Call for Action:

Measures that need to be taken in response to the overdose problem in Eastern Europe and Central Asia

EURASIAN HARM REDUCTION NETWORK

Eastern Europe and Central Asia is home to approximately 3,724,000 people who inject drugs (Mathers et al., 2008). This region also has one of the world largest populations of people who inject drugs, the majority of whom use opiates (UNODC, 2010). This predominance of opiates is connected with a high prevalence of HIV and mortality related to injection drug use.

In some European countries, overdose is the main cause of preventable death from illicit drug use. In the majority of drug-related deaths, the toxicology analysis shows the presence of heroin (EMCDDA, 2010). However, **in Eastern Europe and Central Asia the situation is made more complicated by the lack of verifiable information about the scale of overdose prevalence.** The official overdose statistics are often unreliable and dramatically underestimate real levels, while accessing this data is extremely difficult. As a result, governments do not have a comprehensive overview of the overdose situation and related deaths. This leads to: 1) the absence of an adequate reaction to the rise of overdose-related deaths; 2) underestimation of the importance of overdose prevention programmes by state bodies and NGOs alike; 3) lack of opportunities for NGOs working in overdose prevention to monitor results of prevention programmes and improve them based on official statistics.

In response to this situation, in March-July 2011, the Eurasian Harm Reduction Network (EHRN) carried out a drug overdose overview in 12 countries of Eastern Europe and Central Asia: Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Lithuania, Moldova, Russia, Serbia, Tajikistan, Ukraine and Estonia.

Today, for International Overdose Awareness Day (August 31), we are publishing the recommendations that we developed from this overview. These recommendations also take into account the conclusions and recommendations of previous overdose studies in Eastern Europe and Central Asia and in other countries.

Research and practice show that the following interventions lead to more positive outcomes in terms of the overdose problem:

- **Results-orientated government policy aimed at prevention of overdose mortality;**
- **Improvement of healthcare services for overdose cases;**
- **Training in first aid for people who use drugs and those close to them and distribution of naloxone in the community.**

EHRN's recommendations:

Call for Action:

Measures that need to be taken in response to the overdose problem in Eastern Europe and Central Asia

1 Include overdose mortality prevention among the priority goals of governmental drugs policies and provide state funding for implementation of these measures.

Studies show that overdose deaths have become an increasingly "invisible" problem in Eastern Europe and Central Asia. This means that overdose prevention is not considered a priority for public healthcare, and is not provided with dedicated funding. At present, pilot overdose prevention programmes run by NGOs only receive support from international donors.

According to the data from 10 out of the 12 study countries, only two countries, Lithuania and Estonia, included the goal of reducing drug-related mortality in their national drug strategies, following similar indicators in the Action Plan of the European Union on Drugs 2009-2012 (Commission of the European Communities, 2008). Despite the high prevalence of HIV infection among people who use drugs and the high ratio of injection drug use in HIV transmission in the majority of the focus countries, not one country has indicated the need to lower overdose mortality rates among people living with HIV in its official HIV response strategy.

> *"Unfortunately, the legislative framework for naloxone distribution is still poorly developed. In our opinion, this is the result of total indifference to the needs and well-being of people who use drugs."*
>
> *Maram Azizmamadov, NGO "Volunteer", Tajikistan*

Our recommendations for decision-makers:

- Make reduction of overdose mortality a priority in state drug and HIV/AIDS programmes, together with developing indicators and appointing adequate funding.
- Provide governmental funding for the purchase of naloxone, in adequate amounts for all medical emergency services, as well as general and specialized healthcare facilities.
- Provide adequate governmental funding for toxicological and forensic expertise.
- Include medical care for acute situations related to drug use in the List of Services covered by regular health insurance.
- Provide governmental support to overdose prevention programmes run by NGOs.

2 Review the legislative and policy framework, as well as implementation practices, which are impacting negatively on the overdose situation.

In order to better understand how and why the official statistics underestimate the overdose situation (to the point where the problem becomes "invisible"), EHRN conducted a survey among experts from five study countries: Georgia, Kyrgyzstan, Russia, Tajikistan and Ukraine. Despite the fact that these countries are located in different sub-regions (Eastern Europe, the Caucasus and Central Asia), the causes and explanations were much the same.

A policy of discrimination and repressive measures towards people who use drugs in many respects worsen the overdose situation. In many countries, emergency medical workers are obliged to inform law enforcement bodies about overdose cases, which means that overdose witnesses (who are often people who use drugs themselves) and overdose patients do not immediately call an ambulance for assistance, or do not call one at all. In their responses, experts from Georgia, Ukraine and Russia all mentioned this "non-official", but in effect mandatory, policy which obliges health care providers to share information on overdose cases with the police.

> *"People who use drugs in our society are victims of serious discrimination. As a result of this, we receive official data that drug-related mortality is allegedly insignificant. However, observing the real situation, we can see that the overdose problem exists. It is just necessary to understand what masks the real picture of overdose mortality in the country."*
>
> *Alex Shoshikelashvili,*
> *Georgian Institute of Human Rights*

In addition, people often do not seek medical assistance because they fear being put on the narcological register. In cases of non-lethal overdose, the involvement of law enforcement bodies may lead to criminal or administrative charges for drug use being brought against the patient and witnesses to the overdose, as well as their names being listed on this register. Thus, according to a 2009 study in Kyrgyzstan, only 21% of 227 drug users reported that they had called an ambulance when faced with an overdose situation. A third of respondents attributed their refusal to seek professional medical help to fear of being visited by the police and being put on the narcological register (Bakirova, 2010). According to a 2008 study in Russia, which surveyed 313 injecting drug users in three cities, respondents reported that when ambulances were called to overdose cases, they arrived in 92% cases. However, in every fifth case the medical personnel were also accompanied by law enforcement officers (Karpets, Beletskiy, Utyasheva, Nechaeva, Tsarev, 2011).

In cases of lethal overdose, the police are required to conduct a criminal investigation into illicit drug circulation leading to serious bodily harm, to identify the sources of the illicit drugs, to ascertain sale or purchase of drugs (or trafficking), and to adopt measures in order to stop further circulation. This may result in arrest and criminal charges for witnesses of overdose, as well as negative consequences for relatives and friends of the deceased. According to information provided by an NGO in Odessa during informal interviews, the doctor of an ambulance revealed that in a city where there are around 100,000 emergency calls a year, it is typical that only 8-9 of these calls are related to overdose. The explanation: "People are afraid to call an ambulance".

Furthermore, law enforcement personnel do not have a duty to provide emergency assistance to an overdose patient, although this duty could lower the number of overdoses that result in death.

Call for Action:

Measures that need to be taken in response to the overdose problem in Eastern Europe and Central Asia

Our recommendations for drug control agencies and law enforcement bodies:

- Do not impose criminal and administrative sanctions on overdose patients, and overdose witnesses who use drugs, when they summon emergency medical services.
- Repeal ministerial instructions that require emergency healthcare workers to provide data about overdoses to law enforcement bodies.
- Repeal the practice of police accompanying emergency healthcare workers to overdose cases.
- Together with healthcare services repeal the practice of non-voluntary narcological registration of overdose patients.
- Include provision of first aid to overdose cases in the official work duties of law enforcement officers, and provide them with relevant training.

3 Improve the quality of overdose statistics and make them more accessible.

Official and estimated data on overdose mortality rates may differ hundreds fold. This gap is explained not only by the low quality of specialist statistics on overdose mortality, but also by the low quality of general statistics on mortality in the region. For example, according to information provided by the NGO "New Way" (Georgia), one Tbilisi clinic alone accepts 5-6 people with overdose in a typical day. But the official number of overdose-related deaths for the whole country in 2010 was only 15 (data of the Forensic Bureau of Georgia, received after an official request by the Georgian Human Rights Institute in 2011). In Tajikistan, in 2010, "the number of officially registered lethal overdose cases related to illicit drugs was 16" (DCA, 2011), but autopsies in the country are extremely rare.

"In case of overdose death, healthcare workers usually report 'cardiac arrest' or 'pulmonary, cerebral edema'. Annually, the National Narcological Centre receives only 7-8 registered cases, and of course, this does not represent the reality."

Alla Yatsko, Community of organisations working in the area of HIV prevention and harm reduction, Moldova

"... As in many other cases, health statistics in Serbia do not separate cases of overdose from other cases of poisoning... They [government bodies] have no idea about the real figures, because until now all overdose cases were registered as poisoning - regardless of what served as the cause of poisoning - drugs or air pollution."

NGO representative, Serbia

An absence of overdose data in open sources and difficulties in accessing this data mask the seriousness of the problem from the general public. Usually, official overdose statistics are not included in the National Statistics Reports, are not published on websites of the related ministries and research institutes, and, in some cases, are jumbled together with other data. For example, on the website of the National Narcology Research Centre of the Russian Federation, there is a wealth of useful statistical information about drug and alcohol use, but not about overdose. In Azerbaijan, national statistics available in open access provide figures for deaths from poisoning, listing deaths from alcohol poisoning related to chronic alcoholism, but not listing separate data on drug overdoses. Many respondents also remarked that in their countries overdose statistics can only by accessed via unofficial channels.

Our recommendations for healthcare services:

- Establish a unified system of national reporting on lethal overdoses, adopting European protocols as a basis.
- Create a system of overdose monitoring within the framework of harm reduction programmes.
- Establish a system of verifying and aggregating overdose data collected by different ministries and bodies, as well as harm reduction programmes.
- Make overdose statistics generally widely available, by publishing them on websites of statistical agencies, healthcare bodies and drug agencies.

4 Improve the quality of medical care related to overdose and make it more accessible.

Eastern Europe and Central Asia is a region noted for its low quality of medical care related to overdose and its low accessibility.

On the one hand, it is caused by the low availability of naloxone in in-patient hospitals and even in emergency medical services, as well as by the lack of adequate training of healthcare personnel. The availability of naloxone to ambulances/ emergency medical teams is often very low. For example, in Ukraine, naloxone is used, as a rule only by emergency medical teams (as opposed to regular ambulances). According to unofficial data from Odessa, the city ambulance station received only four ampoules of naloxone. In Tajikistan, ambulances received naloxone only due to the pilot overdose prevention programmes carried out by NGOs. In Kyrgyzstan, because of the lack of government financing, there have been interruptions in naloxone procurement and its delivery to ambulance stations. Thus in 2009, according to NGO "Attika", naloxone was not provided at all for a period of 6 months in Kyrgyzstan.

> *"...Each time, when I go to the pharmacy, [people] avoid me, I feel like an outcast, so I am forced to inject with the same syringe, just not to go to that pharmacy..."*
>
> *Citation from the report "Needs of Opiate Users in Dushanbe in 2010: Qualitative Assessment", Ibragimov et al.*

On the other hand, the situation is worsened by the paternalistic and even discriminatory attitudes of medical personnel and pharmacy workers towards people who use drugs. These attitudes may lead to delays and refusal to answer calls for ambulances in overdose cases, or refusal by pharmacy workers to sell injection equipment to people who inject drugs.

Additional risks are created by the protocols on medical assistance in case of overdose and the protocols on detoxification that have been adopted by several countries of the region. According to these protocols, overdose patients in toxicology departments are required to undergo a process of obligatory detoxification; meanwhile, patients of narcological clinics are asked to undergo detoxification voluntarily. In both cases this procedure is based on strong sedatives, which, if a patient starts using opiates again after discharge, increase his/her risk of overdose many-fold, because of the patient's decreased tolerance to their usual drug dose, and because of the combination of opiates and sedatives.

Our recommendations for healthcare services:

- Provide sufficient amounts of naloxone to all emergency medical services and in-patient hospitals.
- Include treatment of acute situations related to drug use in the curricula of medical schools and colleges, as well as the advanced training curricula for ambulance workers, general hospitals, toxicology departments, clinics that provide treatment in cases of poisoning, narcological clinics, AIDS centres, tuberculosis (TB) dispensaries and infectious disease hospitals.
- Organise training for healthcare workers and pharmacy personnel in order to decrease stigma against people who use drugs.
- Repeal mandatory detoxification of overdose patients.

5 Strengthen the role of healthcare institutions in overdose prevention.

Research and practice show that healthcare services which most often deal with active drug users - especially narcological clinics, AIDS centres, TB and infectious disease hospitals - do not inform patients about the risks of overdose and methods of first aid.

The results of some reviews show that opioid substitution treatment programmes (OST) have a high potential to decrease mortality related to opiate overdose, especially among those who receive OST for a significant period of time. However, because of the "pilot" status or the total absence of OST programmes in the region, this intervention to prevent lethal overdoses is used very rarely.

"My strong opinion is that naloxone should be available in narcology clinics. Firstly, some patients arrive in a state of medium to strong drug intoxication; secondly, medical doctors are obliged to talk about the possibility of overdose. We do not reject patients who continue using drugs, as we hope that through such projects we could attract them to treatment and rehabilitation programmes".

Sergey Tsarev,
Narcologist, Russia

Our recommendations for healthcare services:

- Include naloxone provision, or provision of prescription for it, to patients and people close to them in the guidelines for narcological medical care, as well as provision of counselling about the risks associated with a return to drug use and about overdose prevention.
- Include information on overdose risks and methods of first aid in the information provided to AIDS centre patients, patients in TB dispensaries and infectious disease hospitals.
- Dramatically scale up coverage of OST programmes. Introduce OST to countries where this method of treatment is yet unavailable.

6 Step up educational programmes on first aid and increase distribution of naloxone among people who use drugs and their communities.

Pilot overdose prevention programmes that are implemented by NGOs, both in the region and other countries of the world, usually demonstrate a high level of effectiveness. Research shows that despite the fact that these programmes cannot immediately remedy all gaps in state systems for providing medical assistance in cases of acute drug poisoning, their work significantly lowers the risk of overdose. Furthermore, training in first aid for overdose cases and distribution of naloxone among the community are easily integrated into regular harm reduction services, and do not require significant financial expenditure.

According to our information, overdose prevention programmes exist in six out of the twelve EHRN study countries: Georgia, Kyrgyzstan, Kazakhstan, Russia, Tajikistan and Ukraine. Their results in preventing lethal overdoses are impressive. During their existence, due to the use of naloxone, a minimum of 2,439 overdose deaths were prevented in Georgia, Kazakhstan, Russia and Tajikistan. In 2010 alone, the lives of as many as 1,204 people were saved in Georgia, Russia and Tajikistan. Interviews with the participants of the first pilot project in Kyrgyzstan in 2009 showed an increase in the number of people using naloxone in case of overdose (up from 1% during the first survey to 19% during the second), and a decrease in those who intravenously injected salt or saline solution (down from 30% during the first survey to 5% during the second) (Bakirova, 2010). Averaged over one year, the value to the economy of lives saved by a programme of lethal overdose prevention in Chapaevsk (Samara Region, Russia) was estimated to be 9.8 times higher than the project's cost, thus confirming the economic necessity of financing these kinds of projects.

> *"There was not a single case when naloxone did not work, according to our clients. Therefore, it could be concluded that in each instance of naloxone use, one human life has been saved."*
>
> *Nino Janashia, Association of Young Psychologists and Doctors "Xenon", Georgia*

During the establishment and scale-up of first aid educational programmes and programmes of naloxone distribution, it is necessary to take into account the fact that the most significant risk of overdose exists among drug users who abstained from drug use for a long period of time. Typically, these are people who have been recently released from penitentiary facilities (WHO, 2011) and people who have undergone detoxification or rehabilitation. It is also necessary to take into account the specific characteristics of drug use in Eastern Europe and Central Asia, such as injection use of heroin, mixing of various drugs, use of drugs together with prescription medicine and alcohol (related to the unpredictable quality of heroin), and also frequent use of home-made drugs (related to the absence of heroin on the market or its high price). The last two characteristics are especially prevalent in the countries of Eastern Europe. In addition, it is important to note that for people who use drugs in Eastern Europe and Central Asia, the problem of homelessness is less acute than in other countries. Many people who use drugs live in families, more often than not with parents. As a result, there is a practice of drug use at home, where a significant number of overdoses occur.

Call for Action:

Measures that need to be taken in response to the overdose problem in Eastern Europe and Central Asia

Our recommendations for harm reduction services:

- Document and publicize experience of best pilot programmes aimed at overdose prevention in the region.
- Mobilize funding and provide technical support in order to include overdose prevention programmes in the Standard List of services provided by harm reduction programmes in the region.
- Provide training on overdose management to people who are close to persons who use drugs, such as parents, spouses, partners and friends.
- Promote overdose risk reduction strategies, including information on the risks of mixing narcotic drugs, advantages of switching from injection drug use to non-injection use and the risks related to home-made substances.
- Provide mandatory counselling on overdose prevention to people who are being released from prison.
- Carry out trainings and distribute naloxone among service providers and clients of rehabilitation centres, and also among patients undergoing detoxification and members of their families.

7 Improve access to naloxone.

Despite the fact that naloxone - a highly effective antidote in case of opiate overdose - is included in the List of Essential Medicines compiled by the World Health Organisation since 1983, its availability is very low: naloxone is either not available in pharmacies, or available in a few pharmacies and only by prescription.

> *"We checked pharmacies. There is no naloxone in pharmacies. Ambulances also rarely have it, and there have been cases where doctors have asked relatives for a fee to use naloxone, and the fee was 20 times higher than the price of the ampoule".*
>
> *Oksana Dobroskok, Charitable Foundation "Humanitarian Action", Russia*

Only in eight out of 10 of the study countries in Eastern Europe and Central Asia is naloxone included in the National Lists of Essential Medicines. In Azerbaijan, Belarus, Kyrgyzstan, Lithuania, Russia, Ukraine and Estonia, naloxone is sold in pharmacies, but this does not automatically mean that it is available to people who use drugs and their communities. As a rule, naloxone is sold only in big cities, only in selected pharmacies, and only by prescription. According to the estimates made by study respondents in Russia who provide support to overdose prevention programmes in St. Petersburg and Ekaterinburg, naloxone is sold only in 10% of pharmacies in these cities. In Ukraine, naloxone is sold in just a few pharmacies, because it can only be sold under special license. In Azerbaijan, naloxone is sold in several pharmacies in the country's capital. In Belarus and Kyrgyzstan, it is sold only in two pharmacies in each country, in Estonia - in one pharmacy, in the capital city of Tallinn.

Our recommendations for healthcare services:

- Include naloxone in the National Lists of Essential Medicines. Provide funding for purchase and provision of this medicine to healthcare facilities and pharmacies.
- Provide wide access to naloxone through the network of pharmacies.
- Include naloxone in the List of First Aid Medicines and organise access to non-prescription forms of naloxone.
- Develop a legal framework for distribution of naloxone among people who use drugs within peer outreach projects.

Sources:

Asriyan, N., Javakhishvili, J., Naibova, A. (2004). *Drug Situation in South Caucasus, 2004: Annual Report*. Retrieved August 24, 2011, from http://www.undp.am/docs/publications/2004publications/drugreporteng.pdf

Bakirova, Zh. K. (2010), *Reducing Overdose Deaths among Active Opioid Users*. Bishkek, National Centre of Narcology of the Ministry of Health of the Kyrgyz Republic.

Bhalla, K., Harrison, J., Shahraz, S., Fingerhut, L., on behalf of the Global Burden of Disease Injury Expert Group (2010). *Availability and Quality of Cause-of-death Data for Estimating the Global Burden of Injuries, Bulletin of the World Health Organization*, 88(11), 831-838C.

Coffin, P. (2008). *Overdose: A Major Cause of Preventable Death in Central and Eastern Europe and Central Asia. Recommendations and Overview of the Situation in Latvia, Kyrgyzstan, Romania, Russia and Tajikistan*. Available at http://www.harm-reduction.org/images/stories/library/od_report_2008_en.pdf

Coffin P., Stroda, A. (2001). *Overdose in Central and Eastern Europe and Former Soviet Union Countries*, A report commissioned by the International Harm Reduction Development Program of the Open Society Institute (OSI), New York, January-May 2001. The text was abridged and edited by IHRD in June 2002.

Coffin, P., Sherman, S., Curtis, M. (2010). *Underestimated and Overlooked: A Global Review of Drug Overdose and Overdose Prevention*. In C. Cook (Ed.), *Global State of Harm Reduction 2010: Key Issues for Broadening the Response* (pp. 113-119). London, UK: International Harm Reduction Association.

Commission of the European Communities, (2008). *Communication from the Commission to the European Parliament and the Council on an EU Drugs Action Plan for 2009-2012*. Brussels. Retrieved August 24, 2011, from http://ec.europa.eu/justice/policies/drugs/docs/com_2008_567_en.pdf

Drug Control Agency (DCA) of Tajikistan under the President of Tajikistan (2011). *Review of the Drugs Situation in the Republic of Tajikistan for 2010*. Dushanbe.

EMCDDA (2010). *Annual Report 2010: The State of the Drugs Problem in Europe.* Luxembourg: European Monitoring Centre for Drugs and Drug Addiction, Publications Office of the European Union. Retrieved August 24, 2011, from www.emcdda.europa.eu/attachements.cfm/att_120104_EN_EMCDDA_AR2010_EN.pdf

Eurasian Harm Reduction Network, EHRN (2009), *Young People and Injecting Drug Use in Selected Countries of Central and Eastern Europe*. Available at http://www.harm-reduction.org/images/stories/library/young_people_and_drugs_2009.pdf

Eurasian Harm Reduction Network, EHRN (2010), *Why Overdose Prevention Matters for HIV*. Available at http://www.harm-reduction.org/images/stories/library/why_overdose_prevention_matters_for_hiv.pdf

Fedyushin A. (2007). *Analysis of Implementation of Legislation in the Area of Registration of Lethal Drug Poisoning*. Narkokontrol, 2(4), pp. 27-30.

Gamkrelidze A., Javakhishvili, J., Kariauli, D., Lejav, G., Stvilia, K., Todadze, K., Tsintsadze, M. (2005). *Drug Situation in Georgia, 2004: Annual Report*. Retrieved August 24, 2011, from http://altgeorgia.ge/cms/en/wp-content/uploads/2009/12/Drug-situation-in-Georgia-2004.pdf

Grau, L., Green, T., Torban, M., Blinnikova, K., Krupitsky, E., Ilyuk, R., Kozlov, A., Heimer, R. (2009). *Psychosocial and Contextual Correlates of Opioid Overdose Risk among Drug Users in St. Petersburg, Russia. Harm Reduction Journal*, 6:17 doi:10.1186/1477-7517-6-17.

Ibragimov, U., Jamolov, P., Latypov, A., Khasanova, E. (2011), *Needs of Opiate Users in Dushanbe in 2010: Qualitative Assessment*, Dushanbe, SPIN Plus.

Karpets, A., Beletskiy, L., Utyasheva, L., Nechaeva, L., Tsarev, C. (2011). *Model of Prevention and Provision of Comprehensive Assistance during Psychoactive Substances Overdose, Results of the Project: Provision of Overdose Prevention in the Russian Federation in 2008-2011*, Moscow, Non-profit partnership ESVERO.

Kozlov, A., Shaboltas, A., Toussova, O., Verevochkin, S., Masse, B., Perdue, T., Beauchamp, G., Sheldon, W., Miller, W., Heimer, R., Ryder, R., Hoffman, I. (2006). *HIV Incidence and Factors Associated with HIV Acquisition among Injection Drug Users in St Petersburg, Russia. AIDS, 20*(6), 901-906.

Mathers, B., Degenhardt, L., Phillips, B., Wiessing, L., Hickman, M., Strathdee, S., et al. (2008). *Global Epidemiology of Injecting Drug Use and HIV among People who Inject Drugs: A Systematic Review. Lancet, 372*(9651), 1733-1745.

Ministry of Health of the Republic of Belarus. (2009). An official collection of statistics of the Ministry of Health of the Republic of Belarus. Available at http://minzdrav.gov.by/med/article/statsod.php?prg=13

National Drug Prevention Office (2011). *National Annual Report on the Drug Situation in Azerbaijan, 2010*. Baku: Public Union "National Drug Prevention Office."

Population Services International, PSI (2010). *HIV and TB TRaC Study Evaluating Risk Behaviors Associated with HIV Transmission and Utilization of HIV Prevention and HIV/TB Co-infection Prevention among IDUs.* Round One. Retrieved August 24, 2011, from http://www.psi.org/sites/default/files/publication_files/2010-centralasia_trac_idu_hiv_tb.pdf

Redmond, G. & Spooner, C. (2009). *Alcohol and Other Drug-related Deaths among Young People in CIS Countries: Proximal and Distal Causes and Implications for Policy*. *International Journal of Drug Policy, 20*(1), 38-47.

Reference Group to the United Nations on HIV and Injecting Drug Use (2010). *Consensus Statement of the Reference Group to the United Nations on HIV and Injecting Drug Use, 2010*. Retrieved March 1, 2011, from www.idurefgroup.com

Sarang, A., Sergeev B., Tikhonov, M. (2004). *Opiate Overdose: Causes and Prevention*. A collection of articles (pp. 33-80), Moscow, *AIDS Foundation East-West (AFEW)*. Available at http://www.aidslex.org/site_documents/DR-0131R.pdf

Sergeev, B., Karpets A., Sarang, A., & Tikhonov M. (2003). *Prevalence and Circumstances of Opiate Overdose among Injection Drug Users in the Russian Federation*. *Journal of Urban Health*, *80*(2), 212-219.

Specialised Research Laboratory on Prevention and the Fight with AIDS, Central Research Centre of Epidemiology, Russian Federal AIDS Centre, (2010). *Note: HIV-infection in the Russian Federation in 2009*. Available at http://duma.hivpolicy.ru/assets/files/15_04_2010/HIV_AIDS_center.pdf

Suleimenov, Zh., Altynbekov, S., Duysenbekova, A., Joldylgulov, G., Gafarova, N., Prishepa, G., Sherubaeva, V., Bigdan, L., Zhumataeva, G. (2009). *Republic of Kazakhstan. Drug Situation in 2008.* Astana, Project "Epidemiological Monitoring of Drug Use", Central Asian Drug Action Programme (CADAP).

UN, ECOSOC, Committee on Economic, Social and Cultural Rights (2011). *Reports Review in Accordance with Articles 16 and 17 of the Covenant. Russian Federation. Final Recommendations of the Committee on Economic, Social and Cultural Rights*, 46 Session, Geneva, 20 May 2011.

UNAIDS (2010). *Global Report: UNAIDS Report on the Global AIDS Epidemic 2010.* (NLM classification: WC 503.4). Geneva: Joint United Nations Programme on HIV/AIDS. Retrieved August 24, 2011, from www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf

UNODC, *World Drug Report 2010*, New York, United Nations Office on Drugs and Crime. Available at http://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf

UNODC, Canadian HIV/AIDs Legal Network (2010). *Accessibility of HIV Prevention, Treatment and Care Services for People who use Drugs and Incarcerated People in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Legislative and Policy Analysis and Recommendations for Reform*. Available at www.unodc.org/centralasia/en/publications.html

WHO Europe (2011), *Prevention of Acute Drug-related Mortality in Prison Populations during the Immediate Post-release Period*. Available at http://www.euro.who.int/__data/assets/pdf_file/0020/114914/E93993.pdf

EURASIAN HARM REDUCTION NETWORK
ЕВРАЗИЙСКАЯ СЕТЬ СНИЖЕНИЯ ВРЕДА

www.harm-reduction.org