THE ACTION PLAN AND ITS IMPLEMENTATION .....	49
Appendix 1: Epidemiological data .....	61
Appendix 2: Criminal justice data .....	71
Appendix 3: Laws on medical care and treatment services to drug users and those sick with drug dependence .....	79
Appendix 4: Laws on medical care and treatment services to HIV-positive people.....	81
Appendix 5: Laws on Harm Reduction and HIV prevention among vulnerable groups .....	83

## EXECUTIVE SUMMARY

*"I would put it this way: treat drug users like humans, not like pigs. This is a human being, just a little degraded, who got in trouble and is guilty for that. What can we do if it happened like this? We drug users are treated as lower cast, as rotten people. But we are not! We are human too. It happens. But some drug users give up drugs, pick up their life and become good people... Drug users need help!"*

*- IDU, male, 35 years old*

From March to December 2006, a Rapid Policy Assessment and Response (RPAR) intervention was conducted in Kaliningrad, Russia, to assess the impact of Russian drug policy on the health of drug users in the city and surrounding rural areas. In the RPAR, a team of Russian researchers worked with a Community Action Board (CAB) comprised of law enforcement officials, drug treatment providers, medical officers, NGO leaders, lawyers, judges, and others to collect and analyze three kinds of data:

- 1) laws and policies relevant to health risks in the target populations;
- 2) existing data on the epidemiological situation and the operation of the criminal justice system; and
- 3) qualitative interviews with health care providers, lawyers, law enforcement representatives, NGO staff, drug users, sex workers and others who describing how the laws are put into practice.

By combining the assessment of law on the books with research on how law is actually being applied on the streets, the RPAR directly addressed the well-known gap between policy intent and implementation. By relying on local research capacity and leadership, the RPAR supported local capacity to produce change. The RPAR emphasized the link between formal policies and actual practices. It highlighted the importance of bottom-up change at the local level, to create a means of holding states accountable not just for their formal policies but for the real practices that influence people's daily lives.

The Kaliningrad RPAR uncovered a wide range of problems:

- Risky health practices remain widespread among IDUs and CSWs; drug users and their sexual partners continue to be at substantial risk for HIV and hepatitis; drug overdose is an invisible epidemic killing hundreds every year;
- The community continues to ignore or neglect IDUs (and CSWs) as groups in need of social care and support;
- There are no prevention services, and insufficient and ineffective drug treatment opportunities; these significant gaps in health and drug treatment services are allowing epidemics of HIV, hepatitis and STIs to grow;
- Laws and law enforcement practices create robust and durable barriers to disease prevention and care for drug dependency among IDUs. These include
  - The ambiguous status of harm reduction programs;
  - The ban on long-term opioid agonist therapy with methadone and buprenorphine;
  - The state monopoly on pharmacologically assisted treatment for dependency; and

- The narcological registration system.

The reasons for the situation are many and complex, but the RPAR identified several key factors that could be dealt with in pragmatic, policy terms and through good management and coordination in Kaliningrad. At the deepest level is the stigmatization of drug use, which instills in users and non-users alike a false belief that nothing can (and perhaps should) be done. This disdain and discouragement is reflected in and reinforced by law, which categorizes drug users both as criminals and as patients with a right to treatment, and thence in law enforcement practice, which has become an almost complete bar to the development of effective services. Throughout Kaliningrad, there is an absence of public health interventions to prevent disease among IDUs and their sex partners, and a shortage of basic, quality drug treatment services.

The CAB and the research team worked together to identify both national and local actions that could make a difference. National policy changes include:

- Clarification of current policy on harm reduction and, if necessary, legislative action to eliminate any doubt that harm reduction programs, including NEPs, are legal in the RF
- Elimination of the system of narcological registration
- Legalization of long-term opioid agonist treatment with methadone, buprenorphine or other appropriate medicine, and an end to the state monopoly on pharmacologically assisted drug dependency treatment

The recommendations with respect to harm reduction and drug treatment laws have been made before. Our report simply adds to the body of evidence in their favor. There has been less attention, at least in the international HIV/AIDS and harm reduction communities, to the destructive role played by the out-dated and pointless registration system, which we document in this Report. This may also be a less controversial policy change.

Regardless of progress nationally, much can be done at the local level. The RPAR identified a large number of concrete, feasible actions that could be taken to immediately improve the well-being of drug users and the state of public health. These include:

- Define the legal status of harm reduction programs at the level of the Kaliningrad region – i.e., the relevant health and law enforcement agencies should explicitly authorize harm reduction programs including NEP.
- Learn about the international experience of harm reduction programs; include them in a regional strategy to counteract HIV-infection and to provide adequate funding to their work.
- Ensure that drug users and sex workers, as the most vulnerable to HIV-infection, hepatitis and STIs, get access to prevention, including harm reduction programs with access to the injection equipment.
- Provide vulnerable groups with free of charge testing with voluntary pre- and post-HIV test counseling.
- Optimize existing capacity of medical care, social welfare and criminal justice systems for counseling of IDUs on the health risks and providing information on treatment options.

- Ensure drug users real access to drug dependence treatment. These measures should include elimination of restrictions to enter drug treatment facility, including a waiting list. When entering in a drug treatment facility, stop the practice of encouraging drug users to enter short-term paid treatment, without providing information on drug abuse as a disease requiring prolonged treatment and rehabilitation.
- Develop a simple, transparent procedure for deregistration.
- Provide counseling on HIV-infection and other health risks related to drug use to all drug users undergoing drug treatment (detoxification) in state drug treatment facilities.
- Provide adequate funding to drug dependence treatment facilities, including the provision of financing to rehabilitation programs implemented by NGOs.
- Provide public and non-governmental organizations working in the field of HIV prevention among drug users and sex workers with adequate funding.

To put these suggestions into action, Kaliningrad needs a collaborative, intersectoral and interdisciplinary effort to better link the services that exist, and to bring into existence better services. Specifically, the Action Plan calls for the stakeholders in Kaliningrad:

1. To organize work on health risk reduction among IDUs;
2. To strengthen NGOs' work with IDUs/PLWHA;
3. To increase awareness of available services targeted on IDUs/PLWHA among clients and professionals;
4. To increase awareness of drug use problems among the staff of law enforcement authorities;
5. To change the stereotype that "there are no ex-drug users" -- the stereotype of drug dependence incurability;
6. To set up and develop self-help and support groups for ex-IDUs/PLWHA, IDUs'/PLWHA's relatives and friends.

The Action Plan was completed in December 2006. Since then, the research team, supported by members of the CAB and others, has worked to put the recommendations into practice. The RPAR team and the NGO "YLA" developed and submitted 15 project proposals for funding by Kaliningrad, Russian and international programs and funds. Four projects are now under way, including programs of outreach to and counseling for drug users. RPAR proved to be a driving force for multiple changes, breaking the silence around the problem and initiating prevention work among IDUs. For the first time since it was stopped in 2000, regular harm reduction work with IDUs was resumed. NGOs' work with vulnerable groups has also become noticeably more active. The process of establishing relationship with public authorities and institutions has started and made meaningful progress. Further progress is possible, but will depend on factors including funding and the willingness and ability of the stakeholders in key sectors to cooperate.

This report explains the RPAR methodology, and then describes key findings and recommendations for action. Appendices include detailed information about RPAR methods and findings, including epidemiological and



criminal justice data, and data on laws on drug dependence treatment, medical care and treatment services to HIV-positive people and HIV prevention among vulnerable groups.



A View of Central Kaliningrad



## Rapid Policy Assessment and Response

*“All social groups are affected by drug use. You will never think that people [you see]... when you come along the street, you can never say.... From as early as 13-14 years old to adult men of 40 and over... You can never say that there are so many people...People don't have much experience in that.”*  
-- Ambulance attendant, male

### I. INTRODUCTION

Drug dependency is a serious health problem associated with unfortunate social side-effects. Drug users are at high risk for serious diseases like HIV and hepatitis, and when they are unable to work may engage in criminal activity (theft, prostitution, drug dealing) to pay for their drugs. Although dependency has been classified as a disease by the World Health Organization, it remains stigmatized as a character flaw. Injection drug users (IDUs) are considered to be junkies, associated with disease, filth and uselessness, and are cast to the bottom rung of the social ladder. The social stigma of drug dependency is both reflected in and exacerbated by laws and law enforcement practices that define drug dependent people as criminals.

Stigma and stereotypes conceal the true face of drug dependency from ordinary people. Drug users are typically portrayed in Kaliningrad as socially marginal misfits and trouble-makers, but in our work we found the reality to be otherwise. Many of the drug users we met in our project differed little in appearance and behavior from “ordinary” young people – from our kids and the kids of our friends. The idea of drug users being mostly outcasts from socially marginal groups is obviously a delusion and not true. Yet the popular image of drug users is shaped by images of used syringes in court yards and apartment blocks, horror stories about theft and robbery committed by drug users and the accounts of people they know struggling with drug dependency in their families. These images obscure the fact that treating drug users as criminals is the major barrier in practice to effectively dealing with the health of our drug-dependent friends and relatives.

Drug policy in Russia, and law enforcement practices in Kaliningrad, exemplify this problem. On the one hand, drug use is an administrative offence (RF Administrative Offence Code, Article 20.20) and an issue for criminal justice. On the other hand, drug users are recognized to be sick people (Federal Law on Narcotic Drugs and Psychotropic Substances, Article 7) to be dealt with by the healthcare sector. On the prevention front, the status of harm reduction as a public health approach remains problematic. Harm reduction programs can be indicted as involvement in drug use (Article 230 of the Criminal Code) and criminalized. In 2003 alterations were

made to Article 230, including an annotation that specified that "the article is not applied to cases of promotion of the use of relevant tools and equipment necessary for the use of narcotic and psychoactive substances, aimed at prevention of HIV infection and other dangerous diseases, provided that it is implemented with the consent of relevant health and drug control authorities." In theory a form of permission for harm reduction interventions, both the confusing terms and the requirement of "relevant health and drug control authorities" have hindered harm reduction programs in Kaliningrad and have not eliminated the threat of criminal prosecution of individuals who organize and participate in harm reduction programs.

Current Russian legislation does not positively authorize the development, approval, implementation and performance assessment of harm reduction programs. Due to the lack of a specific law defining the status of harm reduction programs, they have not become part of the state HIV counteraction policy. The lack of state regulation, including the relevant legislation, is one of the reasons for the negative attitude to them on the part of public authorities and some NGOs, which is reflected in the current position of public authorities, perceiving harm reduction as complicity in committing offences, resulting in a number of NGOs being ready to enter a conflict with authorities about their introduction.

Despite the ambiguity of harm reduction programs' status, they are sometimes supported by local authorities and actively implemented in a number of Russian regions. In 2006-2008 about 60 harm reduction programs did function in Russia. Their work was funded through several grants from the GFATM to the "Globus" project, Russian Health Foundation, Russian Harm Reduction Network and from the Priority National Project "Health." Kaliningrad authorities have not authorized NEPs.

Kaliningrad authorities have at the same time undertaken strong measures aimed at curtailing drug sales. In the Summer of 2006, law enforcement authorities destroyed an informal settlement called Dorozhny, the main drug trading venue known in Kaliningrad as the "gypsy village." The action was effective in law enforcement terms, in that it eliminated the region's only open drug market. The "open drug scene" in Kaliningrad became a closed drug scene, and drugs became harder to buy. From a public health perspective, however, the action was problematic. For those who could no longer obtain drugs, no treatment options were offered – a lost opportunity. While drug use was reduced, it was not eliminated. Rather, it became more hidden and therefore harder to reach with therapeutic and risk-reducing interventions. Curtailing the open drug scene led Kaliningrad authorities to the conclusion that drug use is no longer a problem. Interest in effective solutions has correspondingly waned.

In fact, the problem remains acute. Kaliningrad region and city have a very high HIV prevalence rate. Despite the fact that most HIV cases in Kaliningrad are tied to injection drug use, HIV prevention measures have not been targeted at IDUs. The local health authorities have not supported health care interventions for IDUs. The NGO sector during RPAR implementation generally has been too weak and unable to do so. Neither state health authorities nor NGOs had any special HIV prevention programs for IDUs in Kaliningrad during the time of RPAR implementation. The staff of public health and social welfare institutions serving IDUs are not entrusted with responsibility for IDUs' overall health. The majority of health, social welfare and NGO specialists working with IDUs are not aware of, or ill-informed about, a harm reduction approach. They neither realize the need for, nor are capable of, working on health risk reduction. As a result, IDUs do not receive health risks reduction assistance.

On paper, national policy recognizes drug dependency as a health issue. Drug dependent people, like patients with other diseases, have the right to medical treatment. Access to narcological treatment for drug dependent people is guaranteed by the right to the right to health accepted by the RF Constitution and various international treaties on human rights that Russia is part of. Treatment, medical and social rehabilitation of drug dependence in Russia is guaranteed by the state. However, RPAR research revealed that narcological treatment offered in Kaliningrad is neither effective nor accessible to all those who would like to have it, and is particularly difficult for the poor.

There is, by law, only one institution authorized to provide pharmacologically-assisted treatment for drug dependency, the KRNH. A state-funded institution, the KRNH offers detoxification, support groups and a psychological rehabilitation service without a fee, but with a catch: there are only fifteen free detoxification beds, and similar constraints in other programs. Indeed, the KRNH, which has developed a menu of paid services, now has a financial incentive to maintain very limited availability of free services.

The legal requirement of narcological registration is a second barrier preventing drug users from accessing free state drug treatment services. Drug dependent people voluntarily asking for medical care at narcological facilities are actually punished for their decision. Drug users who cannot pay for private treatment turn for help to a state narcological dispensary and are entered into the state registry of drug dependent persons. By contrast, fee-paying patients receiving the same treatments at the same facility can avoid registration entirely. Narcological registration is beneficial for the state narcological service as the apprehension about negative impacts of being on register creates favorable conditions for attracting people to paid services.

Patients who prefer to stay off the register can not use further free services provided by KRNH (for instance, inpatient day treatment ward or support groups at the social and psychological rehabilitation ward). The established practice of KRNH to develop paid services makes drug treatment inaccessible for drug users without private means. The limited access to treatment for people with no sufficient means is one of the reasons why most IDUs in Kaliningrad continue drug use at the risk of getting a communicable infection or dying from an overdose.

Quality of care is also a problem. Kaliningrad lacks a systematic approach to drug addiction treatment, and the RPAR found an extremely low level of awareness about current types of drug treatment in Kaliningrad among medical professionals who do not specialize in drug dependence. The widely used type of treatment, detoxification, is not complemented with further stages required for getting rid of the addiction. Detoxification, which should be the initial stage of treatment to be followed by long-term rehabilitation and adaptation work, actually remains the major type of treatment provided by the public health system in Kaliningrad. Long-term opioid agonist therapy with methadone or buprenorphine is illegal in Russia and not available to Kaliningrad IDUs, in spite of scientific evidence of their effectiveness and their common use in other countries. Hence, treatment provided in Kaliningrad is absolutely ineffective and virtually doesn't reduce the level of drug use.

RPAR found that the lack of work on IDUs' health is linked to the social stigma. The stigma is strongly influenced by the stereotype about the incurability of drug dependency among the public and medical professionals who disseminate the stereotype. The idea of impossibility to give up drugs affects the quality of work with drug users – disbelief in the possibility to reach the expected result (giving up drugs) lowers the

commitment of professionals to prevention and health preservation work with IDUs and their motivation for treatment.

The stereotype about incurability of drug dependence is widely spread among drug users themselves. For many the idea that “heroin can wait” is an axiom. The common opinion about impossibility to stop drug use spread in the society and supported by professionals and the public, creates the feeling of doom and despair, stops them from applying for treatment and lowers their motivation for preserving health.

Although Kaliningrad was one of the earliest epicenters of HIV in the RF, prevention and harm reduction work has received little support. IDUs are used to resolving their problems themselves or with the help of people they know. They expect nothing from the society and the state. None of the IDU-informants interviewed during the RPAR knew a single organization to address for any help. The RPAR found limited awareness and even less support for harm reduction programs in Kaliningrad. Harm reduction programs were implemented in Kaliningrad in 1998-2000, including one of the first NEPs in the RF, but the NEP was suppressed in 2000. The negative local experience had an impact on the attitude to harm reduction programs on the whole. Harm reduction, which is based on accepting drug use as a reality and focusing pragmatically on the reduction of negative consequences, contradicts the abstinence model, which dominates in Russia. The strongly negative views of the federal law enforcement authorities also promote disapproval of harm reduction in Kaliningrad. During the RPAR, representatives of the Kaliningrad branch of the national Drug Control Service clearly stated that harm reduction programs, including NEP, are illegal and subject to criminal prosecution. They also think that they are ineffective and unable to prevent HIV transmission. The attitude to methadone therapy was also extremely negative. It is underlined that methadone is on the list of prohibited substances in Russia and in widespread opinion is harmful and hazardous for health.

The RPAR process resulted in recommendations for national policy change, and a plan for local action to promote public health under current law. The policy changes are:

- Clarification of current policy on harm reduction and, if necessary, legislative action to eliminate any doubt that harm reduction programs, including NEPs, are legal in the RF;
- Elimination of the system of narcological registration;
- Legalization of long-term opioid agonist treatment with methadone, buprenorphine or other appropriate medicine, and an end to the state monopoly on pharmacologically assisted drug dependency treatment.

Having analyzed the root causes of infections transmission among IDUs, CAB members and RPAR research team developed a six-part Action Plan to be implemented by the local community, including governmental institutions and NGOs dealing with issues related to IDUs life and health, assisted by politicians and public authorities:

1. To organize work on health risk reduction among IDUs;
2. To strengthen NGOs' work with IDUs/PLWHA;
3. To increase awareness of available services targeted on IDUs/PLWHA among clients and professionals;
4. To increase awareness of drug use problems among the staff of law enforcement authorities;

5. To change the stereotype that “there are no ex-drug users” (stereotype of drug dependence incurability);
6. To set up and develop self-help and support groups for ex-IDUs/PLWHA, IDUs’/PLWHA’s relatives and friends.

The Action Plan was completed in December 2006. Since then, the research team, supported by members of the CAB and others, has actively started to implement the Action Plan through:

- Developing project proposals and submitting them for funding;
- Implementing projects and conducting specific activities; and
- Preparing a platform for additional activities and projects.

The RPAR team and the NGO “YLA” developed and submitted 15 project proposals for funding by Kaliningrad, Russian and international programs and funds. Since RPAR was completed in December 2006 a number of projects on harm reduction among IDUs and building up adherence to ARVT among PLWHA were started:

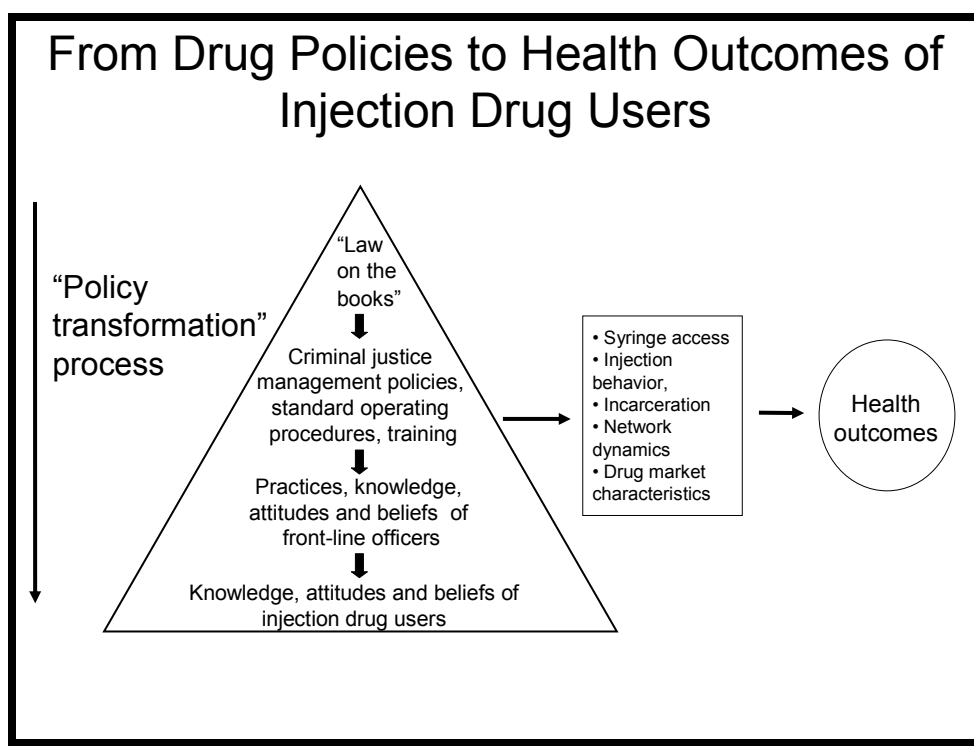
- “Breaking the silence. HIV prevention among IDUs in Kaliningrad” – an outreach project by “YLA” funded by the GFATM;
- “Harm reduction in the Town of Guryevsk, Kaliningrad Oblast,” conducted by the “HIV and Drug Use Resistance Foundation” and funded by the GFATM;
- “Support for multi-disciplinary teams dealing with patients’ counseling, involvement in and adherence to antiretroviral therapy” implemented by “YLA” in penitentiary institutions of the Kaliningrad region;
- TIME pilot project (a component of an EU-funded project) by “YLA”, “Help Now” and Caritas-West, establishing a public counseling centre for IDUs.

RPAR proved to be a driving force for multiple changes. The RPAR research team, CAB members and their supporters managed “to break the silence” and initiate prevention work among IDUs. For the first time since it was stopped in 2000, regular harm reduction work with IDUs was resumed. NGOs’ work with vulnerable groups has also become noticeably more active. The process of establishing relationship with public authorities and institutions has started and made meaningful progress. At the same time, these changes are rather unstable. Dramatic improvement of the situation, characterized by sustainability and efficiency of prevention work with vulnerable groups, will strongly depend on the four factors: first, the ability of the active local community – NGOs working in the field of HIV/AIDS and drug use, relatives and friends of IDUs – to unite their efforts and persuade people at every level about the need for work with drug users concerning reduction of drug-use-related harm, treatment and rehabilitation; second, acceptance by authorities of the need to carry out prevention work among IDUs and other vulnerable groups and to improve the existing system of drug treatment; third, efforts of key prevention institutions – public health care, social welfare and educational institutions, and NGOs to develop interdepartmental interaction and cooperation in their work with vulnerable groups; and fourth, the capability of all those actors to attract funding and promote efforts of local community to work with vulnerable groups.

This report explains the RPAR methodology, and then describes key findings and recommendations for action. Appendices include detailed information about RPAR methods and findings, including epidemiological and criminal justice data, and data on laws on drug dependence treatment, medical care and treatment services to HIV-positive people and HIV prevention among vulnerable groups.

## II. METHODOLOGY

In RPAR, a research team from a site city works with a Community Action Board to collect three kinds of data: 1) laws and written policies relevant to health risks in the target populations; 2) existing data on the epidemiological situation and the operation of the criminal justice system; and 3) qualitative interviews with police, judges, prosecutors, drug users, sex workers and others who can describe how the laws are put into practice. The data collection and interpretation are guided by the CAB, which develops an action plan and final report. RPAR is designed to be used by people who do not have extensive experience in policy or qualitative research. Research and analysis is based on a conceptual model in which laws and law enforcement practices are understood to influence the health of drug users in a range of subtle and not-so-subtle ways. In this model, the policy transformation process – the ways that officials put the law into practice, and how those practices are perceived by those subject to the law – is just as important as the actual wording and formal intentions of the law.

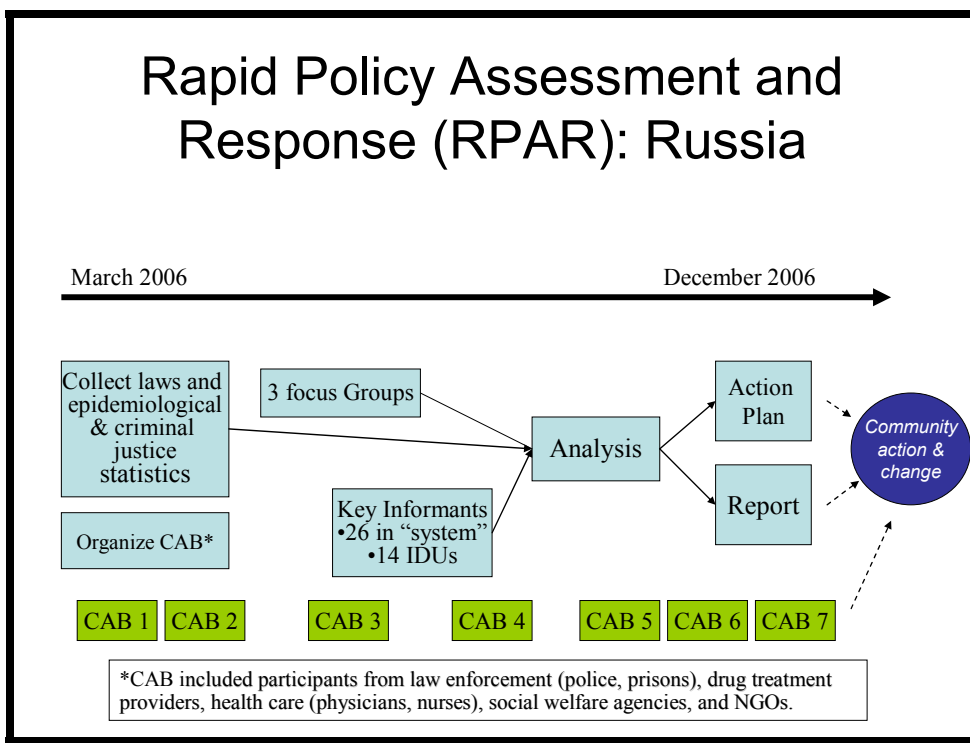


The *Kaliningrad RPAR* team collected data on existing law related to drug law and policy, information as to how such laws are implemented and enforced by lawmakers and law enforcement officials, and epidemiological data. Preliminary work, such as getting approval from responsible ethics committees, team recruitment and training began in April, 2005. The RPAR began in March, 2006 and was completed in December, 2006.

### Existing Data

The first three months of the RPAR were devoted to collecting laws in a variety of domains (see Appendix V), as well as existing data on drug-related diseases and the operating of the criminal justice system. At this time, the CAB was recruited and began meeting. The CAB met seven times. Twenty-nine people from

seventeen organizations participated. The most active CAB member were from the KRNH, the Bar, the Kaliningrad Regional Duma, the Kaliningrad Law Institute (attached to the RF Ministry of Interior), the Social Welfare Committee of the Kaliningrad City government, the Ministry of Social Policy and Labor of the Kaliningrad Region, the Unit for Asocial Phenomena Prevention of the Kaliningrad Region Ministry of Education, the Department of Federal Service for Surveillance of Consumers' Rights Protection and Man's Well-Being, the Kaliningrad Region Drug Control Service, the Kaliningrad Department of the Federal Penitentiary Service, the Kaliningrad AIDS Centre, and NGOs working with IDUs and PLWHA.



### Qualitative Data

The RPAR team conducted three Focus Groups. The first Focus Group included drug treatment providers and clinical health care providers (e.g. medical doctors and others from the healthcare system). The second Focus Group consisted of health interventionists (e.g. those individuals intervening in crises and actively working with drug-dependent individuals on a daily basis, NGO representatives seeking to support drug users and counteracting the social marginalization and stigma that drug dependent individuals face). The third Focus Group was comprised of representatives from law enforcement and the criminal justice system (e.g. police and drug control service officers).

The team also conducted 26 interviews with individuals in the criminal justice, public health and drug abuse systems, both at the staff and the leadership levels. These detailed interviews, which normally took 1-2 hours, probed the informant's attitudes and experiences in addiction, bloodborne disease, social services and public policy, and the actual operation of the criminal justice and social and health services systems. Similar interviews were conducted with fourteen IDUs. System and interactor Informants were recruited purposively with the



assistance of CAB members and through snow-ball methods. Street IDU informants were mostly recruited in the IDU's meeting points (called "pyatak"). They ranged from eighteen to thirty-five years old with experience of drug use from one to fifteen years.

### Analysis of the Data and Action Plan

All data collected were presented to the CAB, which carefully considered the information and selected the most vital aspects to be integrated into the report. At several meetings, the research team led the CAB through analytic exercises aimed at identifying root causes of the problems identified in the research, and developing and prioritizing feasible solutions. During the final stage, the CAB prepared an Action Plan, which included detailed planning for the implementation of each solution, divided into separate stages.



*“Harm reduction programs must be in place. As a first step to reach this group and motivate them for further treatment. Condoms, syringes must be distributed and other stuff like disinfectants or whatever else. This must be done.*

*Q: What are the constraints in this regard...?*

*A: No funds, no people willing to work with this group. And the law must exist to protect those who want to work with them from possible sanctions. For not giving a chance to say that they support drug use with their job. The legal framework is absolutely necessary”*

*-- HIV/AIDS expert, female*

### III. FINDINGS

#### A. THE SCOPE OF ILLICIT DRUG USE IN KALININGRAD

It is difficult to accurately assess the scope of drug use in Kaliningrad. The number of drug users and those sick with drug dependency registered in the KRNH was 2,360 as of June 1, 2006. Because of the barriers to treatment, this figure represents an undercount, and there has not been any epidemiological research on IDU prevalence in recent years.

Drug use is concealed from ordinary people. It's difficult for a non-professional to detect a drugged person at first glance. It's not very frequent for ordinary people to encounter the problem of drug use – it happens when they find used syringes in court yards and apartment blocks, hear horror stories about theft and robbery committed by drug users (who are forced to commit a crime to be able to buy a drug) and stories about people they know having the trouble of drug use in their families.

The real number of people involved in drug use can be only roughly estimated based, among other things, on data collected during RPAR. At the stage of conducting qualitative research we organized interviews with emergency care professionals, who had calls about overdose nearly every day. An informant – an employee of an emergency care outlet servicing the city district next to what was then the main drug trading place, Dorozhny village, said that overdose calls were a daily affair, sometimes numbering to 4 or 5 per team on a shift.

We also talked to pharmacists selling syringes and other devices to dozens of young people every day. Our research team members spent long hours at drug-users' meeting points – the so called “pyataks” – located in the vicinity of Dorozhny village. This is known in Kaliningrad as the “gypsy village.” In summer 2006, up to thirty to forty people could be spotted at a “pyatak” in one hour. At the village itself, we observed dozens of cars and up to fifty people buying drugs came and went in the course of half an hour. Observations like this suggest that thousands of people were involved in drug use in Kaliningrad then.

In the Summer of 2006, law enforcement agencies took firm measures to destroy houses in Dorozhny and intervened to stop the open drug trade. This changed the “drug scene” in Kaliningrad. It goes without saying that the drug use was not stopped, but its scale decreased and it has become even more hidden. Drug use is a serious psycho-physiological disease that can not disappear by itself due to growing difficulties in accessing drugs. Drug use as a disease requires a long-term treatment and rehabilitation. We don't have reliable information about the number of drug users who underwent a course of treatment in KRNH in 2007 after RPAR had been finalized. However, it's safe to say that their number has not increased. The number of IDUs who underwent rehabilitation over the same period of time was limited by the small number of rehabilitation facilities in the region. Since autumn 2006 we have had a so called “closed drug scene” in Kaliningrad, when the access to IDUs is very limited and their involvement in treatment and rehabilitation is more difficult.

In the course of collecting qualitative data we found again and again that a commonly spread opinion about drug users being “human driftwood” was a myth. The informants from emergency care stressed that drug use is widely spread through all social groups – from very young people of 13-14 years old to people of middle age, from representatives of marginal groups to problem-free and successful people from well-off families, who either work or study.

*“All social groups are affected by drug use. You will never think that people... when you come along the street, you can never say.... From as early as 13-14 years old to adult men of 40 and over... You can never say that there are so many people...People don't have much experience in that.”*

-- Ambulance attendant, male

*“You know, those who call due to overdosing, they are so different. Dens are one thing. But some successful people often call us, decent and well-off...”*

--Ambulance doctor, female

This is also the observation of our research team members, who interviewed drug users. Having spent many hours at their meeting points, we became accustomed to meeting absolutely “normal” and “safe” young women and men from ordinary families, who could not be described as hopelessly lost for the society. Many of the drug users in their appearance and behavior did not differ much from other young people – from our kids and the kids of our friends. The idea of drug users being mostly outcasts from socially marginal groups is obviously a delusion and not true, but continues to influence drug policies and health services in Kaliningrad.

## B. RISKY PRACTICES AMONG DRUG USERS

### *1. Risks of Getting Infected with HIV and Hepatitis from Sharing Drug Injecting Equipment*

*Interviews with IDUs suggest that the risks of spreading HIV and hepatitis through drug use remain too high. According to the interviewed drug users, in the Kaliningrad drug users' community:*

- 40% use a new syringe every time;
- 70-80% use their own syringe every time;
- 20-30% sometimes use somebody else's syringe.

Despite the lack of prevention work, needle sharing is not as wide spread as it was in 1990s, when IDUs mostly used home-made opiates. IDU informants noted that the majority of drug users are aware of the danger of sharing needles and in most cases use new or their own syringes. However, this is not an absolute rule for them. Almost all the interviewed IDUs referred to different types of risky behavior occasionally practiced among drug users for a number of reasons. For instance, an IDU, who usually uses his own syringe, can also use the one belonging to a person he trusts and considers being healthy:

*"I always use my own syringe like the majority of others do. But still, sometimes there might be a situation when a person doesn't have his own syringe. But it's like, I know this guy, he is my friend, I've known him since childhood. I am sure that he doesn't have HIV or anything like that. So I might use a syringe after him. But after someone else – no."*

-- IDU, male, 18 y.o.

*"...Everyone knows – don't use anybody else's syringe, even children know that.*

*Q<sup>1</sup>: Everyone knows it, but sometimes they still do it?*

*A: It's not quite so. It's just that, let's say, you go to get drugs with someone you know really well. And, let's say, he might not know that he has some kind of disease. That's the way people get infected. They don't really hide it, although there are people who do, but not that many. Usually they say – I have HIV."*

-- IDU, male, 21 y.o.

IDUs generally understand that sharing injection equipment can expose them to HIV or hepatitis, but repeatedly mentioned an ethic of the drug using community, under which a person who knows about his problem warns others and refuses to share a needle:

*"Everybody warns, even if someone asks for his syringe, he warns them that he is HIV-positive. So he won't give it no matter what, even if the other guy says "I don't care, let me have it – he will not give it."*

-- IDU, male, 18 y.o.

*"People often warn: "Look for yourself, if you use it after me, I can't be held responsible."*

-- IDU, male, 30 y.o.

In Kaliningrad, as elsewhere in Russia, syringes may legally be sold. There are many drugstores, some of which are open throughout the day and night. Syringes are fairly cheap. An insulin syringe costs between 2 and 5 Rubles. As a rule, it is not a problem for a drug user to buy a syringe. Nevertheless, RPAR revealed important barriers to using a new, sterile syringe at every injection. The informants said they could be in a situation, when they don't buy syringes due to the lack of money or an accessible pharmacy:

*"Look, some will pick up a syringe from the ground and shoot, when people have no money."*

-- IDU, female, 21 y.o.

*"Q: Have you experienced the situation, when drug users shared needles?"*

---

<sup>1</sup> Abbreviations used in citations: Q – question, A – answer.

*A: Of course. Especially, if it is at night and there are no places to buy a syringe. Or people have no money at all."*

-- IDU, male, 30 y.o.

*"I think, if there were a drugstore somewhere. Otherwise, sometimes, when you have no money, you go and shoot with an old syringe. While I could better go and buy a syringe.*

*B: Does it really happen that there is no money to buy a syringe?*

*O: Sure"*

IDU, female, 28 y.o.

A syringe is certainly cheaper than the drugs they buy. However it's necessary to consider that people short of money tend to choose the most important thing and only spend on what they think is a priority and the most important thing for the moment.

Another barrier, according to IDUs, is a refusal of some pharmacists to sell syringes:

*"I buy a new syringe every time. Although sometimes saleswomen don't sell it on purpose, they say they don't have it. But in reality they do have it. They probably think they can prevent us using drugs that way. I told one of them that because of the people like her IDUs who are not feeling well just pick it up on the street and get infected, because drug stores don't want to sell ... She sold it to me."*

--IDU, female, 21 y.o.

The IDUs' words were confirmed by the interviewed pharmacists, who said sometimes they refused to sell syringes (for instance, to a young woman or a young man), thinking it is their contribution to combating drug use. One of them said that selling syringes to young people makes her feel uneasy, as if she personally encourages drug use. It happens that other customers reproach her for doing it. When we explained to them that the use of clean syringes prevents the spread of HIV, they admitted they had never thought about it before.

Interestingly, the IDUs we interviewed did not generally point to fear of police interference as a reason for not obtaining or carrying a sterile syringe. Some drug users noted that a syringe marks them as drug users, and during encounters with law enforcement officers may lead to undesirable consequences. They explained, however, that law enforcement officers used other signs to identify drug users, such as presence in a drug market, track marks and evident intoxication.

*"...usually they say "turn out your bag and pockets".*

*Q: Do you do it yourself?*

*A: Yes, I do myself.*

*Q: When you turn out your pockets, do you take out the syringe? Will you show the syringe, or?*

*A: Well, a syringe, I can show it.*

*Q: But then they can easily understand that you use drugs?*

A: *So what? They know it anyway*"

-- IDU, female, 22 y.o.

"Q: *Do you know what happens, when a person is stopped and a syringe is found with him?*

A: *They can just look at your hands. At first, when they stop a person and see that he/she is under the influence of any drug, it becomes clear. They look at your hands, and they see a syringe. Of course, they swear: "why do you carry it? Throw away this stuff". And they throw it away. Of course, it's better, if they cannot find it. Well, they get the heebie jeebies because of that. Well, you know...they think it's disgusting. But they knew that it was a drug user in front of them"*

-- IDU, female, 21 y.o.

Good access to sterile injection equipment for IDUs and encouragement to use it is important for HIV/AIDS. NEPs are considered by WHO, UNAIDS and UNODC to be an extremely important component of HIV/AIDS prevention work among IDUs.<sup>2</sup> These are successfully implemented in many countries. Such programs were implemented in Kaliningrad in the late 1990s. Though there was nothing of the kind done over the last years some older IDU-informants still remembered those:

*"Once there was a time, when, for instance, the old ones [syringes] were exchanged for new ones...All visited it and exchanged there.*

Q: *What did drug users think about it? Was it good to have such an opportunity?*

A: *Of course, because it means less HIV and hepatitis and all other diseases."*

-- IDU, female, 28 y.o.

When RPAR was conducted in Kaliningrad, there were no on-going programs on increasing access to injection equipment there. Any barrier on the way of IDUs' access to injection tools imposes a threat to public health. Measures should be taken to eliminate those.

## *2. Sexual Transmission Risk*

Risk of spreading HIV, hepatitis and STDs through sex appears to be very high among Kaliningrad IDUs. Statements made by doctors working with HIV/AIDS and IDU-informants showed that many IDUs do not use condoms during sex. A doctor working with HIV/AIDS estimated that 50% of HIV cases occur through sex and 50% through drug use, but most of those infected through sex are partners of drug users:

Q: *And do drug users use condoms?*

---

<sup>2</sup> See, for example, "WHO/UNAIDS/UNODC (2004). Brief information for policy development: provision of sterile injecting devices to reduce HIV infection. Data about HIV/AIDS counteraction among IDUs". Link: <<http://www.who.int/hiv/pub/advocacy/en/pb03ru.pdf>>

*A: I think they don't. Although they have them. But I think usually they just can't control it. That's why we have such an increase in HIV transmission through sex. And most often those are partners of addicts or partners of the partners."*

-- HIV/AIDS expert, female

This view was echoed by IDU informants:

*"Q: So what is the most common way of HIV transmission?"*

*A: Probably the sexual way... they don't use condoms. People believe that it's not something that has to be used all the time and everywhere. And when there is a chance of getting laid, nobody will, say, hold on and run off to find a condom."*

-- IDU, male, 30 y.o.

According to drug users interviewed, only 10%-40% of Kaliningrad IDUs use condoms during sex. "Maybe they don't have money to buy them or they don't want to use them," said one IDU informant.

At the same time IDU-informants who were CSWs working in the street, stated that they use condoms, when providing sex services, being scared about getting infected and infecting the client. However, they also admitted that when clients insist, they feel helpless and don't know how to insist.

*"Girls do use condoms. However, some clients ask to do it without a condom, but if a girl feels she has a problem, she will not have an intercourse without a condom."*

-- IDU-CSW, female, 29 y.o.

*"But what I do know is that prostitutes always try to protect themselves, because nobody wants to loose their head. They won't even go with anyone if the client insists on not using a condom...You infect somebody and that will be your end."*

-- IDU, female, 22 y.o.

Specialists working with CSW also noted that girls don't always use condoms:

*"Today it's not a problem to buy a condom. They do buy them, in any case, as the girls themselves tell us. Do you have condoms? Yes. Show them? So they show them. It's just that they don't always use them. That's the thing."*

-- HIV/AIDS expert, female

In summer 2006, a charity, Catholic Center Caritas-West, together with specialists from the AIDS-Center, started a prevention project aimed at CSW. However, it did not include distribution of condoms. There were no other programs in Kaliningrad during the RPAR aimed at prevention of sexual transmission among CSWs and

IDUs, providing them with reliable and ample information about the reduction of HIV transmission risk during sex and distributing condoms.

### C. LOW LEVEL OF AWARENESS ABOUT HEALTH RISKS AMONG IDUS

Interviews and conversations with IDUs at meeting points showed that drug users have a distorted understanding of risky types of behavior. Almost all drug users are generally aware about the modes of HIV transmission. However, they have are less informed about the details of health risks related to drug use, particularly hepatitis and drug overdose. For instance, it's quite common to use one syringe for further sharing of the drug-containing solution:

*"With somebody else's syringe? It's a rare thing nowadays, I haven't really seen it lately... Using a common container – it happens. Heroin is cooked in a spoon and then taken into a syringe and from that syringe to other syringes."*

-- IDU, female, 30 y.o.

*"I don't take it from the common container, but very many do, a lot more often than from the common syringe. They think that's less risky. And I also think it's less risky."*

-- IDU, female, 21 y.o.

IDUs maintain that when a drug from one container is shared between several people, it's a must to use one sterile syringe (called "vyborka" – a collector), which in their opinion makes the given practice absolutely safe. When further questions were asked, they admitted that sometimes the collecting syringe breaks and then they take the drug with their own syringes that could have been used before. Obviously this practice is risky, but IDUs are unaware of or discount it. Much the same may be said in relation to other tools used for making and using drugs – spoons, tourniquets, lighters, ampoules and other containers. Awareness of the risk of using somebody else's injection and personal hygiene gear (brushes, razors, etc.) that can contact somebody else's blood – the so called "blood awareness" – is very low among IDUs. While the majority of IDUs consider sharing needles to be risky behavior, anything related to contacting somebody else's blood is not an obvious threat for them and, hence, they practice that kind of behavior quite often. For instance, low awareness of and misconceptions about ways of hepatitis transmission were identified:

*"... You get hepatitis from injections, when you inject too often – that's how you get it."*

-- IDU, male, 18 y.o.

*"... Virtually all those who use heroin have hepatitis C – and it happens not because they use one syringe, there is something in heroin that makes them infected, when they use heroin."*

-- IDU, female 21 y.o.



There are other common misconceptions among IDUs. For instance, the therapeutic benefit of injecting water in case of overdose. IDUs also said that in life-threatening situations caused by overdose they don't care much about the cleanness of a syringe, which makes such practice extremely dangerous in terms of HIV and hepatitis transmission:

*“Artificial respiration, rubbing ears, slapping on the cheeks, pouring water. Or you take a syringe, fill it up with water and inject it intravenously to ease.”*

-- IDU, male, 18 y.o.

*“Q: What kind of syringe is used then? A clean one?”*

*A: Oh...of course it's not important then, they may rinse it... if I'm not sick, I'll rinse my syringe.”*

IDU, female, 21 y.o.

The low health risk awareness among IDUs reflects their lack of access to reliable information. General information is obtained by IDUs and other social groups from rare cases of social marketing, the occasional lecture on the topic in schools, and counseling offered sometimes during HIV test counseling. There is nowhere they can get more detailed and specialized information about models of risky behavior, because there haven't been any specialized prevention programs for risk groups in Kaliningrad over the last six years. In most cases drug users learn about what is risky and what is safe only from each other:

*“Q: Where do drug users get information about the ways to avoid infections?”*

*A: Well, for instance, I know, because I had an HIV test at the AIDS Center... They say it there...Otherwise...If they started using drugs with friends, apparently the friends should tell them ...Sometimes we tell the newcomers. We tell them that they shouldn't share a needle with a person they don't know, that it's better to have your own, clean syringe.”*

-- IDU, female, 21 y.o.

*“Q: Have you ever heard that drug users were explained how to avoid the infection?”*

*A: At the AIDS-Center – there I was told one mustn't share a syringe...but there is no program, I mean, where they would get us together and explain how to inject and avoid being infected...I think this is necessary for everyone, even for a mature woman... and youngsters of 14-15-16 y.o., they must know everything. Information is required in any case. I mean, one will decide later whether to do it or not... More such organizations are needed, more explanations.”*

-- IDU, female, 30 y.o.

#### D. HIV TESTING AND OTHER PREVENTION SERVICES AMONG DRUG USERS

Voluntary counseling and testing is an internationally accepted HIV prevention intervention, typically seen as a cornerstone of prevention. Alongside other interventions, voluntary and confidential counseling can improve awareness about health risks both among general public and such HIV-vulnerable groups as IDUs and CSWs.

IDUs and HIV/AIDS medical professionals in Kaliningrad reported that HIV testing among drug users is not common. They are mostly tested for HIV not on their own initiative, but when it is required (as part of medical examination at work, educational institutions, hospitals, pre-trial detention center, etc). According to IDU informants, some drug users do not see any need in taking a test because they believe they avoid risky behavior. Others suspect they are infected and don't take the test for fear of confirmation. Others are indifferent to their possible infection.

*“Q: What do you think; do drug users get tested for HIV often?”*

*A: No, not really often. It's just that people are not interested, they think they know it all. Many of them believe they are not infected, it's like “I don't share needles with anybody, so I am not infected.”*

-- IDU, female, 21 y.o.

*“Q: Do they get tested often? Is it common at all? Do drug users think it's worth testing?”*

*A: I wouldn't say so. No. They don't go for testing. When you can't care less about yourself, why should you get tested...?”*

-- IDU, male 35 y.o.

Unawareness of one's HIV status is a threat to both drug users' own health and health of those around them – their peer drug users and sex partners. Without knowing the diagnosis they will not be able to promptly have their health examined and start anti-viral treatment in time. Not knowing about the threat of getting infected, they and their partners can practice risky behavior during drug use and sex. We have already described a certain ethics among IDUs, when they try not to give their syringes to others, if they know of their HIV status. We have also said that IDUs can face situations, when they share injecting gear, being sure about the partner's health. Counseling is a good opportunity to increase health risks awareness among IDUs.

Access to voluntary pre- and post-HIV test counseling is prescribed by Russian law. Unfortunately, the right is not enforced, voluntariness is often ignored and counseling in most cases is not given. By failing to provide access to confidential HIV testing and counseling, the health system misses an opportunity to deliver accurate information about risky drug use practices coming from professionals. HIV and hepatitis are avoidable infections. Infection risk awareness is the first step to prevent them. Lack of relevant interventions on the part of the health care system and lack of prevention activities aimed at IDUs deprives a large number of young people of an opportunity to receive reliable information, leaving them face to face with the risk of getting infected with serious diseases, as well as other health risks.

The RPAR research showed that drug users and other HIV-, hepatitis- and STD-related vulnerable groups in 2000–2006 were absolutely uncovered with preventive work. There were no specialized preventive programs in the city providing accurate and ample information about risk reduction during drug use and sex and facilitating an increased access to injection devices and other protection means. Opportunities of preventive work during confidential HIV test counseling were not actively utilized either. RPAR has also shown low awareness of drug use-related health risks and risky behavior patterns practiced due to the lack of information. In sum, a complete

lack of access to preventive services and a poor access to testing and counseling in Kaliningrad, run counter to the obligations to provide a universal access to services for HIV prevention, treatment, care and support Russia has taken upon itself.<sup>3</sup>

## E. DRUG TREATMENT

Drug dependent people, like all other Russians, have the legal right to access general health care services under the RF Constitution and legislation. Drug dependent people, like patients with other diseases, have the right to treatment for their particular health condition. Treatment, medical and social rehabilitation of drug dependence in Russia is guaranteed by the state under Article 54 of the Federal Law on Drugs and Psychotropic Substances. RPAR research found that narcological treatment in Kaliningrad is neither effective nor accessible to all those who would like to have it. Public funding affords only a limited amount of services at the KRNH. There is no public support for on-going rehabilitation, social and psychological rehabilitation programs for drug users in Kaliningrad. Moreover, the existing practice of rendering public drug treatment in KRNH has a number of drawbacks and creates barriers on the way of accessible and efficient treatment that leads to the lack of trust in narcological service and alienation of drug users. As a result, drug users very rarely appeal for medical care and have to cope with the disease themselves.

### *1. Availability of Drug Treatment in Kaliningrad*

There were four types of drug treatment available in some measure in Kaliningrad at the time of RPAR:

**Narcological services by KRNH** include primary counseling (free for drug users, 300 Rubles for parents), outpatient programs, and inpatient detoxification treatment, both free and paid. Free treatment requires registration in the hospital as a drug user or addict. For detoxification it is common to wait from a couple of days to a couple of weeks, as there are only fifteen free beds. The treatment lasts for twenty-one days; medication has to be partly purchased by patients. Paid treatment is provided anonymously without narcological registration. The fee of 1800 Rubles./day includes both treatment and catering; there is no waiting list; catering and living conditions are better than those of free treatment (good food, more effective medicine for withdrawal, renovated premises); it lasts from a couple of days to two or three weeks depending on the paying ability of patients:

---

<sup>3</sup> In 2005 at the UN General Assembly Special Session on AIDS, member countries, including Russia, pledged to ensure universal access to HIV-related services in prevention, treatment, care and support by 2010. In 2006-2007 a group of experts from the RF Ministry of Health and Social Development, Federal Service for Surveillance over Consumer Rights Protection and Human Wellbeing of the RF, Federal Research and Methodological Centre on Prevention and Combating AIDS, NGOs and international organizations worked out national indicators and priority objectives for ensuring the universal access. According to the objectives in the field of prevention, at least 35% of vulnerable group representatives (IDUs, CSWs, MSM) should be covered by prevention programs by 2010. Accessibility of testing facilities, accompanied by pre- and post- HIV test counseling, should equal 90% of all those tested. Source: V.Pokrovsky, A.Goliusov, N.Ladnaya, M.Semenchenko, A.Martynov, M.Tumanova, A.Bidordinova, S.Kovalevski, A.Agafonova. "Ensuring Universal Access to HIV Prevention, Treatment and Support in the Russian Federation". Issue 2: Target Setting Process to Ensure Universal Access to HIV Prevention, Treatment and Support by 2010 in the Russian Federation. Moscow: Ministry of Health and Social Development of the RF., Federal Service for Surveillance over Consumer Rights Protection and Human Wellbeing of the RF, Federal Research and Methodological Centre on Prevention and Combating AIDS. UNAIDS, 2007.

*“Some may stay for three days, others for two weeks, they’ll stay for as long as they have money for it.”*

--IDU, female, 21 y.o.

*“We have some difficulties with treatment. Most of treatment today costs money, pretty big money. And, unfortunately, not everybody has money today. Usually those receiving treatment are the ones who have money. And what are the ones with no money supposed to do...?”*

--IDU, female, 21 y.o.

The pharmacological regimen differs somewhat between free and paid programs, and the conditions are far better in the paid ward. Both the lack of registration and the avoidance of the waiting list are additional advantages of paid care.

*“I am talking about free [treatment]; i.e. you come and join the waiting list. Your turn comes up, and you get in. You only have to buy the pills. They isolate you in there, feed you... give you pills, so you get through the withdrawal. You only see the doctor in the morning during the rounds, that’s it. And if you go for paid treatment, they make a big fuss of you. Food there is absolutely different, the way they treat you is absolutely different... They look after you, talk to you.”*

-- IDU, female, 22 y.o.

*“I don’t know how it is right now, but usually people had to be on a waiting list for two weeks, and people are in pain... I haven’t been there for free treatment, but I’ve heard about it. I.e. you come there, don’t really get any treatment, you need to have your own medicine, like Tramadol, you have to buy it. When you get paid treatment they give you an IV dropper, monitor you... give you injections, you sleep most of the time. They give you sleeping pills, kind of sleep therapy. Even the rooms are different there. The staff pays more attention to you. They even feed you better.”*

-- IDU, female, 21 y.o.

At the time of the RPAR, the KRNH also offered an outpatient day psychotherapy program. It had twenty slots and also provided medication to assist in recovery. It was free to registered patients and fee-based for private patients. The program was closed after the RPAR because of renovations in the hospital facility. It is not known whether or when it will reopen.

Outpatient treatment includes a visit to a narcologist (150 Rubles), who prescribes opioid analgesics of the Tramadol group to ease withdrawal at home:

*“If you want to overcome withdrawal symptoms, you lock yourself at home and do it. Just buy the pills and do not go to the hospital. You can get a prescription for 150 Rubles, if you want to stay anonymous. If you are not registered, you just pay 150 Rubles to see a doctor and he prescribes you some pills that cost 350 Rubles.”*

-- IDU, female, 22 y.o.

*“Say, tramal, Tramadol. Actually it’s a drug. It’s a synthetic opiate, but it’s not on the drugs list. Do you know the difference between a drug and a non-drug here? It’s about being on the list. It is not there, that’s why it’s allowed for treatment. However, in reality it’s from the same group and if one uses these prescribed drugs for a long time, it actually becomes a substitution therapy.... The treatment process is controlled, of course, i.e. they check it from time to time as drugs are prescribed only for treatment. There is a certain period of treating withdrawal syndrome. You can justify some 15 or even 20 days, but never 2 months.”*

-- Narcological facility official, male

KRNH also offers a support group convened by the staff of the socio-psychological rehabilitation ward. It is free for those who are registered, and fee-based for private patients. The group is attended by few people. Finally, there is a support group for parents and other people close to drug users. It is fee-based, costing 100 Rubles/visit. Paid drug dependency treatment in KRNH is expensive. At the time of RPAR, the cost of one day in the hospital was nine times more than a dose of heroin. Cost and, registration are major reasons most drug users don’t seek drug treatment.

**Four non-governmental rehabilitation centres** provide long-term rehabilitation with 2-8 months stay in a centre located outside the city. The number of places in four Kaliningrad centers totals about 100. Centers “Orehovo” and “Znamenka” are based on a therapeutic community rehabilitation model, which is adapted from the MONAR Association in Poland. The stay costs 7,000 Rubles/month. Centers “Way to Freedom” and “New Life” are based on a Christian model of rehabilitation. They charge 2,000-3,000 Rubles/month, but in exceptional cases the price can be reduced. All rehabilitation centers are non-commercial organizations. The lack of public funding or sufficient funding from other sources doesn’t allow the centers to accept free patients for rehabilitation, which involves a long-term stay. The fee is collected to cover the basic needs during the patients’ stay and rehabilitation. As a rule the payment is made by drug users’ relatives.

**A “Narcotics Anonymous” drug user recovery group** meets twice a week in Kaliningrad. It is normally attended by three to eight people. Having no premises of its own, it is forced to move from one place to another.

**Private clinics and doctors** reportedly offer treatment for detoxification and hypnotic treatment for alcoholism. We were unable to confirm reports that they also treat drug users. This would be an illicit business, as law prohibits drug dependence treatment by non-governmental and non-municipal organizations (Article 55, Federal Law on Drugs and Psychotropic Substances). The law thus could lead to the development of a hidden and uncontrolled “black market” of medical services. It certainly leads to an effective monopoly of drug treatment for KRNH, which is the only institution in the region authorized for providing narcological treatment. Any monopoly based on the lack of competitive offers creates a favorable environment for low-quality and inefficient services.

## *2. IDUs' Awareness of and Attitudes Towards Drug Treatment in Kaliningrad*

Interviews showed the negative attitude of drug users to treatment in the narcological hospital. They don't consider detoxification programs to be real treatment. They go to the hospital not to recover from drug addiction and give up drugs, but rather to temporarily overcome physical dependence for some time, in order to let themselves and their bodies have a rest and to reduce the amount of money required for drugs:

*"Q: Were you treated in the narcological hospital?"*

*A: No, I wasn't. Their treatment is useless.*

*Q: Why?"*

*A: Well, because people go there to overcome withdrawal on pills and that's it. They offer no treatment there.*

*Q: There is inpatient treatment, one can be put in hospital and treated. Have you heard about it?"*

*A: Well, get treated there. It's only possible to overcome withdrawal there.*

*Q: Do you mean no one believes he can recover from drug addiction there?"*

*A: No one."*

*-- IDU, female, 21 y.o.*

*"It's useless to get treatment there. Because people just go there to overcome withdrawal on pills and that's all. They don't actually provide any treatment there. You can overcome withdrawal yourself."*

*-- IDU, female, 21 y.o.*

*"Well, it's not like they get treatment there, just to overcome withdrawal and cut down the dose. So they can only spend 200 Rubles a day, and not 3000."*

*-- IDU, female, 22 y.o.*

*"Many of all those I know, who are older than me have already been at the hospital for free and even for paid treatment. But they went there just to take a break. Afterwards they started all over, nobody takes it seriously. These are all the same people who go there all the time. Everybody knows each other there, nurses come up to you and say: "Hi! It's you again?"*

*-- IDU, female, 21 y.o.*

When, for one reason or another, drug users want to suspend drug use or to cut down the dose, they overcome withdrawal either themselves, through an inpatient course of detox in KRNH or through an outpatient treatment.

*"A: I also have been dealing with withdrawal at home. Got pills prescribed in [KRNH] and took them in bed... The prescription costs 150 Rubles, i.e. you pay 150 Rubles for a visit to a doctor,*

*who writes out two prescriptions for sleeping pills, for Tramadol. It eases withdrawal, because it has a small percent of drugs in it.*

*Q: How common is that practice, when people simply go and get prescription, if they need to overcome withdrawal?*

*A: Oh, it happens very often.*

*Q: How many times a year?*

*A: About three times a year, may be... Some do high doses, others have had enough, but they start again afterwards anyway."*

*-- IDU, female, 21 y.o.*

Drug users realise that inpatient detox is only the initial stage of treatment, after which longer-term help is normally required to effectively treat dependency. The rehabilitation centers are said by some IDUs to be a better alternative than the KRNH:

*"But what about this [KRNH]? You spend three weeks there, overcome withdrawal being on all these psychotropic substances... While in good rehabilitation centers it happens through occupational therapy only. And that's all. Or when they do it through God, where everybody prays. They don't use psychotropic substances of any kind."*

*-- IDU, female, 28 y.o.*

*"In [KRNH] they will feed you with barbiturate. You get out of there and go to shoot. That's the first way, the useless one. And then there is another one, a center in Shatrovo. They are all God believers there, praying God. It's like people there, communication. There you start thinking to a greater extent "why the hell do I need all this". But if you go to hospital in [KRNH], take all those pills, they let you out and you want to inject again. Everybody I know who has been in [KRNH] are still on heroin. Once again, may be one or two have quit, but it's not because they've been there, it's because life forced them. In [KRNH] they will feed you with pills, but it's useless. But it really works, if you force yourself like in Shatrovo, where people explain that there is a much better life. That's the only way."*

*-- IDU, male, 21 y.o.*

*"There is no sense in having treatment in the narcological hospital, no one recovers...But I have an acquaintance who recovered. Namely in Orekhovo. She met a guy there, they married and now live well. I met them recently. I thought she would never stop, she was so hopeless, but.., I didn't see her for a while and when we met I realised she didn't shoot any more."*

*-- IDU, female, 22 y.o.*

It is important to note the low level of awareness about treatment options among Kaliningrad IDUs. Many don't know about the rehabilitation centers and their admittance terms; neither are they aware of the narcotics

anonymous group. The reason is not simply lack of information, but lack of meaningful options to have information about. Instead of quality programs and good information, there are myths. Nothing is being done in Kaliningrad to disseminate reliable information about treatment among IDUs and to involve them in the treatment process. Because of that and the general perception of KRNH's treatment as ineffective, drug users are poorly motivated to seek narcological treatment as such. Other treatment options are not well-known or perceived inaccessible. Of our fourteen informants with one to sixteen years of drug use history, six have never applied for drug treatment and have never undergone therapy.

### *3. The Problem of Narcological Registration*

Narcological registration is one of the major barriers preventing drug users from accessing state narcological institutions. Drug dependent people voluntarily asking for medical care are actually punished for their decision. Seeking the free drug treatment guaranteed by law entails accepting official registration as a drug addict. Narcological registration is linked to significant limitations on civil rights, including the right to get a driving license or to hold various jobs. Practically all the IDU-informants were negative about registration and its undesirable impact on their futures:

*"You instantly lose all the privileges and opportunities that you may gain in the future."*

-- IDU, male, 30 y.o.

*"Well, for example, my parents made a mistake, when they sent me to [KRNH] and not to the paid ward, but to the free one, so I got registered. Now I cannot get a job in big stores that have strict security service. Because they will check and find out everything... I am registered, and when I get polite rejections, I know that it's only because I am registered ... everybody knows who is registered..."*

-- IDU, female, 22 y.o.

*"They mainly try to do it anonymously, who knows what happens afterwards... If you are registered, you won't get a good job... every employer requires a certificate from the narcological hospital, almost everywhere, one has to pass medical examination... Well, if you work as a shop assistant, it's not needed, but if it's a really good position, where they pay good money, then yes, it's mandatory."*

-- IDU, female, 21 y.o.

Narcological registration is said to be justified as a means of insuring public security. It is the primary method of enforcing the RF regulations limiting drug users in practicing certain professional activities. Such restrictions are of dubious necessity to public welfare, and in some instances may violate basic principles of human rights. In practice, moreover, the system is not strictly applied. Even professionals working with IDUs mention the obvious double standard, i.e. the possibility for those with sufficient means to avoid registration. For instance, drug users



using anonymous paid treatment are not registered. It is an open secret that a person with the money can get a certificate saying that he is not on the narcological files.

*“...Here, those who have money or rich parents, receive anonymous treatment 5 or 7 times. They leave, they start using drugs again, because their farther pay for them. They have never intended to stop, they go to hospital to get their father’s trust” again. All this time he continues to drive and keeps all his rights... At the same time a responsible person who was treated for free and gave up drugs, who will not use them any longer, is on register for 5 years. Do you understand the absurdity of it?”*

-- Narcological facilities official, male

*“This registration – it’s a label. So many people go [for treatment] only in crisis moments. They go openly, if they don’t have money for anonymous paid treatment. Or when they have nothing left to hide, when they have an advanced form of addiction.”*

-- Narcological facilities official, male

Narcological registration is an artifact of the Soviet era. It is set out in the Order of the Ministry of Health “On the periods of follow-up observation of persons affected by the diseases alcoholism, drug dependence, dependence on toxic substances” that was issued in 1988. It was used in significant part to monitor the prevalence of drug use and as a basis for allocation of federal budget funds for treatment. It is both unnecessary and ineffective in those roles today, but persists nonetheless, perhaps because it offers some financial advantages to state narcological hospitals.

Narcological registration is beneficial for the state narcological service as the apprehension about negative impacts of being on register creates favorable conditions for attracting people to paid services. Thus, if drug users can afford paid treatment, they will prefer it to the free one in order to avoid possible problems:

*“A: I underwent paid treatment and wasn’t registered.*

*Q: Did you deliberately go to the paid ward to avoid the register? Or why?*

*A: Firstly, not to be registered, otherwise I won’t be able to get a driving licence for five years... Why should I need these complications? Another reason is more effective treatment at the paid ward.” (IDU, female, 21 y.o.*

This interview also described the following system of initial counseling at KRNH for those seeking help. During the first visit, doctors inform the patient about a free inpatient treatment course and tell the patient or their parents about a need to register and a long waiting list. At the same time the patient is offered paid anonymous treatment. Reportedly, patients are not always informed that detoxification is only an initial stage of narcological treatment, and that entering as a paying patient means that it will be necessary to pay after detoxification for the long period of rehabilitation and socio-psychological work:

*"I got registered straight away, I didn't know it would be like that. I would not have registered from the first time... Because when I got there for the first time, I had great objectives to get out, to start working, to buy a car and so on and so forth. And now I can't get a driving licence and other things...I didn't know anything for certain then and only learnt later after I got registered. They told me afterwards. Now they generally try to convince a person to go to the paid ward, because of money. My boy-friend was treated there twice. He came with his mother and wanted to go for free treatment, but the doctor persuaded him to go for the paid one."*

-- IDU, female, 28 y.o.

*"If he came to see a doctor and his parents are rich, then possibly, yes, they will try to convince him not to get registered for some time. Why do you want to ruin your life? ... May be somebody just tried it once or twice, and may be there is no need to get him registered yet... Of course, everybody needs to eat, and the hospital is placed in the situation that it has to make money too. But once again, everybody has a choice, if they want to get registered – nobody will stop them... Yes, a person has a choice: if they want to remain anonymous – they go anonymously. You can pay if you want to. The other thing is when a family with a drug user comes to a doctor, and the doctor convinces them that they can do ten IVs and other things, describes very extensive and long term paid program... And he doesn't mention the registration. And confirms their belief that the registration is not needed. What he doesn't tell is that this disease is a progressing one, that you can't treat addiction with just pills. Pills, medicine – yes, they help, but only the body, help to get rid of the physical addiction. The psychological addiction is cured with rehabilitation programs, with self help, with personality work."*

-- Narcological facilities staff member, female

It's possible to get a person off register completely and partly restore his rights (for instance, the right to have a driving licence), if he abstains from drugs for at least one year. However, the drug users we interviewed in the RPAR were badly informed about the procedure and for that reason the overwhelming opinion was that it is next to impossible. The rules for removal from the register require regular visits to a narcologist for over five years. Many people, even former drug users, who currently work with IDUs, don't know about these compulsory checks, don't go to KRNH for a long time and face difficulties when they want to be taken off the register:

*"...It's really difficult. You need to go there every month. I told them that I hadn't shot anything in five years. So I came there – take me off the register. And they say: "you were supposed to be coming here for these entire five years". ... Yes, they look at it from a commercial point of view. They told me to come to their group. I understood that it's just a bait, you go there, to these meetings. It doesn't matter, I am persuading the doctor. He says "yes, I know, I see that you are normal". But why it is so? I worked, how could I know, I lived in a monastery for two years, how was I supposed to know that I had to come regularly? But that's the law. He says: I understand you, but may be you will attend the group meetings... And that's what I think is wrong. They*

*should focus on a person. Otherwise, he may restart. I am stronger. And another one might come and say, I didn't get this job, didn't get that job, what else is left – going back to drugs.”*

-- NGO staff working with HIV+, male

#### *4. Opinions of Specialists Working With IDUs on the Existing Drug Treatment System*

Specialists working with IDUs and PLWHA believe that Kaliningrad lacks a systematic approach to drug dependence treatment. They admit that the best known and most widely used type of treatment, detoxification, is not complemented with the further stages required for curing dependency. Detoxification, which should be the initial stage of treatment to be followed by long-term rehabilitation and adaptation work, actually remains the primary type of treatment in Kaliningrad. Hence, treatment provided in Kaliningrad is ineffective and doesn't significantly reduce the level of drug use. Local narcologists themselves confess the existing narcological treatment system is provided on the basis of “revolving doors.”<sup>4</sup>

According to some informants from a group of specialists working with IDUs, an important component of efficient work aimed at recovery from drug dependence is participation of social workers, psychologists and medical professionals in the process of long term treatment and rehabilitation. In KRNH, where there is also a day-care center and a social and psychological rehabilitation program, there is no systematic link and or referral system between the several units. Patients leaving inpatient treatment are not encouraged to continue the process at other wards of the hospital, let alone referred to rehabilitation centers, support groups and other social and psychological services outside the hospital.

*“Q: What types of treatment are available in Kaliningrad?*

*A: What a question! In my opinion detoxification is the only thing... The idea is to refer them to rehabilitation wards. And after that a social worker, a psychologist should guide an IDU through some sort of rehabilitation program. But in reality there is no connection between their own wards. So there is no treatment program as such. Single-time help is not treatment. They relieve withdrawal symptoms and say good-bye.”*

-- HIV/AIDS expert, female

*“We basically have an opportunity to give primary treatment, but nothing further... we don't have the complete cycle. Rehabilitation is dropped out – the rehabilitation stage, I mean. So they can get through the withdrawal symptoms and stay off drugs for a while. And after that there is no one to take over, nowhere to go. We don't have any rehabilitation centers, don't have any. So we help a person to overcome withdrawal and then kick him out onto the street. As soon as the drugs appear they will be there again.”*

Narcological facilities official

---

<sup>4</sup> The fact is that patients are not cured and come back to the hospital again and again. For instance, 437 patients underwent inpatient treatment in KRNH in 2005. Only 1/3 of them were first time patients, while 28% stayed there repeatedly over the year. Source: V.E.Amenitsky “Revolving doors approach or life-long delay,” *Narcomat – magazine of combat operations*, No 3, 2006, p. 74.

*“...I can say that there is no effect whatsoever. When I talk to “my” drug users, they say it’s a waste of money. I think it’s a disease, a disease that needs to be washed out not only through blood, but mainly through soul. This has to be done by people who understand the problem and can give psychological help. This requires very many people of different occupations working together, not just medical professionals.”*

--Penitentiary system staff member

### *5. Drug Treatment and Drug-Related Disease Prevention*

Drug dependence treatment is aimed not only at reducing the scale of drug use, but is also a measure acknowledged internationally to reduce risks related to drug use – primarily HIV and other diseases, transmitted through blood.<sup>5</sup> Drug dependence treatment can reduce drug-use-related risky behavior, but the RPAR found no sign that drug dependence treatment programs in Kaliningrad are fulfilling a prevention role. One staff member treated the idea of prevention counseling as an attractive – albeit far-fetched – possibility:

*“I’ve just got an idea: why not to carry out this particular work with the drug addicts from the third ward? Why not to motivate them to reduce risks to their health? Because it’s useless to do anything else, they are not going to quit ... I’ve been working at the hospital for a long time, and this is for the first time that I got the idea, that we should carry out this work... I think there is some sense in that. If you choose to use drugs, you want it and you like it, well, at least don’t get infected, and don’t infect others... Our focus is on turning them to sobriety. Whereas these are drug addicts coming here every month, every two months or half a year... We are motivating them to turn to sobriety, but they say: “but we like it. And we go on and on about sobriety...”*

-- Narcological facilities staff, female

Most, however, regarded prevention as a hopeless goal:

*“I think that a person using drugs for one year can’t stay uninfected...The thing is that the psychology of a drug user will make him inevitably shoot with just anything at least once in six months, once a year or once in three months.”*

-- Narcological facilities official, male

KRNH is based on the traditional for Russian narcological science abstinence model aimed at giving up drugs completely. That’s why prevention work about HIV, other diseases and health risks is not a priority for the hospital staff and not in use in treatment process. Thus the public health system misses another opportunity to prevent HIV infection and other diseases among IDUs.

---

<sup>5</sup> See, for example, WHO/UNAIDS/UNODC (2005). “Brief information for policy development: reduction of HIV transmission through drug dependence treatment. Data on HIV/AIDS and injection drug use counteracting”. Link <<http://www.who.int/hiv/pub/advocacy/en/pb04ru.pdf>>

## 6. Awareness of Existing Treatment and Other Types of Intervention among Specialists Dealing with IDUs

RPAR has illustrated an extremely low level of awareness about current types of drug treatment in Kaliningrad among medical professionals. A focus-group with Kaliningrad medical institutions staff and interviews with emergency care professionals showed that AIDS-Center staff members were the only ones well-informed about the existing types of services available to drug users. Other medical professionals are only generally aware of the drug dependence treatment provided at KRNH. They don't know anything about the types and details of treatment. As a rule, they don't know anything about rehabilitation centers either. Consequently, there are no referrals of clients between medical institutions. Medical professionals in Kaliningrad neither disseminate information about treatment among IDUs visiting or staying in various medical institutions, nor motivate them for treatment or health risk reduction.

Interviews with key informants from health care and social welfare sectors and the focus-group with medical professionals also showed the lack of work on health risks reduction among IDUs in the fields of public health and social welfare. Medical and social welfare professionals are not informed about harm reduction approach. Health risk counseling is not in doctors' and social workers' scope of work duty and this idea doesn't occur to them either. As it has been already described, there were no on-going harm reduction programs in Kaliningrad at the time of the RPAR. Counseling opportunities arising in the course of contact with IDUs, who apply for medical and social help, are not used by specialists either.

Drug users are dramatically detached from public services. Focus groups and interviews with key informants also showed that workers of the social welfare and criminal justice (law enforcement agencies, penitentiary institutions and lawyers) – people who regularly deal with drug users in their work-- are very poorly aware of treatment and other types of activities related to this target group. Referrals are not their duty either, and only happen as a matter of personal initiative and disposition.

*"In any field there are more and less responsible workers. Some district policemen try to help, but it's not common. When he sees a drug user, he stops him: Give up that business, let's go, you need treatment, let's go and be treated. But it's like haute couture, it's like Dior."*

--Narcological facilities staff

Some informants from criminal justice regretted both the lack of treatment referral as a professional activity and the insufficiency of treatment opportunities:

*"If there were the place, I think we would have referred to it. If there were such a scheme established, we would have used it."*

-- Academic lawyer and former law enforcement officer, female

*"...unfortunately we have no opportunity of direct referrals, the region does not have enough facilities to treat all the drug users."*

-- Head of unit in a law enforcement agency, male

Once again an opportunity for public health intervention is missed.

## F. ATTITUDE OF SPECIALISTS TOWARDS DRUG USERS

The report does not describe in detail the attitude to drug users of specialists working with them and of the society, which is influenced by many factors. One of them is the ambiguous status of drug users established in the state drug policy. On the one hand, drug use is an administrative offence (RF Administrative Offence Code, Article 20.20) and an issue for criminal justice. On the other hand, drug users are recognized to be sick people (Federal Law on Narcotic Drugs and Psychotropic Substances, Article 7) to be dealt with by the healthcare sector.

The ambiguity of drug users' legal status makes it difficult to pursue an integrated policy and has a considerable impact on the attitude to IDUs. It particularly affects the attitude of criminal justice representatives (law enforcement agencies, courts, penitentiary institutions), whose actions towards drug users are often repressive due to the specificity of their professional occupation. Focus-group members representing the criminal justice system admitted that the attitude to drug users among law enforcement authorities is rather negative – “from indifferent and imperious to hateful.” It happens due to the fact that for law enforcers, drug users are not sick people in the first place, but criminals and targets. However, the focus-group members also noted that the attitude also depends on concrete situations, as well as on personal conceptions and standpoints of particular representatives:

*“...Because of their profession they have to act, let's say, repressively and their aggression, let's say, must be targeted at somebody. For instance, for a militiaman, let's say, a drug user is a kind of a reflection object, in terms of “attack him!” He doesn't even think why it is so. It is bad, but that's it.”*

--Penitentiary institution staff member, male

*“We are all humans and sooner or later emotions interfere. It can't be said that the attitude is completely negative – full stop. Everything depends on a concrete case.”*

--Law enforcer

Interviews and focus-groups showed that negative attitudes towards drug users are also common among medical workers. It is based on the common public opinion that one should expect bad and dangerous behavior from drug users. The attitude to and treatment of IDUs also largely depends on both the medical worker's personal qualities (adventence, sympathy and compassion for patients) and the drug users' appearance and behavior during contacts. The attitude also depends on the medical worker's place of employment. For instance, employees of such specialized services as the AIDS Center and the Narcological Service, for whom drug users are primary patients, are more tolerant and sympathetic than employees of other divisions of healthcare:

*"Health professionals who don't specialize in drug-related issues have the same attitude of fear and scorn to drug users as the majority of people: "Oh, it's a drug user, how awful! Will he cause any trouble?" They are scared because they expect criminal behavior, and the attitude to an obvious offender will be clearly scornful and contemptuous like to any criminal."*

--Narcological facilities staff, male

## G. STIGMA, SCARCITY AND THE STEREOTYPE OF INCURABLE DRUG DEPENDENCE

RPAR found that the lack of work on IDUs' health is also linked to social stigma. The interviewees repeatedly stated that scarce resources dictate a focus on services for "normal" people, not for IDUs, who "have only themselves to thank for their problems":

*"In our country treatment of many patients is not funded. Are there any special programs for people with diabetes, cancer, etc.? First of all, normal people should be treated and helped and only then those other ones."*

--Doctor from emergency medical care, female

*"Those in charge of funding don't regard work with drug users as a priority. There is never enough money. Goodness, if you start going into the matter, you see so many problems... It turns out there is no money for merited heroes, while you ask for money for drug users..."*

--Narcological facilities staff, male

The stigma is strongly influenced by the stereotype about the incurability of drug addiction among the public. The stereotype about the incurability of drug dependence as a disease arises from the Russian medical care tradition. It is what future medical professionals learn in the course of their studies. Practicing narcologists, who usually come across successful cases of lengthy drug abstaining, do not deny the possibility of recovery, though given the quality of services available, recovery is certainly a less frequent experience for narcologist than it should be. Nihilism is persistently expressed by other professionals, who, when dealing with drug-related diseases, mostly come across active drug users. When such patients give up drugs, they become ordinary patients and nobody knows that they used to be drug users. Success stories about ex-IDUs are only known to practicing narcologists and staff of rehabilitation centers.

Medical professionals disseminate the stereotype about drug dependence incurability in other social spheres. It has become commonly accepted both in healthcare and social welfare fields – among those working with IDUs or contacting them through general services, even among IDUs themselves. The idea that it is impossible to give up drugs affects the quality of work with drug users. Disbelief in the possibility to reach the expected result lowers the commitment of professionals to prevention and health preservation work with IDUs and their motivation for treatment:

*"It's not possible to cure it, to cure the consequences of it. It's regarded that there are no ex-addicts, as we were taught. Recovery... there might be extended remissions, but it depends on*

*many factors... The worst thing about it is that most of these people die sooner or later. And we do rescue them, but there is still this feeling, that eventually they will die."*

--Ambulance doctor, female

*"Show me one recovered drug user, just one. Why should we treat them? It's a waste of money for the sake of them resuming drug use afterwards...I used to say, and I am saying it again: there are no ex-drug users."*

--Ambulance attendant, male

The stereotype about incurability of drug dependence is widely spread among drug users themselves. For many the idea that "heroin can wait" is an axiom. The common opinion about impossibility to stop drug use spread in the society and supported by professionals and the public, creates the feeling of doom and despair, stops them from applying for treatment and lowers their motivation for preserving health.

*"It still hurts when I think, why I didn't have that knowledge before...I stopped believing that it's possible to get out of it. I thought that everything has been lost. You know, after a couple of attempts to give up you realize it's hopeless and stop struggling and just go with the flow. ... While using drugs, every user needs to know that there are people who managed to get out of it. They need to know positive examples."*

-- NGO member working with IDUs and HIV+ people, former IDU, female

To be responsible for one's health and to care about one's risky behavior it's important to have a long-term life perspective, to realize that it's not the end of one's life and it's possible to get back to a full and socially acceptable life. Drug users need to be aware of success stories about giving up drugs and of the fact that responsible behavior will help them to preserve health and life. To achieve that it's necessary to debunk the myth about incurability, it's necessary to get rid of the stigma associated with drug users among the public and those from the field of drug policy.

## H. AVAILABLE TYPES OF HELP FOR IDUS AND THEIR DEMAND FOR IT – IDUS' OPINIONS

The standard RPAR interviews with IDUs include many questions about advocacy, types and quality of help and support drug users can get. The questions were almost incomprehensible to Kaliningrad IDUs, who had not been targeted with social support or health services for years. Drug users in Kaliningrad have no expectation that somebody could or should work with them. They are used to resolving their problems themselves or with the help of people they know. They expect nothing from the society and the state. None of the IDU-informants knew a single organization to address for any help. Christian organizations "Healthy Generation" and "New Generation" were the only ones some of them mentioned. At the time of RPAR staff members and volunteers from those organizations – former IDUs -- were the only ones to visit the drug users' meeting places and to invite them to their meetings, to motivate them for undergoing rehabilitation either in their center "Way to Freedom" or in other Christian rehabilitation centers in Russia.



This is not to say that drug users feel no need for help:

*“Q: If drug users need help, whom do they address? Are there any organizations trusted by drug users?”*

*A: I don't know. As for me, I have no trust in anyone.*

*Q: If you decide to get some treatment, where would you go?*

*A: I don't know. I've never been to any place for treatment...*

*Q: If you need some psychological help, is there any place to get it? Any places you can come to and talk?*

*A: I don't know.*

*Q: Well, and if you need a job? Do you know any agencies helping to find a job or lodging?*

*A: No, I don't.*

*Q: Do you think it would be good if such places existed? Places where drug users could come and feel secure, where they could be listened to, get advice and help?*

*A: Of course, it would. I say, to feed a drug user with medicine like in [KRNH] is not a big deal. Or like in Shatrovo, where It's all based on religion. Though you don't have to pray, just have to understand that something is wrong with you.*

*Q: Do you think such information about counseling centers would be needed?*

*A: Sure.”*

*-- IDU, male, 21 y.o.*

*“I, for instance, see no way out. Where should I go and what should I do? Afterwards, when I have overcome withdrawal, what should I do next?”*

*-- IDU, female, 22 y.o.*

*“Q: Have you ever heard about people coming to talk to drug users about health risks? Coming to places where they get together. About any people who come and provide some information?”*

*A: No.*

*Q: Do you think such information is needed?*

*A: I think it is. I believe there are very many of those who are just starting drugs, I think some measures should be taken; because it has to influence at least some of them. If it fails to influence the first one and the second one, may be, it will still influence the third one.*

*Q: If such counseling centers existed, would they use them?*

*A: I think there would be those willing to use them. There are very many people who want to quit.”*

*-- IDU, female, 21 y.o.*

Drug users recognize a need for informational and counseling support concerning infection risk reduction, but there is nowhere they can go to have their questions answered. They also need psychological support in strengthening their “will to live,” in motivating them for treatment or adaptation for life without a dependency on

drugs. Many drug users started at the age of 13, 14, and 15 years old. Having seen nothing but drugs for several years, they can hardly adapt to a more conventional life and social environment.

*"I think moral help is more needed than physical one. A sincere talk is needed instead of "go and work" things. If you talk to a drug user humanly, he'll unbosom his soul and feel relieved. I would put it this way – treat drug users like humans, not like pigs. He is a human being, though a little degraded. It's true that he has got in trouble and is guilty. But what can be done about it, if it has happened? We, drug users, are considered to be even worse than the second and the third chop, we are the lowest cast, rotten people. But we are not! We are humans, like all others. It may happen to anyone. But some drug users give up drugs, pick up their life and become good people... Drug users need help! Just communication, I think. Just normal friendly communication. When he is sick, there must be, at least, one good friend who is not a drug user, just a friend to sit down with and talk to. It will help him and he will overcome all the problems."*

-- IDU, male, 35 y.o.

*"...Because when you use drugs, this is your only environment. Take me, for example. I have been on drugs for years, and every time I have a new job and join a new team of people, they seem beyond my understanding. I am like a blind kitten among non-drug-users. Because all I know is this kind of life, nothing else. I can't understand other things..."*

-- IDU, female, 22 y.o.

*"Well, to come and get moral support. Get some understanding. Well, let's say, a person sick with drugs, I really don't know how to call myself – a drug addict, has somewhere to come and communicate with the same kind of people. And get moral support. I just don't know where to go."*

-- IDU, female, 30 y.o.

*"Q: What if counseling centers are established where you can come and get advice?"*

*A: That would be great, because there are many questions regarding drugs and syringes, that kind of things, and often you just want to consult an expert. If you come to a polyclinic, they would most likely tell you go to hell."*

-- IDU, female, 29 y.o.

*"There is no program, where they would bring us together and explain how to shoot and avoid infection... I think this must be explained to all, including mature women... and youngsters of 14, 15 and 16 years old, all they must know everything. Information is needed any way. I mean, one can decide afterwards, whether to do it or not...More organizations of that kind are needed, more ways to persuade..."*

-- IDU, female, 30 y.o.

At the time of RPAR drug users were a neglected group of people, who were not dealt with by anyone. It happened irrespective of the high HIV, hepatitis B and C incidence and the growing number of deaths from drug overdosing. A big group of people in a difficult life situation – young people, as a rule, found themselves to be completely forgotten about.

## I. PARTICIPATION OF NGOS IN PREVENTION ACTIVITIES: POLICY AND RESOURCE BARRIERS

When Kaliningrad authorities and healthcare institutions stopped their work with IDUs in 2000, NGOs were too weak to take it up. At the time of RPAR there were practically no NGOs working with vulnerable groups (IDUs and CSWs). The few NGOs conceptually focused on the vulnerable groups failed to obtain support from the local community and resources required for the work. It happened because, firstly, public authorities are not interested in involving NGOs in prevention work and don't delegate part of their work to them. There is a mechanism to fund NGOs through the system of public tendering for goods and services, but it doesn't work in practice. In the time of RPAR the relevant ministries in the regional government, other public and local authorities didn't think it was necessary to involve NGOs in the work with drug users, didn't announce tenders for services for vulnerable groups and didn't allocate funding for that.

In 2007 the situation started to improve. NGOs YLA and "Drug users rehabilitation and social adaptation foundation Orekhovo" participated in tenders and got funding from the regional targeted program "Integrated measures to counteract drugs misuse and their illegal turn-over in 2003-2008" earmarked for the involvement of ex-IDUs in prevention work. In 2007 the Orekhovo rehabilitation center won a tender for rehabilitation services to drug users over 18 years old announced by the regional Ministry for Social Policy and Labor. For the first time over many years Kaliningrad IDUs got an opportunity for free rehabilitation. To date Orekhovo offers 8 free places for rehabilitation paid for from the regional budget.

The second major barrier for NGOs to work with vulnerable groups in Kaliningrad is the contradictory legal status of harm reduction programs at the federal level and extremely negative attitude to those at the regional level. Russian law raises the threat of prosecution for involvement in drug use (Article 230, RF Criminal Code), when implementing prevention programs, including needle exchange, in case they are not approved by drug control and health authorities. Representatives of the Kaliningrad Department of the RF Drug Control Service explicitly stated that the permission for harm reduction activities, including needle exchange would not be given and any unauthorized activities would be prosecuted under law. Health and epidemiological surveillance authorities didn't dispute this position. That kind of legal background made Kaliningrad NGOs, who were willing and capable of conducting harm reduction work among IDUs, reluctant to do it because of the possible criminal prosecution.

## J. ATTITUDES TOWARDS HARM REDUCTION PROGRAMS

Harm reduction programs were implemented in Kaliningrad in 1998, including one of the first Russian NEPs. For a number of reasons, the local authorities disapproved of the programs. They were judged unnecessary and ineffective and terminated in 2000. The negative local experience with NEP had an impact on the attitude to harm reduction programs on the whole. When RPAR was started, the atmosphere was so hostile that the phrase

“harm reduction” made any constructive dialogue impossible, as the discussion about HIV/AIDS prevention and counteraction immediately tuned into a moral and ethical debate. The RPAR team in Kaliningrad decided that at CAB’s meeting they would use the phrase “health risks reduction” and promote harm reduction through raising awareness of and demonstrating the importance of the approach for HIV and other diseases prevention.

Interviews and focus groups conducted during RPAR demonstrated low awareness of harm reduction in Kaliningrad. Some older IDUs could remember the programs and talked positively about them. Younger drug users hardly knew anything about harm reduction. Many of the interviewed professionals working with IDUs/PLWHA (medical professionals of the general type, social welfare and criminal justice employees) did not know much about harm reduction either. The attitude of those familiar with the approach was rather ambiguous and often negative. It is related to the fact that harm reduction approach is based on accepting drug use as a reality and pragmatic focusing on the reduction of negative consequences of it; this contradicts the abstinence model, which dominates in Russia. The only component of harm reduction received positively by many specialists is a possibility of primary motivation of IDUs for drug treatment, while the approach on the whole, particularly NEP and substitution therapy, is completely rejected for moral and ethical reasons.

*“The point is that in our country, where one can easily buy syringes, the original idea of syringe exchange is lost. It can be run as one of the elements of other programs ...I know that NEP was run in the counseling centers in Poland, and it was there the first opportunity to get in contact with them.”*

--Narcological facilities official, male

*“I don’t like how it is called, a harm reduction program...It’s like yes, you inject, use drugs, but the harmful effects of it should be reduced to the minimum? I think different, and my colleagues are most likely to agree with me that emphasis must be placed on giving up drugs and shaping responsible behavior.”*

--Narcological facility staff, female

*“These programs...They are controversial... A person is put from a bigger dose to a smaller, but they will remain addicted. Or, speaking about needle exchange – it’s the same: go and inject, just change the syringes. This is a sort of an ethical issue – what you are giving to a person on one hand, it may be good for them, but on the other hand you are giving them a syringe to inject. For me it’s a moral point: I give him [a syringe], and he goes and shoots up. This is hard to judge though. Although, perhaps, these programs are really good.”*

-- NGO staff working with IDUs, female

The disapproving attitude to harm reduction programs is fed by the negative standpoint of the federal law enforcement authorities.<sup>6</sup> Interviews and focus groups with law enforcers showed that harm reduction programs

---

<sup>6</sup> According to the RF Drug Control Service needle exchange is propaganda for drugs and involvement in drug use; it has recommended applying measures of administrative and criminal liability to people involved in it. Source: “Information letter

in their understanding are just about NEP and methadone, the suitability of which they don't understand. They simply didn't know anything about other components, such as active awareness work on prevention of HIV, hepatitis and other health risks, counselling on medical and social services, and assistance in addressing the relevant institutions providing those services.

During RPAR, representatives of the Kaliningrad Drug Control Service clearly stated that harm reduction programs including NEP are illegal and criminally prosecuted. They also think that they are ineffective and unable to prevent HIV transmission. Law enforcers strongly doubt the ability of drug users to control their own behaviour, including health risks.

*"Well, to my mind, even if they exchange [syringes], it won't make any difference. Very often, having bought a heroin dose, they wouldn't divide it and dilute for each syringe, they would dilute it in one syringe and then how many... 2 people, 3 people. So [there are not many of] this kind of esthetes who say – lets all use one's own syringes... a single dose is diluted for two anyway. So, as I say, I deeply doubt that they [inject] with different syringes."*

--Law enforcement officer, female

Drug Control staff referred to the negative experience of NEP in Kaliningrad, without providing any facts proving the inefficiency of the work. The attitude to methadone therapy was also extremely negative. They underlined that methadone is on the list of prohibited substances in Russia and in their opinion is harmful and hazardous for health.

*"Harm reduction is impossible here as it's considered to be drug use encouragement followed by criminal liability... there is a specific criminal liability for syringe exchange. It can only be possible, if approved by the drug control service and local authorities."*

--Employee of the drug control service, male

*"The work with drug users should definitely be done, but it mustn't encourage drug use. Needle exchange program isn't needed. ... Our attitude to harm reduction programs is exclusively negative. It's the standpoint of our service."*

--Employee of the drug control service, male

---

No 81 of the Deputy-Chairman of the RF Drug Control Service, A.G. Mikhailov to heads of regional departments of 19.11.2003". Link <[http://www.narkotiki.ru/gnk\\_5652.html](http://www.narkotiki.ru/gnk_5652.html)>. At the same time the national health policy admits the importance and necessity of harm reduction work with active drug users as a measure for combating HIV/AIDS epidemic. The priority national project "Health" implemented in different Russian regions included 18 projects, which according to their Terms of Reference developed by the RF Consumer Rights Protection and Human Health Control Service, had ejecting paraphernalia exchange as one of the activities. According to the All-Russian Harm Reduction Network there were 60 harm reduction programs on-going in Russia in 2006 implemented by both NGOs and governmental medical institutions supported by the All-Russian Harm Reduction Network, Open Health Institute, Russian Health Care Foundation and the National Priority Project "Health". Source: "Harm reduction in Russia. Draft Position Paper. Link <[http://www.itpcru.org/position\\_papers/position\\_papers\\_hr](http://www.itpcru.org/position_papers/position_papers_hr)>

*“Needle exchange is not effective! When we used to have it in our region, on the contrary, the number of HIV cases increased. This cannot stop HIV.*

*Q: And what is your general attitude to harm reduction programs?*

*A: Most negative. It has already been proved scientifically, and it’s the position of our federal service, that drug addiction cannot be cured by using other drugs. Methadone, if we talk about methadone, most often is regarded nearly as harmful as heroin...”*

--Law enforcement official, male

Nevertheless, the attitude to needle exchange in Kaliningrad is not completely negative. Those who personally came across harm reduction programs in the late 90s or worked in them referred to their termination with regret. They know from experience about the capacity of the programs to reduce harm and prevent HIV spread, to involve IDUs in treatment, to keep in contact with such a hard-to-reach and closed social group as drug users:

*“People believe that distribution of syringes would only spread drug use. But I will never forget how we had collected two big piles of used syringes in one week. We exchanged syringes, and had them tested for HIV at the same time. You know, 50% of the lot turned out to be infected. Imagine how many human lives we saved!... Harm reduction programs would be useful, and I will explain why. They are the only place where you can contact these people. They are hard to reach otherwise.”*

--Doctor in the field of HIV/AIDS

*“But, generally speaking, such programs are needed. Because, I say again, not all intravenous drug users are likely to quit. That’s why to reduce health risk seems to be necessary, after all... On the one hand, a person must give up drugs, right? But here we are providing them with a clean syringe. On the other hand, there are many who cannot give up. At least, they could take a clean syringe”*

--Doctor in the field of HIV/AIDS, female

*“Harm reduction programs must be in place. As a first step to reach this group and motivate them for further treatment. Condoms, syringes must be distributed and other stuff like disinfectants or whatever else. This must be done.*

*Q: What are the constraints in this regard...?*

*A: No funds, no people willing to work with this group. And the law must exist to protect those who want to work with them from possible sanctions. For not giving a chance to say that they support drug use with their job. The legal framework is absolutely necessary”*

-- HIV/AIDS expert, female

Harm reduction is recognized as an important part of the integrated policy of counteracting HIV/AIDS epidemic among drug users.<sup>7</sup> Harm reduction programs are successfully implemented throughout the world as part of comprehensive national HIV/AIDS programs. The effectiveness of harm reduction programs and particularly of those providing sterile injecting paraphernalia and methadone and buprenorphine treatment has been carefully studied and assessed. Numerous surveys have shown their high effectiveness regarding HIV prevention, as well as the fact that the programs do not contribute to drug use spread.<sup>8</sup> Moreover, substitution therapy programs are an important component of integrated approaches to the treatment of HIV/AIDS and such opportunistic diseases as TB among opiates dependent patients. Research also showed that the programs do not increase the spread of drug use. Many research and human-rights-advocacy organizations repeatedly criticised the lack of harm reduction programs and the negative attitude to them in the Russian Federation.<sup>9</sup> However, the situation in Kaliningrad, unfortunately, illustrates the continued hostility of Russian law and policy towards those programs.



Kaliningrad Oblast Coat of Arms

---

<sup>7</sup> See, for instance, WHO/Council of Europe (1997). "Principles of HIV prevention among IDUs"; UNAIDS (2005). "UNAIDS Policy on Preventing HIV/AIDS among IDUs"; (2000) "Preventing the transmission of HIV among drug users: A position paper of the United Nations".

<sup>8</sup> Vlahov, D., Junge B., (1998). "The Role of Needle Exchange Programs in HIV Prevention" / Public Health Reports, Volume 113, Supplement 1, June 1998, p. 75-80. Link <<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1307729>>; Strathdee S., Vlahov, D. (2001). "The effectiveness of needle exchange programs: A review of the science and policy." / AIDScience Vol. 1, No. 16, December. Link <<http://aidsscience.org/Articles/aidsscience013.asp>>; Carolyn D., Degenhardt L., Gilmour S., Hall W. (2004). "Effects of reduction in heroin supply on injecting drug use: analysis of data from needle and syringe programs" / BMJ (British Medical Journal). 329 (7463): p. 428-429. Link <[http://www.bmj.com/cgi/content/full/329/7463/428?ijkey=8550209e09bccab592d6c35d7a6f504c2e3b39fc&keytype2=tf\\_ipsecsha](http://www.bmj.com/cgi/content/full/329/7463/428?ijkey=8550209e09bccab592d6c35d7a6f504c2e3b39fc&keytype2=tf_ipsecsha)>

<sup>9</sup> See, for instance, "Rehabilitation Required. Russia's Human Rights Obligation to Provide Evidence-based Drug Dependence Treatment." Human Rights Watch. November 2007. Volume 19, No. 7(D). Link <<http://hrw.org/reports/2007/russia1107/>>

#### IV. ROOT CAUSES ANALYSIS BY THE CAB

The RPAR relies on collective data analysis as a prime mobilizer of CAB collaboration. Because the intervention is designed to stimulate new thinking, the “root causes” exercise is used from the beginning to encourage CAB members to get beyond conventional explanations of local events. Problems affecting the risk of getting infected among vulnerable groups in Kaliningrad were analyzed by CAB. There were some fairly obvious problems discussed in the interviews and by the CAB. For example,

- Risky health practices remain widespread among IDUs and CSWs; drug users and their sexual partners continue to be at substantial risk for HIV and hepatitis; drug overdose is an invisible epidemic killing hundreds every year;
- The community continues to ignore or neglect IDUs (and CSWs) as groups in need of social care and support;
- The ban on long-term opioid agonist therapy with methadone and buprenorphine continues to impede the development of effective drug treatment programs.

The CAB, however, chose to focus on the following problems for intensive root-causes analysis as the most important problems:

1. Risky drug use practices among IDUs.
2. Low motivation for drug treatment among IDUs.
3. Shortage in effective drug treatment, treatment opportunities and places.
4. Low awareness of types of work with IDUs among professionals.
5. Stereotype of drug dependence incurability among professionals.

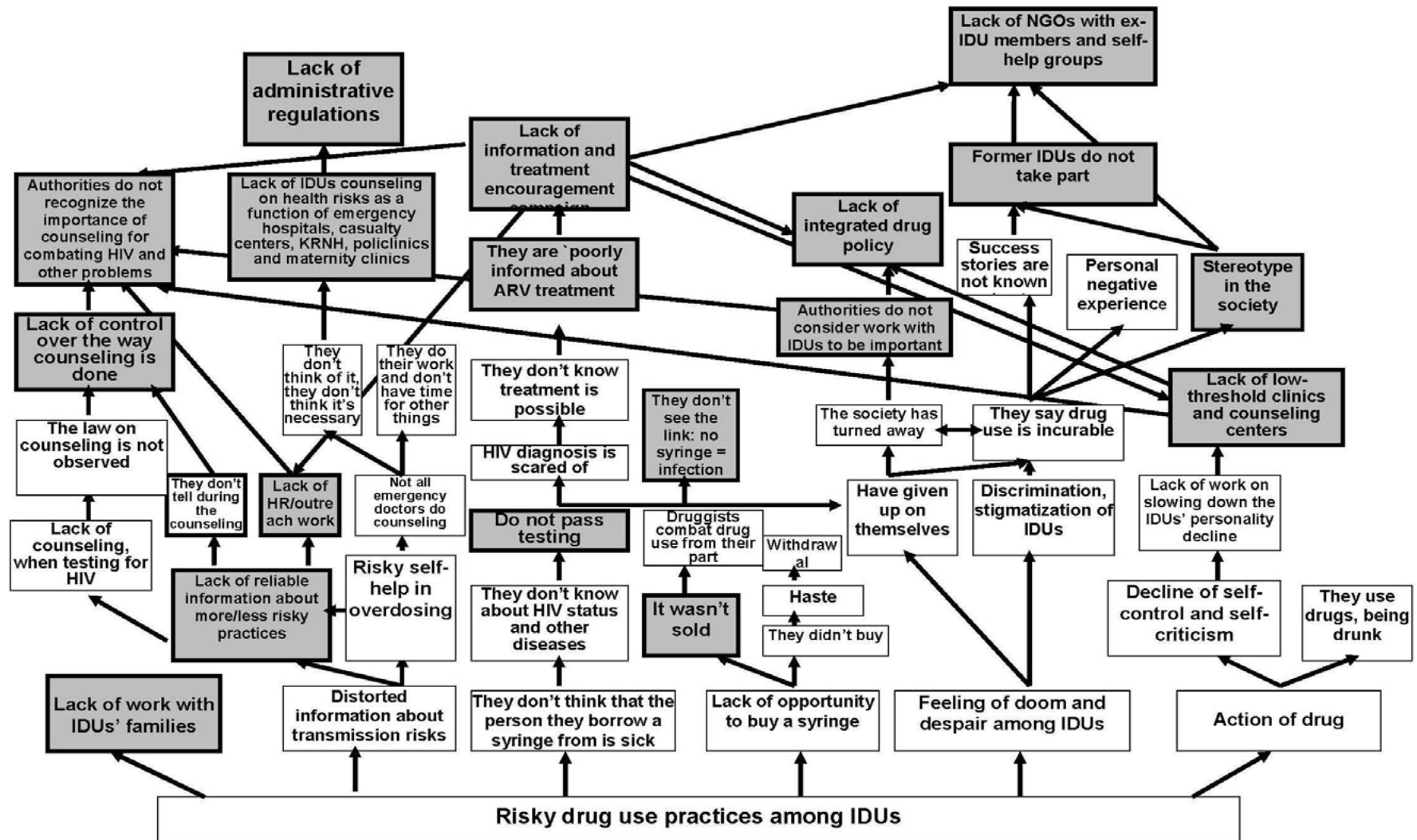
Through several meetings CAB analyzed root causes of the existing problems. Schemes analyzing each cause and demonstrating its origin from surface level down to deeper one are given below. Surface or obvious causes are given at the bottom of the diagram, while deeper ones are at the top. Important factors identified included:

- There are no prevention services, and insufficient and ineffective drug treatment opportunities; these significant gaps in health and drug treatment services are allowing epidemics of HIV, hepatitis and STIs to grow;
- Laws and law enforcement practices create robust and durable barriers to disease prevention and care for drug dependency among IDUs. These include
  - The ambiguous status of harm reduction programs;
  - The state monopoly on pharmacologically assisted treatment for dependency; and
  - The narcological registration system.

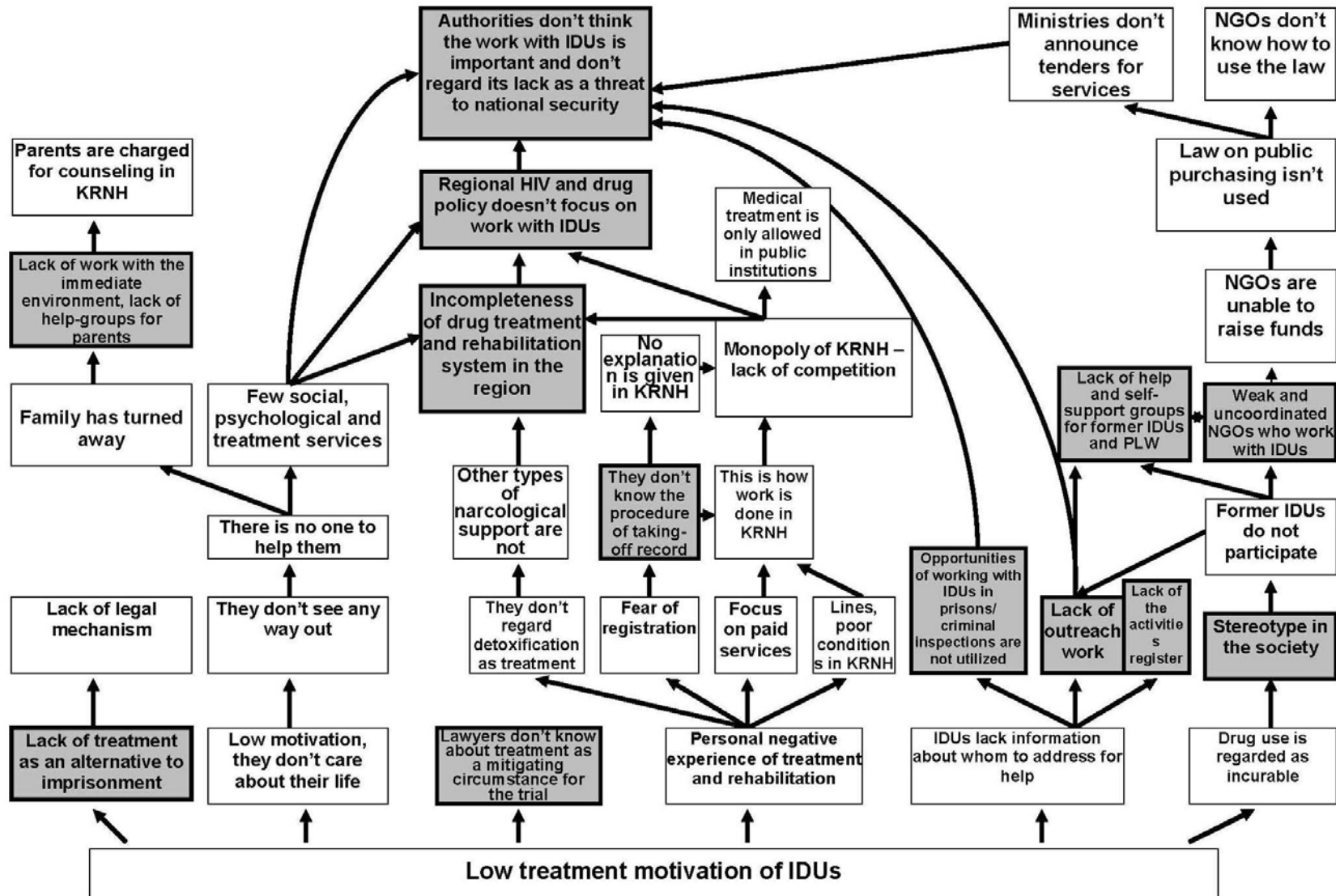
The analysis also directed attention to the locus of necessary action. Grey boxes contain causes which can be helped realistically at the local level. Tackling other causes of the regional level seems to be necessary, but a lot more difficult. It requires more considerable interactions on the part of federal legislation and drug policy. These understandings guided the development of the Action Plan.



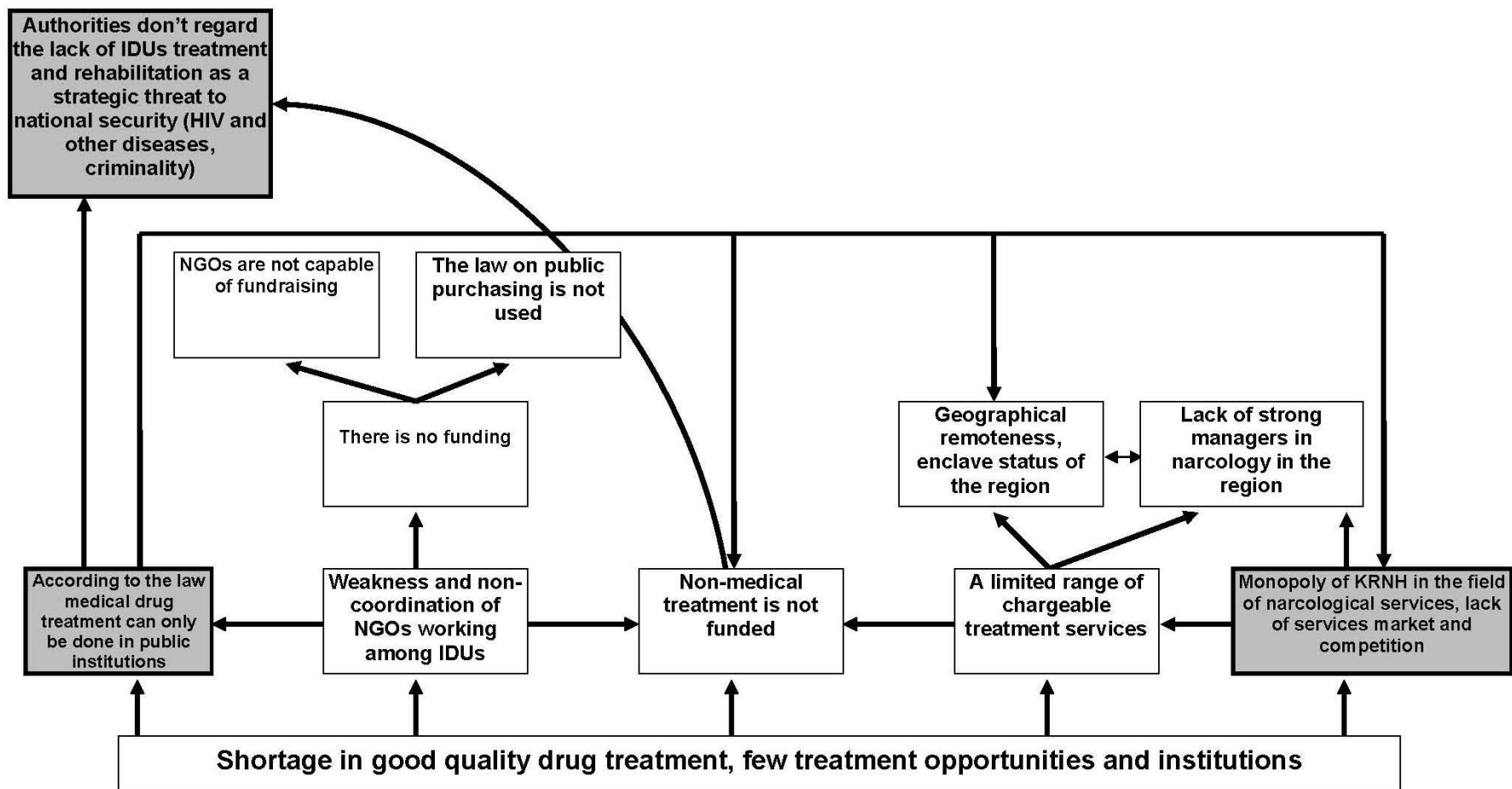
## Root causes for widespread risky drug use practices among IDUs



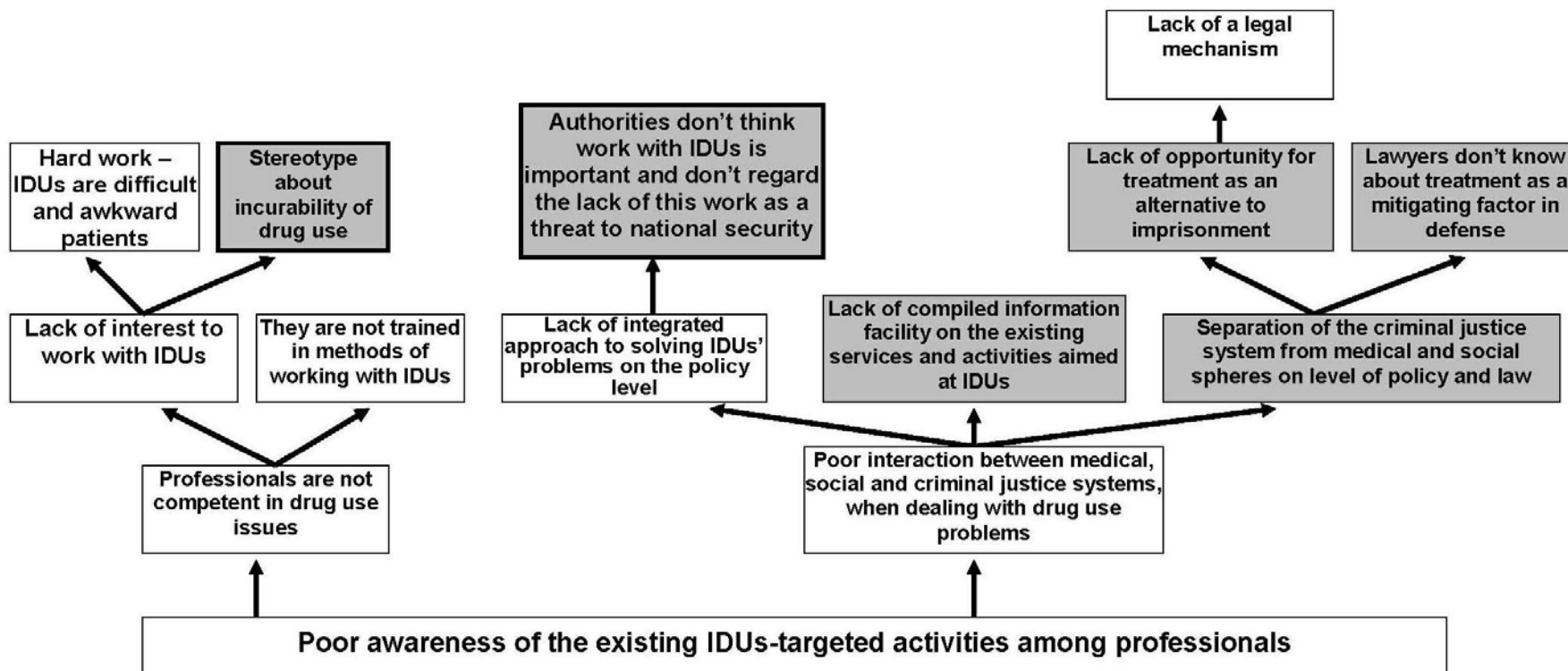
### Root causes for low motivation for drug treatment among IDUs



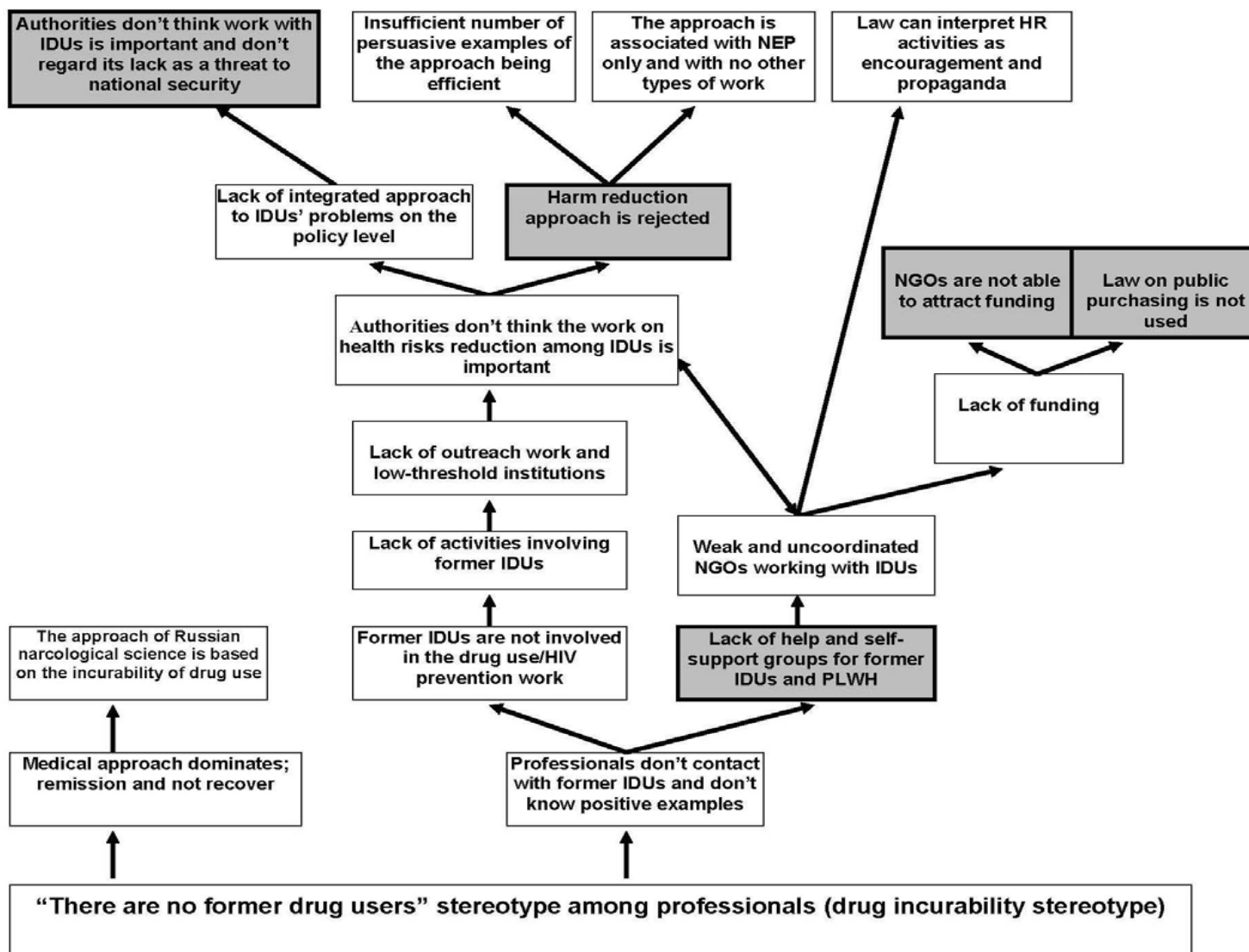
Root causes for insufficient opportunities for good quality drug treatment



**Root causes for low awareness of the available types of work with IDUs among professionals**



**Root causes for the widespread stereotype about drug dependence incurability**



## V. THE ACTION PLAN AND ITS IMPLEMENTATION

Having analyzed the root causes of infections transmission among IDUs, CAB members and RPAR research team developed an Action Plan to change the current situation. Joint analytical work was aimed at the development of interventions to alter the context that has an impact on whether people remain healthy or not, and whether they practice types of behaviour risky for their health or not. Attention was given both to national policy factors and local implementation measures that were feasible and could change the situation promptly. CAB members and RPAR research team discussed options and made selections based on relevance to resolving the identified root causes of the existing problems and feasibility in terms of resources available and probable barriers on the way of implementing the response measures.

Response measures were divided into six groups:

1. To organize work on health risk reduction among IDUs;
2. To strengthen NGOs' work with IDUs/PLWHA;
3. To increase awareness of available services targeted on IDUs/PLWHA among clients and professionals;
4. To increase awareness of drug use problems among the staff of law enforcement authorities;
5. To change the stereotype that "there are no ex-drug users" -- the stereotype of drug dependence incurability;
6. To set up and develop self-help and support groups for ex-IDUs/PLWHA, IDUs'/PLWHA's relatives and friends.

CAB members and research team wrote a detailed Action Plan to be implemented by the Kaliningrad community, including governmental institutions and NGOs dealing with issues related to IDUs life and health.

The Action Plan was completed in December 2006. Since then, the research team, supported by members of the CAB and others, has actively started to implement the Action Plan through:

- Developing project proposals and submitting them for funding;
- Implementing projects and conducting specific activities; and
- Preparing a platform for additional activities and projects.

Some activities were implemented without any additional funding. For instance, a set of lectures for cadets of the Kaliningrad Law Institute attached to the RF Ministry of Interior (KLI) was delivered and professional management skills were developed among some PLWHA-activists. Other activities required additional funding. So far, the RPAR team and the NGO "YLA" have developed and submitted fifteen project proposals for funding by Kaliningrad, Russian and international programs and funds. Nine have been funded, one remains under consideration, and development of further programs and proposals continues.

Activities undertaken in the Kaliningrad Region in 2007-2008 include:

1. The Kaliningrad component of the project "Developing social services for vulnerable groups – III, Russian Federation", EC-Russia Cooperation Program (hereinafter DSSVG). Specialists from social, medical, law enforcement and children protection institutions, as well as from NGOs supporting women and children with HIV/AIDS and drug use problems, were trained. Consultations were held for professionals and PLWHA-activists.
2. Kaliningrad Regional Target Programs "Integrated measures of counteracting drug misuse and their illegal turnover in 2003-2007" and "Integrated measures of counteracting illegal drugs turnover and prevention of

asocial behavior among children and young people for 2007-2011" (hereinafter KR Target Programs) included funding for peer outreach by ex-IDUs organized by the NGO YLA and the Orekhovo Foundation; Orekhovo also had a small project for female IDUs implemented in institutions of confinement in 2007.

3. Projects implemented via the Russian Health Care Foundation as part of the Program "Promoting a Strategic Response to HIV/AIDS Treatment and Care for Vulnerable Populations in the Russian Federation" of the Global Fund to Fight AIDS, Tuberculosis and Malaria Russian Health Care Foundation (hereinafter the Global Fund):

- "Support to harm reduction projects (outreach projects) for IDUs" ("Breaking the silence. HIV prevention among IDUs in Kaliningrad (hereinafter "Breaking the silence") – an outreach project implemented by the "YLA" regional NGO from the early 2007;
- "Increasing the efficiency of outreach projects for commercial sex workers (CSWs) (implemented by the AIDS-Center of Kaliningrad Regional Infections Diseases Hospital (hereinafter AIDS-Center) together with NGOs "Caritas-West" and "Harmony");
- "Support to multi-disciplinary teams dealing with patients' counseling, involvement into and keeping adherence to ARV therapy" (AIDS-Center, NGOs "YLA" and "Harmony", self-help group "Road Crossing" implement projects in institutions of confinement (hereinafter MDT in IC project), TB Dispensary and Infectious Diseases Hospital;
- "Development of direct non-medical service for PLWHA" (AIDS-Center, "Harmony" and "Road Crossing").

4. A project for "Harm reduction in Guryevsk, Kaliningrad Oblast" supported by the Russian Harm Reduction Network (RHRN) as part of the Global Fund's Program "Scaling up access to HIV prevention and treatment by strengthening HIV services for injecting drug users in the Russian Federation;" the project includes plans for NEP and is implemented by NGO "HIV and Drug Use Resistance Foundation";

5. A project on "Improving Health Care in the Kaliningrad region", EU-Russia Cooperation Program, which started in January 2008 and includes a pilot project TIME (testing, questioning, informing and motivation) implemented through peer-driven intervention and aimed at involving IDUs in questioning about risky behavior, counseling and testing for HIV and TB. It is being conducted by three NGOs "YLA", "Help – now" and "Caritas-West"; and

6. A local component of the WHO project on "HIV/AIDS control and prevention in the RF", which was implemented by the AIDS-Centre and NGO "Harmony"

The table below contains the Action Plan and information about its implementation as of April 2008.

№	Activities planned (specific steps)	Work done	Resources/ organizations responsible
<b>1. To organize work on health risk reduction among IDUs</b>			
1.1	To develop and publish a Map of available treatment, rehabilitation and social support services for IDUs/PLHA	<p>April 2007. A pocket-size leaflet “Whom to address for help and information” with data about the available types of treatment, help and support to IDUs and PLWHA was developed, published and repeatedly republished. Circulation: 4000 copies. It is disseminated among IDUs through “Breaking the silence” and TIME projects and among professionals working with IDUs/PLWHA.</p> <p>November 2007. Extended information about existing services was published in the leaflet “Whom to address for help and information” published in the form of a city map with organisations helping families and children affected by HIV/AIDS and drug use. Disseminated among professionals working with IDUs/PLWHA.</p>	<p>NGO “YLA”, project “Breaking the silence”/ RPAR research team</p> <p>DSSVG project</p>
1.2	To develop and publish a brochure “Health risk reduction” for IDUs	<p>May 2007. Three types of leaflets for IDUs: “Drug use related health risks”, “Veins” and “Drug overdosing”. Circulation: 2000 copies. It is disseminated among IDUs through projects “Breaking the silence” and TIME.</p>	<p>NGO “YLA”, project “Breaking the silence”/ RPAR research team</p> <p>TIME project</p>
1.3.	To find supporters among professionals in contact with IDUs in order to train and involve them in the application of harm reduction approach	<p>September 2006 – December 2007. In DSSVG project a group of professionals from social, medical, law enforcement, children’s rights protection institutions and NGOs dealing with women and children affected by HIV/AIDS and drug use problems was trained in a 72-hour course “Provision of integrated socio-medical support to women and children affected by HIV/AIDS epidemic”. After the training most trainees became companions-in-arms in the work with IDUs/PLWHA.</p> <p>January 2007. Consultation meetings between key Kaliningrad regional officials responsible for making decisions on prevention work approaches, technical consultants of International Harm Reduction Development and RHRN, and NGOs’ leaders Alexander Tsekhanovich (Humanitarian Action Fund from St-Petersburg) and Galina Kaminskaya (“We are together” Socio-psychological information center from Lvov) took place.</p> <p>Summer 2007. Personal meetings of RPAR team with staff and management of Kaliningrad city medical and prevention institutions took place. Companions-in-arms for further training in work methods were identified and grouped.</p> <p>Consultations with the Chief Epidemiologist of the KR Health Ministry took place.</p>	<p>DSSVG project</p> <p>RPAR research team</p> <p>RPAR research team</p>
1.4	To develop methodology for counseling on health risks and motivation for drug treatment,	<p>December 2006. “YLA” prepared the project proposal “Empowering local community participation in combating HIV/AIDS in Kaliningrad” and submitted it to the Nordic Council of Ministers for funding. The project envisaged the development of methodology to counsel IDUs on health</p>	<p>NGO “YLA”, project “Breaking the silence”/ RPAR research team</p>



№	Activities planed (specific steps)	Work done	Resources/ organizations responsible
	when dealing with IDUs	issues, training of professionals dealing with IDUs in how to use the harm reduction approach and involving them in harm reduction activities. The proposal wasn't approved. The work needs to be continued through additional fundraising.	
1.5	To train professionals dealing with IDUs in application of health risk reduction methods (lectures, seminars and trainings)	January 2007. Training "HIV/AIDS prevention through outreach work among IDUs" was conducted for NGOs' staff and volunteers – ex-drug users after rehabilitation, who were introduced to harm reduction approach and learnt practical skills of outreach work. Trainers were from RPAR's research team.	NGO "YLA" / RPAR research team / Kaliningrad Regional Target Programs
		April 2007. Staff of Kaliningrad rehabilitation centers and NGOs working with IDUs/PLWHA were trained in harm reduction model application during the training "Prevention outreach work among vulnerable groups" led by Oksana Chernenko and Oksana Dobroskok from the training centre of Humanitarian Action Fund (St-Petersburg).	NGO "YLA", project "Breaking the silence"
		August 2007. The seminar "HIV prevention among hard-to-reach groups" was attended by professionals dealing with IDUs/PLWHA (10 from medical care, 10 from social welfare institutions and 10 from NGOs). The participants were encouraged to work with IDUs/PLWHA on health risk reduction; barriers to prevention and integrated services to IDUs were discussed. The seminar was led by RPAR team members.	NGO "YLA", project "Breaking the silence" / DSSVG project
		September 2006–December 2007. Over 60 representatives of various departments dealing with IDUs/PLWHA passed a 72-hour training cycle "Provision of integrated medical and social support to women and children affected by HIV/AIDS" and got upgrading certificates of I. Kant's University of Russia. The training was conducted by EU experts from Germany and France, as well as leading specialists from Kaliningrad governmental and non-governmental organizations working with IDUs/PLWHA.	DSSVG project
		September 2007. 30 professionals directly working with or coming across IDUs, when providing general services, from social welfare, medical care, educational and penitentiary institutions, Drug Control Service and NGOs participated in the seminar "Modern approaches to HIV prevention among IDUs. They were introduced to modern methods of work with IDUs and activities of Russian harm reduction organizations. Experts involved were Sergey Oleynik, President of "AntiAIDS" Public Health and Education Support Fund from Penza; Sergey Koren, a researcher of the AIDS prevention unit of the National Narcological Research Centre, a medical care consultant of the AFEW from Moscow.	NGO "YLA" / RHRN
		September 2007. A seminar "HIV prevention and strengthening ARV therapy preparedness of those HIV+ under conditional sentence" was conducted for district	MDT in IC project of NGO "YLA"

№	Activities planed (specific steps)	Work done	Resources/ organizations responsible
		<p>inspectors of Criminal Penitentiary Inspections (hereinafter CPI)<sup>10</sup>, who were introduced to harm reduction approach. The possibility of their work on HIV prevention and building-up adherence to ARV therapy among IDUs/PLWHA being under conditional sentence.</p> <p>December 2007. 20 representatives of various public departments, institutions and NGOs working with IDUs participated in a round-table devoted to starting up the project "Harm reduction. Guryevsk" lead by Sergey Oleynik, President of "AntiAIDS" Public Health and Education Support Fund from Penza.</p> <p>February 2008. Over 20 professionals from various public institutions and NGOs, working with IDUs passed the training "Role of harm reduction programs in providing access to ARV therapy for IDUs" conducted by Damir Bikmukhametov representing the AIDS-Centre of Tatarstan Republic and Kazan State University, and Alexander Savitsky, Director of rehabilitation programs from Marshak's Clinic in Moscow.</p>	<p></p> <p>NGO "HIV and drug use resistance foundation" / RHRN</p> <p>Regional NGO "PLWHA community" / RHRN / NGO "HIV and drug use resistance foundation"</p>
<b>2. To strengthen NGOs' work with IDUs/PLWHA</b>			
2.1	To hold a seminar for NGOs on fund raising and interaction with authorities	<p>January 2007. Training "HIV/AIDS prevention among IDUs by means of outreach work" was conducted for staff of NGOs and volunteers from former drug users, who had undergone rehabilitation. One of the sections was devoted to project development. 3 mini-projects on outreach work were developed and later implemented by the participating organizations.</p> <p>Spring – summer 2007. NGOs were familiarized with the opportunities of attracting funds and using methods of interaction with authorities through a number of working meetings devoted to setting up a non-commercial partnership on HIV and drug use prevention "Kaliningrad public social service". 10 NGOs agreed about the necessity of establishing a partnership between organizations working in the field of AIDS prevention, rehabilitation and services to unite efforts to advocate for this kind of work and for regular services provision. A decision was made to postpone the legal registration of the partnership, which is currently working as an initiative group.</p>	<p>NGO "YLA" / RPAR research team / Regional Target Programs</p> <p>NGO "YLA" / RPAR research team / DSSVG project</p>
2.2	To make a list of NGOs working with vulnerable groups	The list of contact details of Kaliningrad NGOs working with vulnerable groups was made up and included in the e-mail circulation system of the "Youth for the freedom of speech" resource centre.	NGO "YLA" / RPAR research team
2.3	To organize dissemination of information among NGOs about tenders planned in the framework of target	NGOs are regularly informed about tenders via e-mail circulation of the NGO "Youth for the freedom of speech" resource centre and the Newsletter "Resource opportunities for NGOs of the Kaliningrad region".	NGO "Youth for the freedom of speech"

<sup>10</sup> Criminal Penitentiary Inspections (hereinafter CPI) of the KO Penitentiary Department working with convicts on probation and those released pre-term

№	Activities planed (specific steps)	Work done	Resources/ organizations responsible
2.4	<p>programs</p> <p>To organize a meeting between NGOs and Resource Centers</p>	<p>January 2007. Meetings between NGOs working with IDUs, Alexander Tsekhanovich and Galina Kaminskaya, technical consultants of International Harm Reduction Program and RHRN took place.</p> <p>In 2007 activists of three NGOs were informed about the possibilities of getting support in the “Baltic Regional Development Agency” Resource Centre. They got access to their resources, were trained in basic computer and project management skills, consulted in fundraising, including information search on the Internet.</p>	<p>NGO “YLA” / RPAR research team</p> <p>“Baltic regional development agency” / RPAR research team</p>
2.5	<p>To organize training in project development, fundraising and project management</p>	<p>March 2007. NGOs’ representatives were trained in project management skills at a seminar “SWOT-analysis – a method of social management” conducted by an EU expert Constantin Lucian Pirjol.</p> <p>November 2007. NGO “New Generation” and the drug users’ rehabilitation and social adaptation foundation “Orekhovo” supported by specialists from the Unit for interdepartmental interaction in the field of prevention of the Kaliningrad Drug Control Service won a contest for the best social rehabilitation program for people sick with drug dependence announced among regional NGOs. The contest was announced as part of the Federal targeted program “Integrated measures of counteracting drug misuse and their illegal turnover in 2005-2009”.</p>	<p>DSSVG project</p> <p>Kaliningrad Drug Control Service / Federal Target Program “Integrated measures of counteracting drug misuse and their illegal turnover in 2005-2009”</p>
<b>3. To increase awareness of available services targeted to IDUs/PLWHA among clients and professionals</b>			
3.1	<p>To make up a register of available treatment, rehabilitation and social protection services for IDUs/PLWHA</p>	<p>January-March 2007. Information about organizations of social protection, medical care and prevention institutions, NGOs and other services for IDUs/PLWHA was collected and compiled in a register.</p> <p>November 2007. The register was published in the form of a map “Whom to address for help and information”. It included information approved by the relevant ministries of the Kaliningrad Region Government about organizations providing support to children affected by HIV/AIDS and their families. Circulation: 2000 copies.</p>	<p>DSSVG project participated in by NGO “YLA” and RPAR research team</p>
3.2	<p>To upload the register on the Internet (aids.ru, websites of the Kaliningrad City Hall, AIDS-Center, Social Information Agency, etc.)</p>	<p>An agreement was reached to upload the information from the register in the section “Whom to address in Kaliningrad City” on the web portal on HIV/AIDS <a href="http://www.aids.ru">www.aids.ru</a>. The work will be continued.</p>	<p>NGO “YLA” / RPAR research team</p>
3.3	<p>To disseminate the register and map in medical institutions (among professionals, on info boards at places visited by</p>	<p>December 2007. The map was presented and disseminated among participants of the conference of epidemiologists of Kaliningrad region devoted the World AIDS Day.</p> <p>The map was handed over to more than 60 professionals working with IDUs, who had been trained in a series of</p>	<p>DSSVG project participated in by NGO “YLA”, RPAR research team and AIDS-Centre</p>

№	Activities planned (specific steps)	Work done	Resources/ organizations responsible
	IDUs/PLWHA)	seminars of the DSSVG project.  January 2008. The map was disseminated in the medical care institutions of the Kaliningrad region with the help of the Regional Health Ministry. Specialists from the Unit for informational, counseling and psychological support of the AIDS-Centre assisted in disseminating the map among HIV/AIDS trusted doctors in the Kaliningrad region.	
3.4	To disseminate the register and map in social protection institutions (among professionals, on info boards at places visited by IDUs/PLWHA)	March 2008. The map was disseminated in the social protection institutions of the Kaliningrad region with the help of the Regional Social Policy and Labor Ministry.	DSSVG project
3.5	To disseminate the register and map in CPIs (on info boards) and among psychologists of penal colonies	January 2008. Upon agreement with the Kaliningrad Penitentiary Service the map was handed over to the district CPIs and penal colonies of the region.  December 2007. The map was presented at the seminar for heads and staff of correction units of all Kaliningrad colonies and handed over to each of those.	DSSVG project / MDT in IC project of NGO "YLA"
3.6	To disseminate the map (info boards) in district police offices, Drug Control offices and the register among investigators of district police offices, Drug Control Service and Kaliningrad Law Institute	December 2007. The map was handed over to the unit for prevention of juvenile delinquency of the Kaliningrad Regional Police Office and personally to every inspector trained in the DSSVG project.	DSSVG project
3.7	To disseminate the map via mass media	This work requires additional funding.	
3.8	To disseminate the map (info boards) in vocational schools, colleges and universities	It's necessary to continue this work.	
<b>4. To increase awareness of drug use problems among the staff of law enforcement authorities</b>			
4.1	To develop a lecture on drug use (for students of KLI, staff of law enforcement authorities)	January-May 2007. A CAB member Elena Vlasik, head of group for professional and psychological training and education of KLI and a RPAR's researcher Olga Burkhanova developed the text of the lecture.	RPAR research team and a CAB member
4.2	To deliver lectures to students of KLI	September 2007. The lecture was submitted to KLI's management for approval and then included in the curriculum for psychological classes for cadets. It is currently lectured by Elena Vlasik.	A member of CAB
4.3	To deliver lectures to	February 2007. NGO "YLA" submitted a project proposal	NGO YLA / RPAR

№	Activities planed (specific steps)	Work done	Resources/ organizations responsible
	the staff of district police offices as part of their professional training, as well as to the staff of Drug Control Service	"Setting-up an efficient model of cooperation between law enforcement authorities and NGOs of the Kaliningrad region in the field of rights of HIV-positive and drug addicted people" to the European Commission's "European Initiative for Democracy and Human Rights". The proposal envisaged work with law enforcement agencies. It was not approved for funding. The work was suspended. An integrated project for law enforcers is required.	research team
4.4	To deliver lectures to lawyers studying in the Layers' School attached to I. Kant State University of Russia	The work is not carried out at the moment. It's necessary to develop a specific project for criminal justice staff.	

**5. To change the stereotype that "there are no ex-drug users" (stereotype about drug dependence incurability)**

5.1	To conduct joint training activities combined with group work for professionals and ex-IDUs	About 10 ex-IDUs participated in 12 various seminars on equal terms with professionals working with IDUs organized by the DSSVG project and projects of "YLA".	DSSVG project / projects of NGO "YLA"
5.2	To develop and publish a booklet on ex-IDUs	The "Healthy Generation" NGO developed and published a booklet with life stories of ex-IDUs. The "New Generation" NGO collected success stories about giving up drugs in order to disseminate them.	NGOs "Healthy Generation" / "New Generation"
5.3	To disseminate the booklet among IDUs in KRNH and rehabilitation centers <sup>11</sup>	The booklet is disseminated among IDUs by the "Healthy Generation". Stories about ex-drug users, having undergone rehabilitation in Christian rehabilitation centers and stopped drugs, were uploaded on the website of the "New Generation".	NGOs "Healthy Generation" / "New Generation"
5.5	To disseminate the booklet among professionals of medical, social protection and CPIs (through lectures and training)	The work should be continued.	
5.4	To disseminate the booklet among lawyers and law enforcement authorities staff	The work is not carried out at the moment. An integrated project for law enforcers is required.	

**6. To set up and develop self-help and support groups for ex-IDUs/PLWHA, IDUs'/PLWHA's relatives and friends**

<sup>11</sup> The CAB member from KRNH believes it's unnecessary to disseminate the leaflet in the hospital. This kind of attitude of the most loyal to RPAR employee of KRNH makes the implementation of this measure difficult.

№	Activities planed (specific steps)	Work done	Resources/ organizations responsible
6.1	The develop a seminar for training self-help groups' leaders	<p>August 2007. 10 PLWHA-activists from Kaliningrad participated in a locally held interregional seminar "Development of PLWHA's activism" supported by WHO. It was led by Gennady Roshupkin, technical advisor to Eurasian Harm Reduction Network from Vilnius and Denis Kamaldinov, chairman of the Board of HIV/AIDS National Forum of NGOs from Novosibirsk.</p> <p>In 2007 the leader of PLWHA's group "Road crossing" participated in a number of interregional events: a workshop "Monitoring and assessment" in St-Petersburg organized by FrontAIDS and a workshop on peer counseling "Treatment preparedness" in Moscow organized in the frame WHO's project, as well as visited a self-help group "Yasen" in Moscow to establish links and learn from their experience.</p> <p>October 2007. Seminar "Problem of HIV+ discrimination and its solutions" held by an EU expert Pierre Curtas for a mixed group of participants was attended by 10 leaders of PLWHA and 10 professionals from public social welfare and medical care institutions.</p>	A project of the AIDS-Centre under WHO program "HIV/AIDS prevention and control in the RF"
6.2	To set up self-help group for HIV+ women with children	<p>A CAB member set up a self-help group for HIV+ women, which functioned as a group in 2006 and shifted to peer telephone counseling from January 2007.</p> <p>The group leader wrote an article about PLWHA maternity published in an all-Russian magazine for PLWHA "Steps" in April 2008.</p>	DSSVG project / A member of CAB
6.3	To set up group (starting from a support group and finishing with a self-help group) for PLWHA under therapy	<p>The "Road crossing" group has a subgroup for those under ARV therapy. Therapy-related issues are discussed at every meeting.</p> <p>Since June 2007 leaders of "Road crossing" have participated in projects on building up adherence to ARVT. They carry out peer counseling at the AIDS-Centre, ward for HIV+ of the Infectious diseases hospital, TB dispensary and institutions of confinement.</p>	A project of NGO "Harmony" / AIDS-Centre / "Road crossing" self-help group / MDT in IC project of NGO "YLA"
6.4	To set up support group for IDUs	<p>In the course of "Breaking the silence" and "TIME" projects a decision was made to suspend the setting up of such a group until permanent low-threshold services for IDUs are established in Kaliningrad. The work is currently based on case-management, when a few IDUs are followed in the process of solving their social, medical and psychological problems and their motivation for health preservation.</p>	NGO "YLA", project "Breaking the silence"
6.5	To set up support group No 4 for relatives/friends of PLWHA/IDUs	<p>A group for PLWHA's relatives working on the premises of the AIDS-Centre was held.</p>	AIDS-Centre
6.6	To develop and publish a methodological brochure about self-help groups	<p>The activity is not relevant any longer as there are enough publications on self-help groups.</p>	
6.7	To develop and publish a manual with exercises for group	<p>Manuals on group work from "YLA"s library were handed over to Kaliningrad NGOs and the "Road crossing" group.</p>	NGO "YLA"

№	Activities planed (specific steps)	Work done	Resources/ organizations responsible
	work		
6.8	To conduct work with professionals dealing with IDUs/PLWHAB on recruiting group members	<p>September 2006-December 2007. The 72-hour training program “Provision of integrated medical and social care services to women and children affected by HIV/AIDS” included the topic of PLWHA’s activism. Representatives of various departments dealing with IDUs/PLWHA were informed about the “Road crossing” group.</p> <p>September 2007. A special seminar was held for the staff of social protection institutions in the Family and Children Social Support Centre attended by activists-PLWHA from Kaliningrad and other Russian cities.</p> <p>Outreach workers from the project “Breaking the silence” and project team members from the “TIME” project referred clients to the “Road crossing” group.</p>	<p>DSSVG project / RPAR research team</p> <p>DSSVG project / Family and Children Social Support Centre</p> <p>Project “Breaking the silence” of NGO “YLA”, / TIME project</p>
6.9	Training on advocacy, fundraising and project management for self-help groups	<p>Summer 2007. A special project on strengthening PLWHA’s self-help groups was implemented by “Caritas-West” supported by Caritas – France.</p> <p>December 2007. Svetlana Prosvirina, a leader of the “Road crossing” was elected a Steering Committee member and a Deputy Chair of the North-West Branch of the All-Russian PLWHA Community.</p> <p>January 2008. 3 leaders of self-help groups from Kaliningrad participated in the 1<sup>st</sup> All-Russian Conference “Civil society in counteracting HIV/AIDS in the RF: problems, achievements and prospects” held in Moscow.</p> <p>March 2008. “YLA” and the leader of “Road crossing” prepared a project proposal “Self-help group “Road crossing”: from a road-crossing to a highway” (strengthening the group’s capacity). The proposal won the contest announced by CAF. In the framework of the project a PLWHA’s NGO will be registered and provided with the necessary equipment and strategic planning.</p> <p>Anastasya Putseva, an outreach worker of “YLA” and a social worker of “Healthy Generation” became a member of the International working group for the Youth RISE (Information. Support. Education for Reducing Drug-Related Harm) of the International Youth Network for Harm Reduction. As part of that work she will participate in the 19<sup>th</sup> International Harm Reduction Conference in Barcelona in May 2008.</p>	<p>Caritas-West / “Road crossing” self-help group</p> <p>“Road crossing” self-help group</p> <p>RPAR research team</p> <p>NGO “YLA” / RPAR research team</p>
6.10	Training on methodology of setting up self-help and support groups for psychologists of the Penitentiary Service	<p>On 20-21 September 2007 a seminar “Prevention of self-destructive behavior and psychological support to HIV+ convicts” was held for penitentiary psychologists.</p> <p>Penitentiary psychologists were informed about the positive impact of self-help groups, but they have not started setting them up yet, as it is considered to be a labor-consuming task and requires a separate project.</p>	MDT in IC project of NGO “YLA” / DSSVG project
6.11	To set up self-help	The implementation of YLA’s “MDT in IC” project showed	MDT in IC project of

№	Activities planned (specific steps)	Work done	Resources/ organizations responsible
	groups in penal colonies	that this task should be implemented in the framework of an additional project.  A support group for mothers from amongst those convicted for drug-related crimes was set up in the female penal colony No 4. The work is about preparing the women for the release and meeting with their children, contacts with whom are kept.	NGO "YLA"  NGO "Help Now"/ RPAR research team
6.12	To set up support group No 5 for those stricken off register (to discuss difficulties, to prepare recommendations)	A group of those under getting off narcological registration was set up and functioned in 2007. 5 ex-IDUs have been stricken off register. At the moment the work on striking off register of the NGO's activists who stop using drugs, is done on a case-management basis.	NGO "YLA", project "Breaking the silence" / RPAR research team
6.13	To prepare and disseminate recommendations about how to be stricken off register	The development of the list of recommendations has not been developed so far. Case-management approach was chosen as the most appropriate approach to conducting the work for the moment.	NGO "YLA" / RPAR research team

Since RPAR was finalized in December 2006 a number of full-fledged projects on harm reduction among IDUs and building up adherence to ARVT among PLWHA were started:

- "Breaking the silence. HIV prevention among IDUs in Kaliningrad" – an outreach project by "YLA";
- "Harm reduction. Guryevsk" by "HIV and Drug Use Resistance Foundation";
- "Support to multi-disciplinary teams dealing with patients' counseling, involvement into and keeping adherence to antiretroviral therapy" implemented by "YLA" in penitentiary institutions of the Kaliningrad region;
- TIME pilot project (a component of an EU-funded project) by "YLA", "Help Now" and Caritas-West runs a public counseling centre for IDUs.

RPAR became a driving force for multiple changes. Much work has been done since RPAR had been finalized over a year ago. It can be said that RPAR research team and their supporters managed "to break the silence" and initiate prevention work among IDUs.

The table below lists HIV prevention measures among IDUs and drug treatment methods accepted internationally as the best practices and their availability in Kaliningrad before and after RPAR.

<b>Best practices in HIV prevention among IDUs and drug treatment, and their availability in the Kaliningrad region</b>		
	<b>During RPAR</b>	<b>At the moment</b>
Testing and counselling programs for vulnerable groups	None	Available
Outreach programs	None	Available
Needle exchange programs	None	Available (at a low scale so far)
Substitution therapy programs	None	None
Detoxification programs	Available – 20 free places	Available – 20 free places



Rehabilitation programs	Available – 4 centres with 100 places (charged)	Available – 6 centres with 130 places (some are free)
“Anonymous drug users” and other 12-steps groups	Available – 1 group with very few members	Available – 1 group with few members

It was for the first time that regular harm reduction work with IDUs was resumed after it had been stopped the early 2000. For instance, the project “Breaking the silence” reached over 700. NGOs’ work with vulnerable groups has also become noticeably more active. The process of establishing relationship with public authorities and institutions has started. However, the changes are rather unstable. Dramatic improvement of the situation, sustainability and efficiency of prevention work with vulnerable groups will strongly depend on:

- ability of local community – NGOs working in the field of HIV/AIDS and drug use, relatives and friends of IDUs – to unite their efforts and persuade people at every level about the need for work with drug users concerning reduction of drug-use-related harm, treatment and rehabilitation;
- acceptance by authorities of the need to carry out prevention work among IDUs and other vulnerable groups and to improve the existing system of drug treatment;
- efforts of key prevention institutions – public health care, social welfare and educational institutions, and NGOs to develop interdepartmental interaction and cooperation in their work with vulnerable groups;
- as well as the capability of all those actors to attract funding and promote efforts of local community to work with vulnerable groups.



“Sobriety is Our Way of Life”: Mosaic at the KRNH

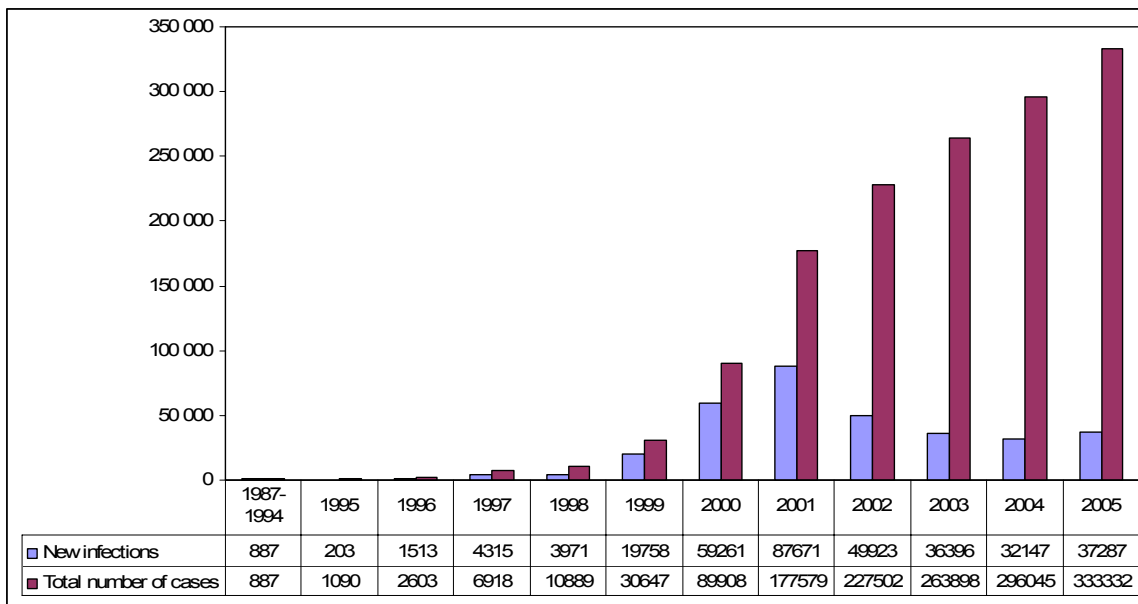
## APPENDIX 1: EPIDEMIOLOGICAL DATA

### HIV-infection in Russia

The first case of HIV infection in the Russian Federation (RF) was reported on in 1987. From 1987 to 1995, the incidence rate was 100-150 new cases a year. The epidemiological situation worsened in 1996, when HIV entered the IDUs community and started spreading there rapidly. The highest incidence rate was noted in 2000-2003, with the peak of 87,000 people diagnosed HIV+ in 2001. In 2003-2005 the situation stabilized to a certain extent, however, more than 32,000 new cases were registered annually nevertheless.

**Figure 1. Officially reported cases of HIV infection in the RF (number of people)**

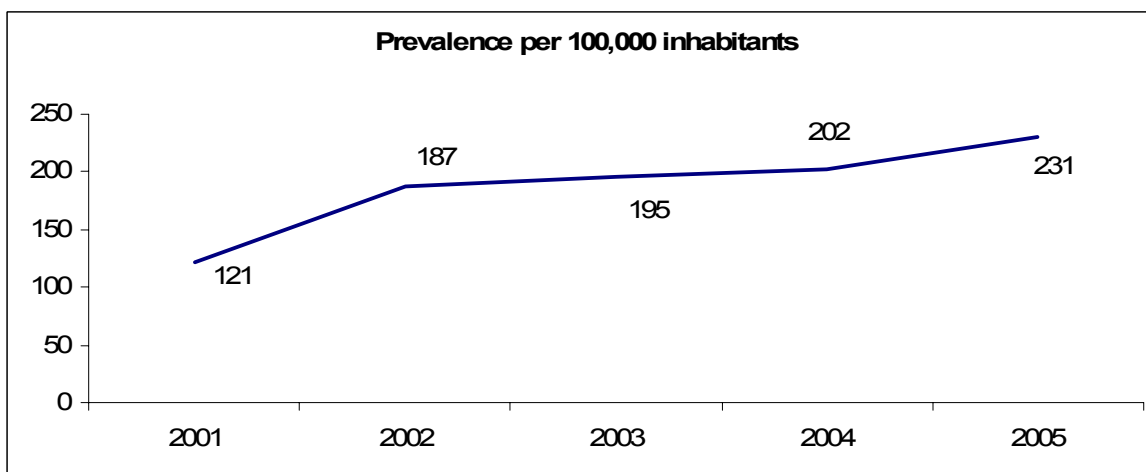
Source: website "AIDS East-West Foundation" (based on data from the Federal AIDS Prevention and Combating Research and Methodological Center of RF Ministry of Health)



Based on data from the United Nations AIDS Program (UNAIDS) Russia today has the highest HIV/AIDS transmission rate in the Central and Eastern Europe and the Central Asia. HIV prevalence by the end of 2005 was 231 per 100,000 inhabitants.

**Figure 2. HIV prevalence rate in the RF (per 100, 000 people)**

Source: Country Report of Russia on the implementation of the Declaration of Commitment on HIV/AIDS for the period of January-December 2005 delivered by the Federal Service on Surveillance over Consumer Rights Protection and Human Wellbeing of the RF



HIV cases have been discovered in all Russian regions. However, the epidemic is not spread evenly. HIV infection prevalence is different in different areas of the country. Through the end of 2005 47,6% of all the HIV cases registered in Russia were concentrated in 10 regions, having the highest incidence rate.

**Table 1. Officially registered HIV cases in the RF regions from 01.02.1987 to 31.12.2005**

Source: website "AIDS East-West Foundation" (based on data from the Federal AIDS Prevention and Combating Research and Methodological Center of RF Ministry of Health)

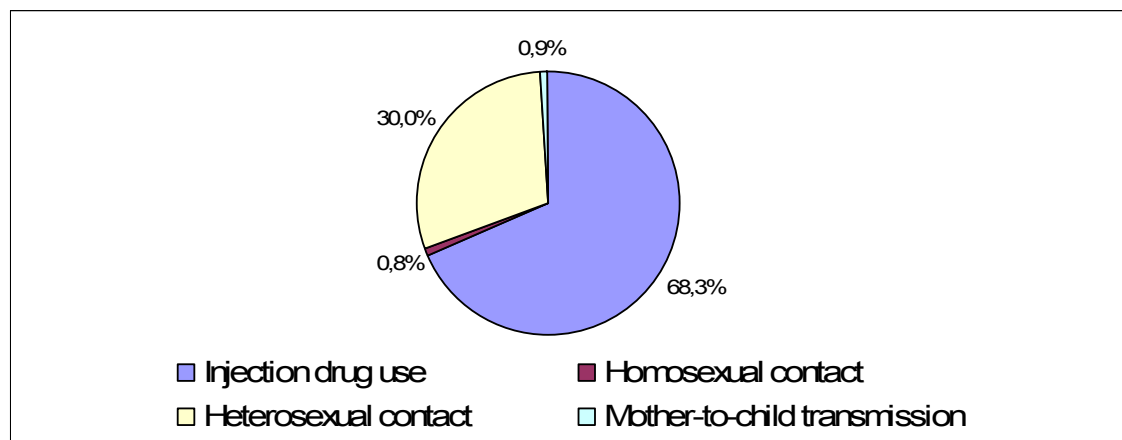
Position	Area	Prevalence per 100,000 inhabitants	Number of cases reported
	<b>Russia</b>	<b>226</b>	<b>331 599</b>
1	Irkutsk Region	732	18 842
2	Samara Region	731	23 745
3	Orenburg Region	643	13 909
4	St-Petersburg	618	28 877
5	Hanti-Mansi Autonomous Region	610	9 395
6	Sverdlovsk Region	580	27 068
7	Leningrad Region	554	9 476
8	Kaliningrad Region	501	4 823
9	Ulyanovsk Region	472	6 699
10	Chelyabinsk Region	427	15 288
	<b>Total number:</b>	<b>587</b>	<b>158 122</b>

The majority of all those newly HIV infected are young people. Every year over ¾ of all the newly diagnosed cases are individuals aged 15-29.

Since 1996 injection drug use has become the prevailing route of transmission. By December 2005, 76% of all the HIV+ Russians acquired the infection by drug use.

**Figure 3. Major routes of HIV infection in the RF in 2004 (%)**

Source: website "AIDS East-West Foundation" (based on data from the Federal AIDS Prevention and Combating Research and Methodological Center of RF Ministry of Health)

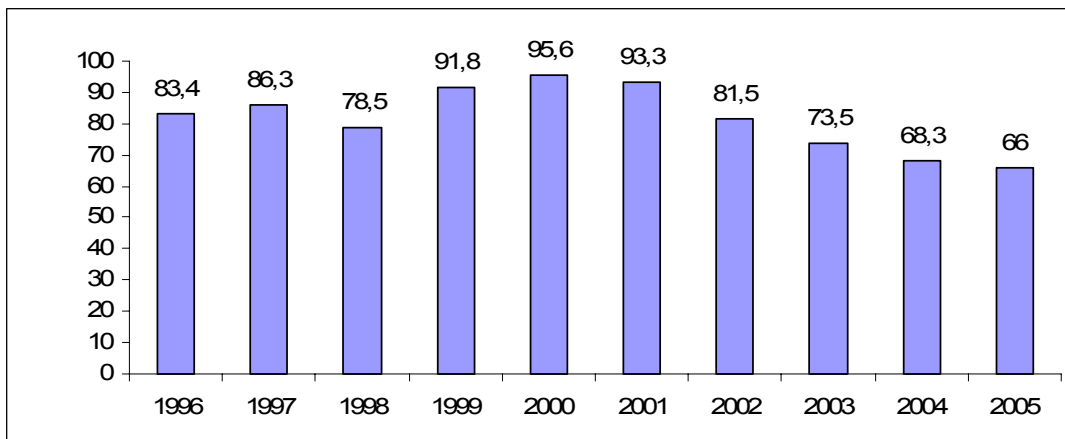


The share of those infected with HIV through drug use is gradually decreasing. The epidemic, whose initial locus was in the community of IDUs, has started spreading among commercial sex workers and their clients, as well as among occasional or permanent sex partners of IDUs, who are not drug users. The new phase of the epidemic development is the most evident in the regions, where HIV was discovered the earliest (for instance, in the Kaliningrad and Krasnodar regions, in the cities of Nizhny Novgorod and Tver). At the same time the trend is also evident in the areas, where the epidemic started fairly recently, such as Moscow, Novgorod, Orenburg,

Rostov and Volgograd cities, the Chechen, the Ingush and Kabardino-Balkarian Republics – in all those more than a half of new HIV infections registered in 2004 were acquired via unprotected sex.

**Figure 4. Share of those infected by injection drug use among newly diagnosed HIV+ cases (%)**

Source: Country Report of Russia on the implementation of the Declaration of Commitment on HIV/AIDS for the period of January-December 2005 delivered by the Federal Service on Surveillance over Consumer Rights Protection and Human Wellbeing of the RF



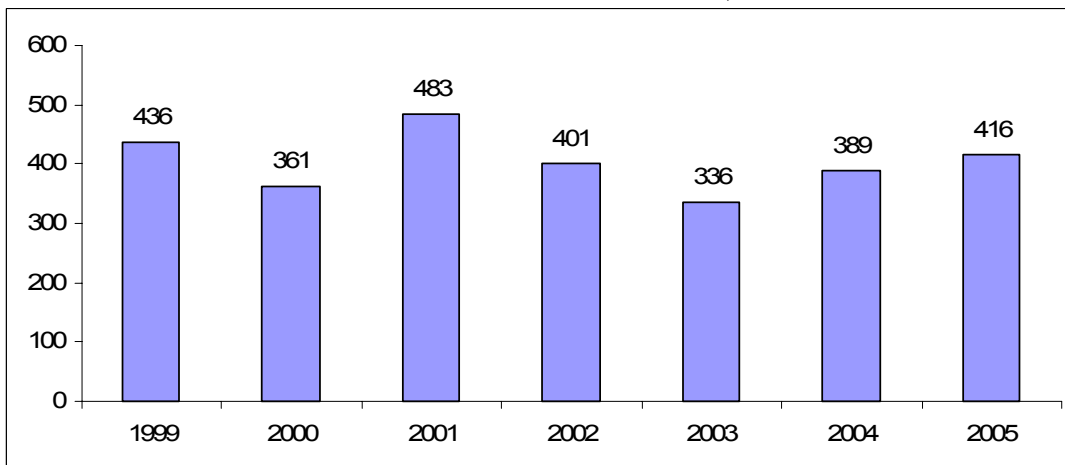
HIV epidemic in the RF is getting more and more female. In 1999 women comprised 22,5% of the total number of HIV+ people registered. In 2004 the share of females increased up to 43% with about 90% of them being in the reproductive age that will certainly increase the number of children born by HIV positive mothers. According to the Federal AIDS Prevention and Combating Research and Methodological Center of the RF Ministry of Health the official number of deaths among HIV+ individuals accounted for 8,157. However, the statistics on HIV lethality is not always correct. Based on the Federal Center’s data there have been 63 deaths in the Kaliningrad Region (KR), while the figure of the Kaliningrad AIDS-Center of 01.01.06 was 1,240. Hence, it can be assumed that the actual mortality rate among people with HIV throughout the country is a lot higher than the official data of the Federal AIDS Center.

### HIV infection in the Kaliningrad Region

The Kaliningrad region was one of the first areas in Russia to be struck by the HIV/AIDS epidemic. In 1996-2000 it occupied the sad No 1 position in the country by the number of registered HIV cases per 100,000 inhabitants. Over the last six years the epidemic spread in the region relatively stabilized. The monthly number of new diagnoses decreased from 71 (in 1997-1998) to 34 (in 2005). Nevertheless the HIV incidence rate doesn’t go down dramatically, remaining fairly high year after year. As the figures below illustrate, in 1999-2005 the annual incidence undulated, but didn’t change significantly.

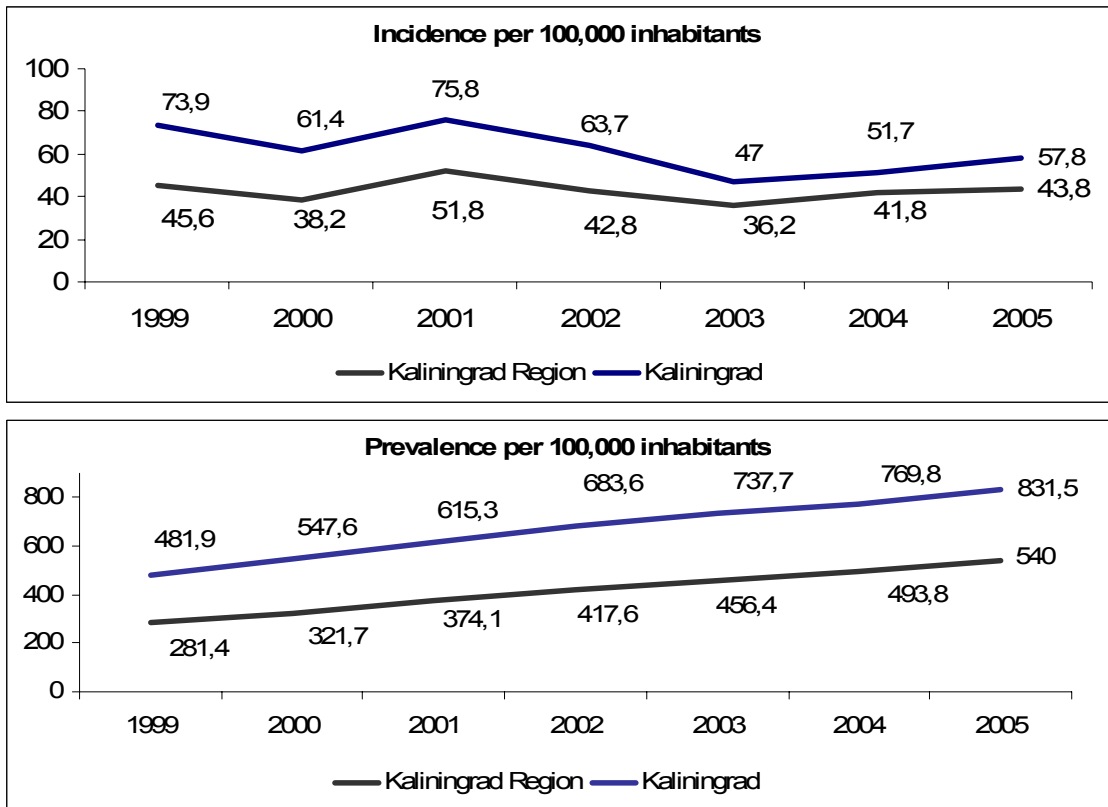
**Figure 5. HIV incidence in the Kaliningrad Region (number of people)**

Source: website EpiNorth (based on the data from the Kaliningrad Regional Department of the Federal Service on Surveillance over Consumer Rights Protection and Human Wellbeing)



In 2005 the regional incidence rate was 43,8 per 100,000 people – 2,3 times more than in Russia on average. At the same time, for the first time since 2005 it has become lower than the average index in the North-Western District of the RF (45,5/100,000). The City of Kaliningrad has the highest prevalence rate in the region. It has been like this, both regarding the HIV annual incidence and prevalence per 100,000 inhabitants, since the epidemic breakout.

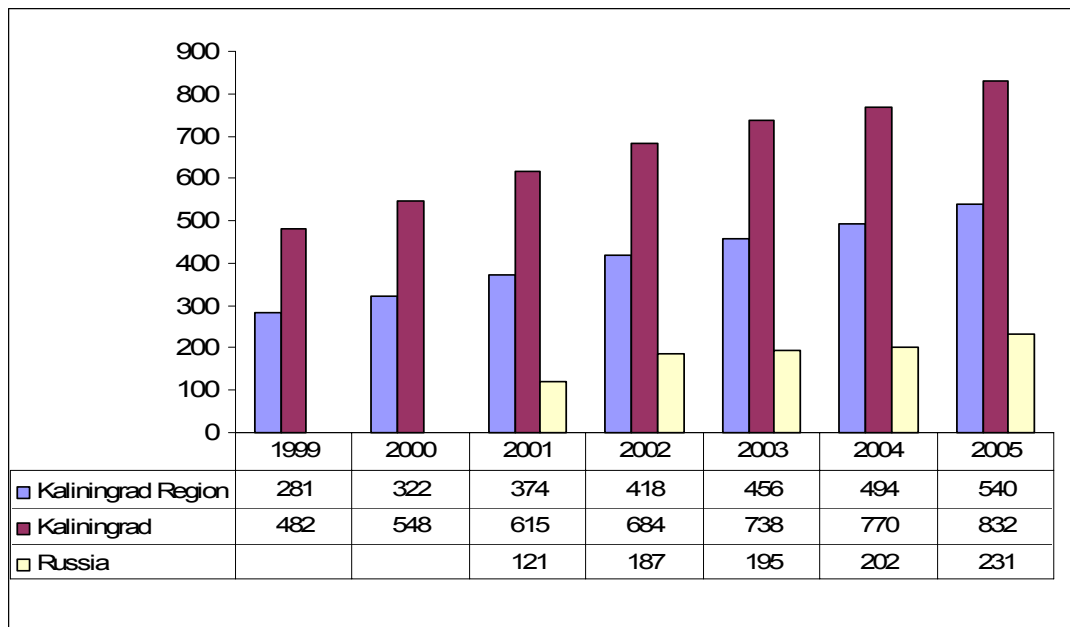
**Figures 6 and 7. HIV prevalence and incidence in the Kaliningrad city and region (per 100,000 people)**  
 Source: Kaliningrad Region Public Health in Figures. Statistics Collections for 1995-2005



In 1999-2005 HIV prevalence in the KR was higher than in the Russian average – 3,15 times higher in 2001 and 2,3 times higher in 2005. The KR is on the list of 10 regions with the highest HIV prevalence, occupying the 8<sup>th</sup> position over the last 5 years.

**Figure 8. HIV prevalence in the RF, the Kaliningrad Region and City (per 100,000 inhabitants)**

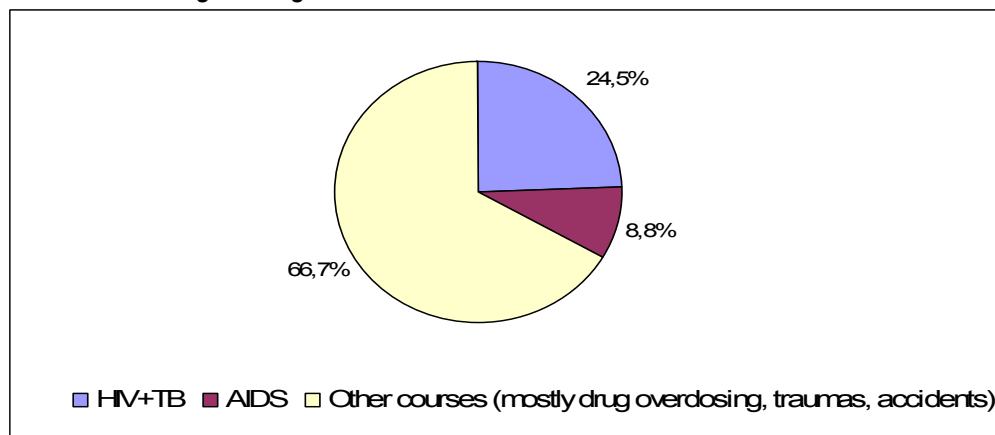
Sources: Kaliningrad Region Public Health in Figures. Statistics Collections for 1995 – 2005; Country Report of Russia on the implementation of the Declaration of Commitment on HIV/AIDS for the period of January-December 2005 delivered by the Federal Service on Surveillance over Consumer Rights Protection and Human Wellbeing of the RF



On 1 April 2006 there were 3,847 HIV positive people registered in the KR, including 34 children. Among 175 patients, who have been diagnosed as having AIDS, 54 are alive. Since the first case of HIV had been registered, 1,370 HIV+ people have died.

**Figure 9. Causes of death among HIV+ people on 01.04.2006 (%)**

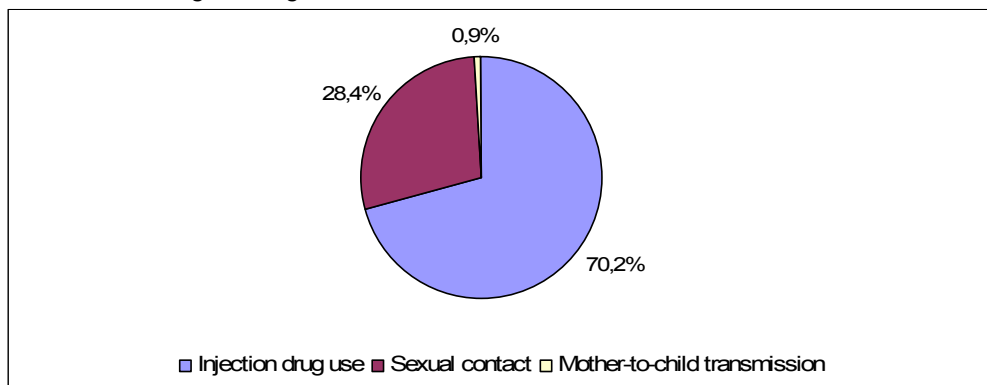
Source: website of the Kaliningrad Regional AIDS-Center



In the KR like elsewhere in Russia HIV transmission has been related to the injection drug use spread – the parenteral route of getting the HIV infection was the major one over the whole period of the epidemic. On 1 January 2006 the structure of the routes of infection was as follows:

**Figure 10. Major routes of HIV transmission in the KR in 1988-2005 (%)**

Source: website of the Kaliningrad Regional AIDS-Center



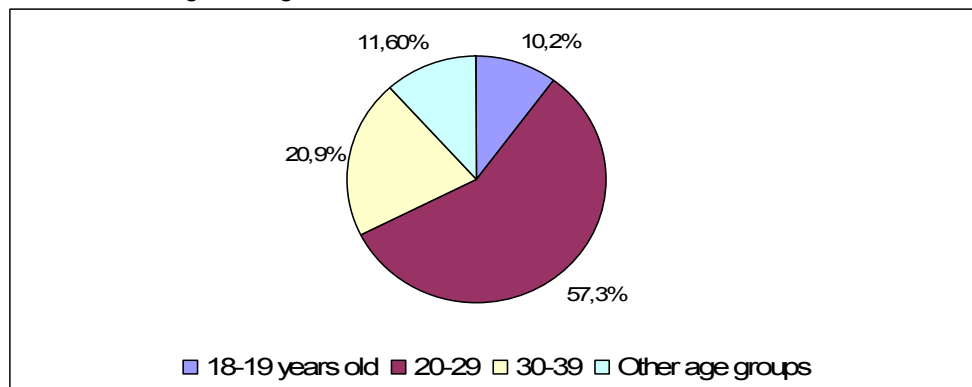
In past years in the KR the sexual way of transmission was steadily growing among newly diagnosed infections from 4% in 1997, to 29,4% in 2001 and further up to 54,3% in 2005. In 2005 in the city of Kaliningrad 48,8% acquired the infection by sex and 50,0% during injection drug use. In the first quarter of 2006 the share of the sexual route of infection among those available for epidemic investigation amounted to 72,7%. However, the majority of those infected in this way were sex partners of IDUs.

In recent years the number of HIV infected women grew. By the end of 2005 females accounted for 33,8% of the total number of HIV positive people, while the number of newly HIV diagnosed women in the same year comprised 38,9%.

The most vulnerable of group of population as regards HIV infection, are young people aged 20-40, who on 1 April 2006 comprised 74,8% of the total number of HIV infected people. In recent years HIV prevalence in the age group of 15-19 decreased considerably from 202 cases in 1997 down to 34 in 2005. At the same time the number of those 30 – 40 years old grows every year. In the end of 2005 the age structure of HIV+ people looked as follows:

**Figure 11. Age structure of HIV+ people in the KR by the end of 2005 (%)**

Source: website of the Kaliningrad Regional AIDS-Center



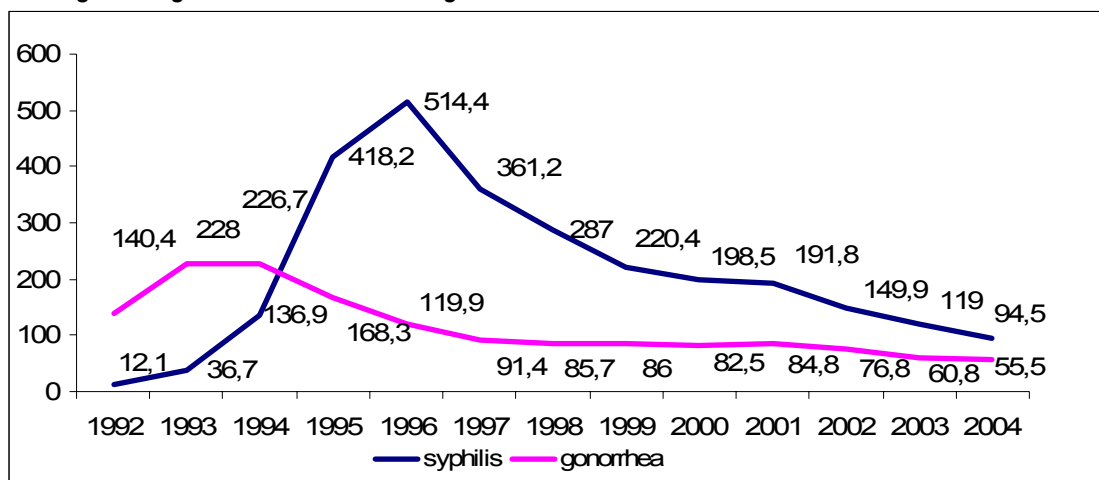
**Data on TB and STD incidence in the Kaliningrad Region**

In the 90s there was a sharp increase in STDs incidence in the KR like elsewhere in the RF. A dramatic rise of syphilis incidence in 1995-1997 was followed by a considerable reduction in the following years from 361,2/100,000 in 1997 to 94,5/100,000 in 2004.

The highest annual incidence of gonorrhoea per 100,000 inhabitants in the period of 1992-2004 was noted in 1993 (228/100,000) and in 1994 (226,7/100,000) with the relative value of the annual incidence going gradually down to 55,5 (per 100,000) in 2004.

**Figure 12. STDs incidence in the KR (per 100,000 people)**

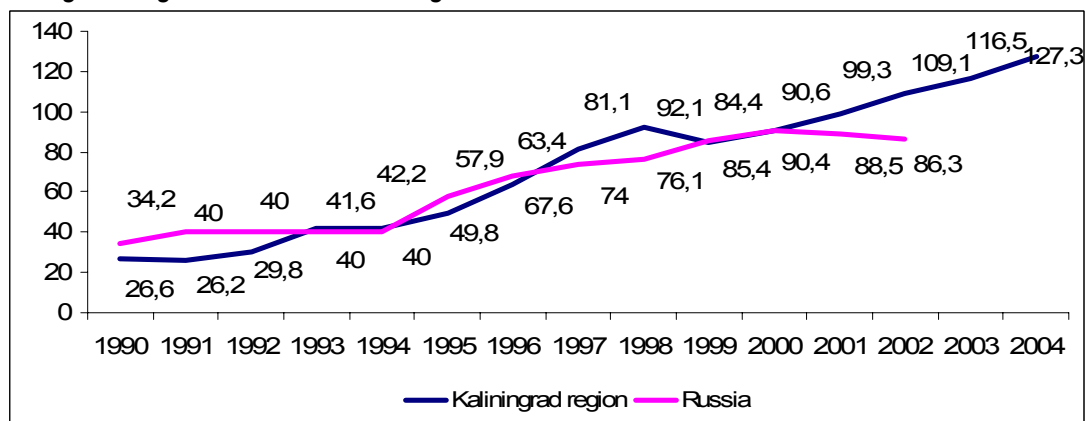
Source: Kaliningrad Region Public Health in Figures. Statistics Collections for 2006



Since 1991 TB incidence has been steadily increasing from 26,6 (in 1991) to 127, 3 (in 2004) per 100,000 inhabitants. Until 1993 it was lower than the rate in Russia, in 1993 it reached the one and made up 40 people with TB per 100,000 inhabitants. Since then the growth rate in the RF and in the KR has been more or less the same. Since 2001 the TB incidence growth rate in the KR has exceeded the Russian average. In 2004 there were 1,206 cases of active TB registered. TB mortality rate among able-bodied people of the KR is high. In 2004 it amounted to 4,6 % of all deaths in this category of population and to 75% of all deaths from infectious diseases.

**Figure 13. Incidence of active TB in the RF and the KR (per 100,000)**

Source: Kaliningrad Region Public Health in Figures. Statistics Collections for 2006



### Data on drug use in Russia

Since the early 1990s after the Soviet Union had fallen apart and dramatic political and economic changes had started the number of drug users in Russia has been rapidly growing. Over 10 years the total number of people sick with drug use registered in health institutions all over the country increased almost tenfold: from 19,1 (in 1990) to 185,8 (in 2000) per 100,000 inhabitants. In the 2000s the growth pace slowed down a little bit, still remaining high. According to the RF Health Ministry, on 1 January 2005 the number of patients suffering from drug use in Russia totaled 342,700 or 239,6 per 100,000 inhabitants.

The real number of drug users is a lot bigger though. By estimates it's only one out of ten drug users, who addresses public narcological facilities. Different institutions and departments provide different data on presumable number of drug users. For instance, according to the Federal Research and Methodological AIDS Prevention and Combating Center IDUs in the country are estimate at 2 million people or 2,5% of the total adult population, while in the opinion of the drug control authorities the number of those misusing drugs today is 4-6 million.

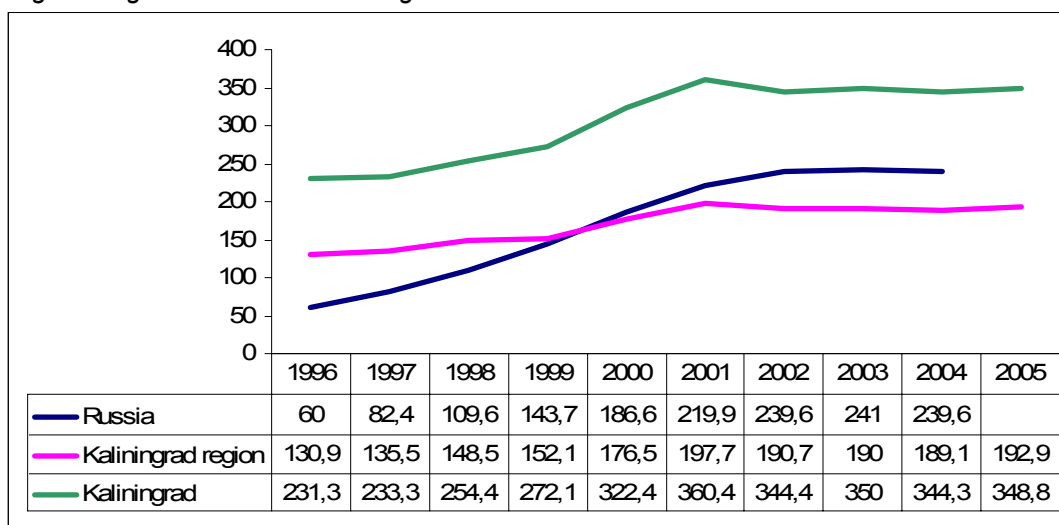
### Data on drug use in the Kaliningrad Region

Until 2001 the KR official indexes of patients with drug abuse as a diagnosis per 100,000 inhabitants exceeded the Russian average. It has been the same in the City of Kaliningrad since 10 years ago.



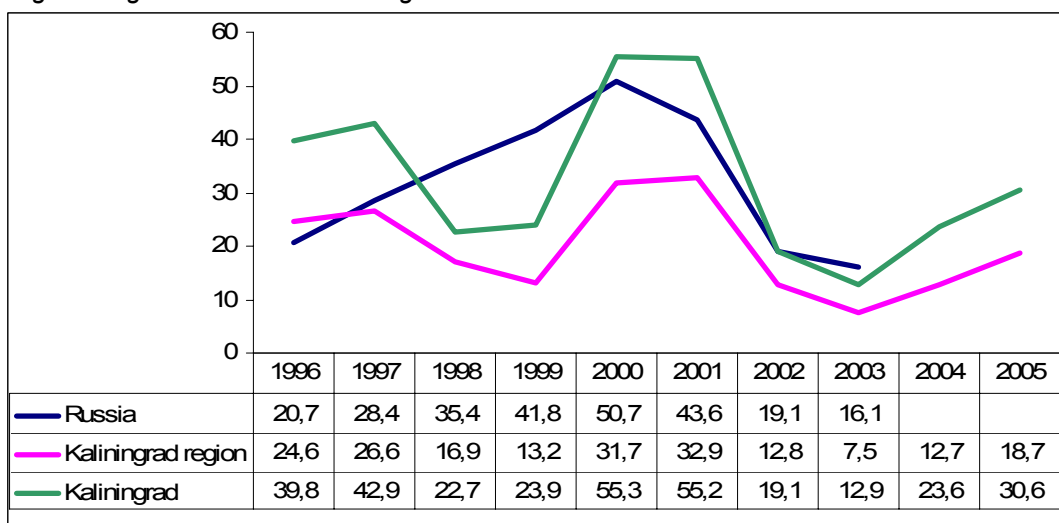
**Figure 14. Number of people sick with drug abuse (per 100,000 inhabitants)**

Sources: Analytical surveys of the National Research Centre for Narcology of the RF Health Ministry for 1999 – 2003; Kaliningrad Region Public Health in Figures. Statistics Collections for 1995 – 2005.



**Figure 15. Annual registration of new cases of drug abuse (per 100,000 inhabitants)**

Sources: Analytical surveys of the National Research Centre for Narcology of the RF Health Ministry for 1999 – 2003; Kaliningrad Region Public Health in Figures. Statistics Collections for 1995 – 2005



According to the Kaliningrad Regional Narcological Hospital (KRNH)<sup>12</sup>, on 1 January 2006, 2,360 people diagnosed with “drug use” or “irregular drug use” were registered in the KR. 1,010 people more applied to the hospital anonymously.

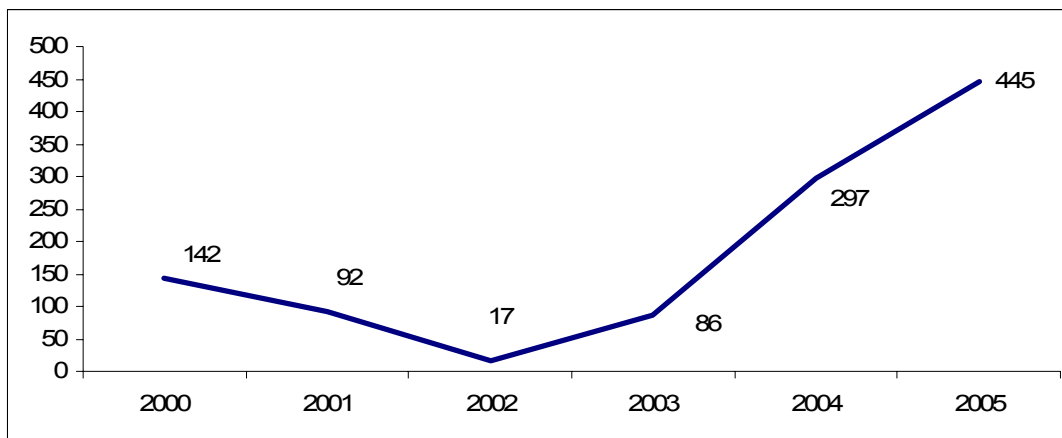
To assess the real number of drug users the Drug Control Service and other relevant intuitions in the region operate the so called coefficient of latent drug use<sup>13</sup>. In 2005 the one for the KR numbered 10. Hence, the actual number of drug users in the region was estimated at about 23,000 people.

Since 2004 the number of fatal drug overdosing cases in the KR has been extremely high.

<sup>12</sup> KRNH is the only institution in the KR authorized for providing drug care.

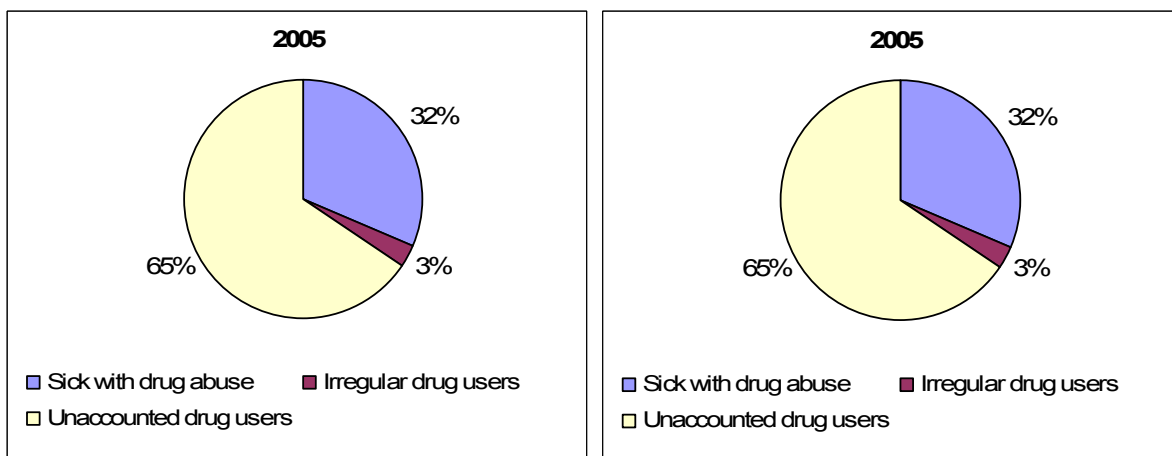
<sup>13</sup> An evaluative coefficient showing the repetition factor of the estimated number of drug users against the number of those officially registered, which is calculated annually based on the method developed for different regions of the country by the National Research Narcology Center, Urals State University, Economics Institute of the Urals District of the RF and Research and Technical Council of the RF Federal Drug Control Service.

**Figure 16. Fatal drug overdosing rate (number of people)**



In the structure of fatal overdosing the share of drug users, who have never applied for drug care and have not been registered, when alive, grows. 52% of those died in 2004 and 65% in 2005 had never addressed a public drug treatment institution.

**Figure 17. Structure of fatal drug overdosing (%)**



In 2005 437 people underwent in-patient treatment (detoxification) in the KRNH. 1/3 of them applied for care for the first time and 28 % of that number reapplied during the same year.

**Sources of data used**

1. Analytical surveys of the National Research Centre for Narcology of the RF Public Health Ministry for 1999 – 2003 Editors: V.V.Kirzhanova, V.M. Gurtovenko, Moscow, 2002, 2003.
2. State reports of the RF Ministry of Health and Russian Academy of Medical Sciences “On status of people’s health in the Russian Federation” for 1999-2004
3. Development of AIDS epidemic. Report of WHO/UNAIDS for 2005. Link <<http://www.csis.org/media/csis/pubs/hiv.pdf>>
4. Data on annual incidence in KO in 1999-2004. Website of EpiNorth – a joint project on control of infectious diseases in Northern Europe.<sup>14</sup> Link <[http://www.epinorth.org/eway/default0.asp?pid=230&oid=0&e=0&trg=Area\\_5279&MainArea\\_5260=5279:0:15,2937:1:0:0:5260;;;0:0:0&Area\\_5279=5282:0:21,2967:1:0:0:5260;5279;;;0:0:0](http://www.epinorth.org/eway/default0.asp?pid=230&oid=0&e=0&trg=Area_5279&MainArea_5260=5279:0:15,2937:1:0:0:5260;;;0:0:0&Area_5279=5282:0:21,2967:1:0:0:5260;5279;;;0:0:0)>
5. V.V. Kuznetsov. Report “Situation with drugs in the KR and ways of interaction between health and social institutions”, 2006.
6. Public health in the KR. Statistical collection. Kaliningrad, 2006. Kaliningrad Regional Branch of the Federal State Statistics Service. Kaliningrad. 2006.

<sup>14</sup> Data were provided by the Kaliningrad Regional Department of the Federal Service on Surveillance over Consumer Rights Protection and Human Wellbeing.

7. Kaliningrad Region Public Health in Figures. Statistics Collections for 1995 – 2005 Health Department of the KR Administration. Medical Statistics Office. Kaliningrad. 1995-1997, 1997-1999, 1999-2001, 2000-2002, 2004, 2005.
8. Narcomat: magazine of active operations. №3, 2006.
9. Statistical data on HIV-infection in Russia based on the data of the Federal AIDS Prevention and Combating Research and Methodological Center of RF Ministry of Health. Website “AIDS East-West Foundation”. Link <<http://afew.org/russian/statistics>>
10. Country Report of Russia on the implementation of the Declaration of Commitment on HIV/AIDS for the period of January-December 2005 by the Federal Service on Surveillance over Consumer Rights Protection and Human Wellbeing of the RF. Link <<http://www.rospotrebnadzor.ru/files/docs/other/276.pdf>>
11. HIV Epidemiological Status. Website of the Kaliningrad Regional AIDS-Center. Link <<http://aids-kaliningrad.ru/static.phtml>>

## APPENDIX 2: CRIMINAL JUSTICE DATA

Requests for statistical data made to the Kaliningrad Regional Department of Internal Affairs (the Police) and the Kaliningrad Regional Penitentiary Service had no response. No requests for the existing criminal justice data were submitted to the Ministry of Internal Affairs, Federal Drug Control Service and Federal Penitentiary Service due to the obvious futility of such attempts undertaken by an NGO.

The data on the situation in the Russian Federation (RF) and the Kaliningrad Region (KR) were obtained from open sources that the team of researchers had an access to. As we couldn't collect some types of data from certain years, the following tables and diagrams contain figures from different periods.

### Data on the situation in the Russian Federation

**Table 1. Drug related offences detected in the RF in 1990-2000**

Source: Y. Gilinsky. *Crime in contemporary Russia: situation, tendencies, prospects (based on the materials of yearbooks "Crime and offences". Moscow: RF Ministry of Internal Affairs and RF Ministry of Justice).*

Year	Number of detected offences	Dynamics as compared to the previous year [%]	Rate per 100,000 people	Legal regulation in force
1990	16255	+20,9	10,9	Penal Code of the RSFSR, 1960
1991	19321	+18,9	13,0	Penal Code of the RSFSR, 1960
1992	29805	+54,3	20,0	Penal Code of the RSFSR, 1960
1993	53152	+78,3	35,8	Penal Code of the RSFSR, 1960
1994	74798	+40,7	50,5	Penal Code of the RSFSR, 1960
1995	79819	+6,7	54,0	Penal Code of the RSFSR, 1960
1996	96645	+21,1	65,5	Penal Code of the RF, 1960, 1996
1997	185832	+92,3	126,3	Penal Code of the RF, 1996
1998	190127	+2,3	129,6	Penal Code of the RF, 1996
2000	243572	+28,1	167,3	Penal Code of the RF, 1996

Table 1 shows that the first decade after the collapse of the Soviet Union was characterized by a sharp annual increase in the number of drug related crimes. In 1990-2000 the crime rate per 100,000 people increased more than 15 times. We relate this increase to the spread of drug use reflected in the following table, rather than to changes in legislation.

**Table 2. Number of drug and strong substance users in Russia in 1985–1998 (per 100,000 people)**

Source: Y. Gilinsky. *Crime in contemporary Russia: situation, tendencies, prospects (based on the materials of yearbooks "Crime and offences". Moscow: RF Ministry of Internal Affairs and RF Ministry of Justice).*

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Drug users	25,7	36,4	42,2	39,1	35,0	35,3	34,7	40,9	47,9	60,6				
Strong substance users							47,8	53,9	62,2	75,2	105,2	168,8	148,9	195,7

While in 1992-1995 the increase of crime rate was related to the spread of drug use, starting from 1996 it was the development of national penal law that became the major influencing factor. Several new components were added to the Penal Code (PC) of 1997 that penalized illegal turnover of drugs and psychotropic substances. On the one hand the PC of 1997 streamlined drug law and its enforcement. On the other hand the RSFSR Penal Code of 1960 contained article 224.3 (illegal purchase or possession of drugs in small quantities), which was excluded from the new edition leading to a substantial decriminalization and a certain decrease in the crime rate as compared to 1996.

### Changes of 2003-2006 that influenced law enforcement

Changes introduced to the Russian drug law in 2003-2006 had a considerable impact on law enforcement practice and criminal justice data. In 2003-2004 drug policy was decriminalized. Thus, in the end of 2003 a new version of the so called "anti-drug" articles of the PC was adopted (by the Federal Law No 162-FZ of 08.12.2003) together with the corresponding provisions of the Administrative Offence Code. The notion of "large" and

“particularly large” amounts of drugs and psychotropic substances was introduced in relation to the main articles of the PC regulating illegal drug turnover (228, 228.1 and 229). The PC is the major document to qualify drug related offences and distinguish them from administrative violations. The explanatory note 2 to article 228 of the PC defines the “large amount” of drugs and psychotropic substances as 10 average single doses and the “particularly large amount” as 50 ones.

In 2004 the Government’s Decree No 231 of 06.12.2004 considerably increased the size of average single doses. For instance, the one for heroine amounted to 0,1 g (with the liability for possession starting from 10 single doses). Before this new introduction was made the law had allowed the possession of 0,05 g. Starting from 2004 the possession of up to 0,99 g of heroine wasn’t illegal any longer. People stopped for drug possession had either to pay an administrative fine (usually 1,500 Rubles) or to spend 15 days in custody.

The situation changed in 2006, when in February the RF Government’s Decree No 76 of 07.02.2006 “On establishing large and particularly large amounts of drugs and psychotropic substances as regards articles 228, 228.1 and 229 of the RF PC” abolished average single doses and reduced the large and particularly large amounts for all the relevant drugs. Nevertheless, despite the latest changes, the current legislation is more liberal in criminal prosecution of drug users than it was before 12.04.2004.

Legal changes of the last years influenced law enforcement procedures. Statistical data of 2002-2005 demonstrate a substantial reduction of drug related criminal cases, specifically of the ones related to drug possession. At the same time the data indicate a trend towards an increase in criminal cases linked to drug dealing.

An important factor that had an impact on law enforcement was the establishment of a specialized drug control institution. It was the State Committee on Control over Turnover of Drugs and Psychotropic Substances of the RF set up by a decree of President Putin on 1 July 2003.

As a result of strong centralization, all law enforcement activities on counteracting drugs were concentrated within one department (before those functions were a responsibility of special departments and units within the police), as well as control over legal drugs turnover and coordination of all the relevant work done by authorities on different levels. The President entrusted the committee with about 50 different functions in one way or another serving the purpose of combating illegal spread of drugs.

At present actually all the Russian regions have departments of this special Federal Drug Service, whose 30,000 employees have made the drug combating work of the authorities more active.

**Table 3. Drug related offences detected in the RF in 2002-2005**

Source: Information and illustration materials on drug situation in the RF and work results of the Federal Drug Control Service in Russia in 2005

Year	Number of detected offences	Dynamics as compared to the previous year [%]	Legal regulation in force
2002	189576		Penal Code of the RF, 1996
2003	181688	-4,2	Penal Code of the RF, 1996
2004	150096	-17,4	Penal Code of the RF, 1996
2005	175241	-16,8	Penal Code of the RF, 1996

As a result of decriminalization there was a considerable decrease in the number of detected drug related offences in 2004 (by 17,4% as compared to 2003). The Government’s Decree No 231 adopted on 06.05.2004 increased considerably (50 times) the amount of drugs sufficient for initiation of criminal proceedings.

**Table 4. Offences of drug dealing detected in the RF in 2002-2005**

Source: Information and illustration materials on drug situation in the RF and work results of the Federal Drug Control Service in Russia in 2005

Year	Number of detected drug dealing offences	Share of drug dealing in the total number of drug related offences [%]	Dynamics as compared to the previous year [%]
2002	69837	36,8	
2003	67278	37,0	-3,7
2004	79902	53,2	+18,8
2005	110310	62,9	+38,1

**Figure 1. Dynamics of drug dealing crimes in the structure of drug related offences in the RF in 2002-2005, (%)**

Source: Information and illustration materials on drug situation in the RF and work results of the Federal Drug Control Service in Russia in 2005

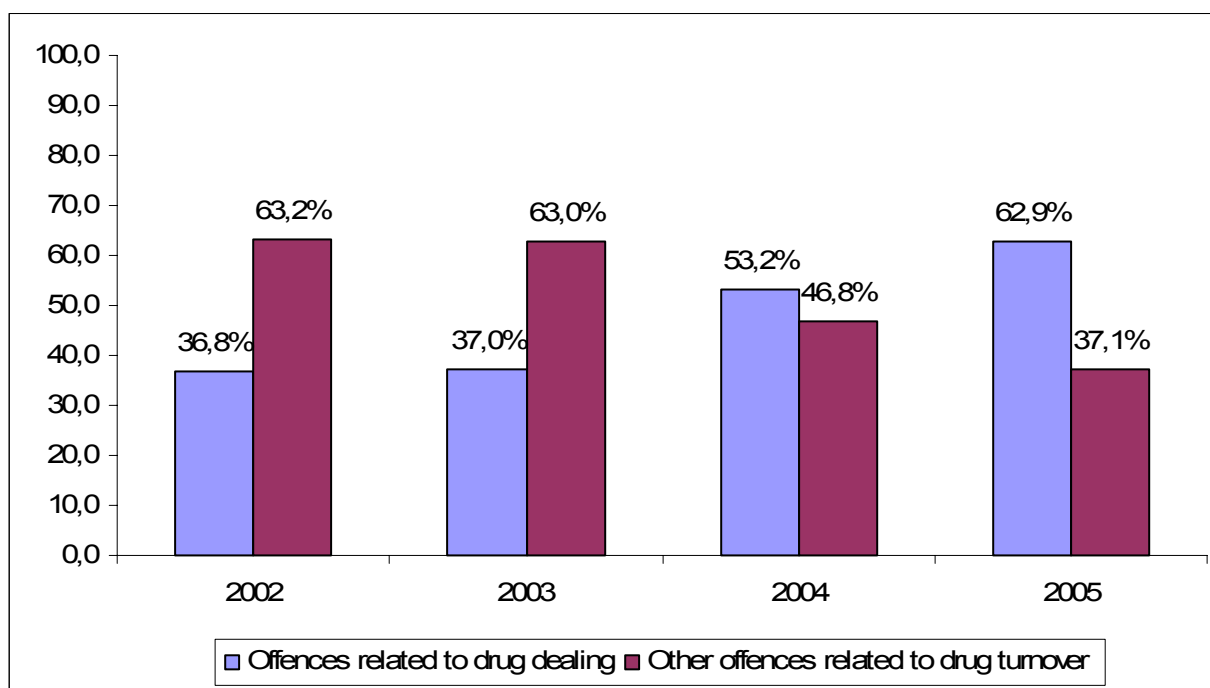


Table 4 and figure 1 show that decriminalization of legislation on drug possession facilitated the activity of law enforcement authorities in calling to account for drug dealing (it's possible to call to account for selling any amount of drugs). This trend is also linked to the activities of the Federal Drug Control Service set up in 2003.

**Table 5. Drug related offences detected in the RF in 2005 (per 100,000 people)**

Source: Information and illustration materials on drug situation in the RF and work results of the Federal Drug Control Service in Russia in 2005

Region	Number of detected offences (per 100,000 people)
RF	122,1
North-West Federal District	
Kaliningrad Region	125,1
Murmansk Region	106,44
Arkhangelsk Region	62,55
Komi Republic	104,18
Republic of Karelia	93,59
Novgorod Region	77,88
Vologda Region	77,40
St-Petersburg and Leningrad Region	73,51
Pskov Region	56,74

The average Russian number of offences per 100,000 people in 2005 was 122,1. The Kaliningrad rate was slightly higher – 125,1 being the highest in the North-West District.

According to the data of the Federal Drug Control Service, the number of confiscations of drugs, psychotropic and similar substances by law enforcement authorities and special services of the RF in 2000-2005 grew 29 times from 47 tons 592 kg (in 2000) to 138 tons 745 kg (in 2005). The most rapid growth was noted in 2004, when the Federal Drug Control Service was established.

**Table 6. Types of drugs, psychotropic and similar substances confiscated by law enforcement authorities and special services in the RF in 2005**

Source: Information and illustration materials on drug situation in the RF and work results of the Federal Drug Control Service in Russia in 2005

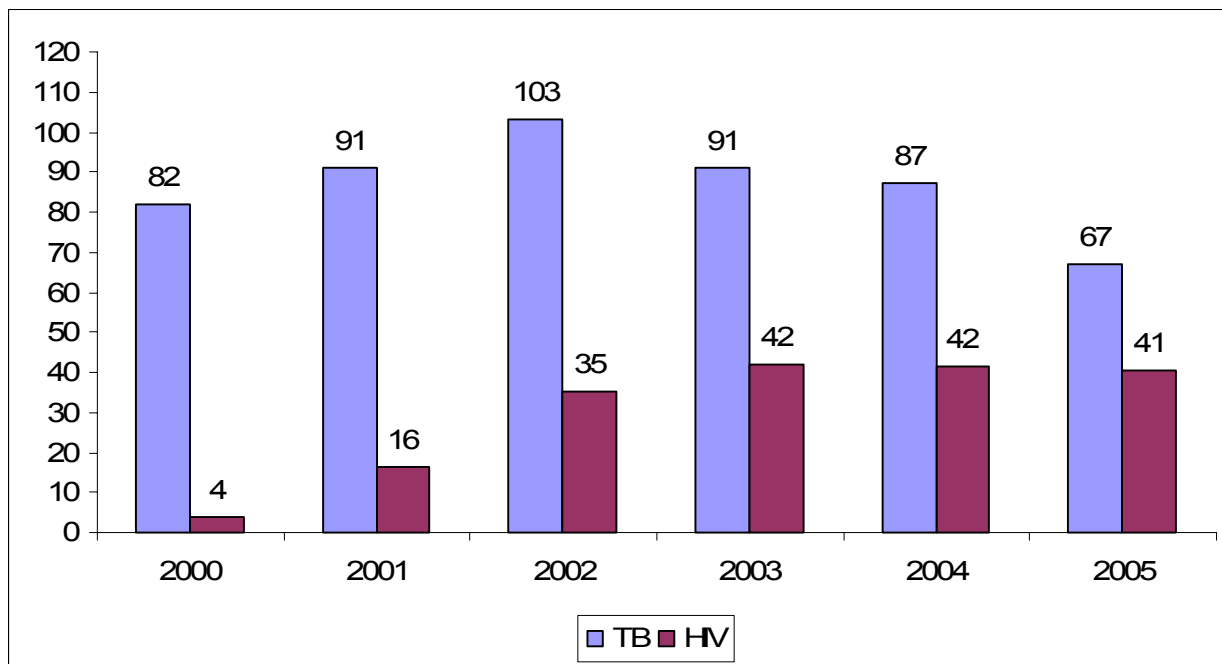
Types of drugs	Amount of confiscated drugs	Share in the total amount of confiscated drugs [%]
Strong substances (medicinal and pharmaceutical preparations limited for civic turnover)	95174	68,6
Cocaine	109	0,1
Marihuana	30618.	22,1
Heroin	4676	3,4
Poppy straw	3209	2,3
Opium	1523	1,1
Hashish	2101	1,5
Other drugs and psychotropic substances	1335	1,0

Strong substances and marihuana prevailed among drugs confiscated by law enforcement authorities and special services of the RF in 2005. Heroin comprised about 3,5%, poppy straw – more than 2%, opium – slightly over 1% of the total amount.

Unfortunately we have no data on the national figures of convicts sentenced for drug related offences.

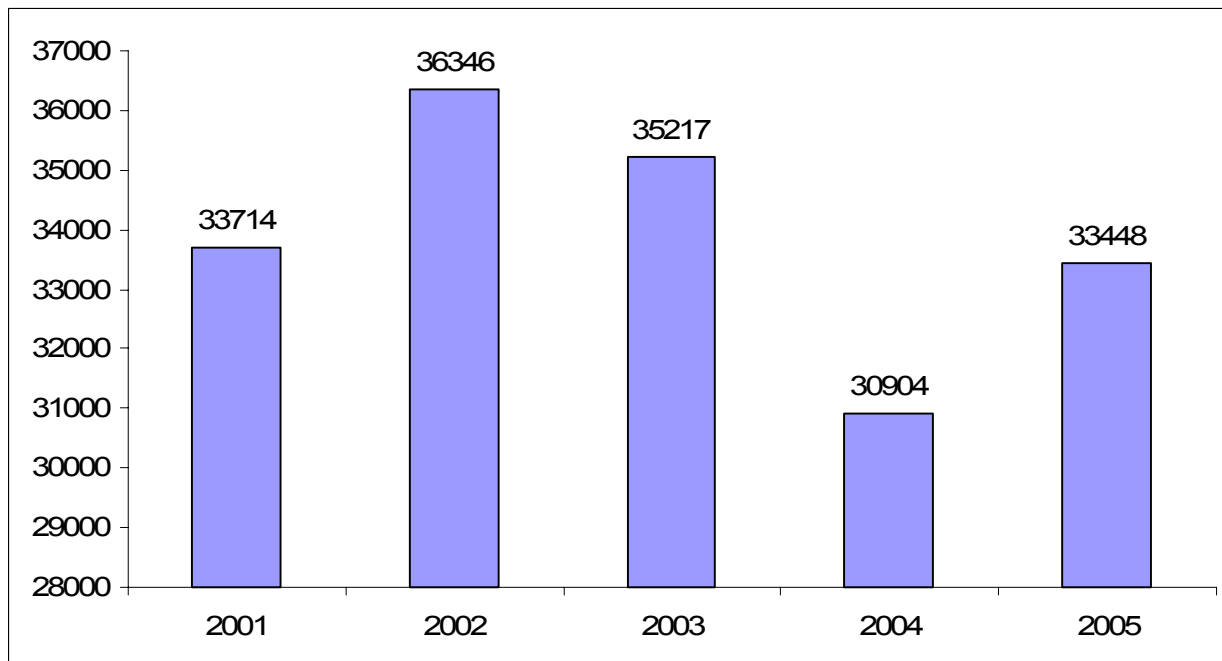
**Figure 2. Number of convicts with TB and HIV in penitentiary institutions of the RF in 2001-2005 (per 1 000 people)**

Source: Data on convicts in the penitentiary system in 1993-2005



**Figure 3. Number of HIV+ convicts in penitentiary institutions of the RF in 2001-2005, people**

Source: A.S. Kuznetsov. HIV in the penitentiary system of the RF. Report. 2006.



By November 2006 there were over 36,000 HIV+ convicts in penitentiary institutions, comprising 10% of the total number of people with HIV registered in Russia. Over 5,000 of those required antiretroviral therapy.



## Data on the Kaliningrad region

Offences related to illegal drug turnover are among the most frequent types of violations detected in the Kaliningrad region, which in the overall structure of crimes are only overridden by thefts. In 2000-2005 offences related to drugs and looting alternately occupied the 2<sup>nd</sup> and 3<sup>rd</sup> positions on the total list of detected offences. In 2000-2005 the share of drug related offences in the total number of crimes detected in the region ranged from 5,2% (in 2005) to 10% (in 2001).

**Table 7. Drug related offences detected in the Kaliningrad region in 2002-2005**

Sources: Kaliningrad region in figures. Collection of statistical data, 2005. Analytical information of the Kaliningrad Regional Police about activities on illegal turnover of drugs and psychotropic substances in 2003-2005

Year	Number of detected offences	Share in the total number of offences detected in the region [%]	Dynamics as compared to the previous year [%]
1999	1385	No data	No data
2000	1677	7,6	+21,1
2001	2465	10,0	+47,0
2002	1728	8,5	-29,9
2003	1549	6,9	-10,4
2004	1400	5,8	-9,6
2005	1186	5,2	-15,3

Table 7 shows that in 2003 the growth of the total number of detected drug related offences was suspended as compared to 2001-2002. It was a result of the abovementioned changes in the law, when the Decree No 231 of 06.05.2004 established new "large" and "particularly large" quantities of drugs and psychotropic substances, which increased the minimal amount of drugs sufficient for penalization and restricted the qualification of crimes under the most frequently applied articles.

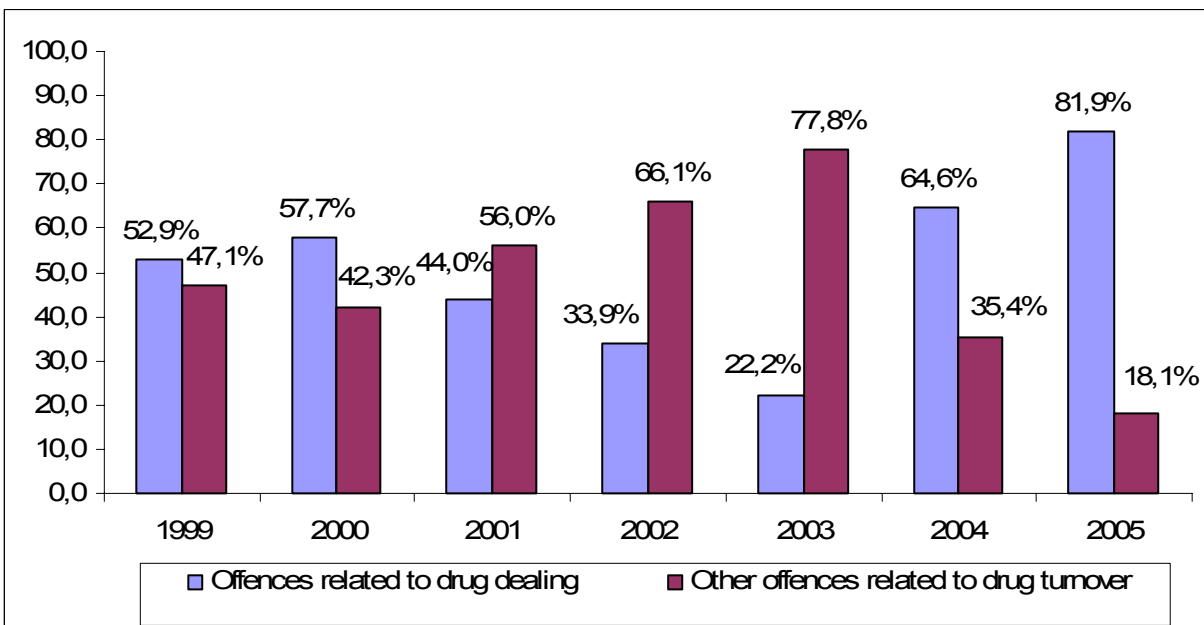
**Table 8. Offences of drug dealing detected in the KR in 1999-2005**

Sources: Kaliningrad region in figures. Collection of statistical data, 2005. Analytical information of the Kaliningrad Regional Police about activities on illegal turnover of drugs and psychotropic substances in 2003-2005

Year	Number of drug dealing offences	Share of drug dealing offences in the total number of drug related offences [%]	Dynamics as compared to the previous year [%]
1999	733	52,9	No data
2000	967	57,7	+31,9
2001	1084	44,0	+12,1
2002	586	33,9	-45,9
2003	344	22,2	-41,3
2004	904	64,6	+162,8
2005	971	81,9	+7,4

**Figure 4. Dynamics of detected drug dealing offences in the structure of drug related offences in the KR in 1999-2005, (%)**

Source: Analytical information of the Kaliningrad Regional Police about activities on illegal turnover of drugs and psychotropic substances in 2003-2005



**Table 9. Convictions for drug related offences in 2000-2004, (people)**

Source: Kaliningrad region in figures. Collection of statistical data, 2005

Year	Number of convictions for illegal acts and violation of rules on handling drugs and psychotropic substances	Number of those under 30 years old convicted for the misuse of drugs and psychotropic substances
2000	447	316
2001	802	577
2002	673	447
2003	597	392
2004	451	259

It's clear from table 9 that a big share of convicts sentenced for drug related offences in 2000-2004 were young people under 30 years old. In 2000-2004 they comprised from 57% (in 2004) to 72% (in 2001) of the total number.

The number of convicts sentenced for drug related offences ranged from 5,7% (in 2000) to 14,1% (in 2003) in the total number of convicts in the region in 2000-2004.

**Table 10. Administrative enforcement in the KR in 2004-2006, (people)**

Source: Press-releases on operational activities of the Kaliningrad Regional Department of Drug Control Service in 2005-2006

Year	Number of detected administrative offences	Dynamics as compared to the previous year [%]	Number adjudicated administrative penalties	Dynamics as compared to the previous year [%]
2004	70		33	
2005	183	+161	124	+276
2006	194	+6	174	+40

The abovementioned changes in the legislation and the establishment of the Federal Drug Control Service improved administrative law enforcement in this field. Due to the mentioned decriminalization of possession, acts related to possession of small quantities of drugs became a prerogative of the RF Administrative Offence Code. Minor amendments on drug related offences introduced to it in 2005 didn't have any significant impact on the law enforcement practice.

#### **Sources of data**

1. Analytical information of the Kaliningrad Regional Police about activities on illegal turnover of drugs and psychotropic substances in 2003-2005.
2. Y. Gilinsky. Crime in contemporary Russia: situation, tendencies, prospects (based on the materials of yearbooks "Crime and offences". Moscow: RF Ministry of Internal Affairs and RF Ministry of Justice). Link <<http://www.narcom.ru/ideas/socio/78.html>>
3. Information and illustration materials on drug situation in the RF and work results of the Federal Drug Control Service in Russia in 2005.
4. Kaliningrad region in figures. Collection of statistical data, 2005.
5. A.S. Kuznetsov. HIV in the penitentiary system of the RF. Report. 2006. Report at the conference "Results and prospects for the development of programs on HIV/AIDS prevention among vulnerable groups of population". Moscow, 2-3 November 2006. Link <<http://www.ohi.ru/federal/presentations.zip>>
6. Press-releases on activities of the Kaliningrad Regional Department of Drug Control Service in 2005-2006.
7. Data on convicts in the penitentiary system in 1993-2005. Link <<http://www.prison.org/penal/stat/doc017.shtml>>

### APPENDIX 3: LAWS ON MEDICAL CARE AND TREATMENT SERVICES TO DRUG USERS AND THOSE SICK WITH DRUG DEPENDENCE

The main piece of legislation governing the measures against production and trafficking of narcotic drugs in the territory of the Russian Federation, including counteraction to drug abuse is the Law No 3 – FZ "On Narcotic Drugs and Psychotropic Substances" of 8 January 1998. According to the law, drug abuse is recognized as a disease and a special chapter is devoted to drug treatment of those sick with drug dependency.

The law guarantees help, counseling, diagnosis, treatment, medical and social rehabilitation. Grounds for help are consistent with the principles embodied in the Civil Code, which regulates active and legal capacity of individuals. In particular, the law enshrines the principle of voluntary application for drug treatment. Drug treatment of juveniles is provided with the consent of parents, while those under medical supervision and conviction may be treated under a court decision on the application of coercive treatment (Article 54).

In addition to the abovementioned law, drug addiction as a disease is mentioned in a number of other laws, including the ones "On private detective and security activities", "On weapons", as a ground for refusing to grant special rights; the laws "On the basics of the juvenile neglect and delinquency prevention system " and "On fundamental guarantees of children's rights" as a threat to the health and safety of juveniles; and the Family Code, as a ground for deprivation of parental rights, abolition of adoption and refusal to be appointed as a guardian or a trustee.

Special rules that give drug abuse patients an opportunity to get medical assistance are contained in the Criminal Code – as a basis for the application of additional medical support measures, and in the Administrative Offences Code – as a reason for the referral to a medical treatment institution for medical and social recovery and the exemption from liability for drug use.

However, to date, none of the Russian laws, apart from the law "On Narcotic Drugs and Psychotropic Substances," defines drug dependency as a disease; rather, they simply note the fact that this disease exists, and state that special rules are applied to those diagnosed according to an established order. Russian laws don't specify the rights, guarantees and medical care activities targeted to those sick with drug dependence.

There are two laws that are somewhat different from others. Article 24 of the "Primary legislation on the protection of citizens' health" confers the right of citizens between 16 and 18 years old sick with drug dependency to give voluntary informed consent to medical intervention, or to refuse it. For comparison, the same article grants the same right to healthy juveniles from the age of 15 years old, i.e. the law introduces a special condition for the provision of medical care to those sick with drug addiction. The Criminal Code contains a regulation that defines drug addiction as a disease dangerous for human life. Article 111 criminalizes intentional infliction of serious health damage, followed by getting sick with drug addiction or toxic substances addiction.

Thus, the Law No 3 – FZ of 8 January 1998 "On Narcotic Drugs and Psychotropic Substances" is a major piece of legislation governing the provision of medical care to those sick with drug addiction. General aspects of rendering medical care to drug users are regulated by the RF Law No 3185-2 of 2 July 1992 "On psychiatric care and securing of citizens' rights". In accordance with Article 56 of the law, the procedure of medical supervision of those sick with drug addiction and their accounting is set by the federal health authority in consultation with the federal internal affairs authority, RF General Prosecutor's Office and the federal justice authority.

Registration and other aspects of drug treatment are set out in the instruction "On the procedure of dispensary accounting of patients with chronic alcoholism, drug and toxic substances addiction; preventive surveillance of people abusing alcohol and using drugs and other substances with similar affect for non-medical purposes without clinical manifestations of the disease." This was enacted by the USSR Health Ministry's Order No 704 of 12 September 1988 and has never been changed since then. Although this instruction so far has not been abolished, many of its provisions, in particular, the ones regarding the dispensary accounting of persons sick with drug addiction contradict other legislation passed in the last 20 years, and therefore, actions based on this instruction, can be considered as illegal.

In fact, "dispensary accounting" is not just the registration of drug users, and the formation of a database of drug addicts (a common conversational name for it is "narcological accounting") used by the government and in some

cases, by individuals and legal entities to clarify issues related to the epidemiological situation in the field of drug abuse and the fact of a particular person being sick with the disease. In fact, this form of accounting is the only official source of information about this or that person having this disease that is used as a ground for applying a number of legal constraints (when getting a driver's license or a permit for weapons possession, for being involved in a detective or security activity, or when applying for guardianship, custody or adoption).

The use of drugs (also referred to in medicine as psychologically active substances, PAS) results in mental and behavioral disorders grouped in International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) under a single diagnostic Heading F1. The PAS dependence syndrome is recognized as chronic mental disorder. ICD is a ground for people sick with drug addiction to be subject to the Law of the Russian Federation No 3185-1 "Psychiatric care and securing of citizens' rights " dated 2 July 1992.

Article 10 of the law sets out the principles of diagnosis of mental illness and hence, grounds for prescribing medical treatment to drug abusers, while orienting psychiatrists to stick to generally accepted international standards. In connection with the introduction of ICD-10 in Russian psychiatry in 1999, the adapted version of ICD-10 "Mental and behavioral disorders" was prepared and approved by the Ministry of Health, which is today an official document for coding of mental disorders.

Unlike the abovementioned instruction prescribing the dispensary accounting to all people diagnosed as drug addicts to be conducted in outpatient narcological institutions, the given law stipulates that medical supervision can be applied to a person suffering from chronic and long-lasting mental disorder with severe persistent or increasing, often painful, manifestations (which is typical of the final stage of drug addiction). At the same time, the decision about the need for dispensary supervision is made by a commission of psychiatrists (Article 27). Apart from the patients at the final stage of addiction, medical supervision can be applied to the persons, whose treatment for three months proved to be ineffective. A person misusing PASs, who may also have the dependency syndrome of the primary or secondary stage, who has not committed any socially dangerous offences yet, may be coercively hospitalized for the treatment of exacerbated disease for the period up to 30 days (Article 13). Once such a person rejects a supporting treatment, having passed the abovementioned one, no other measures can be applied to him afterwards.

Treatment and rehabilitation activities of a narcological ward are regulated by the Health Ministry's Order No 140 "On approving standards (protocol models) for the diagnosis and treatment of patients with drug addiction" of 28 April 1998 and the Health Ministry's Order No 500 "On approving the patient's management protocol "Drug addicts' rehabilitation" (Z 50.3)" of 22 October 2003. Patients' management protocols are also individual patient's treatment and rehabilitation plans. There are currently no legal documents regulating drug treatment of people who need it, but are reluctant to see a psychiatrist/a narcologist.

Thus, Russia has a legal framework for the provision of medical care to drug users. However, it has a number of bottlenecks, such as fragmentation (when separate legal provisions are stipulated by several different documents), bureaucratic nature (related to abovementioned dispensary accounting), as well as lack of clear performance indicators for evaluating the effectiveness of such activities. Those cause reluctance to address the existing treatment system among a considerable number of drug users.

#### APPENDIX 4: LAWS ON MEDICAL CARE AND TREATMENT SERVICES TO HIV-POSITIVE PEOPLE

The main piece of legislation regulating medical care in Russia is "Primary legislation of the Russian Federation on the protection of citizens' health" approved by the Supreme Soviet of the Russian Federation on 22 July 1993 (No 5487-1). It doesn't cover HIV/AIDS as a disease and doesn't contain any special provisions related to HIV-infected citizens. However, it contains a number of provisions that specify rights of and guarantees to certain categories of citizens to receive medical assistance, which can include HIV-positive people. For instance, additional guarantees are provided to the disabled, those with socially significant diseases and people with diseases dangerous for other people.

As regards the legal basis of medical care specifically targeted to HIV-positive people, the fundamental piece of legislation is the Law No 38-FZ "On preventing the spread of the disease caused by the human immunodeficiency virus in Russia" (hereinafter the law on AIDS).

This federal law contains a number of provisions aimed at guaranteeing the rights of PLWHA to receive medical care, including:

- generation and distribution of funds for prevention, diagnosis and treatment of HIV;
- provision of health care to HIV-infected people in accordance with the Program of state guarantees to Russian citizens for free medical care;
- provision of free HIV medication in outpatient institutions of the federal and local subordination in the order established by regional authorities.

These state guarantees must be provided by federal, regional and local authorities.

A separate chapter of the Law on AIDS is devoted to medical care services to people living with HIV/AIDS. It sets out conditions for medical HIV examination (both voluntary and mandatory) and the requirement to all foreigners coming to Russia to have an HIV test, and defines consequences of being diagnosed as HIV+. A consequence for a foreigner can be a refusal to issue him a Russian visa and a possibility for his deportation from Russia. The law also establishes a number of citizens' rights to diagnosis and treatment of HIV, including, re-testing, information about the test results, as well as the rights that should be honored during the provision of medical care. For instance, the law defines clinical indications for HIV treatment (the list of such indications is given in the Decree of Minzdravmedprom No 295/95).

At the same time the law doesn't envisage any special types of medical care or rights to receive it for HIV-infected people, as it must be provided to all on an equal basis. Thus, the law does not provide additional safeguards to people living with HIV, but rather affirms the equality of their rights with the ones of HIV-negative and prevents medical institutions from denying the provision of medical care due to a person's HIV+ status.

According to the Law No 122 – FZ "On amendments to legal acts of Russia and expiration of some Russian legal acts" dated 22 August 2004 better known as "the law on monetization", medical care services must be provided to HIV-positive citizens within the framework of the Programs of state guarantees for free medical care provided to Russian citizens, which are annually approved by the Russian Federal Government. The programs determine general types and standards of medical care. However, they not only fail to provide any specialized medical care to people with HIV / AIDS, but also exclude the provision of medical care to people with HIV as part of basic compulsory health insurance programs.

Regarding free medication and outpatient treatment, those must be provided by specialized medical institutions in accordance with the procedures established by the federal or regional governments, depending on the institution's subordination.

Specific activities undertaken by the state in order to stabilize the epidemiological situation with regard to HIV/AIDS incidence in Russia, reduce premature mortality, as well as their implementation time and funding procedures were defined in the Federal Target Program "Social diseases prevention and combating" for the period 2002-2006, which included among other components a subprogram called "Anti-HIV/AIDS". The following HIV-treatment tasks have been accomplished as part of it:

- improvement of HIV diagnosing and treatment, including the provision of medicines to health and penal institutions;
- development and clinical trials of means for HIV treatment.

In 2004, pursuant to the law on AIDS, the RF Government's Decree No 856-04 was passed, defining the rules of providing free medicines for HIV treatment in federal health institutions. This type of medical care is applied to patients in outpatient specialized federal health institutions. Free medicine is given to HIV-infected adults and children, being under dispensary supervision in specialized medical institutions, as well as to citizens in need for HIV preventive treatment.

Departmental statutory documents of the Ministry of Health and Social Development set standards for HIV/AIDS-related health care. In particular, Decree No 757 of 5 December 2005 governs the establishment and operation of AIDS Centers, defines their objectives, competences and structure. The priority tasks of those (Clause 5), including HIV diagnosis, treatment and prevention of infection, determine the recommended organizational structure of the centers having clinical-and-diagnostic department, including a day-care hospital, specialized doctors such as infectionists, dermatovenereologists, therapists, psychologists, pediatricians, obstetricians and gynecologists, narcologists and psychiatrists, neurologists, TB doctors, surgeons, ophthalmologists, dentists, otolaryngologists, functional diagnostics doctors, physiotherapists, allergists and immunologists. The same decree defines the procedure of providing citizens with free medicines for HIV treatment and prevention, pursuant to the requirements of Article 4 of the Law on AIDS.

Health Ministry's Decree No 77 of 13 August 2004 establishes a standard of medical care to patients with HIV. This document contains a list of standard medical interventions to be undertaken by a doctor approached by a patient with a disease described as "the disease caused by HIV," as well as the list drugs prescribed for treatment of such cases. A similar standard for HIV+ children was enforced by Decree No 374 of 30 May 2005 passed by the same ministry.

On 6 October 1998, the Ministry of Health of the Russian Federation issued a decree "On medical care for patients with drug addiction having HIV and viral hepatitis". Apart from a number of management measures to improve the work of health care institutions dealing with HIV+ drug users, the decree regulates some basic principles of rendering medical care services to persons with HIV infection, according to which in the absence of clinical manifestations, when there are prescriptions for inpatient drug treatment HIV+ patients shall receive medical care in narcological hospitals, to which infection diseases doctors are invited for consultations; while those with clinical manifestations shall receive treatment in infectious hospitals with drug treatment to be involved in the necessary amount provided by narcological institutions. Patients with HIV infection in emergency cases related to their somatic diseases shall be treated in the relevant specialized hospitals with the necessary anti-epidemiological precautions, as well as consultations with narcologists and infection diseases doctors ensured. Outpatient care for and medical supervision of patients with drug addiction and HIV should be provided according to local conditions by narcological dispensaries (wards, units) and AIDS Centers. According to the decree medical monitoring of HIV-infected patients with drug abuse in rural areas shall be done by infectious diseases units and narcological units of local medical institutions.

In the last few years there was a regional program "Urgent measures to fight the epidemic of the disease caused by HIV in the Kaliningrad Region for 2002-2006" implemented on the basis of a specially issued regional law No 285/03. In its objectives and tasks the program was consistent with the Federal Target Program "Anti-HIV/AIDS" and envisaged the following response to HIV epidemic:

- ensuring a modern level of diagnosis and treatment of HIV and AIDS-related diseases through purchasing the most efficient test-systems, including those for rapid diagnosis, as well as medicine for the treatment of HIV infection and AIDS-associated diseases;
- organization of homes for HIV+ children rejected by their parents and setting up a health-improvement camp for HIV-infected children.

In 2006 concrete measures aimed at HIV prevention in the region, as well as at lawmaking in this field were identified in the Program designed for implementation of the priority national project "Health" in the Kaliningrad region approved by the Regional Government's Decree No 215. Among other things the program includes submission of an application for federal funding to purchase diagnostic equipment and antiretroviral drugs.

## APPENDIX 5: LAWS ON HARM REDUCTION AND HIV PREVENTION AMONG VULNERABLE GROUPS

The Federal law on AIDS, as well as the federal target program "Preventing and combating social diseases" for 2002-2006, including the sub-program "Anti-HIV/AIDS," did not include any special rules regarding IDUs, CSWs and MSMs.

The RF Health Ministry's Decree No 290 "On medical care for patients with drug abuse, HIV and viral hepatitis" of 6 October 1998 commissions regional health authorities to use local mass media for publication and broadcast of materials on the prevention of drug addiction and HIV infection, taking into account the incentives for production and placement of social advertisements established by the Federal Law "On Advertising"; to regularly inform the public about the possibility of obtaining the necessary medical care for patients with drug dependency, providing the addresses and telephone numbers of drug treatment institutions.

Decree No 757 of the Ministry of Health and Social Development of 5 December 2005 regulating the establishment and operation of AIDS Centers, defines their objectives, competences and structure. AIDS Centers are commissioned to fulfill the following tasks:

- Organization of and carrying out activities to prevent HIV infection among vulnerable groups of population;
- HIV monitoring, sociological research on HIV, including epidemiological and behavioral monitoring.

In 2006 concrete measures aimed at HIV prevention in the region, as well as at lawmaking in this field were identified in the Program for implementation of the priority national project "Health" in the Kaliningrad region approved by the Regional Government's Decree No 215. Among other things the program includes activities on HIV prevention among the most vulnerable groups of population.

At the moment, the legal status of harm reduction programs is not determined in the Russian law. There are no such programs that would have a status of national statutory documents in this country.

However, there is an official document, not a piece of legislation, that has a definition of harm reduction. That document is a so called methodological letter, No 4173, signed by the Deputy Minister of Health and Social Development, R. Khalfin, dated 4 August 2006, containing a glossary of terms related to medical care for patients with HIV, which gives the following definition: "harm reduction or reduction of harm from drug use is a number of methods to combat HIV and drug use, the objective of which is only to reduce some harmful affects of those phenomena". Such a definition is too general. It does not explain what techniques are meant and what harmful affects those techniques are designed to mitigate.

The reference to harm reduction programs also appears in Health Ministry's Decree No 19 of 29 December 1999 signed by the Chief State Sanitary Doctor. It states that "projects on drug use harm reduction and HIV prevention among drug users, including needle exchange, anonymous counseling of drug users and teaching them how to prevent HIV infection, implemented in Kaliningrad and St. Petersburg, prevented a rapid growth of infection among that category of people". Authorities and institutions of the Ministry of Internal Affairs were recommended "together with health authorities and institutions to ensure the introduction and use of the programs that had proven to be effective in relation to reducing harm from drugs and safer sex among drug users and sex workers".

Two years later, on 17 April 2001 the Chief Sanitary Doctor adopted a similar Decree No 7, which in a more restrained, neutral manner mentioned that "an increasing amount of materials motivating young people to reject drugs and to reduce the harm from their use, to change sexual behavior and to promote healthy lifestyles have been appearing in the mass media".

In 2002, the Chief Sanitary Doctor issued another Decree No 28 "On intensification of activities aimed at counteracting the spread of HIV infection in Russia". It pointed out "serious shortcomings and unresolved issues in the area of HIV infection, and, above all, insufficient prevention work among high-risk groups" and the fact that "health authorities and institutions, those of the Ministry of Internal Affairs and the Ministry of Justice of Russia have not provided for a widespread introduction of programs for HIV prevention among drug users, sex workers and convicts".

The regulation recommended the Ministries of Interior, Justice and Health "to take effective measures to implement programs for HIV prevention among drug users, sex workers and convicts with the aim of preventing



the spread of the infection among wider groups of population". While regional health officials and regional chief sanitary doctors were recommended "together with authorities and institutions of the Ministry of Interior to take steps to support and expand harm reduction programs, providing comprehensive preventative approach, when implemented those among drug users and sex workers".

However, problems that have remained after the decree had been passed show that the declared measures stayed unrealized, apparently due to the lack of implementation regulations and assessment reports that had to follow.

The latest decree of the Chief State Sanitary Doctor of Russia No 16 of 25 April 2005 "On additional measures to counter the spread of HIV infection in Russia", listed shortcomings in the work of state bodies, which in his opinion don't allow to effectively counter the spread HIV / AIDS. The decree contained a number of measures aimed at improving the situation, such as:

- "Modification of HIV / AIDS combating programs in Russian regions with regard to changes in the epidemic situation, focusing on prevention activities among young people, drug users and sex workers and allocation of funds for the development and functioning of NGOs working in this area;
- Drug Control Service and Ministry of Internal Affairs are recommended to commission the subordinate authorities and institutions to provide assistance and support to health authorities and institutions in implementing HIV / AIDS prevention programs among drug users and sex workers;
- Regional Chief State Sanitary Doctors, heads of regional health authorities are commissioned to analyze the progress of implementing HIV / AIDS prevention and control programs in the regions, to make proposals to the executive bodies about their improvement in accordance with changes in the epidemiological situation, to coordinate activities and strengthen cooperation of health institutions, and, above all, AIDS Centers and regional departments of the Federal Service for Supervision of Consumer Rights and Welfare Protection, in order to improve the efficiency of organizational and practical measures aimed at counteracting the spread of the infection".

It should be noted that measures listed in the decree are mostly conceptual in their nature, not specific about either activities, timing or responsible institutions. The instructions to chief regional sanitary doctors (for whom the decree is mandatory for implementation) comprise a smaller part of the decree and do not envisage their participation in many activities. Thus, for most state bodies listed in the decree it only is of a recommendatory nature. For example, the opinion of the Chief State Sanitary Doctor that "harm reduction programs and other modern technologies of preventing HIV spread among the most vulnerable groups are slowly put into practice; the Drug Control Service has not produced documents yet that would regulate the procedure and rules for the implementation of these programs", has not been responded to by any reaction on the part of the Drug Control, let alone the opinion becoming a driving force for some actions on their part.

Law enforcement authorities responsible for countering the spread of drug addiction and the Drug Control Service in particular, have their own opinion about the implementation of harm reduction programs. The basis for their position is a criminological notion that the availability of means to commit offences (in this case, syringes) stimulates the process of committing those. Accessibility or increase of accessibility in this case, means not a free sale of syringes in principle, but making the process of acquisition easier - "goods" getting closer to "consumers", focusing the process of syringe distribution on the "target audience". As a result, the process of drug use becomes supposedly easier, which in its turn leads to the increase in the incidence of drug use. Another argument of the law enforcers to ground their position is of a psychological character – harm reduction programs, declaring a certain level of safety, when injecting drugs, as their objective; form the stereotype that drug use can be safe with no risk to get HIV, hepatitis and other diseases. This, in the opinion of the Drug Control Service increases the attractiveness of injecting drugs, which also leads to an increase in the number of drug users. Further, the law enforcement officials conclude that any activities that could affect the positive trend of drug use, should be classified as involvement in drug use.

Harm Reduction programs can be qualified as involvement in drug use (Article 230 of the Criminal Code) and criminalized. The standpoint of the Drug Control Service is also defined by the information letter No 81 of the Deputy Chairman of Narcocontrol A.G. Mikhailov to heads of regional departments dated 19 November 2003. The letter considers needle exchange as an open propaganda of drugs and involvement in drug use, and recommends taking measures of administrative and criminal nature to those engaged in such activities.

In 2003 alterations were made to Article 230 of the Criminal Code including an annotation that specified that: "the article is not applied to cases of promotion of the use of relevant tools and equipment necessary for the use of narcotic and psychoactive substances, aimed at prevention of HIV infection and other dangerous diseases, provided that it is implemented with the consent of relevant health and drug control authorities". Actually this wording allows criminal prosecution of individuals, who organize and participate in harm reduction programs.

In 2006, in order to regulate the legal status of harm reduction programs the Government instructed the Health Ministry and Narcocontrol to draft a provision on harm reduction programs. It was done by the Health Ministry taking into account suggestions of Narcocontrol and various NGOs. After that the draft was submitted to the Drug Control Service for consideration, which lasted for quite a while. In late 2006, they proposed their own version of the provision, which included a number of restrictions about the work of syringe exchange centers, making this activity virtually impossible. NGO, who are the ones mostly involved in harm reduction programs, are not prepared to accept this standpoint. The final decision on this issue has not been made yet.

Thus, the current Russian legislation does not regulate the development, approval, implementation and performance assessment of harm reduction programs. The legislation does not define their activities and expected results either. Due to the lack of a specific law, defining the status of harm reduction programs, they have not become part of the state HIV counteraction policy. The lack of state regulation, including the relevant legislation, is a reason for the negative attitude to them on the part of public authorities and some NGOs, which is reflected in the current position of public authorities, perceiving harm reduction as complicity in committing offences, resulting in a number of NGO being ready to enter a conflict with authorities about their introduction.

Despite the ambiguity of harm reduction programs' status, they are supported by local authorities and actively implemented in a number of Russian regions. While in other regions, including Kaliningrad the programs are actually forbidden. Nevertheless, in 2006-2008 about 60 harm reduction programs did function in Russia. Their work was funded through several grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria to the "Globus" project, Russian Health Foundation, Russian Harm Reduction Network and from the Priority National Project "Health".



The Port of Kaliningrad