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Access to treatment for drug dependence is essential healthcare ***A new EHRN report highlights how drug control constrains access to care and treatment***

Vienna-Vilnius, March 9, 2010 – In Eastern Europe and Central Asia, home to over 3,7 million injecting drug users and the fastest growing HIV epidemics in the world, the most effective treatment for drug dependence, opioid substitution therapy, an essential element of HIV prevention and treatment according to the WHO and UN agencies, is available to less than 1% of IDU in this year when Universal Access to HIV prevention, treatment care and support was to become a reality.

As the 53rd Commission on Narcotic Drugs session addressing the global drug problem opens on March 8 in Vienna the Eurasian Harm Reduction Network (EHRN) calls for the countries of Eastern Europe and Central Asia (EE/CA) to urgently expand access to opioid substitution treatment (OST) which is essential medical care for people who inject drugs.

Untreated drug dependency in the countries of EE/CA contributes to mortality rates among young people, with drug overdose being a leading cause of death among youth in many countries and often the top cause of death among injection drug users. The situation in the region is in general characterized by continuously increasing rates of HIV (injecting drug use representing from 50 to 85% of cases) and hepatitis C (with up to 90% of new cases emerging among people who use drugs), and incarceration of a huge proportion of able-bodied citizens for drug possession or other non-violent crime which United Nations Office on Drugs and Crime (UNODC) has admitted to be an “unintended consequence” of drug regulation.

UNAIDS, UNODC and WHO, based on international evidence and experience, have shown that the situation can be dramatically improved by introducing a number of public health measures including harm reduction programs and OST and recommend their rapid scale-up. OST is a method of treatment of drug dependency which is based on prescribing medical opioids such as methadone or buprenorphine, which has shown to be the safest and the most effective method of drug treatment worldwide, reducing the rates of mortality, transmission of infections, and criminality among drug users. OST was prohibited in the region in Soviet times. *“Today, introduction of the OST in EE/CA remains to be a political issue; acceptance of the OST in a country is a sign of its motion towards democracy and respect of human rights”* - Daria Ocheret, the coordinator of the EHRN says.

Though at the beginning of 2010 OST was available in 25 out of 29 countries in the region of EE/CA, the levels of access in most of those countries remain extremely low. EHRN recently published a report, “Opioid Substitution Therapy in Central Asia: Towards Diverse and Effective Treatment for Drug Dependence” which calls attention to the fact that in Kyrgyzstan less than 3% of IDU have access; in Kazakhstan, and Tajikistan less than 1% have access and in Uzbekistan there is no access to OST at all while the WHO/UNDC/UNAIDS 2009 target setting guide considers anything below 20% as “low” coverage.

The EHRN report concludes that existing drug policies are a key constrain to the access to medical care for drug users and calls the countries upon ensuring the availability of essential medicines including methadone and buprenorphine as a core obligation of governments under the right to the highest attainable standard of health.

The EHRN summons the governments to prioritize health approach in drug policies; protect the rights to privacy among patients with drug dependency; lower threshold to OST by broadening patient’s eligibility criteria, expanding prescriptions and introducing the OST into the system of the primary health care.

The full-text of the Executive Summary of the report with recommendations is available electronically in English at www.harm-reduction.org/images/stories/library/ost_final_2010.pdf.