

Conclusions

1. Overall, the data collected for this study shows that Red Cross Red Crescent harm reduction activities have been implemented with the aim of meeting the needs of IDUs – knowing that 60 per cent of new HIV infections involve people injecting drugs.
2. It is vital to continue to advocate that governments implement comprehensive HIV prevention, treatment, care, and support interventions in favour of an already marginalized group – injecting drug users. Different field actors and police forces should also be well informed and trained on how to deal with injecting drug users. This may represent a crucial framework for action for National Societies to promote a more humanitarian approach towards injecting drug users.
3. Many governments still apply severe rules nationwide that drive drug users underground, which exposes the general public to more harm.
4. In many countries, drug users have limited access to substitution treatment. In most cases, it is restricted to government institutions.
5. Harm reduction works. Therefore, National Societies may play a leading role in urging governments to promote wider access to treatment and care for injecting drug users.

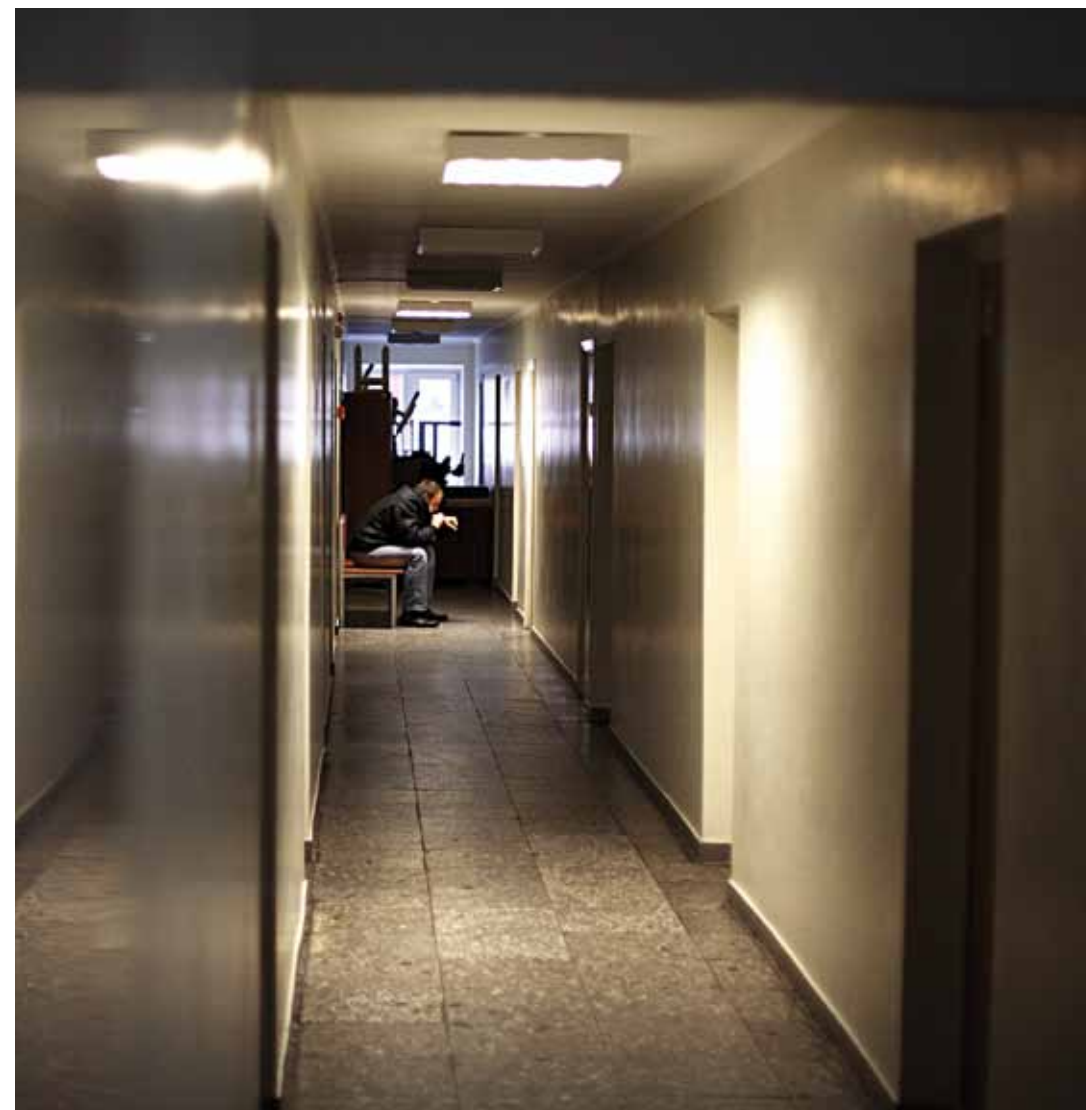
This survey was conducted by the European Red Cross Red Crescent Network on HIV and AIDS (ERNA) in central and eastern Europe and central Asia. At the time this survey went to print, not all national societies have responded. Their contribution to the harm reduction survey will be collected and published at a later stage.



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ERNA
and IFRC
survey

**Responses from ten National Societies
to a survey on injecting drug users and
harm reduction in central and eastern
Europe and central Asia**

Services and framework	The Former Yugoslav Republic of Macedonia	Ukraine	Belarus
1 Street or mobile unit	–		–
2 Night shelter	–		–
3 Drop-in-centre	3 (250)	–	–
4 Street HIV and TB voluntary counselling and testing	L (190)	–	–
5 Psychosocial support	L (32)	R (2,500/month)	N (28,500)
6 Medical care	L (120)	R (1,200/month)	N
7 Methadone treatment	–	L (40/month)	N (138)
8 Therapeutic community Rehabilitative service	– L (10)		N N
9 Legal constraints	–	No	Yes
10 Opposition by local and national authorities	Yes	Only a lack of understanding by the general public	Yes
11 Stigmatization of IDUs	Big problem and challenge	High level especially for PLHIV	Yes
12 Lack of funds for harm reduction activities	More funds to support expansion	Funded via GFTAM. Lack of funding for PSP	Yes
13 Lack of qualified human resources	No	Motivation vs. qualification	Yes
14 Not enough consideration of beneficiaries' needs or suggestions	Involving IDUs in project management		Yes

Source: *European Red Cross Red Crescent Network on HIV and TB (ERNA)* (Sep–Oct 2010)

Latvia	Kazakhstan	Kyrgyzstan	Georgia	Croatia	Lithuania	Azerbaijan
L (1)	L (2)	–	L (250)	–	L (150)	3,140
L (1)	–	–	–	–	–	–
1 (86)	2 (2,000)	–	–	4 (1,000)	1 (150)	1,345
–	–	–	–	R (200)	L (86)	–
L (11)	R (2,000)	L (48)	L (73)	R (1,000)	L (150)	2,059
L (15)	R (200)	L (53)	–	–	–	
–	–	–	–	–	–	L (MoH) 269
– L (3)	–	–	–	–	–	
–	No	No	Yes	No	No	No
–	Yes, by local authorities	Generally no, but some cases of discrimination exist	Yes	No	No	Problem of law enforcement
Yes	Yes	High level	Yes	No	Yes	Yes
Yes	Yes, to expand	Yes, for PSP	Yes	Yes	Yes	Only 60% of IDUs reached, more funds needed
Yes	Yes	No	Yes	No	Yes	Yes
–	–	No	Yes	No	Yes	Involved in project management

(1) Geographical coverage: local = L, regional = R, national = N,

(2) Number of target beneficiaries reached by the action since its start

The above data shows:

1. A total of five National Societies have mobile units and provide care to injecting drug users (IDUs).
2. One National Society has a night shelter to meet the needs of IDUs in terms of accommodation and care.
3. Twelve drop-in centres are made available by National Societies. In total, 4,831 beneficiaries have attended these centres.
4. Three National Societies offer street voluntary counselling and testing for HIV and TB. A total of 476 persons were tested during these programmes.
5. All National Societies have been involved in providing psychosocial support (PSP) to IDUs. To date, 36,373 people have benefited from such services.
6. Six National Societies offer medical care services, reaching out to almost 4,000 IDUs.
7. Three National Societies have the capacity to offer substitution therapy to IDUs.
8. One National Society has therapeutic services while three have rehabilitative community services.

9. Two National Societies face legal constraints in the provision of harm reduction services; six National Societies reported that they have not faced legal constraints; and two National Societies did not answer the question.
10. Four National Societies have experienced opposition by local and national authorities. However, one National Society reported having good cooperation with health and social services. In some cases, despite the absence of legal constraints, it was thought that police should be better trained in working with IDUs.
11. With the exception of one case, stigmatization was highlighted by National Societies as the major problem and challenge they had to face while working with IDUs. Discriminatory behaviour towards IDUs increased when individuals were also living with HIV.
12. All National Societies highlighted the need to mobilize more resources to widen the scope of harm reduction activities.
13. Six National Societies reported that they lacked qualified staff to help tackle the issue.
14. Generally speaking, National Societies drew attention to the fact that it is still necessary to work harder to get IDUs more involved in the definition and implementation of harm reduction programmes.