

Developing Effective Responses to Drug Use and HIV in Armenia: Re-Orienting Drug Policies Towards Harm Reduction

1. Introduction

As of December 1, 2002, 217 HIV carriers were registered in the Republic of Armenia (1). The estimated rate of HIV prevalence in the country is 0.05%. This rate is relatively low and it alone may not be enough to justify an immediate effort for an HIV prevention program in Armenia. However, the economic crisis, considerable proportion of displaced and refugee populations, increased poverty, mass unemployment and out migration to countries where the HIV prevalence is high makes the HIV/AIDS epidemic a real danger for the country with a population of three million (2).

As declared at the Caucasus Area Meeting on National Responses to HIV/AIDS, "...the alarming situation and experience of Ukraine, Belarus and Russia demonstrate that the number of HIV cases can increase from hundreds to thousands within a year. Tomorrow can be late. We have to act today..."(3)

Twenty years of experience fighting AIDS demonstrated that not just more projects but strong leadership at all levels of society and evidence-based national strategic approaches are necessary for an effective response to HIV (4-6). Effective programs in less developed countries owe their relative success in part to healthy public policies and improved public health policies providing a supportive and enabling environment in which projects and programs can operate and be sustained (7-11).

The Armenian decision-makers seem to understand the seriousness of the situation. In April, 2002 the government of the Republic ratified the National Program on HIV/AIDS Prevention (12). In July, 2003 the Global Fund to Fight AIDS, Tuberculosis and Malaria has approved a two-year grant to support the National Program. The work on changing and improving the current legislation related to HIV/AIDS has started .

However, both the National Program and the legislative process concerning HIV/AIDS are mainly based on vertical decision-making . The general public as well as high-risk groups are unaware of the magnitude of problem (1,2,13). They have little opportunity to participate in decision-making process. The policy research and advocacy are extremely poor due to the lack of local expertise in the corresponding area (13). As a result, the success of the National Program can be undermined. In this situation, providing training to local professionals could make a difference.

2. Specific Features of HIV Epidemic in Armenia and the Role of IDUs

The data of Second Generation HIV Surveillance shows that the epidemic in Armenia is in concentrated state driven mostly by injecting drug use (1). The prevalence of HIV among intravenous drug users (IDUs) is the highest (in

average 14%) among high-risk groups (1). According to the data of Rapid Assessment of the Situation on spread of injecting drug use and HIV infection, the true number of drug users in Yerevan (capital city of Armenia) was 19,000-20,000 of which an estimated 10% were IDUs. IDUs were characterized by high HIV risk associated with specific behaviors and low awareness of HIV/AIDS (1).

Thus, IDUs are definitely key to the dynamics of the HIV epidemic in Armenia. In order to control the epidemic, there is an urgent need to change the national drug and HIV policies so that they would enable IDUs to decrease their risk of HIV transmission.

3. The Principles of Harm Reduction

The majority of professionals working in the area of HIV prevention worldwide agree today that the greater part of dangers and harm attributed to drugs is engendered by inadequate drug policies rather than consumption of specific drugs. Drug policies which historically were rooted in prohibition and vigorous application of criminal sanctions, have made HIV prevention work with IDUs difficult. They have been proven to aggravate the HIV situation (14-23).

Nowadays when the pandemic is threatening the very existence of humankind, the society should provide a response to the negative effects of drugs in terms of realistic consideration of common sense, science, public health, social welfare and human rights rather than fear, prejudice and punitive prohibitions. It has been demonstrated that: 1) when appropriate information, treatment, rehabilitation and conditions for safer drug injection are available for IDUs; and 2) when drug policies are focused on the reduction of demand rather than supply; then the HIV epidemic can be slowed and even reversed. The combination of aforementioned strategies is known as harm-reduction approach which is a national policy in a number of countries throughout the world (14-23).

4. Project's purpose and objectives

The purpose of the proposed project is to re-orient Armenian HIV and drug policies towards harm reduction. If adopted, the policies would create a supportive environment for Armenian IDUs to decrease their risk of HIV transmission and thus contribute to the slowing of HIV epidemic in the country.

To achieve the project's purpose, the following objectives have been set:

- 1) Explore how the existing drug policies contribute to the HIV-risk of Armenian IDUs.
- 2) Identify harm reduction approaches which would be acceptable in Armenian cultural context and able to create a supportive environment for Armenian IDUs to decrease their HIV risk.
- 3) Identify opportunities for introducing desirable changes into Armenian HIV and drug policies and present recommendations for the development of effective advocacy strategies.

3. Plan for Fulfillment of the project's purpose

3.1 Explore Policies and Laws Relating to HIV-Risk of Armenian IDUs.

The first step of the proposed project will be in-depth investigation of the current situation in Armenia with regard to drug control. The policies that in one or another way may influence HIV-risk of Armenian IDUs will be explored. Research questions to be answered in this section are as follows:

1. What are practices of Armenian IDUs placing them at increased HIV risk?
2. What are drug laws and policies in Armenia and how do they and/or their enforcement contribute to the HIV risk of IDUs?
3. How do the state policies regulate free distribution, marketing and sales of items, which could reduce the risk of HIV-transmission if properly used (needles, syringes etc)?
4. What kind of programs including needle exchange, treatment, rehabilitation and IEC (Information/Education/Communication) are available currently in Armenia for IDUs and how the state policies regulate these programs?
5. How drug use and HIV-related issues are addressed by school and university curricula and mass media and what are the policies regulating those issues?

3.2. Review and Analyze Effective Harm Reduction Policies Adopted by Other Countries.

Realistic and effective policy has to be based on scientific evidence. Therefore, the second step of the project will be search for drug policies which have been effective in improving the HIV situation in other countries and which would be acceptable in Armenia. Since harm reduction approach has proved its effectiveness in many countries, the search will mainly focus on it.

The web sites of the following organizations will be searched for the needed information: Harm Reduction Coalition; Drug Policy Alliance; International Harm Reduction Development Program; Central and Eastern European Harm Reduction Network; International HIV/AIDS Alliance; and United Nation's Programme on HIV/AIDS. In addition to that, professionals in the area of harm-reduction will be communicated through e-mail, through regular mail and personally during conferences, workshops and other events.

3.3 Identify opportunities for introducing desirable changes into Armenian HIV and drug policies and present recommendations for the development of effective advocacy strategies.

Policymaking involves complex power relations. In order to understand what can the project realistically achieve, the policy process with regard to HIV and drug control will be explored. The following research questions should be answered:

- Which institutions and individuals are involved in making policy decisions with regard to HIV and drug control? What are their roles, relationships, and balance of power among them?
- Who have the authority to bring about the desired policy change?
- Who are those having access and able to influence decision makers?
- Who are key national and local stakeholders who could create support for harm reduction policies?
- What are the groups whose interest would be affected should harm reduction policies for Armenian IDUs be adopted?
- How favorable are the political climate and public opinion in Armenia for implementation of innovative, non-punitive policies that could contribute to HIV risk reduction of Armenian IDUs?

The research will allow to present recommendations for the development of effective advocacy strategies aimed at re-orienting Armenian drug policies towards harm reduction.

4. Methodology

The research will be carried out using key informant interviews. Study subjects will be purposively selected in accordance with data from the literature demonstrating which are the key stakeholders and groups of people relating to drug use and HIV-risk of IDUs. They will include: IDUs; officials from the Ministries of Interior, Health and Culture and Youth Affairs; parliamentarians; health care providers; policemen; NGO and mass media representatives.

5. Possible application of the results of the project in the practice in Armenia and in the region

The proposed project will aim at re-orienting Armenian drug policies towards harm reduction. If adopted, the policies would create a supportive environment for Armenian IDUs to reduce their risk of contracting HIV. Taking into consideration the key role of IDUs in HIV transmission in Armenia, the project may contribute to the further refinement of the National Strategic Plan for response to HIV/AIDS and to the control of epidemic in the country.

Since Armenia has a lot in common with other countries of the former Soviet Union and since the majority of countries in the region are just taking first steps towards harm reduction approach, the proposed project may contribute to the promotion of the concept and thus, to the control of HIV epidemic in the whole region.

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