Harm Undone:
The Potential Influence of Harm Reduction on Political and Social Change in Central Asia

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Introduction

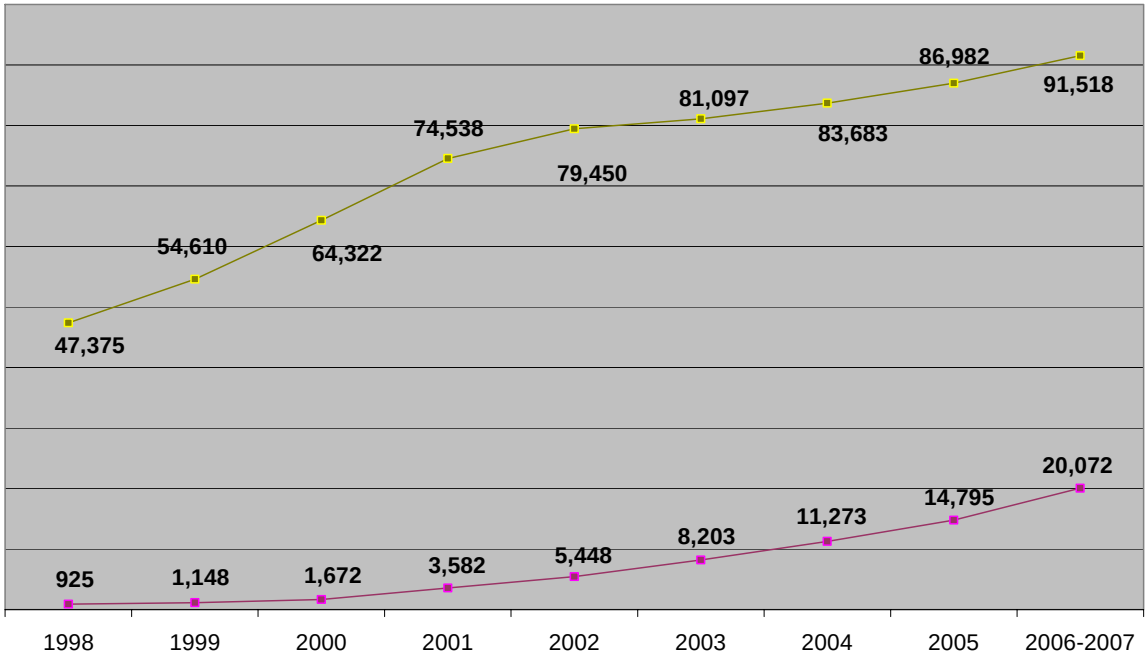
Central Asia's geographic location has not worked to its advantage in the decades following the fall of the Soviet Union. Proximity to the Middle East and susceptibility to influence from Russia have put significant pressure on the region's political and population dynamics. At the same time, the emergence of a major drug trafficking route out of Afghanistan coupled with socio-economic despair in the region has led to an increase in drug use (Godinho et al. 2005), which in turn helped fuel the HIV epidemic.

Injection Driven HIV/AIDS Epidemic in Central Asia

In 2006, Central Asia's southern neighbor, Afghanistan, was responsible for 92 percent of the global opium production (UNODC 2007a). In July 2007, the United Nations Office on Drugs and Crime reported a 25 percent decrease over the prior 12 months in opium prices (UNODC 2007b). And while much of the abundant and cheap opium cargo is headed north to Russia, west to the Balkans, and east to China, some settles along the transit routes in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan (Renton et al. 2006). This is evidenced by a dramatic increase in Central Asia's population of registered drug users. Since the 1990s this number has increased five fold for both Kazakhstan and Kyrgyzstan (Godinho et al. 2005).

Some 53,172 drug users are now officially registered in Kazakhstan and 7,842 in Kyrgyzstan (IRIN 2007; Republican Narcological Dispensary 2007), though experts estimate that the actual number of drug users in these and other Central Asian countries may be anywhere from two to five times higher (Godinho et al. 2005; Kyrgyz Republic 2007; Republic of Kazakhstan 2007). Even modest estimates place the region's drug user count at nearly 400,000 (Aceijas et al. 2006). Anywhere from 70 percent to 84 percent of these are using heroin and well over half are injectors (Godinho et al. 2005; Tajikistan Republican Narcological Dispensary 2007). According to a 2006 survey, 59 percent of drug users in Kyrgyzstan had shared injection equipment in the past month and at least 30 percent of injecting drug users (IDU) practiced this behavior regularly (Kyrgyz Republic 2006).

Increases in Cumulative Registered Drug Use and HIV/AIDS Cases in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan



Sources: ***UNODC World Drug Report 2007;*** **EuroHIV*****; Kyrgyzstan and Kazakhstan 2007 Global Fund Applications;*** **Tajikistan Republican AIDS Center**

Sharing injection equipment is one of the most effective ways of HIV transmission and injecting drug use is now contributing to one third of all new infections outside of sub-Saharan Africa (UNAIDS 2006). While the number of HIV cases in Central Asia is still comparatively low, the growth rate of the epidemic is alarming. In 1998, the region reported 1,600 cumulative cases, but in 2004 the number rose to over 11,000 and by September 2007 had exceeded 20,000 (Kyrgyz Republic 2007; Republic of Kazakhstan 2006). Between 70 and 80 percent of the region's registered HIV cases come from sharing injecting equipment (Dodarbekov 2007; Central Asia Regional HIV/AIDS Project 2006; Republic of Kazakhstan 2007). Crippled post-Soviet health systems have so far been unable to formulate a response, and the fate of Russia, Ukraine, and Moldova—where the HIV epidemic, fueled by injecting drug use, has already spilled into the general population—is dawning on Central Asia (Godhino et al. 2005; Renton et al. 2006).

Harm Reduction Approach

More concerted measures targeted at HIV prevention among drug users need to be taken by all sectors of society to contain this public health crisis. Generally, such measures are described by the term "harm reduction." The concept was first discussed in 1973, when the WHO Expert Committee on Drug Dependence recognized that traditional drug control measures did little to prevent drug use. The committee recommended

additional practices that would reduce "the severity of problems associated with the non-medical use of dependence producing drugs" (WHO 1974).

Conventional harm reduction approaches include a combination of the following services: provision of sterile injecting equipment through needle exchange programs; community outreach to IDUs; and access to opioid substitution therapy. Harm reduction is pragmatic and non-judgmental in recognizing that no existing intervention will completely eliminate drug use. Thus, the governing principle of harm reduction is lessening the adverse effects of drug use while it continues. These adverse effects can range from health crises, such as HIV and Hepatitis C infections, to social disparities, such as joblessness and poverty. The harm reduction approach also relies heavily on the belief that drug users, as a collective unit of society, are capable of making informed choices about their health.

In the mid 1980s, the adoption of harm reduction practices at the national level by Australia and the United Kingdom, paired with the efforts of drug user communities, helped those countries avoid large-scale AIDS epidemics. When France, Italy, and Spain followed suit in the early 1990s, they were able to gradually contain and reverse the local spread of HIV (Matic 2006; Ball 2007).

Challenges and Responses

Despite mounting evidence that harm reduction programs are effective in preventing the spread of HIV among drug users and decreasing other drug-related harms, harm reduction strategies are often still challenged by decision-makers. Politicians, health professionals, and religious and community leaders cite similar and often unfounded reasons for concern. Doctors either dismiss or actively oppose harm reduction as they do not see it as a legitimate form of drug treatment. Politicians call for punitive measures against people they label as "drug abusers," and misinterpret harm reduction as being too liberal or a synonym for drug legalization. Community leaders question the approach's efficacy and demand financial support to "good" people in need over help to "hopeless junkies." All miss the point, however, that pushing drug users onto the fringes of society will escalate the problem rather than solve it.

Putting drug users "away" was a standard strategy adopted by the Soviet Union. After its collapse, the practice continued in the region. Drug treatment in some Central Asian countries was and still is conducted in a compulsory form in closed institutions, and the practice of state agencies registering drug users is still common. Registration takes place when drug users are first summoned by the police or come in contact with the narcological dispensary. The rights of registered drug users are hampered by a range of restrictions varying from limited access to life-saving antiretroviral therapy (ARV) for those who have HIV to inability to adopt children or coerced abortions (Wolfe et al, 2008).

Widespread incarceration of drug users is another common approach. In Central Asia, pressure has been put on police and drug control forces to stop rampant drug traffic.

Required to fulfill monthly "drug arrest" quotas, the police bring easy targets—drug users—to "justice" for minimal possession. In the region that is responsible for trafficking over one fifth of the world's production of opium yearly (UNODC 2007), individuals may still serve two- to five-year prison sentences for possession of less than one gram of street quality heroin. In Tajikistan alone, 70 percent of those incarcerated are sentenced for ambiguously defined "drug related crimes" (Criminal and Corrections Unit 2007). It is safe to assume that the quality of medical care for those infected with HIV, Hepatitis C, or tuberculosis in Central Asian prisons is highly inadequate.

In recent years, the governments of Kyrgyzstan and Tajikistan have realized that overburdened correctional institutions were straining the countries' already diminished federal budgets. This realization led to massive amnesties resulting in the release of up to one half of the prison population. There are practically no social rehabilitation or health services for former inmates in Central Asia, and community groups repeatedly report that newly released prisoners, apart from having an array of health-related problems, are susceptible to drug use, criminal activity, and overdose.

Alternatives to incarceration, as well as policies that decriminalize drug possession for personal use, are urgently needed in Central Asia. Between 0.9 percent and 2.3 percent of the adult population of Kazakhstan, Kyrgyzstan, and Tajikistan has been estimated to inject heroin (UNODC 2005), and attempts to put them "away" are failing. The region needs more political and professional leaders to stand behind needle exchange programs, substitution treatment, and universal access to ARVs. Specific additional health services—such as counseling, sexual health, TB and Hepatitis C treatment, access and adherence to antiretroviral medications, substitution and rehabilitative treatment, overdose prevention, and palliative care—are also needed.

Central Asia Bound

Injustices imposed onto drug users by former Soviet governments during the 1990s not only infringed on the civil and human rights of these individuals, but also alienated many people from seeking essential medical services. This effect created an urgent need for building a strong community to work with drug users and replicate the successful harm reduction practices that existed in Western Europe.

It is with this precedent in mind that the Open Society Institute started its International Harm Reduction Development Program (IHRD) in 1995. Within its first year, IHRD helped open the first needle exchange trust points in the region, working with governments, international experts, and drug user communities to secure consent and build interest.

Over the past 12 years, IHRD has expanded its presence in Eastern Europe and Central Asia. The programs it began and nurtured have succeeded in attracting multilateral donors—such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the UK Department for International Development, and the Canadian International Development Agency—to address the issue of marginalizing drug users and have helped

bring policies and health services that focus on IDUs to the national agenda. In Central Asia, IHRD has partnered with, and sometimes helped establish, non-governmental organizations (NGOs) that effectively mobilized civil society involvement in HIV and drug policy decision making.

Results

Evidence suggests that needle exchange programs need to reach more than 60 percent of drug users in order to prevent or reverse the spread of HIV over a continuum of time (Donoghoe 2006). While some Central Asian countries report to the Global Fund to Fight AIDS, Tuberculosis and Malaria that as many as 35 percent of IDUs in these countries are getting reached by "harm reduction services"(Weber 2007), other estimates show that less than 10 percent of IDUs in Kazakhstan and Kyrgyzstan and less than 2 percent in Tajikistan and Uzbekistan actually receive sterile injection equipment (Aceijas et al. 2007). Opiate substitution therapy programs that have been shown to increase social functioning and well-being of opiate users and increase adherence to ARVs for those with HIV now cover 20-60 percent of drug users in Western Europe (Donoghoe 2006). Such programs still exist only in Kyrgyzstan and Uzbekistan and reach less than 1 percent of drug users in either country (Aceijas et al, 2007). It is apparent that significant improvements to these services are needed. There are other measures of success, however, that indicate some progress. In all three Central Asian countries where IHRD operates, the local capacity in harm reduction has been built through trainings and developing service programs, and communities of IDUs have been recognized, to an extent, as valuable partners in battling the HIV epidemic. Additionally, IHRD and local and international partners have been able to influence political decisions in the region.

Kyrgyzstan

Since 1998, despite several political upheavals, Kyrgyzstan has implemented needle exchange programs in the community and in prisons, administered methadone substitution to almost 500 patients and is currently in the process of adopting one of the most progressive pieces of legislation in the region. The new law will eliminate arrests for possession of a nominal amount of an illicit substance and thus prevent drug users from incarceration. The legislature has been in discussion for some time, but the process gained momentum in 2005 when President Kurmanbek Bakiev spoke to a conference on drug use prevention and said that arresting drug users has neither helped the country curb addiction nor stopped abundant drug trafficking (Bashmakova 2006). In Kyrgyz prisons, needle exchange programs reach about 6,000 IDUs, and Atlantis—a program for social inclusion of former inmates who use drugs—has been in operation since 2004. This progress would have been impossible without the wide participation and advocacy efforts of the country's drug user community groups and without a chain of forward-thinking decisions by the Kyrgyz government.

Still, more concerted political action is needed in Kyrgyzstan to scale up services even further and to eliminate corruption within law enforcement. An unpublished study by one of IHRD's NGO partners in the capital city of Bishkek found that more than 30

percent of its clients were purchasing drugs from the police. Also, as international donor attention decreases, a better strategy is needed for aligning governmental services with already well-developed NGO services.

Tajikistan

Last year Tajikistan followed Uzbekistan and Russia in adopting a law that requires reregistration of all NGOs with the government in 2007. This measure could potentially put certain organizations on the wrong side of the governmental divide. So far, however, the government has welcomed international donors and even managed to include goals for increasing coverage of IDUs in the country's 2007 Plan for Counteracting the HIV/AIDS Epidemic. Progress has also been made around NGO and government sector collaboration—several NGO-run needle exchange programs in Dushanbe now operate out of state-run clinics, and the Republican AIDS Center is working with two NGOs to ensure patient adherence to ARVs. In the mountainous region around the city of Khorog on the Afghanistan border, NGOs are working closely with the emergency department to ensure overdose prevention. In the region around the city of Khujand, also bordering with Afghanistan, a merger between an NGO providing a wide range of services to IDUs and the region's narcological dispensary is planned. In these two areas, the high incidence of drug use among the population has caused the issue to be free of stigma, and has brought politicians, NGOs, and the community together to formulate an effective and nurturing response.

Kazakhstan

In Kazakhstan, the government's failure to control corruption and recognize the importance of NGOs in the health sector has somewhat reversed the successful and early introduction of harm reduction services in the country. Local harm reduction NGOs were urged to join forces and form a coalition which now includes 12 community service and advocacy organizations. Recently, 118 children were infected in a blood transfusion scandal in the southern city of Shimkent, putting HIV in the spotlight of the national agenda. In this difficult time, the Republican AIDS Center turned to the Harm Reduction Association for expertise and the groups have begun collaborating.

What's Next for Central Asia?

The world's HIV epidemic has shown that the most successful prevention responses are formed when the needs of the community are met with timely political decisions. Unfortunately many countries are slow to learn from the mistakes of others and are paying the price in either an overburdened health sector, or worse, in population losses. As shown in a recent study, the majority of the drug users in Central Asia are aged between 20 and 29 years old (Aceijas 2006), and for countries like Tajikistan, where 70 percent of the total population is below the age of 30, this spells a dawning demographic crisis (Central Asia Regional HIV/AIDS Project 2006).

Harm reduction presents an indispensable instrument that not only prevents disease but also allows for social inclusion and rehabilitation of groups previously marginalized, thus improving the given society's claims to democratic and structural

change. Failure to change in this particular direction has manifested itself most acutely in Uzbekistan. Still, relative progress has been noticed and developed countries see an invaluable security and strategic partner in Central Asia. To demonstrate this allegiance, western nations have been fast to strike alliances, place their military planes along borders, and hastily pour some funding into the region. However it remains to be seen whether correct targets have been set for these funds and whether they actually aim at regional development, as opposed to being quick handouts.

A well-defined strategy needs to be set for donors and governments that are eager to ally themselves with Central Asia. This strategy, along with other issues, has to recognize that the region is on the brink of a major HIV epidemic, and making harm reduction objectives a priority today could ensure Central Asia's future stability.

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