



THE VOICE OF HARM REDUCTION

User Rights Edition, November 2011

Message from an Expert: Importance of Networks in Supporting Rights of People Who Use Drugs

Mat Southwell, International Network of People Who Use Drugs (INPUD)

I am a drug user activist who has been working with the INPUD Board to design and fund INPUD, a global network that seeks meaningful representation of people who use drugs in decision-making processes that affect their lives. People who use drugs have a reserved place at the UN table, which allows for a consistent engagement and watching brief. Effective use of this role requires a clear understanding that drug user representatives work collaboratively with other civil society stakeholders.

INPUD's Global Advocacy Programme takes the voices and needs of people who use drugs to the global planning bodies. However, for global advocacy to have meaning, global advocates have to strongly network



Mat Southwell

within their constituencies. To my mind, regional networks provide an important function, by being able to offer technical assistance and/or networking support to drug user groups in a region.

I have been working with Olga Belyaeva for several years now, as she represents Eurasian interests on the INPUD Board. INPUD's new funding will include investing in

regional network strengthening, and I am pleased that Eurasia has been selected as one of the three regional networks to receive financial support over four years. I wish Olga Belyaeva and INPUD's new director, Jorge Roque, every success in their important efforts to support organising drug users at the country, regional and global levels.

Olga Belyaeva, EHRN Steering Committee member


I am an active follower of the principles of harm reduction, human rights and freedoms, and for more than 10 years I have been engaged in advocacy and support for people who use drugs. Currently, there are 6,445 registered OST (opioid substitution therapy) patients in Ukraine; however, the OST programme still has around 1,500 vacant spaces. Why are they vacant? Because people using drugs are "easy prey" for law-enforcement officers, whose professional success is often measured by their number of detentions, which also shows they are serious in the "fight against illegal drugs".

At their core, drug policies in CEECA mandate and exacerbate stigma and discrimination against people who use drugs. This prevents open dialogue within the drug user community and hinders adequate decision-making, both of which negatively affect the lives of people who use drugs. After a recent conference, I had a serious discussion with Mat Southwell, Sergey Votyagov and Irina Teplinskaya about the ways INPUD and EHRN could help people who use drugs in our countries. We decided that there is a need to encourage people who use drugs to



Olga Belyaeva

report violations of their rights, then to collect this data and appeal to national and international judicial authorities and human rights bodies, in order to seek responses from governmental institutions. Additionally, activists who openly advocate to protect the rights of people who use drugs must be provided with continuous legal support.

Networks play a crucial role in building evidence in support of advocacy for the rights of people who use drugs. Currently, EHRN is developing a regional proposal to the Global Fund, with a component on IDU community strengthening, in order to promote harm reduction services. Only collectively can we achieve our shared goals. "Nothing about us without us" is becoming a reality in our region, but a great deal still remains to be done. 

Inside this issue:

Message from an Expert	1
Policy and Advocacy	2-3
Regional Highlights	4
Being Heard	5
Inside EHRN	6-7
Acknowledgements	8

Completing Laws with Rights



Mikhail Golichenko,
Canadian HIV/AIDS Legal Network

Autumn 2011 brought good news to all harm reductionists in the world: on 30 September, the Supreme Court of Canada ruled that *Insite*—a supervised injection site in Vancouver—should be allowed to stay open. According to the ruling, the government's refusal to grant *Insite* an exemption to the Controlled Drugs and Substances Act (CDSA) undermined the very purposes of the CDSA, which include public health and safety. The court further stated that the government's actions violated the rights to life, freedom and security guaranteed in the Constitution.

In the meantime, on the opposite side of the globe—in Russia and Ukraine—two other legal judgments on harm reduction were passed.

On 3 August 2011, the Kaliningrad Regional Court in Russia dismissed an appeal submitted by Irina Teplinskaya claiming that prohibition of substitution therapy in Russia violates her rights to health, the right to not be subjected to inhumane or degrading treatment, the right to respect for private life and the right to not be discriminated. The court did not bother to analyse arguments of the claimant, stating simply that since substitution therapy is illegal in Russia, "any further allegations of the appeal have no legal force in the matter". On 26 August 2011, Irina appealed to the European Court of Human Rights.

On 13 September 2011, a District Administrative Court in Kyiv, Ukraine, dismissed the claim of the International HIV/AIDS Alliance in Ukraine to invalidate the provisions of the Order of Ukraine's Ministry of

Health that approves a twentyfold reduction in the threshold quantities of some narcotic drugs subjecting anyone who is in possession of as little as 0.005 grams of acetylated opium, to up to 3 years of imprisonment. The court ignored the plaintiff's numerous arguments that the Order conflicts with the Constitution of Ukraine and the country's international treaties. Instead, the court gave more prominence to allegations of governmental bodies that drug use is classified as an illegal action that drug users choose to commit, which means they must be held accountable through prosecution. On 5 October 2011, the Alliance filed an appeal against the decision of the court's ruling.

All of the three developments mentioned above are related to essentially similar issues that are being addressed by completely different approaches. When evaluating arguments of the parties, **the court in Canada adhered to a human rights-based approach, whereas courts in Russia and Ukraine disregarded every claim and plea regarding human rights violations.** This practice persists in CEECA courts and other law enforcement agencies, because they have yet to incorporate human rights principles and norms into their practices.


UN human rights agencies have repeatedly mentioned this violation in their reports: when **a formal approach is taken to address complex issues of human rights.** Anyone can be victimized and even judges have been forced, at times, to appeal to international agencies in order to seek protection of their rights.

Practices of formal application of law, multiplied by militant assertions of the need to fight against "the serious evil of addiction to narcotic drugs"—an idea embodied in the UN Drug Conventions—make people who use drugs even more vulnerable to violations of human rights. As a result, criminalization of people who use drugs is on the rise, along with morbidity and preventable mortality.

CEECA countries, however, have adopted Constitutions that guarantee protection of human rights for all in accordance with international

standards and principles. For instance, a formal ban on substitution therapy in Russia conflicts with the internationally accepted norm of everyone's right to health, thus contradicting the country's Constitution. Additionally, the decision to decrease drug doses that involve criminal liability in Ukraine was based on unsubstantiated evidence, and it obstructs drug users' access to HIV prevention services. This is also in violation of the right of everyone to health guaranteed by the Constitution. In other words, **CEECA Constitutions already provide the legal framework for needle and syringe programmes, substitution therapy, decriminalization and non-discrimination of drug users, even though in many places these rights are not explicitly defined by the law.**

Drug policy in CEECA should be evaluated and interpreted in light of international norms and principles of human rights, and in the context of national Constitutions. Such evaluation will have a significant impact, as long as its results are reflected in judicial decrees and resolutions passed by national and international human rights agencies, in relation to a specific country. This is a way to ensure that national drug laws include provisions that protect the rights of people who use drugs.

Close and active involvement of communities of people who use drugs should be an integral part of this work. These communities should become the motor behind the process not only in Russia, but also in countries with more favourable attitudes towards harm reduction, **by appealing to national and international judicial authorities and human rights bodies.** Together with human rights advocates, harm reduction organisations should plan and implement drug user support initiatives to aid people who use drugs. If not addressed, the continued lack of a solid human rights foundation will further increase the vulnerability of harm reduction initiatives to policy changes and significantly hinder positive developments; such developments would, ultimately, leave people who use drugs at repeated risk of falling victim to uncertainty and abuse. 

POLICY AND ADVOCACY

Call for Action: Measures to stop violations of civil and human rights against people who use drugs in Central and Eastern Europe and Central Asia

National governments and international organisations should facilitate the adoption of: guiding principles on humane drug policies, laws that protect the human rights of people who use drugs on a nondiscriminatory basis, and regulations that contribute to achieving the goal of universal access to both HIV prevention and treatment.

Civil society needs to demand that national governments:

- Ensure the involvement of people who use drugs, as well as clients of opioid substitution therapy programmes, in international and national bodies that make decisions on legislation and policies related to HIV and drug use
- Facilitate the abolition of criminal and administrative liabilities for drug use, as well as for possession of drugs for personal use
- Ensure that the legal rights of people who use drugs are respected, including the right to free and quality legal aid services
- Strengthen measures to prevent misuse of power among drug control and law-enforcement personnel, including prevention of their illegal actions against people who use drugs
- Ensure protection of the personal data of people who use drugs, including their health-related data, from disclosure to law-enforcement agencies, employers or educational institutions
- Promote the adoption and implementation of legislation and policies that provide adequate availability, accessibility and quality of needle, syringe, and opioid substitution therapy programmes, including in prison settings
- Allow opioid substitution therapy programmes to dispense methadone and/or

buprenorphine for use outside of treatment facilities, as well as dispense these medications by prescription

- Strengthen legislation to prevent discrimination against people who use drugs, as well as those living with HIV, in healthcare and other settings
- Abolish the laws, policies and practices that restrict the reproductive and family rights of people who use drugs
- Ensure access to treatment of HIV, tuberculosis, viral hepatitis and reversal of drug overdose, in accordance with the best international practice

This Call for Action is based on recommendations from the EHRN report “HIV and the Law in Eastern Europe and Central Asia”, which will be issued on 10 December 2011.



REGIONAL HIGHLIGHTS

From counselling to litigation: best practice from the Healthy Options Project Skopje (HOPS), Macedonia


Natasha Boshkova, Healthy Options Project Skopje (HOPS)

Since 1997, HOPS has been implementing a harm reduction programme for drug users. The programme includes needle exchange, HIV voluntary counselling and testing (VCT), outreach, psychosocial support, and medical and legal services. In Macedonia, drug users are often subject to decisions or practices which contravene their human rights and further marginalize them as a group. In this respect, legal interventions, in particular, play a crucial role in the process of comprehensive implementation of harm reduction principle. Legal services from HOPS are free of charge, flexible, and confidential. Services

include counselling, preparation of written documents, raising awareness on drug users' rights, and workshops on human rights.

When working with drug users, it is easy to identify cases where their rights were violated. Their mistrust in the legal system has discouraged many drug users from reporting cases in higher instances, and therefore, prompted HOPS to upgrade its legal services. The purpose in providing higher protection is to raise the visibility of the problem through institutional mechanisms. Furthermore, in order to achieve positive outcomes in individual cases which will have an impact on other drug users, legal representation and litigation of certain cases is a necessity. The

target of the legal aid is for drug users to receive expert legal advice. Legal advisors engaged in HOPS have knowledge of the specific issues pertinent to its clients as well as the impact of drug use on other segments of their lives.

In cooperation with the Sexual and Health Rights of Marginalized Communities Coalition, **in 2010 the HOPS legal service managed to motivate 12 drug users to initiate cases against the police on arbitrary DNA collection, abuse of medical data and unequal treatment by the police and health institutions.** Although no final outcomes had been achieved by November 2011, the fact that members of this critical group were motivated to pursue cases is a success. 

Lack of gender-specific harm reduction services in CEECA places women at risk

Olga Rychkova, Open Society Foundations

“Our system of reproductive healthcare works perfectly well. But women who use drugs, you know, they just lack discipline”. This statement, by the chief OB/GYN in a Russian clinic, aptly summarizes the difficulties that women drug users face when accessing reproductive health services. Without a clear public health approach that recognizes and accounts for their specific needs, women drug users often fall through the cracks in the healthcare system, especially during pregnancy. In Russia, there are no drug treatment regimens for pregnant women who are drug users, and they are routinely denied access to treatment of addiction. Worse, they are frequently intimidated into abrupt abstinence, which can be extremely dangerous.


Substitution treatment by methadone is proven to be safe during pregnancy; however, in Ukraine, Kyrgyzstan

and Georgia where methadone is available, antenatal care professionals are not aware of this option or are misinformed about it. They often steer women away from substitution treatment, rather than helping them to enter programmes. In addition, a survey conducted by three harm reduction programmes in different regions of Georgia found that nearly 90 percent of female injecting drug users were victims of domestic violence—yet were ineligible to access crisis help due to their drug use.

In 2009 and 2010, disillusioned by the lack of interest from state healthcare systems, harm reduction groups that work with women in Azerbaijan and Russia submitted shadow reports to the Committee to Eliminate Discrimination against Women (CEDAW), urging governmental responses to these issues. These governments have yet to respond, however, and female drug users continue to rely on harm reduction programmes for most of their health needs. This is also a concern



**Harm reduction programme client, Russian Federation.
Photo: Olga Rychkova**

because international donor support for harm reduction in the region is rapidly declining. Thus, without better public health response based on principles of harm reduction, female drug users will remain vulnerable to HIV, violence and disease. 

BEING HEARD

Absence of OST in Lithuanian prisons has violated my right to health



Kestutis Butkus

Hello! My name is Kestutis Butkus, and I am from Vilnius, Lithuania. I am 39 years old, and have been a drug user for half of my life. After an opioid substitution therapy programme started in Lithuania, I collaborated with other patients of the programme to establish a mutual assistance group called “Feniksas” (Phoenix). In 1999, it grew into the public organisation called Initiative of Drug Users Mutual Support.

Since 1997, I had been a participant in a methadone programme—until I found myself in an imprisonment institution. On 2 July 2011, I arrived at the Migration office to change my passport. Instead, I was handcuffed and brought to police headquarters. I was told that my appeal on a criminal charge, in which I had been accused of storing a small amount of drugs (1.8 grams of marijuana), had been rejected.

I was subsequently forced to serve a sentence of 40 days imprisonment. After the first day, which I spent in the probationary ward, I was moved to the prison of Lukiškės. There, I had a brief health inspection with a doctor, who took no time to introduce herself, but instead spent the time expressing her extremely intolerable, immoral impression of me, as a drug user. **My story, that I had been a participant of a methadone programme for many years, made no difference to her.**

The next “consultation”, which was several minutes long, was at the toxicologist. A tired, elderly doctor, with a calm look, having heard that I was a client of a methadone programme, informed me that such treatment was not available in this prison. Participants of a methadone programmes who serve their sentence in the probationary wards can get the treatment delivered by their relatives. But I was in prison and was, therefore, prescribed another “treatment”—two pills of Truxal (a weak antipsychotic) and one pill of Finlepsin (medicine for epilepsy). (This regimen is commonly prescribed in the prison to users of heroin, methadone and amphetamines.) The doctor, who ordered the “treatment” announced that “it will be hard, but perhaps prison would help me”. The next day, I was moved to a cell in another block.

It was very hard; after all I had to share a cell, which was 1.5 metres wide and three metres long, with one more detainee. But the most difficult part was the symptoms of muscle tension and insomnia I developed, because of abstinence. The appeals which I wrote each morning, asking for additional toxicology consultation, were probably dumped into a dustbin. Eight days later, I was moved to the penitentiary of Pravieniškės for the remainder of my sentence. Before that move, **my “treatment” was prolonged at a short visit to a therapist who, after having learned about my addiction, immediately announced that in his opinion, “the drug addiction is not a disease, but dissoluteness”.** During the nights of insomnia, I saved myself from the wish of knocking my head into wall by pouring cups of cold water on my head.

It was only two weeks later, when a lawyer hired by the “I Can Live” coalition arrived and wrote an application on my behalf for the prescription of alternative treatment, that I received attention

from administration and saw some changes. For one, I was moved to a more spacious cell that fit eight people. It also emerged that there was a psychiatrist in that penitentiary who arranged time to talk with me. However, she spent a greater amount of her attention not on my state, but on the lawyer’s application and request to get a written answer on my behalf. The next day, I was called to the therapist’s office again. However, yet again, the topic of conversation was the lawyer’s application. I could feel him pressuring me to agree on receiving a verbal reply to my application, rather than waiting on a reply in writing. However, when I disagreed to this, the doctor expressed his negative attitude towards opioid substitution therapy, adding that I “was really lucky” as I could “recover here like in a sanatorium”.

While serving my sentence, I essentially did not receive treatment to relieve the abstinence symptoms. I did not even receive the weakest aspirin, which I take daily for heart disease.

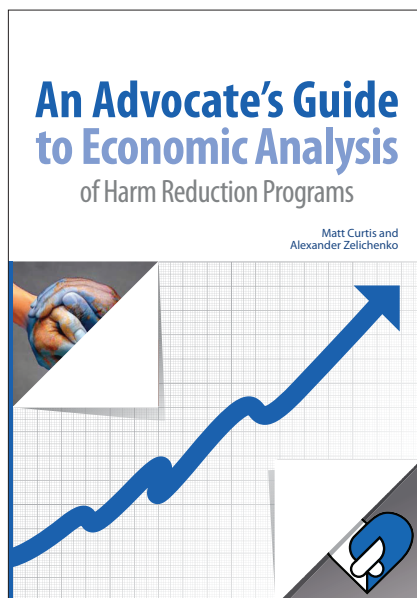
After suffering these 40 days, supported by the “I Can Live” coalition and EHRN, I decided to advocate for the implementation of substitution treatment in all imprisonment institutions in Lithuania. At present, the consultations with lawyers have concluded, and documents have been arranged for claims, to administrative and civil court, on both the non-continuation of treatment as well as cruel behaviour in the imprisonment institution. **If the case is not solved by the Lithuanian courts, I am ready to seek further justice in the European Court of Human Rights.** As similar violations of rights have been observed for many years in many other countries, I hope that my case will deliver positive results and will encourage other drug users, who find themselves in a similar situation, to protect their rights.

Kestutis Butkus 

Secretariat Updates

Research & Information Program

EHRN releases an Advocate's Guide to Economic Analysis of Harm Reduction Programs



EHRN has recently published a new resource to help harm reduction advocates in making the case that among other benefits, harm reduction programmes also save the public money. Available in English and Russian, the guide aims to improve readers' understanding of how to combine research from Western countries on cost-effectiveness, with data from Eastern Europe and Central Asia, in order to strengthen arguments in favour of harm reduction programmes and policies.

EHRN conducts a survey to aid in the development of a new membership strategy

From late October to early November 2011, EHRN members participated in a membership survey that was designed by the Research and Information team. This survey asked members to identify their most pressing challenges, to outline their priorities and expectations of an EHRN membership and to rate their satisfaction with various services and products currently offered through our network. Members' feedback

will guide the creation of EHRN's membership engagement strategy which will be drafted in the coming weeks and be presented at the EHRN Steering Committee meeting in January 2012.

EHRN finalizing an OST mapping study in Eurasia

EHRN has completed the data collection phase of an OST mapping study in Eurasia. The study will result in a set of concrete recommendations to prepare OST advocates to react to crises (like recent ones in Ukraine, Kazakhstan and Kyrgyzstan) in a systematic way. The final report will be released before the end of the year in parallel with an OST Policy Brief that was commissioned by the International Drug Policy Consortium.

Policy & Advocacy Program

EHRN launches joint project with UNODC on harm reduction in prisons

In December 2011, in collaboration with the United Nations Office on Drugs and Crime (UNODC), EHRN will start a project on advocacy of HIV, viral hepatitis and tuberculosis services in prison settings. Representatives of the three countries in South-Eastern Europe – Albania, Macedonia and Serbia – will participate in the project. EHRN will carry out assessment of the current situation in places of detention in terms of availability of treatment and prevention services, as well as policies respecting prisoners' right to health. Based on this study, a multi-sectoral working group, comprising of international and national experts, will develop recommendations for improvement of harm reduction services in prisons settings. Recommendations will be published in March 2011 on the EHRN website.


Technical Support Program

Technical support services survey to identify members' needs for 2012

In late October 2011, EHRN conducted an online technical support survey in order to identify which technical support services are most relevant for EHRN members across CEECA. A comprehensive list was developed, detailing various technical support services, with suggestions on more than 30 topics of harm reduction and capacity building in responding to drug use. EHRN received responses from more than 35 different organisations. Initial analysis revealed that the most relevant topics in the region are considered to be "Developing services for female drug users" and "Mobilization and strengthening of organisations of people who use drugs". Based on survey results, EHRN will design a technical support services calendar for 2012 that will help strengthen EHRN members' capacity. For more information, please contact Marija Subataite at marija@harm-reduction.org

Workshop on increasing access to opioid medication held in Bucharest, Romania

On 17-19 November 2011, EHRN, in partnership with the Access to Opioid Medication in Europe (ATOME) project, organised a workshop in Bucharest, Romania, on increasing access to opioid medication. This workshop was intended for country teams located in Estonia, Latvia, Lithuania, Hungary, Poland and Slovakia, and generated action plans to improve access to opioid medication (for dependence treatment, palliative care, and pain management) in each country. All country teams engaged representatives from the government and ministries as part of an effort to ensure that action plans were promoted, on the policy level, after the workshop. Follow-up national conferences in each country are currently being planned, and aim to:

- 1) evaluate the implementation of the revised WHO guidelines, as well as disseminate the projects' findings to relevant stakeholders; and
- 2) promote the acceptance of rational use of opioids as medicines, both for pain management and substitution therapy. 

Steering Committee Updates

**Community representatives in EHRN's Steering Committee: sharing experiences.
Konstantin Labartkava and Olga Belyaeva.**



Konstantin Labartkava

In 2009, EHRN decided to include representatives from the drug user community in its Steering Committee, with the aim of strengthening participation of drug users in networking and developing effective responses to HIV in the region. For these positions, EHRN members

elected Olga Belyaeva (Ukraine) and Konstantin Labartkava (Georgia). Belyaeva also serves as chairwoman of the Association of OST Clients programme in Ukraine, while Labartkava is the director of New Vector, the first independent drug users organisation in Georgia.

Labartkava and Belyaeva both believe that the decision has proven to be effective. For Labartkava, membership in EHRN's Steering Committee has helped in building partnerships with international structures and various experts in the field. This has facilitated the inclusion of his organisation in international networks. Belyaeva notes that EHRN has helped her become an international expert, and, as a result, "together with representatives from Azerbaijan at the regional consultation on community systems strengthening (CSS) we have prepared a plan to mobilize IDU

community in the context of country application to the Global Fund; and in Belarus brought together ideas shared by substitution therapy participants and Ukraine's Association of OST clients."

As a Steering Committee member, Belyaeva sees her mission as encouraging "as many drug users as possible, [including those living] in different countries, to meet and learn from each other; and helping IDU community leaders and OST programme clients to participate in international consultations and conferences". Both Belyaeva and Konstantin see their membership in the Steering Committee "first and foremost, as a huge responsibility to people affected by drug dependency", and both are devoted to making our dream a reality: the development of civilized and humane drug policies in our countries. 

New Members of EHRN

Serbia

- MethadonePlus
www.metadonplus.blog.com

Georgia

- Irma Ramishvili, Georgian Institute of Narcology
ibregadze15@yahoo.com

Tajikistan

- Parvina Akhmedova, TRUST+
dovertetj@yandex.ru

Kazakhstan

- Aleksandr Grebennikov, Amulet
grebsasha@inbox.ru

Kyrgyzstan

- Timur Isakov, Kyrgyz Drug Control Agency
t.isakov@gskn.kg, www.gskn.kg

Belarus

- Tatiana Semionova, Vector of Life
bybats@yandex.ru

- Viacheslav Vitkovsky, Second Breathing
slavinskiy13@mail.ru

Russia

- Timur Islamov Foundation
www.ticf.org

- Liudmila Vins, Chance Plus
pin.ekb@yandex.ru

- Voice Anti-AIDS
www.golosantispid.com

- Irina Rogozhkina, Regional Non-Commercial Tomsk Charitable Foundation
t_aids@mail.ru 

ACKNOWLEDGEMENTS

Mission

The mission of Eurasian Harm Reduction Network (EHRN) is to promote humane, evidence-based harm reduction approaches to drug use, with the aim of improving health and protecting human rights at the individual, community, and societal level.

EHRN was established in 1997 with the aim to enhance the communication and coordination of harm reduction activities and programmes in the region of Central and Eastern Europe and Central Asia (CEECA). EHRN is governed by its members through elected representatives at the

Steering Committee. As of 31 October 2011, EHRN had 364 members, including both individuals and organisations. EHRN's overarching strategy objectives include the achievement of non-discriminating policies for drug users and other vulnerable people in the EHRN territory, and the improvement and expansion of evidence-based interventions and services that target those individuals.

EHRN is signatory to the Code of Good Practice for NGOs Responding to HIV/AIDS. It is granted a Special Consultative NGO Status by the Economic and Social Council of the

Contact Information

Švitrigailos str. 11B


Vilnius, Lithuania 03228

[e info@harm-reduction.org](mailto:info@harm-reduction.org)

t +370 (5) 269 1600

f +370 (5) 269 1601

www.harm-reduction.org

United Nations (ECOSOC), and is a member of the International Drug Policy Consortium (IDPC) and the European Commission's Civil Society Forum on Drugs in the European Union. 

Thanks to the following contributors

Newsletter developers

- Larisa Abrickaja, EHRN Research and Information Program officer

Editors

- Jocelynn Owusu - English
- Nazee Arutiunian - Russian

Translator

- Katya Smirnova – English, Russian

Proofreaders

- Jeff Hoover – English
- Liudmila Kuznetsova - Russian

Designer

- Kenneth Roraback

Content Contributions

- EHRN Secretariat, with special thanks to:
 - Dasha Ocheret, Policy and Advocacy Program manager

- Alisher Latypov, Research and Information Program manager
- Marija Subataite, Technical Support Program manager
- Andrius Losakevicius, Technical Support Program officer
- Sergey Votyagov, Director

- EHRN Steering Committee, with special thanks to:
 - Olga Belyaeva, drug user community representative
 - Koka Labartkava, drug user community representative

- EHRN members, with special thanks to:
 - Natasha Boshkova, Healthy Options Project Skopje
 - Vlatko Dekov, Healthy Options Project Skopje
 - Kestutis Butkus

- EHRN partners, with special thanks to:
 - Mat Southwell, International Network of People Who Use Drugs
 - Mikhail Golichenko, Canadian HIV/AIDS Legal Network
 - Olga Rychkova, Open Society Foundations

The production of this newsletter was made possible thanks to the support of:



Disclaimer: *The materials and information included in this electronic newsletter are provided as a service to our members and do not necessarily reflect EHRN's views. EHRN is not responsible for the accuracy of information provided from outside sources.*