

# BY WOMEN, FOR WOMEN

NEW APPROACHES TO  
HARM REDUCTION IN RUSSIA



# Why Russia Needs Gender-Sensitive Harm Reduction

**In Russia, as in many countries, women who use drugs face profound structural and individual challenges to access essential health care.** According to the UN Office of Drugs and Crime, Russia is home to 1.6 million injecting drug users<sup>1</sup>, and women are estimated to make up as many as 40 percent. Meanwhile, more than one third of the country's people who inject drugs are believed to be living with HIV.<sup>2</sup> Yet local groups who provide harm reduction services report as few as one in six of their clients are female.

Poverty, stigma, domestic violence, police harassment, and fear of losing custody of their children are only some of the barriers preventing women who use drugs from seeking medical and counseling services. And if they do come for medical care, they are likely to be denied access or receive substandard services from doctors and nurses who are not trained and not prepared to deal with their issues.

<sup>1</sup> UNAIDS, Report on the Global AIDS Epidemic, 2010, p. 38.

<sup>2</sup> Global report: UNAIDS report on the global AIDS epidemic, 2010, p.38. [http://www.unaids.org/documents/20101123\\_GlobalReport\\_em.pdf](http://www.unaids.org/documents/20101123_GlobalReport_em.pdf)

## Remedies, however, do exist.

Across Russia, harm reduction service providers have established that targeted, gender-sensitive programs do promote increased participation amongst women drug users and enable safer behavior. Indeed, where these programs exist, the proportion of female-to-male clients soon draws even. This has proven especially true when anonymous and free-of-charge services are introduced. Just a few examples of the effectiveness of such targeted programs include:

- In Tomsk, the proportion of female clients more than doubled from one-fifth to half in less than two years after the founding of a women-only drop-in center.
- A similar project in Chapaevsk saw its female clientele rise 70 percent within eighteen months of its implementation.
- The introduction of gender-sensitive programming in Naberezhnye Chelny increased the number of women threefold to 650.

The following pages detail how five harm reduction initiatives in cities and towns throughout Russia—in Tomsk, St. Petersburg and Leningrad region, Chapaevsk, and Naberezhnye Chelny—have convinced more women drug users to seek help, expanded the range of medical services available to them, and addressed many of the social issues which complicate their access to services. For more specifics on each program, please see page 14.

While donors frequently express interest in programs targeting women who use drugs, to date there has been relatively little funding directed toward these efforts in Russia. Given the increasing feminization of the HIV epidemic in the region, and the dearth of services and resources available to the women who are most vulnerable, it is critical to replicate and scale up the best practices documented in this report.

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**ESTIMATED PERCENT  
OF RUSSIA'S 1.6  
MILLION DRUG USERS  
THOUGHT TO BE  
WOMEN.**

# Convincing More Women Drug Users to Seek Help

**Women who use drugs in Russia are extremely vulnerable.**

Drug use is frequently linked to traumatic childhoods and/or abusive partners as adults. Plus, this violence also often extends to their interaction with police.

To counteract these factors, gender-sensitive harm reduction programs have placed particular emphasis on guaranteeing personal safety and confidentiality in order to gain the trust of women clients. Increasing outreach efforts and utilizing peer or volunteer networks help establish that trust. This is particularly true in attracting new female clients.

The following sections highlight approaches that have been proven to work.



**“THIS IS WHY I STOPPED INJECTING: I MET PEOPLE [AMONG THE STAFF] I KNEW HAD BEEN USING DRUGS. TALKING IS ONE THING, BUT IF YOU’VE GOT YOUR OWN EXPERIENCE, THAT MAKES A DIFFERENCE.”**

Yana

A CLIENT OF TIMUR  
ISLAMOV FOUNDATION IN  
NABEREZHNYE CHELNY.

### **ESTABLISH A WOMEN-ONLY SAFE SPACE.**

Since violence is endemic to the lives of many women who use drugs, the provision of a safe space free from the intimidating presence of men is essential. At the Tomsk Anti-AIDS project, its director attributes the growing involvement by female clients to its separate women-only drop-in center, where women can socialize with each other and with staff, attend trainings, and find childcare.

### **TARGET MOBILE SERVICES TOWARD WOMEN.**

Due to childcare responsibilities, partner resistance or other reasons, many women find it difficult to visit harm reduction programs. In St. Petersburg, service-provider Humanitarian Action is known among drug users for its two harm-reduction buses, which bring outreach services, including HIV, sexually transmitted diseases (STD) and pregnancy testing, directly to those who need them. Humanitarian Action’s supportive staff is trained to meet women’s specific needs. This mobile safe space often draws new female clients as well. Other programs have outreach staff visit women clients in their homes or in other meeting places frequented by women.

### **GAIN ACCESS THROUGH PEERS (“SECONDARY EXCHANGE”).**

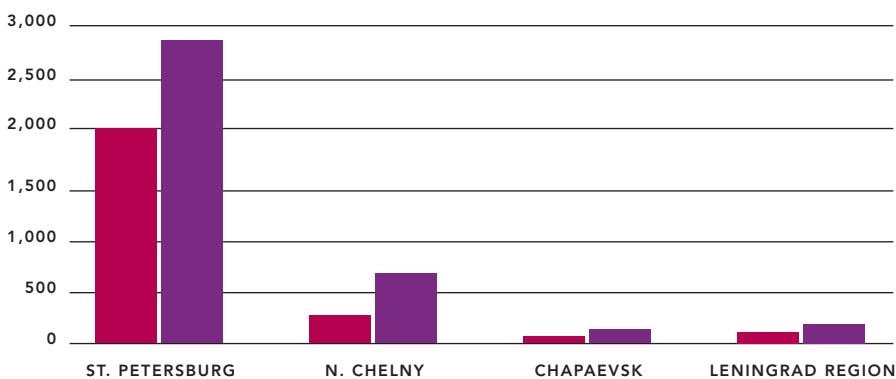
Many women fear exposing themselves as drug users because, in their experience, it can only lead to stigmatizing and discriminatory treatment. Most harm reduction programs working with women allow clients to pick up syringes, condoms, and hygienic kits and then distribute them among friends who use drugs. After receiving these supplies indirectly, women develop a more trusting attitude toward the programs. At Timur Islamov Foundation in Naberezhnye Chelny, for example, the majority of new female clients reported they were initially recruited through a friend.

### PROVIDE WOMEN- AND CHILD-SPECIFIC SUPPLIES.

Many women who use drugs cannot afford to buy their own condoms, personal hygiene items or vitamins, even during pregnancy. Recognizing this reality of their clients' lives, all the gender-sensitive harm reduction programs in Russia distribute small "women's packets" to their clients to encourage participation in harm reduction. Packets include shampoos, sanitary pads, condoms, pregnancy tests, vitamins, deodorants and lip balms for the cold season as well as diapers and other supplies for mothers with infants.

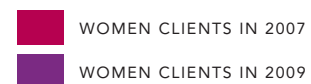
### RECRUIT FEMALE OUTREACH WORKERS.

All gender-sensitive programs in Russia recruit former clients as paid staff members or volunteers as well as assist in finding employment elsewhere. Former clients serve as outreach workers, peer consultants or even trained social workers. An "opportunity to help others" and feel valued is consistently quoted by women clients as motivation to participate in a harm reduction program.



**FIGURE 1**

As four harm reduction groups across Russia found, more women participate when services are tailored to them specifically.



# Expanding Medical Services Aimed at Women Who Use Drugs

**Overwhelmingly, women who use drugs do not have access to basic medical care on a regular basis,** although they are at a high risk of HIV and other life-threatening illnesses. Drug treatment options are also extremely limited, since drug treatment programs in Russia rarely— if ever— accommodate women with children or pregnant women.

If a woman does seek care, few health facilities have staff trained to address the specific needs of women drug users. Since most are of childbearing age, sexual and reproductive health is a major concern, including access to contraception or antenatal care. Women-centered harm reduction projects, nonetheless, have found creative and effective methods to encourage better options.



## ENSURE ACCESS TO BETTER HIV TESTING AND TREATMENT.

Federal law in Russia mandates that HIV services be voluntary, anonymous, and free-of-charge for all citizens. In reality, this is frequently not the case, and many drug users do not know their HIV status. Those who are diagnosed have limited access to CD4 count or viral load testing, start antiretroviral treatment late, and have a high dropout rate from treatment. Women are no exception.

Alternatives, however, include:

- **Free, confidential and compassionate care.** Gender-specific projects universally *provide free and anonymous testing* to women. They also often provide pre- and post-test counseling that women are not likely to get elsewhere, including *referrals to friendly doctors* at local AIDS centers and other clinics. This service is particularly important given the fact that many women drug users, often poor and stigmatized by health care providers and families alike, have little access to information about available treatment. Women-specific projects also provide *ongoing case management* for their clients who need antiretroviral medications. All of these services factor into higher treatment adherence among clients.
- **Assistance in obtaining legal documents.** Another frequent barrier to care is the requirement that patients present a full set of legal documents— their passport, residence registration, and proof of medical insurance— to receive treatment at AIDS centers. Women who use drugs often lack some or all of these papers and thus are denied care. Harm reduction programs *offer help with residency registration and other documents* through legal advocacy. In Tomsk, for instance, the local AIDS center now accepts patients without documentation if they have been referred by the Tomsk Anti-AIDS project. Other programs have shepherded dozens of women through the legal quagmire to obtain passports and additional legal documents.

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**DISTANCE (IN KILOMETERS) WOMEN IN VYBORG, A SMALL TOWN IN LENINGRAD REGION, HAD TO TRAVEL FOR FREE AND ANONYMOUS HIV TESTING BEFORE THE NGO POSITIVE WAVE STARTED ITS GENDER-SPECIFIC PROJECT.**

**“THE ONLY MESSAGE A DRUG-USING WOMAN RECEIVES IS THAT SHE’LL GIVE BIRTH TO A FREAK. IN OTHER WORDS, THE ATTITUDE TOWARD SUCH A WOMAN IS VERY NEGATIVE— YOU EITHER HAVE AN ABORTION OR GIVE BIRTH TO A MONSTER.”**

#### Staff

AT THE ANTI-AIDS  
PROJECT IN TOMSK

#### **PROVIDE QUALITY REPRODUCTIVE AND SEXUAL HEALTH.**

Women-specific projects play a key role in improving access to reproductive and sexual health care. Unintended pregnancies and untreated STDs are central concerns for women drug users who have limited access to contraception, family planning and STD diagnostics and treatment. Lack of money, lack of trustworthy information and pervasive stigma make regular visits to a gynecologist unrealistic for most drug users.

Instead, what women require are:

- **Specialized services during pregnancy.** When specialized services for pregnant drug-using women are provided, women are motivated to seek care. At Humanitarian Action in St. Petersburg, more than a third of clients accessed counseling on prenatal health when it was provided. At Tomsk Anti-AIDS, nearly three out of five visited a gynecologist when given that chance— and more than half followed up after the initial consultation.
- **A network of “friendly doctors.”** Referring clients to doctors who were informed about, sensitive to, and understanding of the realities of women who use drugs proves to be a key component. Identifying so-called “friendly” medical professionals from local AIDS centers or maternity clinics ensures clients receive free and anonymous care without discrimination. Clients of Tomsk Anti-AIDS can “jump the line” at a local friendly gynecological clinic, and nearly 300 women have been tested for sexually transmitted diseases.
- **Counseling and case management.** Programs also offer women clients tailored information and tools on how to prevent sexually transmitted diseases. At the Timur Islamov Foundation in Naberezhnye Chelny, for instance, small groups of three to five women participate in monthly counseling sessions on reproductive health that are linked to a visit to a gynecologist or AIDS center for testing and exams.

In Tomsk and St. Petersburg, pregnancy tests are included as part of the gender-specific harm reduction programming. Childbearing can be especially complicated for women who use drugs and are also HIV-positive. In such cases, it is not uncommon for doctors in Russia to counsel women to get abortions, ignoring available treatment options to protect the health of the fetus. Instead, gender-sensitive programs concentrate on case management to ensure prevention of mother-to-child transmission of HIV. In St. Petersburg, counselors at Humanitarian Action advise women on how to adhere to medication to avoid transmission.

**INCREASE AVAILABILITY OF DRUG TREATMENT.**

More often than men, women who use drugs have a strong motivation to quit. However, though federal law promises free and voluntary treatment, viable options fall far short of this mandate. To access treatment, one must register as drug user— an admission that may limit one’s parental rights, employability, and ability to obtain a driving license. Further, few if any drug treatment programs accommodate pregnant women or those with children—forcing women to choose between their family and their desire to get help with drug dependence.

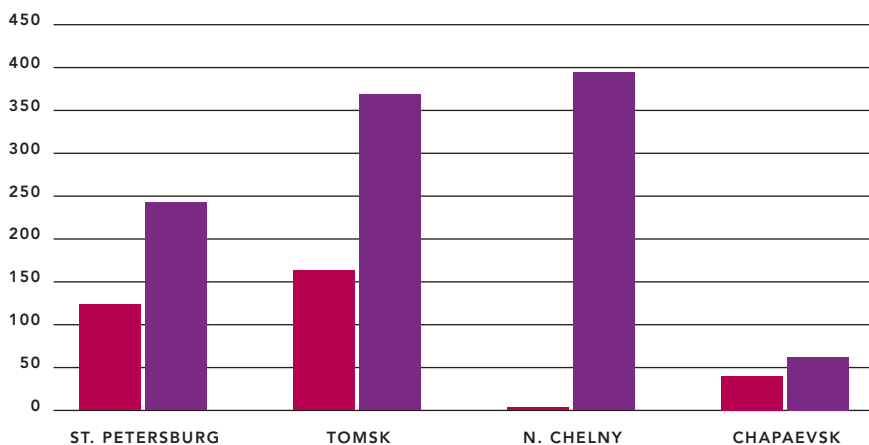
Even so, several women-specific programs have found ways to help:

- **Comprehensive support.** All drug users who want to curb their addiction need case management and legal aid, plus psychological, social and peer support. Since most drug treatment and rehabilitation programs do not admit women together with their children, both Humanitarian Action in St. Petersburg and Tomsk Anti-AIDS have arranged temporary accommodations for clients’ offspring at pediatric hospitals or other residential childcare programs for the duration of the mother’s treatment. In addition, direct advocacy and negotiation by the projects’ social workers enabled some pregnant clients to get drug treatment where doctors would normally deny admission out of reluctance to assume responsibility for the health of a fetus.

**“MY INFECTIOUS DISEASE DOCTOR AT THE AIDS CENTER DIDN’T GIVE ME [ANTIRETROVIRAL] TREATMENT FOR SOME PERIOD OF TIME. HE EXPECTED ME TO BE SOBER, AND HE WASN’T INTERESTED IN MY IMMUNE STATUS OR WHETHER MY VIRAL LOAD HAD INCREASED.”**

Rita

A CLIENT OF HUMANITARIAN ACTION IN ST. PETERSBURG



**FIGURE 2**  
More women sought HIV testing and counseling when it was offered by a low-threshold women-friendly harm reduction program.

■ WOMEN CLIENTS TESTED/COUNSELED FOR HIV IN 2007  
■ WOMEN CLIENTS TESTED/COUNSELED FOR HIV IN 2009

# Addressing Parenting and Family Concerns

**The needs of women who use drugs go far beyond their health.**

Indeed, it is often concerns about housing, legal affairs, child custody, or domestic violence that drive their decision-making. Thus some of the most effective initiatives to connect female drug users to services acknowledge that these women's love, hope, and fears for their children aren't any different than those of women who do not use drugs.

The following page offers examples of effective interventions.

### OFFER HOUSING SUPPORT.

In St. Petersburg, Humanitarian Action has established a “crisis apartment” where women with small children can stay for up to six months. Safely housed during this time, the women can focus on looking for a job, sorting their legal issues, seeking permanent housing and receiving medical assistance, all with the support of a social worker. Nearly 100 clients have also received legal services to solve housing problems.

### KEEP MOTHERS AND CHILDREN TOGETHER.

If no drug treatment is provided, new mothers who suffer from drug dependence often leave maternity hospitals immediately after giving birth to avoid acute withdrawal. Besides serious health complications, this frequently leads to suspension of custody rights. Convinced that these women are unfit to be mothers, hospital staff then registers the newborn as “abandoned.” Humanitarian Action staff addresses these issues by advocating for provision of drug treatment to their clients in maternity hospitals. Their social worker will also accompany a new mother to the maternity hospital for visits. The programs in Chapaevsk, Tomsk and Naberezhnye Chelny all have a lawyer on staff to help women restore their parental rights.

### PROVIDE AUXILIARY PARENTING AND FAMILY SERVICES.

Many gender-specific harm reduction projects also provide health care to their clients’ children. The women-only drop-in center run by Tomsk Anti-AIDS organizes twice-a-month pediatric consultations. Other programs distribute baby formula and diapers. Many programs provide parenting and relationship counseling to help women reestablish relationships with their adolescent children or ease tensions between women and their partners who often resist women’s participation in harm reduction as a form of control.

**“I HAVEN’T GOT A PASSPORT. I WANTED TO GO TO A HOSPITAL, BUT I COULDN’T WITHOUT DOCUMENTS. SINCE I WAS ALWAYS ‘HIGH,’ I COULDN’T GO AND GET MY PASSPORT FROM THE POLICE. THEY WOULD PUT ME IN PRISON.”**

Alyona

A CLIENT OF  
TIMUR ISLAMOV FOUNDATION  
IN NABEREZHNYE CHELNY

# Recommendations for Programs

**A rapid expansion of gender-sensitive harm reduction programs and the number of clients they serve is essential for improved access of vulnerable women and their children to life saving services.** The five programs described in these pages are tailored to their local contexts but there are common elements that have made them successful and are important to consider in any replication or scale up of programs in Russia or elsewhere.

Currently, thousands of women who use drugs in Russia still do not have access to harm reduction resources, even when such services are available to their male counterparts. A concentrated effort to address women's needs specifically, while creating a safe and confidential environment, can fill that gap and ultimately, change lives. "Yes, the women's project has changed my life," Elvira, a client of the Timur Islamov Foundation in Naberezhnye Chelny, said. "I've got new friends, a new perception. I've acquired a new vision of life."

For next steps, service providers and funders should consider undertaking some of the key actions listed on the next page.

**KEEP THE THRESHOLD LOW.**

No women should be excluded from accessing life-saving harm reduction and HIV prevention services based on their health, economic or social status. It is important to create conditions where women will feel safe and welcomed, including a separate space for women or women-only walk-in hours.

**INCLUDE CLIENTS IN PROGRAM DEVELOPMENT.**

Women who use drugs are best able to provide insight into how programs should be designed to meet their needs. Involve them in both situation assessments and service delivery as volunteers, outreach workers, peer educators, and program leaders and advocates.

**INCREASE ACCESS TO TREATMENT.**

State-funded health facilities are often the only places where women who use drugs can receive care. Establish relationships with health care providers, for example, by training “friendly doctors.” Ensure local health care facilities, including AIDS centers and antenatal clinics, welcome all women in need of treatment and care regardless of whether they use drugs, have a complete set of paperwork, or have health insurance.

**INVEST IN STAFF.**

It is vital to allocate resources and time to ongoing staff training and education. This ensures that the most vulnerable women are not turned away because staff feels unprepared to deal with complicated and troubling cases.

**ADDRESS EXISTING GAPS.**

Advocacy must be undertaken to eliminate critical gaps, including the lack of safe drug treatment options for pregnant women, women in maternity wards, and women with small children. Despite the overwhelming presence of violence in the lives of women drug users, there are no domestic shelters or crisis centers that serve women who are actively using.

**DOCUMENT THE WORK.**

Recording what works well for women— as well as policies and practices that discriminate against or exclude women who use drugs— is essential for successful advocacy. Key partners, including state agencies and other service providers, can only be engaged if best practices or existing gaps are communicated to them.

**“WE SAY TO THE WOMEN IN OUR PROGRAM: WHAT CAN WE DO TO ADDRESS YOUR BIGGEST PROBLEMS? SINCE THIS WILL DIRECTLY INFLUENCE THEIR LIVES, WE DON’T SET TARGETS FOR THEM. WE SIT DOWN AND TALK IT OUT AND MAKE DECISIONS TOGETHER.”**

**Staff**

A STAFF MEMBER OF  
HUMANITARIAN ACTION  
IN ST. PETERSBURG

# Women's Programs in Action

Each of the gender-sensitive programs detailed in this report has its own unique approach to harm reduction and HIV prevention. Below you will find additional information and contacts for each program.

## **TOMSK ANTI-AIDS**

Annually, the Tomsk Anti-AIDS Foundation serves as many as 3,000 people vulnerable to HIV and tuberculosis, including drug users and sex workers, through its comprehensive medical, psychological, social and legal services. In 2008, the 50-plus staff and volunteers established a gender-sensitive pilot project after determining that more than two-thirds of women who use drugs in Tomsk (pop. 523,000) did not have access to health care. Central to this initiative is a women-only safe space, where women receive group and individual counseling as well as attend trainings on topics such as sexual health and child care.

**CONTACT:**

**Elena Borzunova**, +7 (382) 242-9631, [e.borzunova@gmail.com](mailto:e.borzunova@gmail.com)

## **HUMANITARIAN ACTION**

Humanitarian Action Foundation is one of the oldest harm reduction organizations in St. Petersburg (pop. 4.9 million). The NGO maintains strong links to the communities it serves, including injecting drug users, people living with HIV/AIDS, street and neglected children and youth, sex workers and migrants. Its model outreach program includes two roving busses— one specified for women only to target sex workers— which provide needle exchange, HIV testing, and other services. It also operates one of Russia's few crisis apartments for women with small children.

**CONTACT:**

**Anna Ivanova**, +7 (812) 237-1495, [anna@haf-spb.org](mailto:anna@haf-spb.org), [www.haf-spb.org](http://www.haf-spb.org)



## TIMUR ISLAMOV FOUNDATION

Founded in 2005 by a group of volunteers, the Timur Islamov Foundation is the only harm reduction organization in Naberezhnye Chelny (pop. 513,000). The peer-led group has unparalleled access to drug users and people living with HIV, providing vital services to populations often overlooked by other local organizations. Its women-specific program was launched in 2007, concentrating on outreach and peer education.

**CONTACT:**

**Timur Islamov**, +7 (855) 259-7913, [timur.islamov@gmail.com](mailto:timur.islamov@gmail.com),  
[www.ticg.org](http://www.ticg.org)

## POSITIVE WAVE FOUNDATION

Positive Wave Foundation, based in St. Petersburg, works with people who use drugs or who are living with HIV in small towns throughout the Leningrad Oblast (pop. 1.7 million). Led by a lawyer, the group has always had a special focus on offering legal counsel, including around abuses in health care settings as well as the removal of children and parental rights of drug users.

**CONTACT:**

**Sergey Shagaleev**, +7 (812) 952-5957, [pwfound@gmail.com](mailto:pwfound@gmail.com),  
[www.pozvolna.ru](http://www.pozvolna.ru)

## CHAPAEVSK ASSOCIATION OF MEDICAL PROFESSIONALS

The nonprofit organization Chapaevsk Association of Medical Professionals is based at a local drug treatment clinic in the small town of Chapaevsk (pop. 72,000). Its harm reduction services— social, medical, and legal support— emphasize needle exchange and overdose prevention. The NGO started its gender-sensitive programming in 2008.

**CONTACT:**

**Sergey Tsarev**, [tsasergey@yandex.ru](mailto:tsasergey@yandex.ru)

More information on women's harm reduction and public health projects worldwide can be found at [www.soros.org/health](http://www.soros.org/health). Readers may find of particular interest two recent gender-specific reports from Eastern Europe issued by the Open Society Public Health program, ***Making Harm Reduction Work for Women: The Ukrainian Experience*** (2010) and ***Women, Harm Reduction, and HIV: Key Findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine*** (2009).

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