

INTRO SLIDE 1:

Risk is not limited to the moment of injection with a contaminated needle. The risk begins:

- when a country, where the person dependent on drugs lives, bans the use of methadone or underfunds the substitution treatment causing waiting lists.

SLIDE 2:

This story clearly shows the human toll and consequences of the lack of investments in harm reduction. But the money is not the only key structural barrier. The money follows the priorities, which in many countries of EECA, are set with disregard to the nature of the HIV epidemic or evidence base – thus the money is wasted on law enforcement (rather than effective and cost-effective public health measures such as needle exchange and opioid substitution treatment) and leads to wide spread discrimination, cases of inhumane violence.

The lack of money... repressive drug policies...and systemic discrimination of people who use drugs are at the core of the public health and human rights crisis in the context of HIV in EECA. These are the **most critical disablers** of health and human rights fueling the concurrent epidemics of HIV, HCV and TB!

SLIDE 3:

These critical disablers impact the reach and effectiveness of harm reduction programs in the region. HIV prevalence is significantly higher among people who inject drugs than in the general adult population. Political disregard for harm reduction as the key entry point to access not only HIV prevention services, but also TB, HCV prevention and treatment and opioid overdose prevention services, come at a high human cost. The region experienced a four-fold increase in AIDS-related deaths (between 2001 and 2009).¹

SLIDE 4:

So, what would it take financially to address the HIV among drug users? – it would take the money that the governments and donors claim not to have. There is a significant gap between how much money is currently available and how much is required for the implementation of basic programs and to address the critical disablers.

SLIDE 5:

Current financial investments are disproportionate to the burden of HIV among drug users. The funding challenge exists even though harm reduction seems to be the most logical approach. It both works and is inexpensive to provide. It is far cheaper to prevent such infections than deal with the treatment and care – the tragedy **IS** some governments do not consider key populations worth caring for! And contrary to human rights principles that underscore that persons with drug dependence do not lose any fundamental rights, including the right to health, by virtue of the dependency, some governments simply do not care!

¹ UNAIDS. (2010). Report on the global AIDS epidemic.

SLIDE 6:

Over the last decade, the Global Fund has played an indispensable role in responding to the HIV epidemic in the region. The advocates and communities highly value Michel Kazatchine's contribution to the response while he was the Executive Director of the Fund. The Global Fund investments enabled the steady expansion of harm reduction programs. In a region where people who use drugs have traditionally been criminalized and excluded, the Global Fund programs pushed for their human rights and full inclusion.

SLIDE 7:

This is why the cancellation of Round 11 and the significantly reduced levels of funding within the Transitional Funding Mechanism raised serious concerns and fears among the communities. With few alternate funding sources, there is the risk of loss of the many gains made in the last decade with Global Fund support. The donor-imposed decision to reduce funding availability based on country income level ignores the fact that income is not the determining factor for the availability of HIV services; rather, the decisive factor is political will.

SLIDE 8:

In the absence of government support for harm reduction, Romania offers an example of what can happen to harm reduction and health gains when Global Fund support is no longer available.

Romania can be recognized though for its consistent commitment to harm reduction approaches, which are written into government policies. And for being one of only 6 countries in Europe (along with Spain, Portugal, Germany, Switzerland, Luxembourg), where needle exchange is implemented in prisons. In the Former Soviet Union, needle exchange is available only in Moldova and Kyrgyzstan. Yet the main means of dealing with drug use is imprisonment in the region.

SLIDE 9:

The incarceration of many drug-dependent people—often for lengthy periods of time and for minor offences such as possession of very small amounts of drugs -- raises human rights and health concerns. In most of the region, drug use is either an administrative offence (as in Russia) or a criminal act (as in Georgia). Terms of imprisonment for drug possession without intent to sell are disproportionate to the seriousness of offences, violating the principles of proportionality. As a result, large numbers of people are incarcerated for drug use or drug-related offences.

SLIDE 10:

Region-wide over 50% of individuals convicted on drug charges, are serving time for crimes related to possession without intent to sell.

SLIDE 11:

In **Poland** in 2000 the drug law was amended and criminalization of drug possession, was introduced, regardless of its amount and purpose,². The number of people convicted for drug-related offences is second only to Russia in the region. The **Czech Republic** on the contrary, decriminalized possession of illegal drugs³ in 2010 after carrying out a cost-benefit analysis of the criminal system.

SLIDE 12:

Repressive drug policies not only fail to decrease drug use, but also lay the foundations for drug-related harms. The strongest evidence of extensive HIV transmission through injecting drug use in prisons is from documented outbreaks in prisons – and Lithuania represents one of such tragic examples.

SLIDE 13:

Levels of drug regulations vary from country to country. For example in Georgia the government adopted legislation in 2006 allowing the police to stop people in the street and bring them in for urine drug testing, with positive results leading to a high fine or imprisonment.

Ukraine significantly reduced the amount of drugs subject to criminal liability, placing at risk of imprisonment for up to 3 years anyone in possession of even a few used syringes with trace amounts of drugs. A continuous decrease in the number of used (exchanged) syringes has already been documented, which is associated with fear of criminal prosecution for illegal drug possession.

SLIDE 14:

I want you to read carefully the personal narrative of violent and inhumane treatment of women who use drugs and sell sex by police. While drug laws pose many problems, it is the method of their enforcement that has the most negative impact on people who use drugs. Police enjoys considerable discretionary powers in targeting people who use drugs, and traditionally use violence towards vulnerable groups. Women who use drugs are especially vulnerable to violence from law enforcement.

According to one of the modeling results, it was estimated that in Odessa, Ukraine, elimination of police brutality against people who inject drugs could prevent up to 19% of HIV infections between 2010 and 2015.

So what the European members states, governments in the neighborhood and the EU institutions can do to translate their commitments into action – TO PROVE THAT THEY TRULY CARE ABOUT HEALTH AND HUMAN RIGHTS OF KEY POPULATIONS?

² The Act dated 26 October 2000, amending the Act on Counteracting Drug Addiction (Journal of Laws of 2000, no. 103, item 1097).

³ Prague Post. 2009., *New drug guidelines are Europe's most liberal*. [Online] Available at: <<http://www.praguepost.com/news/3194-new-drug-guidelines-are-europes-most-liberal.html>>. [Accessed 8 Jul. 2011]

SLIDE 15:

The EU has a very strong policy framework on human rights based approaches to HIV. The EU embraces harm reduction as one of its drug policy principles at the highest political levels. The EU institutions can and should lead by example on human rights and harm reduction. Promotion of effective harm reduction measures, both in EU member states and externally, should have a high profile in the new EU Drug Action Plan 13 – 16 for the EU Drugs Strategy. As the primary document to guide Member States (and to encourage neighbours and the rest of the world) in the implementation of interventions to reduce drug related harms. The current version of the action plan fails to set sufficient actions and indicators to hold Member States to account.

Moreover the Action Plan will cover the period in which member states have committed to reduce transmission of HIV among people who inject drugs by 50 per cent by 2015 as part of the 2011 Political Declaration.

- **INVEST STRATEGICALLY**

In an environment of recession and economic austerity, the impact on health is becoming apparent. In a recent study of Greece, which has been affected more by the global economic crisis than any other European country, health and social problems have worsened significantly. Heroin addiction rose by 20%, and a steep increase in HIV incidence recorded in 2010 is predicted to continue.

There is therefore a dual imperative for governments in times of financial crisis to use scarce resources as effectively as possible and to minimise the health and social consequences of the economic environment.

Public sector investments and donors' aid in the region should be strategic. Interventions for people who inject drugs, must receive funding commensurate with disease prevalence and incidence. Such harm reduction interventions (NSP, OST, in combination with ART and HIV counseling and testing (HCT)) are evidence-based, right affirming, and cost effective, particularly in the area of criminal justice and public health.

The external aid (through the Global Fund and directly from the EU instruments) remains indispensable to the HIV response and human rights protection in the region.

- **BUILD CAPACITY TO ADVOCATE AND SUSTAIN PROGRAMS**

Donors and national governments should strengthen their cooperation with non-state actors and build the capacity of CSOs and CBOs to advocate for sustainable national funding for harm reduction; removal of punitive laws, and protection of human rights.

There is evidence that interventions such as legal services for people who use drugs might be as important as a clean needle.

Community-based organizations should be supported including through EU Structural Funds as they make valuable contributions to their community reaching those at

greatest risk, providing care and support, and advocating for rights.

We are convinced that it is not feasible to stem the tide of the HIV epidemic in Eastern Europe and Central Asia without addressing the health and human rights crisis occurring among people who inject drugs. The communities must be empowered to prevent and redress human rights violations as core features of risk environments, barriers to care, and social determinants of poor health.