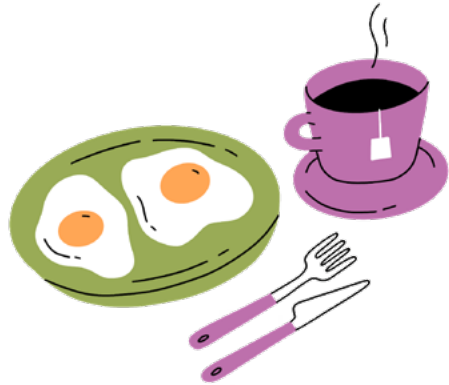


DAY BY DAY

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It's 6.30 am in the morning. All as usual for the last six years. Happy about the new day, I have my breakfast and spend one hour of my precious time on the journey to take the life-saving medication, buprenorphine. Yes, yes, it is precious because I am 44 years old and in a constant rush to get somewhere; it's a rush to live because 20 years of my life have been wasted.

Those were the years I was asleep; those were the days when I didn't want to live. I took my dose, I looked at myself, my 38 kg of weight and blue legs covered with puncture wounds, I knew I could end up behind bars at any moment, and I asked God to let me not wake up, "Lord, let this shot be the last one, I'm tired of living".

But that's not what I want to talk about now. Now I want to describe my day-to-day life, which is a happy one. Today I don't have to think about bad things because I have everything ahead of me, and life is incredibly beautiful. I want to live.

Our opioid substitution treatment (OST) unit is in a residential building. I often see that people like us get shunned by the neighbours. They do not know that everyone who comes here has decided to start a new life. They think that we are given free drugs here and that we get high from them. They refer to us as "aidsies", "murderers" and "thieves"; they call the police because we are just sitting on the bench nearby.

I guess we do differ from ordinary people. But in what way? After all, we have two legs, two

arms, and we just want to live like everyone else in the world. There are usually two friendly nurses at our OST unit who make us feel comfortable. By the way, one of them was very afraid to come to work here because, as she told us, they had described us to her as something terrible: dirty, sick, spreading tuberculosis. But when she came to work here, she said it was one of her best jobs, and now she does not want to leave us because we have become like family to her over the years.

Our unit has a barred window, through which I slide a disposable cup, and the pills are put into it for me. I then take them and dissolve them in my mouth for 10 minutes, sitting on a chair right beside the window. Then, I open my mouth and show that I have nothing left in it, say goodbye and leave. Next to the drug administration room, there is another room where our doctor works. He is a God-given doctor: he knows all our problems and helps our folks even in everyday life. Not a single patient has been expelled from the programme since he started working there. The important thing is that for him, we are not patients, but people first of all. If you expel a patient for some misconduct, it means condemning them to suffering. That's why our doctor believes that we should be treated, not expelled. And it pays off!

I am lucky to have a job; it is more difficult for the other folks. They would love to work, but the law in our country does not allow it.

Everyone on the substance abuse registry has access to a limited list of approved jobs, which only includes a few lowest-paid occupations. In this situation, some get money from criminal activities, some earn money through illicit schemes and some sell their bodies. And if it weren't for the existing law, all these folks would gladly give up that kind of income. In the meantime, they must look for this kind of earnings because they have to feed their children, pay their utility bills and many other things. **The lawmakers did not take into account that a person can stay on OST for quite a long time. Or perhaps they just did not know that we are living people and we exist?**

I met Sasha today. He was sitting in a taxi because one of his legs is amputated, and he couldn't even get into the unit because of his high fever. The nurse ended up bringing his methadone straight to the car. It was a nice gesture on her part, but it is also very sad to look at our system as a whole. After all, some kind of allowance could have been provided for such people, and the medication could have been handed out to them so that they would not have to go to the dispensary every day and suffer every day. But, alas, over the long years, we have to go to that place every day, no matter how bad our situation or state of health may be.

I recall with pain how three years ago, I met Katya when walking to the unit. The 30-year-old girl was on crutches because her leg was broken. She was walking and crying with despair. For a month in this condition, she had spent 3 hours daily travelling to the unit: it was 3 hours of anguish, pain and suffering. I talked to her that day and found out that she was waiting for surgery on her intestines and was in a lot of pain. Then, I decided to collect such cases in order to help people like her. I thought: if I don't do it, who will?

I learned that there are organisations and communities in our country where people like us are helped. People there work together as one and claim their rights. I ended up being

part of the community of people who use drugs: I joined the organisation "Your Chance", became an ambassador of the national platform and was hired as a peer worker for the OST programme.

Several years have passed, and my work is paying off and making me happy. I look at Anya, a girl who, until only yesterday, drank alcohol and made money through sex work, and now I see her taking her son to classes, talking happily about her new job, and I want to continue living so that I can keep helping others to live. We choose our own path, but sometimes a person needs to be supported and guided towards the right direction.

I work with people who are just like me. I love my work; I have found myself in it. When I'm short of time and the folks ask for assistance, I can't help but listen to them because every time, I recall how I did not manage to help Katya. She died four days after we met.

There are a lot of people like me. And we are full of energy, and we want to be useful to our country. But when after taking the drug, the folks get together in some courtyard and discuss different news, people call the police again and again, and then the folks get fined.

It is very bad, of course, that we don't have a space where one could drink some tea, socialise, wash the clothes, and do it all in a civilised way, not on the street when it is freezing cold. But as long as people see us as enemies, we have to live with it.

Meanwhile, my workday is winding down well into the evening. I get on the bus again and call my daughter on the way home to see how she's doing. I have raised an excellent vet; she knows who I am and does not judge me. At home, I look through the classified ads to find jobs for the folks – see if anyone gets lucky this time. Then, I go to bed. Tomorrow will be a new day, and I'll go back to take my buprenorphine and make the world a little better and kinder.

Natalia Brusenskaya, Belarus

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