

Conference Handbook

16th 
International
Conference on the
Reduction of
Drug Related Harm
Belfast • Northern Ireland
20-24 March 2005





Health
Promotion
Agency



MISSION:

To make health a
top priority for everyone
in Northern Ireland

www.healthpromotionagency.org.uk

www.drugsalcohol.info

www.up-2-you.net

www.breastfedbabies.org

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Health Promotion Agency for Northern Ireland

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“Harm reduction must be carried out in a public health framework and one in which the health, human rights and social needs of drug users and their communities are met.”

Welcome



...FROM THE MINISTER FOR HEALTH AND SOCIAL SERVICES AND PUBLIC SAFETY



Stormont

I am very pleased to welcome you all to Belfast for the 16th International Conference on the Reduction of Drug Related Harm.

Certainly Northern Ireland is not immune to drug and alcohol problems that beset many communities around the world today.

When people choose to use drugs we cannot ignore that fact. All of us need to play our part in reducing the harm that this creates. This doesn't

though fall neatly into any one area of responsibility. In recent years we have developed strategies and policies across a range of sectors, including health, education and criminal justice. More recently such initiatives have been brought together under the broad umbrella known as the Joint Implementation Model. Under the Model we seek to integrate strategy at a regional level with action at a local level.

Partnership is the key to this. Partnership is a particular characteristic of how we work in Northern Ireland. We also have a long and strong tradition of community development and community action with initiatives based on a local assessment of need. I note that the Conference programme has examples of such initiatives from across the world. I trust that this Conference will provide opportunities for the continuing dissemination of best practice in this important area.

I congratulate all those who have made the conference a reality. There has been much effort to get to this stage. I encourage you all to participate fully over the next five days. Let's ensure that this conference will make a positive contribution to harm reduction around the globe.

Angela Smith

Minister for Health and Social Services
and Public Safety

...FROM THE CHIEF MEDICAL OFFICER

On behalf of the DHSSPS I would like to extend a warm welcome to those delegates attending this major Conference in Northern Ireland.

I know that the development of a Conference on this scale, with its particular emphasis on encouraging active participation of interested parties at all stages of the process is challenging but ultimately very productive, and the final programme bears due testimony to this.

The concept of harm reduction or minimisation is sometimes perceived as a challenging one for statutory organisations, but the history of public health across the world has been one of Governments developing and implementing pragmatic responses to the realities of current issues, and in this respect addressing the realities of substance use is part of that long tradition.

There are a number of ways in which harm reduction resonates with public health. Harm reduction approaches embrace broader determinants of health in which strategies implemented place first priority on reducing the negative consequences of a behaviour for the individual, the community and society. This is clearly supportive of one of the key roles of any Government namely the protection of individuals and communities. Implementing policies and developing protocols that aim to do this is part and parcel of public health.

Harm reduction is a challenging issue, public health is a demanding issue - this Conference will doubtless be a challenging, demanding and ultimately rewarding event. I hope you enjoy your time in Belfast.

Dr Henrietta Campbell

Chief Medical Officer for Northern Ireland


...FROM THE CONFERENCE DIRECTOR

This Conference is the culmination of 18 month's work since I took up my post as Regional Drug and Alcohol Strategy Co-ordinator for DHSSPS, and had added to it the role of Conference Director. As is always the case, any conference is the result of many people's labours, and this is certainly no exception. I would like to give a special word of thanks to my colleagues in the Drug and Alcohol Strategy Team.

We have had strong support from those working in the statutory and non-statutory sectors in Northern Ireland, especially when we met over a year ago to discuss the themes and issues we wished to see reflected in the programme, and I feel in this we have succeeded.

The theme for the Conference is 'Widening the Agenda'. This was so as to enable the discussion and debate about harm reduction to both move onwards and move outwards. To move onwards in terms of the arguments for harm reduction, and move outwards in terms of addressing other issues such as alcohol and tobacco use.

We hope the programme has enough variety of content and formats to satisfy the most demanding of delegates! We have built on those elements of previous conferences which have proved popular and successful - we hope we have provided enough opportunities for discourse, debate and discussion.

And as ever with conferences, you do tend to get out of them what you put into them and bring to them. I trust you will bring all your enthusiasm and take away a renewed resolve to widen the harm reduction agenda.

Rob Phipps

Conference Director


...FROM THE INTERNATIONAL HARM REDUCTION ASSOCIATION

I extend a warm welcome to you on the occasion of our 16th conference. This is the key annual conference on harm reduction, and I hope that the programme has something in it for all of you. This is a major opportunity to hear new ideas, and to engage in debate and discussion.

The conference is a unique event. It brings together all aspects of harm reduction including evidence and research, policy analysis and viewpoint, advocacy, and harm reduction practice. It brings together people from all over the world from extremely wide range of settings who are working to promote and implement harm reduction approaches to drugs and alcohol.

The sheer range of people attending the conference attests to the global interest in harm reduction. Harm reduction is now firmly on the map. It is great to see how over the years, people come to this conference from more and more countries, and how the quality and range of evidence and debate continues to develop.

This conference is a major undertaking and couldn't happen without huge effort on the part of many individuals and organisations. IHRA is grateful to the Department of Health, Social Security and Personal Services of Northern Ireland for hosting the conference, and I would like to thank all staff in the department who have worked so hard to make this conference happen. Once again we have co-sponsorship from UNAIDS and WHO. Scholarship funding from the International Harm Reduction Development Program, UNAIDS and the UK Department for International Development has brought people from many countries. I would like to thank all of those who have worked over the last two years to put this programme and event together, including the Programme Committee, the abstract reviewers, and all who helped plan sessions. Finally I would like to thank all the speakers and poster presenters who have chosen this conference as the opportunity to bring their insights and experience to this meeting.

IHRA is the only international organisation promoting harm reduction on a global basis. While at the conference please take time to visit our stand, join IHRA, and contribute to saner and safer policies for drugs and alcohol. Please enjoy the conference: learn new things, make new friends. The promotion of harm reduction around the world depends on the knowledge we share and the networks we make.

Gerry Stimson

Executive Director IHRA



Committee Members

EXECUTIVE PROGRAMME COMMITTEE MEMBERS

Rob Phipps
Conference Director

Prof Gerry Stimson
Programme Director

Pat O'Hare

Iain Cameron

Kay Roberts

Michael Farrell

Sean Cassin

Niall Coggans

Owen O'Neill

Patti Spittal

Barbara Ward

George McCague

Michael Owen

Andrew Percy

LOCAL ORGANISING COMMITTEE

Deirdre Kenny
*Department of Health, Social
Services and Public Safety*

Rob Phipps
Conference Director

Martin Bell
Project Manager

Owen O'Neill
*Eastern Drugs and Alcohol
Strategy Team*

Stephen Wilson
Health Promotion Agency

Karen Williams/Dawn Orchard
Project Planning International

Bridin Beckett
*Department of Health, Social
Services and Public Safety*

PROGRAMME AND OTHER ADVISORY COMMITTEE MEMBERS

A&K.Alaei	Gerard de Knot	Rich Needle
Aceijas Carmen	Holly Catania	Robert Ali
Agustin Lapetina	Holly Hagan	Robert Hämmig
Ali Judd	Iain Cameron	Sam Friedman
Alison Ritter	Jack Houlahan	Sandra Batista
Allan Clear	Jenny Scott	Scott Burris
Andrew Ball	Jo Kimber	Silvia Inchaurreaga
Andrew Bennett	John Strang	Simon Baldwin
Andrew Percy	Jon Derricot	Sue Simon
Anindya Chatterjee	Karen McElrath	Susan Sherman
Annette Dale	Kasia Malinowska-	Terry Magowan
Annette Verster	Sempruch	Tiggey May
Annie Madden	Kay Roberts	Tim Rhodes
Anya Sarang	Leo Kenny	Ton Smits
Anyinda Chatterjee	Linda Cusick	Umesh Sharma
Arash Alaei	Louisa Degenhardt	Vivian Hope
Asya Birdordinova	Lucy Platt	Vladimir Poznyak
Augustin Lapetina	Mairead Lyons	Vyacheslav Kushakov
Axel Klein	Marty Cardwell	Walter Cavalieri
Basil Williams	Mat Southwell	Zita Lazzarini
Bill Stronach	Matt Hickman	
Briege Quinn	Matthew Hickman	
Carmen Aceijas	Mauro Guarinari	
Catherine Hankins	Michael Farrell	
Choo Phuah	Michael Owen	
Chris Ford	Miguel Conosente	
Christian Kroll	Miguel de Andres	
Colin Drummond	Mukta Sharma	
Craig Reinerman	Neil McKegany	
Dan Bigg	Nick Crofts	
Dave Burrows	Nick Lintzeris	
David Goldberg	Nick Walsh	
David Vlahov	Oussama Tawil	
Des Flannagan	Owen O'Neill	
Diana Patterson	Paisan Suonawong	
Don Des Jarlais	Patti Spittal	
Edoardo Spacca	Paul Griffiths	
Eric Appleby	Paul Mark Dietze	
Ernst Buning	Paul Quigley	
Evan Wood	Paul Turnbull	
Fortune Ncube	Paul Wells	
Francisco Pinkusfeld	Peter Bohill	
Frank Warburton	Peter Madden	
Gary Reid	Phaik Choo Phuah	

ACKNOWLEDGEMENTS

The Local Organising Committee would like to express its sincere appreciation and thanks to all the team members of the following organisations, who without the conference could not have been delivered in such a professional manner. They are:-

The Drugs and Alcohol Strategy Team of the DHSSPSNI

The Health Promotion Agency for NI

Project Planning International

International Harm Reduction Association

Northern Ireland Drug and Alcohol Co-ordination Teams

We would also like to thank colleagues from Northern Ireland who contributed to the original programme planning meeting at Malone House in February 2004.

Design by Rodney Miller Associates.
Photography courtesy of Belfast City Council.

Programme Information



Each year designing a programme to meet all the needs, interests and expectations of delegates becomes more demanding. Yet again there were hundreds of abstracts submitted across a wide range of topics, and the Programme Committee have attempted to reflect this diversity through the Conference programme and structure.

It is clear from the evaluations and experiences of previous conferences that delegates appreciate discussion and interaction with the speakers; there is also a clearly expressed need to hear at first hand the experience of practitioners from across the world working across a range of sectors. Also many delegates wish to explore the latest thinking on harm reduction or debate current issues, and all delegates want the chance to meet old colleagues and make new acquaintances.

So this year's conference has tried to meet all these various and at times conflicting needs - it has resulted in a busy and extensive programme with a typical day starting at 8.30am and finishing at 6.45pm.

WIDENING THE AGENDA

The overall theme for the Conference is 'Widening the Agenda', and we hope delegates will be able to experience a broad range of subjects and themes, whilst those who have come with a particular interest in a particular issue will find there is plenty for them as well.

FILM FEST

We are also pleased to be able to again present the very successful Film Fest which was run for the first time at Melbourne last year, and we are particularly delighted that Simon Baldwin has been able to continue his role as Film Fest Director, ably supported by Gary Reid.

Over 50 films have been submitted to the Film Fest this year with submissions again ranging from short info-mercial type material through to feature length films. It will basically follow the same format as last year, with the chaired Film Symposium where presenters will give a short presentation and be available for discussion at the conclusion of their film screening. The Film Lounge is intended to allow for a more informal screening of films where delegates can view the material throughout the afternoons.

POSTERS

We would also like to recommend that delegates take time to visit the poster presentations. This year we are running Oral Poster sessions, where we will be grouping together a number of poster presentations on a particular theme and allocating a particular session for delegates to meet the poster presenters and discuss both the posters and the themes

In addition static poster presentations will be on display for at least two days, with authors available at set times.

AFTERNOON PLENARIES

On the Monday and Wednesday afternoons we have added an additional plenary session - that on the Monday takes the form of a keynote presentation by Zackie Achmat on equal access to antiretroviral therapy, while that on Wednesday afternoon takes on the form of a Debate on the issue of Harm Reduction in the Prison Setting. The idea behind these two sessions is to bring the whole Conference back together at the end of the day.

MORNING COUNTDOWN

Delegates will also be pleased to see that the Morning Countdown, presented by the Ernst Buning and Monica Gorgulho is back in its usual early morning 8.30am slot. This provides a 30 minute magazine/breakfast TV format overview of the previous day and highlights particular conference themes or issues. The sessions involve video and live discussion.

Programme Information

The conference programme includes a variety of presentation types including:



St George's Market

PLENARY SESSIONS

These sessions, which involve two or three keynote speakers exploring a particular theme or issue, aim to stimulate and challenge and will provide excellent material for those developing policies and strategies with a harm reduction component or strand

MAJOR SESSIONS

These provide a range of speakers exploring a particular issue. They aim to inform delegates on new issues and developments, and also to enable such issues to be discussed and debated. The sessions have a special relevance for those looking to address and inform policy and practice issues. There are four major sessions following the mid-morning break, each with four to five presenters.

CONCURRENT SESSIONS

After lunch there will be two sets of Concurrent Sessions, taking the format of either a symposium, round-table, skill sharing or oral posters.

SYMPOSIUMS

A conventional chaired oral presentation. Several speakers have 12-15 minutes each, with questions at the end of the session.

ROUND TABLES or SKILLS SHARING SESSIONS

These presentations are designed to encourage debate and discussion between a panel of speakers and the audience. They address a specific topic with each speaker having 5 - 7 minutes to present his/her views. The facilitator encourages debate amongst speakers and the audience.

ORAL PRESENTATIONS

These involve the grouping together of a number of poster presentations on a particular theme and allocating a particular session for delegates to meet the poster presenters and discuss both the posters and the themes. This enables an interactive session with opportunities for information sharing and discussion.

At any one concurrent session there should be a choice of 6 sessions as described above, plus the film fest and oral poster presentations.

POSTER PRESENTATIONS

A poster presentation is a visual presentation. Posters will be exhibited in the Waterfront Hall on two galleries. They will be on display in two separate groups for two days i.e. 'up' Monday morning, 'down' Tuesday evening or 'up' Wednesday morning and 'down' Thursday evening. Lunch has been extended Monday to Thursday to enable time for poster authors to be available at their poster. During set times 12.45pm - 1.45pm, poster presenters will be standing by their presentations in order to discuss their work with other delegates and answer any questions.

FILM FEST SYMPOSIUM

The Film Fest Symposium is a selection of the very best material submitted for the 16th ICRDRH Film Fest. Films will be screened in 1.5 hour chaired sessions. Each film will be followed by a brief presentation by those involved in the film's creation.

FILM FEST LOUNGE

The Film Fest Lounge will be open at the conference venue every afternoon Monday to Wednesday. It will show harm reduction films and training material submitted from around the world. The Film Fest Lounge will be relaxed and informal and people can come and go as they please.

TRAINING SESSIONS

Training sessions will take place at set times during the Conference, details will be found in the Conference Programme.

NOTE: all presentations and posters are shown by first author.

MORNING COUNTDOWN The Morning Countdown will take place from Monday – Thursday 8.30-9.00am in the Main Auditorium of the Waterfront Hall. The Morning Countdown features live interviews with conference delegates and informal panel discussion.

The programme was accurate at the time it went to print, but may be subject to further change.

Awards

The awards are made during the conference.

THE INTERNATIONAL HARM REDUCTION ASSOCIATION AND BURNET INSTITUTE, CENTER FOR HARM REDUCTION FILM AWARD.

The Film Award is made for the best film or documentary on an issue relating to the reduction of drug related harm, for a film shown during the FilmFest.

BEST PAPER BY A YOUNG AUTHOR

The International Journal of Drug Policy, Elsevier and the International Harm Reduction Association are pleased to announce the winner of the Annual Award for the Best Paper published in IJDP by a Young Author: to Cameron Duff, for his paper "Drug Use as a 'Practice of the Self': Is There Any Place for an 'Ethics of Moderation' in Contemporary Drug Policy?". International Journal of Drug Policy, 2004, 15, 5, 385-393.

TOM WALLER AWARD

The Tom Waller Award is presented by the UK Harm Reduction Alliance to a person or body who has made a significant contribution to the development of harm reduction policy and practice in the UK. The award is named after Dr Tom Waller who fought tirelessly for the development of a sane drug policy, good clinical practice and an effective response to hepatitis C.

TRAVIS JENKINS AWARD

The Travis Jenkins Award is given to a current or ex-injector of drugs, who has made an outstanding contribution to harm reduction, through addressing issues of human rights, access to health care, treatment for addiction, or the prevention or treatment of blood-borne diseases, particularly in developing or transitional countries. The award will be inaugurated at the 2005 conference here in Belfast. The annual value of the award is \$500.

IHRA ROLLESTON AWARDS

The Rolleston Awards are presented to people who have made an outstanding contribution to reducing drug or alcohol related harm. The awards are named after Sir Humphrey Rolleston, President of the Royal College of Physicians who chaired the UK Departmental Committee on Morphine and Heroin Addiction. In 1926 this committee determined that it was legitimate medical practice to prescribe heroin or morphine to people dependent on those drugs. This decision epitomises a benign, pragmatic and humane approach to drug problems, and was a landmark event in the history of harm reduction.

The International Rolleston Award is given to an individual who has made an outstanding contribution to harm reduction at an international level. The winner is chosen by IHRA.

The National Rolleston Award is awarded to an individual or organisation making an outstanding contribution to harm reduction at a national level. The winner is chosen by the Conference Local Organising Committee.

Previous winners of the International Rolleston Award are:

1992 Dave Purchase (on behalf of North American Syringe Exchange)
1993 Ernie Drucker
1994 Alex Wodak
1995 Anne Coppell
1996 Aaron Peake
1997 Luigi Ciotti
1998 Nick Crofts
1999 Jean-Paul Grund
2000 Pat O'Hare
2001 Fabio Mesquita
2002 Ethan Nadelmann (USA)
2003 Ambros Uchtenhagen
2004 Anya Sarang

National Award

1992 Les Drew (Australia)
1993 Wijnand Mulder (Netherlands)
1994 Catherine Hankins (Canada)
1995 San Giuliano Unità di Strada (Italy)
1996 The Australian IV League
1997 Alain Mucchielli (France)
1998 Tarcisio Andrade (Brazil)
1999 André Seidenberg (Switzerland)
2000 Mike Wavell (Jersey)
2001 Jimmy Dorabjee (India)
2002 Tatja Kostnapfel-Rihtar (Slovenia)
2003 Mae Chan Project (Thailand)
2004 Tony Trimmingham (Australia)

Special Events & Satellite Meetings



Waterfront Hall

SPECIAL EVENTS

OPENING CEREMONY

The Conference Opening Ceremony will commence at 4.00pm on Sunday 20th March 2005 and it will be held in the Main Auditorium of the Belfast Waterfront Hall. The Ceremony will incorporate addresses by the Conference Dignitaries, the Opening Plenary session, the Rolleston oration, and it will conclude with refreshments and canapés and some light entertainment.

BELFAST CULTURAL EVENING

The Official 16th ICRDRH social event will take place on the evening of Wednesday 23rd March 2005 and it will be held in Belfast's historic St Georges Market, which is located within walking distance of the main Conference venues. A sit down menu will be provided and an evening of live Irish entertainment will ensure that we all have a good nights craic! A full bar service will be available and the evening will also include a drinks reception hosted by the Belfast City Council.

Entry to the event is already included in all full delegate registration fees, and additional tickets can be purchased from the main Conference reception desk.

ART EXHIBITIONS

Some renowned artists and photographers will be displaying their conference related material for the duration of the conference. You are encouraged to make time to visit the exhibitions and interact with the presenters.

ACCOMPANYING PERSONS TOURS

The Conference Organisers have arranged a series of tours for delegates and their guests and full details are available on request at the main conference reception. Tours are subject to minimum numbers and availability.

For further information about what is on in Belfast and Northern Ireland during your stay you can visit the website www.gotobelfast.com or alternatively you can call to the Belfast Welcome Centre at 47 Donegall Place, Belfast, BT1 5AD.

SATELLITE MEETINGS

EAST TO EAST MEETING

The 3rd Annual East to East meeting will be held in the Studio Hall at the Waterfront Hall in Belfast from 8.30am to 3.30pm on Sunday 20th March 2005.

The Burnet Institute in Melbourne, Australia, is organising the meeting with the support of the Prevention and Care project and family Health International. The overall objective of the 2005 East to East meeting in Belfast is to provide practical guidance and support to governments and other agencies developing and implementing harm reduction programmes in China, Mongolia, Central Asian Republics and the Russian Federation

INTERNATIONAL DRUG USER ORGANISATION

This meeting will take place from 12 noon - 2.00pm on Sunday 20th March 2005 in the Brookfield Suite, Hilton Hotel, Belfast.

ETHICS WORK GROUP

This meeting will take place from 6.00pm onwards on Monday 21st March 2005 in the Brookfield Suite, Hilton Hotel, Belfast.

UKHRA MEETING

This meeting will take place from 6.30pm - 8.30pm on Tuesday 22nd March 2005 in the Brookfield Suite, Hilton Hotel, Belfast.

PHOENIX HOUSE MEETING

This meeting will take place from 12 noon - 2.00pm on Wednesday 23rd March 2005 in the Brookfield Suite, Hilton Hotel, Belfast.

IHRA AND DRUG USERS ORGANISATION OPEN MEETING

This meeting will take place from 2.00pm - 3.30pm on Wednesday 23rd March 2005 in the Brookfield Suite, Hilton Hotel, Belfast.

RESEARCH INFORMATION WORKING GROUP

This meeting will take place from 12.30pm - 3.30pm on Thursday 24th March 2005 in the Brookfield Suite, Hilton Hotel, Belfast.

IHRA ANNUAL GENERAL MEETING

The AGM of IHRA will be held on Wednesday 23rd March at 6.00pm. The place of the meeting will be announced at the IHRA stand in the Waterfront Hall. All paying members of IHRA are invited to attend.

General Information



Hilton Hotel

16TH ICRDRH REGISTRATION AND INFORMATION DESK:

A permanent Registration and Information Desk is located in the Concourse Foyer of the Waterfront Hall, Belfast, from 12noon until 7pm on Sunday and 7.30am-7.30pm each day of the Conference. This desk will be staffed by the Conference Organisers "Project Planning International". At Registration you will collect your Name Badge and Delegate Bag containing all information relevant to the Conference.

 **DELEGATE BAGS:** A Delegate Bag will be provided for each Delegate when registering at the conference. This will contain a copy of your Conference Programme, leaflets from Conference Sponsors and Exhibitors and Literature on Belfast City along with a Map of the surrounding area.

 **EXHIBITIONS:** Exhibitions are located on Concourse Foyer and Gallery Levels 1 and 2 of the Waterfront Hall.

 **INTERNET CAFÉ:** The Conference Internet Café is located on the 1st Floor of the Waterfront Hall beside "The Studio". Use of the Internet Café is complementary to the 16th ICRDRH delegates. PCs in the Internet Café have been provided by British Telecom (BT). Delegates are required to limit their time at the Internet Café in respect of other users.

 **LANGUAGE:** The official language of the conference is English. Simultaneous interpretation will be available in Russian and Farsi in the Main Auditorium only. Headsets can be obtained at the entrance to the Main Auditorium upon presentation of identification such as Passport or similar identification card. Please return these as you exit the Auditorium.

 **LUNCHES AND MORNING/AFTERNOON TEA:** Morning and afternoon teas/coffees will be served in Exhibition Areas on Gallery Levels 1 + 2 of the Waterfront Hall. Lunch will be served in St Georges Market on each day of the academic program (Monday – Thursday).

 **REFRESHMENTS:** Refreshments will be provided as follow:
TEAS/COFFEES:
Monday – Thursday (10.30am – 11.00am / 3.30pm – 4.00pm daily)
Teas and Coffees will be served in the Hilton Hotel Business Suite (first floor of Hotel) and also in St George's Market
LUNCHES:
Monday – Thursday (12.30pm – 2.00pm daily)
Lunches are served in St. Georges Market.

 **NAME BADGES:** Delegates are requested to wear their name badges at all times and are advised that entry to sessions is subject to this requirement.

 **SPEAKER PREPARATION ROOM:** Upon arrival at the Conference, Speakers must visit the Main Conference Registration Desk in the Concourse Foyer of the Waterfront Hall to register their arrival and discuss Audio Visual (AV) requirements with a designated member of the Conference Organising Team. A separate Speaker/Presentation Collection Point and Speaker Preparation Area are provided to facilitate ease of communication between Speakers and Audio Visual Technicians. PCs in the Speakers Preparation area facilitate Microsoft Packages

 **ACCOMMODATION:** Delegates can visit the Registration Desk to gain contact information for Hotels with availability.

 **DISABLED ACCESS: Waterfront Hall**
Disability access to the Conference Venue - Waterfront Hall - is through the main entrance from Oxford Street. Street level access is available through automatic bi-parting doors.

Within the Waterfront building there are three lifts giving access to all front of house levels of the Venue. Each lift is equipped with Braille signage and can accommodate one wheelchair user and companion. There are 5 accessible unisex disabled toilets situated throughout the Building.

HILTON: The Hilton Hotel is fully accessible to all delegates with disabilities. Special consideration has been given to all entrances, doors, ramps,

lifts/elevators and toilets, all of which have been designed to accommodate all disabled guests. Access to the Business Suite meeting rooms is through the front entrance to the hotel using the lift/elevator to the first floor.

ST GEORGES MARKET: St George's Market is a single storey building easily accessible to all delegates via the main entrance on Oxford Street. Belfast Buildings are mostly accessible to wheelchair users. For detailed information call Disability Action: Tel. 028 9049 1011

 **MEDICAL:** Appropriate Medical Assistance will be available for the duration of the Conference. A Medical Room will be provided in the Waterfront Hall.

 **MEDICAL EMERGENCIES:** Advice on medical and dental emergencies- Health Information Service. Tel: 0800 665544

 **MESSAGES AND FAXES:** The fax number for delegates wishing to receive incoming faxes is +44 (0)28 9024 9862. Please request that incoming faxes state the 16th ICRDRH as well as the delegate's full name and organisation. All incoming messages and faxes will be posted on the Message Board located beside the Registration Desk in the Concourse Foyer of the Waterfront Hall. Delegates are asked to check this board at regular intervals.

 **PARKING:** Multi-storey and off-street car parks have hourly tariffs dependent on location. On-street pay and display zones are clearly marked. Pay heed to restriction notices drawing attention to morning and evening rush hour clearways and bus lanes when in operation. There is a Multi-Storey Car Parks located beside the Waterfront Hall (to the right of "The Studio") which have a capacity of 800 spaces. Access is directly from Oxford Street opposite St Georges Market. Delegates can avail of reduced parking fees by presenting their car-park ticket at the Hilton Reception Desk for stamping before exiting the Multi-Storey Car-park.

 **PRAYER ROOM:** A prayer room is available in the Waterfront Hall, appropriate directional signage will be displayed beside the Conference Registration Desk.

 **PUBLIC PHONES:** Coin-operated public phones are located around the Waterfront Building on each of the three floors. Delegates should contact the Hilton Reception Desk for information on public telephones within the Hotel.

General Information



Citybus



SMOKING: No smoking applies on public transport or in most public buildings. More and more restaurants have a no-smoking policy; most have a smoke free area. The Waterfront Hall is a Smoke Free Venue.



BANKING: Automatic Teller Machines (ATM's) operate 24 hours a day and dispense cash at hundreds of locations - banks, garages, and shopping centres. Using a credit card in an ATM is an easy way of obtaining sterling if you are travelling from abroad. Banking Hours are generally Mon-Fri, 9.30am - 4.30pm with some opening Sat mornings. Bureau de Change are in larger bank branches, travel agencies, the Belfast Welcome Centre, some other Tourist Information Centres, big hotels and a few visitor attractions.



COAT AND BAG STORAGE: Cloakroom facilities are available on the Concourse Foyer of the Waterfront Hall opposite the Conference Registration Desks.



CURRENCY: The Currency of the Conference is Pounds Sterling (GBP). All major credit cards and travellers' cheques are widely accepted.



EMERGENCIES: Police, ambulance, fire service: Dial 999



LOST VALUABLES: Police Lost Property Tel: 028 9065 0222 will put you in contact with the nearest police station.



POSTAL SERVICES: Post Offices and red post boxes are all over the city; Main Post Office is at Castle Junction and late mailings are accepted at Tomb Street Sorting Office. Small books of UK Stamps are available in most convenience stores and petrol stations.



PHONE NUMBERS: The Northern Ireland Dialling Code (028) or (28) is used as a prefix when dialling from outside the region, or when making internal calls using a mobile phone. All Belfast numbers are composed of (028) followed

by 90 and six digits. Eg. Belfast Welcome Centre: (0)28 9024 6609

To make international calls 00 44 should be placed in front of the telephone number.



SHOPPING HOURS: City Centre Shops generally open Mon- Sat, 9.30am-5.30pm (Thurs. until 9pm). Some larger stores open Sun 1-5pm. Neighbourhood stores and garage forecourt convenience shops often open much longer - 24 hours in some cases



TIPPING: Tipping while appreciated is not essential in Northern Ireland. It is now a generally accepted practice in restaurants to leave a gratuity of 10-15 per cent for good service. Some restaurants may add on a obligatory 10 or 12.5 per cent service charge on large group bookings.



TRANSPORT:
TRAIN: The nearest Train Station is "Central Station" - East Bridge Street - 5 minutes walk from the Venue. Tel: 028 9066 6630 for Train Times.



BUS: Nearest Bus Station is "Laganside Bus Centre" - 2 minutes walk from the Venue.

Citybus Tel: 028 9024 6485

Ulsterbus Tel: 028 9033 3000



TAXIS: A direct line Telephone is available to order Taxis at any time from the Cloakroom Area in front of the Conference Registration Desk in the Concourse Foyer of the Waterfront Hall.

TRAVEL AGENT: Most UK/Irish Travel Agencies and Tour Operators are represented in Belfast. Some locations may close at 1pm on Saturday.

VOLUNTEERS: Volunteers will be easily identifiable and suitably positioned in all Conference Areas.

Premier Sponsor



INTERNATIONAL FUND FOR IRELAND

Co-Sponsors



Major Sponsors



Sponsoring Organisations



NORTHERN IRELAND
PRISON SERVICE



Exhibitors





Australian Government
AusAID

Responding to HIV/AIDS in the Asia/Pacific Region: Leadership and Partnerships



Sunlight through bars, Indonesia October 2003. Jack Picore

Trapped. These are the men of H Block in Kembangan prison, Denpasar – Bali's cellblock for drug-related offences. Many have HIV/AIDS. Drug use is a frequent method of passing on the deadly virus in Indonesia. Each week these men participate in an education and training program run by local organisation, Yakeba, through the Indonesia HIV/AIDS Prevention and Care Project. The funding provided by the Australian Government for this project allows Yakeba to reach out to inmates like these to teach them how to prevent HIV transmission. They learn the importance of spreading the word about safe drug use and safe sex among their contacts and the program also helps them to 'get clean'. Drug use put many of these young men behind bars as well as a giving them an HIV life sentence. For those who develop AIDS in prison, Yakeba will help care for them until the end.

In July 2004 Australia's Foreign Minister announced a substantial increase in Australia's commitment to combating HIV/AIDS in the Asia-Pacific region to A\$600million by 2010. Australia's International HIV/AIDS Strategy recognises the urgent need for strong and visible leadership, backed up by effective partnerships. Strengthening leadership and advocacy is the first of the strategy's five priorities for action. A central priority within Australia's aid program is addressing HIV transmission through injecting drug use, this being a significant driving force for the epidemic across much of Asia. While not condoning illicit drug use, it is recognised that a pragmatic approach is required to tackle this issue.

TACKLING HIV/AIDS IN SOUTH EAST ASIA

Australia has supported the introduction of appropriate and effective initiatives for reducing HIV transmission through injecting drug use in China, Indonesia, Myanmar and Vietnam. In Indonesia in November 2004 we helped support the first national injecting drug use harm reduction conference. In Bali, Australia is implementing a very successful prison pilot project that includes a comprehensive program of care, education and support for prisoners as well as training for authorities, with plans for replication across Indonesia.

LESSONS LEARNED AND IMPLICATIONS

There have been encouraging changes to the political climate for minimising the harm associated with injecting drug use across the Asian region. AusAID has drawn significant lessons from the effectiveness of multisectoral cooperation in supporting these approaches and will continue to pursue such cooperation. AusAID is also in the early stages of exploring partnerships for drug control activities with partner countries and UN and other agencies. To date drug control activities supported by Australia have focused on supply and demand reduction and alternate development. We anticipate strengthening the synergies with harm reduction in illicit drug control measures as AusAID explores future interventions.

Programme

Conference Pathways

A large conference such as this spread over a number of days allows participants to cover a wide diverse of topics, issues and themes. However it is also possible to concentrate on one or two specific themes, and to that end we have identified various pathways which are essentially themes or issues which run through the conference to meet that particular end.

This does not eliminate conflict between sessions, but we hope it will help to reduce the amount of decision making you have to do. Above all sessions in the conference programme 10 circles are printed which correspond to one of the ten pathways. When a session is identified as being of interest to a particular Pathway the corresponding colour circle will be filled in.

THE PATHWAYS



1 Law enforcement and harm reduction

This Pathway covers the topics of policing practice and philosophy, the role of law enforcement in relation to drugs and harm reduction, the judiciary and judicial approaches to harm reduction, and criminological studies of drug and law enforcement issues.

2 Prisons

This Pathway is especially concerned with drug use, risk behaviours and harm reduction in prisons, but also covers other closed settings such as juvenile detention and compulsory rehabilitation settings.

3 Services and treatment

This Pathway includes pharmacotherapies and other approaches to the treatment of problematic drug use, as well as service provision for other needs of drug-using individuals and communities.

4 Drugs and injecting

This Pathway groups sessions and papers related to all aspects of drug-using behaviour, especially injecting, and patterns and trends in the use of drugs and associated behaviours.

5 Harm reduction practice

Specifically in relation to reducing risk of HIV infection, other viral transmission and other associated harms among people who inject drugs, this Pathway covers needle and syringe programming, outreach, peer education and Supervised Injecting facilities.

6 Other drugs

"Other" here specifically refers to non-opiate drugs, so this Pathway groups cocaine, amphetamine-type stimulants, cannabis, licit drugs including alcohol and tobacco, prescription drugs and so on.

7 Social context and policy responses

This Pathway covers a large mixed and related group of subjects, most especially policy in relation to drugs and harm reduction, advocacy for harm reduction, the formation and functioning of partnerships between different sectors, and community (including local government) responses to drugs.

8 HIV/AIDS and Hepatitis

Any session bearing on the transmission, effects or care and treatment of those infected with these viruses is coded in this Pathway.

9 Young People and Education

Sessions included in this Pathway are those dealing with any kind of education, formal or informal, school-based or community-based with a special emphasis on young people.

10 Harm reduction - Philosophies and practice

Sessions included here are those concerned with the conceptual and contextual nature of harm reduction.

Sunday 20 March



4.00pm- 7.00pm

OPENING CEREMONY

ROOM: MAIN AUDITORIUM, WATERFRONT HALL

4PM – CHAIR: **Dr Henrietta Campbell**,
CHIEF MEDICAL OFFICER FOR NORTHERN IRELAND

Opening Address

Gerry Stimpson, EXECUTIVE DIRECTOR, IHRA
LOCAL USER REPRESENTATIVE

Rob Phipps, CONFERENCE DIRECTOR, 16th ICRDRH
Dr Campbell TO FORMALLY OPEN THE CONFERENCE

4.50PM – NAE GOATS TOE

5PM – TEA AND COFFEE, GALLERY LEVEL 1 & 2

5PM - 7PM – OPENING PLENARY

CHAIR: **Rob Phipps**

Jim Kim

"MAKING THE '3 BY 5' TARGET WORK FOR THE HEALTH OF DRUG USERS"

Dascha Ochoret

"CHALLENGES OF CURRENT DRUG POLICY"

Nick Stafford

"PRINCIPLES AND THEORIES – THE DRUG CONSUMER HEALTH PROVIDER
RELATIONSHIP AND THE FUTURE OF HARM REDUCTION"

ROLLESTON ORATION:

Alan Clear EXECUTIVE DIRECTOR, US HARM REDUCTION COALITION

7PM – REFRESHMENTS AND CANAPÉS, GALLERY LEVEL 1, BAR LEVEL 1

MORNING COUNTDOWN

Botanic Gardens

PLENARY

SUBSTITUTE PRESCRIBING

Chair: **Michael Farrell & Kasia Malinowska-Sempruch**
This session is dedicated to
Vincent Dole.

1041 **Michael Farrell**
DRUG SUBSTITUTION TREATMENT -
A GLOBAL OVERVIEW

1026 **Chris Ford**
INNOVATIONS IN DRUG SUBSTITUTION
TREATMENT IN PRIMARY CARE

1042 **Zunyou Wu**
METHADONE MAINTENANCE
PROGRAMMES IN MAINLAND CHINA:
FROM PILOT TO SCALE-UP

MAJOR SESSIONS

HARM REDUCTION IN UK

Session Chair: **Jon Derricot
& Owen O'Neill**
SYMPOSIUM

Sean Cassin
HARM REDUCTION IN IRELAND
700 **Des Flanagan**
SNAP SHOT OF HARM REDUCTION IN
NORTHERN IRELAND
641 **Paul Wells**
THE STATE OF ENGLISH HARM
REDUCTION
585 **Matthew Hickman**
A REVIEW OF HCV AND HIV AMONG
IDU IN ENGLAND AND WALES:
SNATCHING PUBLIC HEALTH FAILURE
FROM THE JAWS OF SUCCESS
Roy Robertson
Richard Pates

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HARM REDUCTION-CORE

Session Chair: **Sue Simon
& Craig Reinerman**
SYMPOSIUM

975 **Robert Newman**
HARM REDUCTION AND
"SUBSTITUTION" - ENGAGING THE
CRITICS

355 **Maurizio Coletti**
RESIDENTIAL TREATMENT AND HARM
REDUCTION STRATEGIES: ARE THESE
MUTUALLY EXCLUSIVE APPROACHES
FROM A CLINICAL PERSPECTIVE?

51 **Russell Newcombe**
TOWARD A THEORY OF DRUG-RELATED
HARM REDUCTION

263 **Joanne Csete**
HUMAN RIGHTS, ANYONE?

399 **Paisan Suiwannawong**
DRUG USERS ARE THE SOLUTION, NOT
THE PROBLEM, IN THAILAND'S HIV/AIDS
EPIDEMIC

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MID MORNING BREAK

LUNCH
ST GEORGE'S MARKET



PHARMACIES AND HARM REDUCTION

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Session Chair: **Dr Norman Morrow**
SYMPOSIUM

652 **Ellen Campbell Grizzle**

INDIGENOUS RESPONSES OF
CARIBBEAN PHARMACISTS TO THE
PROBLEM OF DRUG MISUSE

328 **Emil Pislaru**

DRUG USERS: THE PHARMACISTS'
PERSPECTIVE. A STUDY REGARDING
ATTITUDES AND PRACTICES OF
PHARMACISTS TOWARDS DRUG USERS
IN BUCHAREST

15 **Jennifer Scott**

INVESTIGATION INTO SOUTH WEST
ENGLAND NEEDLE EXCHANGE
PHARMACIST'S KNOWLEDGE OF THE
2003 'PARNAPHERNALIA LAWS' AND
THEIR VIEWS ON TRAINING AND
SUPPORT

1023 **Bill Nelles**

ADVENTURES IN COMMUNICATION-
PHARMACISTS AND DRUG USERS
WORKING TOGETHER

749 **Janie Sheridan**

COMMUNITY PHARMACISTS-AN
EXPANDED FUTURE ROLE IN THE CARE
OF PROBLEM DRUG USERS

965 **Tracey Boyce**

THE NORTHERN IRELAND MEDICINES
GOVERNANCE TEAM



HIV TREATMENT FOR DRUG USERS

ROOM: STUDIO,
WATERFRONT HALL

Session Chair: **Anya Sarang**
SYMPOSIUM

552 **Mauro Guarinieri**

BUILDING UP COALITIONS BETWEEN
PLWHA AND DRUG USERS' GROUPS

Andrew Ball

REACHING DRUG USERS: UPDATE ON
THE 3 BY 5 INITIATIVE

1038 **Michel Kazatchkine**

THE URGENT NEED OF EXPANDING
ANTIRETROVIRAL TREATMENT FOR HIV-
INFECTED DRUG USERS

1039 **Edna Oppenheimer**

ARE DRUG SERVICES PREPARED FOR
ARV FOR IDU SCALE UP?

844 **Konstantin Lezhentsev**

ADDRESSING TB, HEPATITIS C AND
OTHER CO-INFECTIONS

537 **Seree Jintakanon**

AFTER THE CONFERENCES ARE OVER:
PROMISES TO IMPLEMENT A NATIONAL
PLAN IN THAILAND - KEPT OR BROKEN?



Cycling by the Lagan River

"This is the best conference
— where else to hear all the
good things happening with
harm reduction."

Monday 21 March

12.40^{pm}- 13.50^{pm} LUNCHTIME SESSION



THE PRICE OF INACTION: RESOURCES NEEDED FOR EFFECTIVE HIV PREVENTION: SPECIAL UNAIDS SESSION

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Session Chairs: **JVR PRASADA RAO**
AND ALEX WODAK, REGIONAL
DIRECTOR, UNAIDS ASIA AND PACIFIC

1019 **Swarup Sarkar**
CURRENT AVAILABILITY AND GAP IN
RESOURCES FOR COMPREHENSIVE HIV
INTERVENTIONS AMONG IDU
POPULATIONS IN SOUTH AND SOUTH
EAST ASIA

Michael Hahn

UNAIDS Country Coordinator, Lao PDR:
Country Example - Nepal

Wu Zunyou

Director of Health Education and
Behavioural Intervention National Centre
for AIDS Control and Prevention Chinese
Centre for Disease Control and
Prevention: Country Example - China

Purnima Mane

UNAIDS Chief of Strategic Management
Information: Global perspectives on
resource needs and costs of inaction.

Perspectives from donors:

Speakers from USAID, EU, GFATM, Asian
Development Bank

2^{pm}- 3.30^{pm} MONDAY CONCURRENT



HARM REDUCTION AND EDUCATION

ROOM: LAGAN SUITE B,
HILTON HOTEL

Session Chair: **Sean Cassin**
ROUND TABLE

278 **Patrick McCrystal**
EXCLUSION AND MARGINALISATION IN
ADOLESCENCE: THE EXPERIENCE OF
SCHOOL EXCLUSION ON DRUG
USING BEHAVIOUR

312 Robyn O'Dea

SOUTH AUSTRALIA MODEL OF SCHOOL
BASED INTERVENTION FOR STUDENTS
WITH DRUG RELATED ISSUES

238 Rosie McMahan

OPERATING WITHIN A SYSTEM AT WAR
WITH ITSELF-SUCCESSFUL STRATEGIES
FOR DOING HARM REDUCTION
WORK WITH SCHOOL-BASED YOUTH IN
THE UNITED STATES

139 **Michael McKay**
SCHOOL HEALTH AND ALCOHOL HARM
REDUCTION PROJECT - PILOT STUDY
04/05

220 Piotr Sidor

N IRELAND DRUGS AND ALCOHOL
YOUTH FORUM DELEGATES PRESENT
THEIR VIEWS ON HARM REDUCTION IN
N IRELAND



HARM REDUCTION - WORKING WITH THE POLICE

ROOM: STUDIO,
WATERFRONT HALL

Session Chair: **Scott Burris**
ROUND TABLE

872 Will Small

IMPACTS OF INTENSIFIED POLICE
ACTIVITY ON INJECTION DRUG USERS:
EVIDENCE FROM AN ETHNOGRAPHIC
INVESTIGATION

412 Mark McPherson

OBVIOUSLY IT'S ALL THEIR FAULT! -
SOME SUGGESTIONS FOR A BETTER
RELATIONSHIP BETWEEN POLICE AND
HEALTH

1016 Gill Wilson

A MOST UNUSUAL BUT EFFECTIVE
PARTNERSHIP

407 Geoffrey Monaghan

SHORT CHANGED OR CASH BACK?
EVALUATING THE EFFECTIVENESS OF
TEST PURCHASE OPERATIONS IN
LONDON

785 Soumen Mitra

COMMUNITY POLICING AND HARM
REDUCTION: FROM STREET TO PRISON

236 Johnny Connolly

DRUGS, CRIME AND COMMUNITY
POLICING IN DUBLIN



DISCOURSES ON HARM REDUCTION

ROOM: LISBURN SUITE,
HILTON

Session Chair: **Cameron Duff**
ROUND TABLE

473 Baldomero Caceres

PSYCHIATRY AND "DRUG PROHIBITION"

455 Omar Alejandro Bravo

PSYCHIATRIC DISCOURSE PARADOXES
FOR NON-PUNISHABLE DRUG USER
OFFENDERS' TREATMENT

381 Fiona Catherine Measham

THE DEREGULATION OF LEISURE-
RECENT POLICY DEVELOPMENTS IN
GAMBLING, DRINKING AND DRUG USE
IN THE UK

276 Ricky III Abalena

MASS MEDIA AS CULTURAL MEDIATOR
IN HEGEMONIC ENTERTAINMENT
AMONG THE YOUTH

1047 Glenn Backes

ARE SYRINGES LEGAL IN THE LAND OF
SCHWARZENEGGER?

692 Fabrice Olivet

ABSTRACT: THE QUESTION OF
PLEASURE AS A THERAPEUTIC TOOL IN
THE MATTER OF SUBSTITUTION
TREATMENT: A PATIENT POINT OF VIEW
121 **Agustin Lapetina**
DRUG CONSUMPTION SELF ENQUIRY
AND THE EVOLUTION OF
CONSCIOUSNESS: DOES HARM
REDUCTION HAVE ANYTHING TO
CONTRIBUTE?

157 Geoff Noller

DRUG USE AS A 'PRACTICE OF SELF
HELP' EXPLAINING AN 'ETHICS OF
MODERATION'

2^{pm}- 3.30^{pm} MID-AFTERNOON BREAK



TRAINING AND WORKER SUPPORT

ROOM: BOARD ROOM,
HILTON HOTEL

Session Chair: **Ingrid Van Beek**
SKILLS SHARING

175 **Andrey Khrapal**

PROGRAMME OF TECHNICAL AND
INFORMATIONAL SUPPORT TO HR
PROJECTS IN MOLDOVA: LESSONS
LEARNED

688 **Mark McPherson**

REAL LIFE REHERSALS: AN ADVANCED
ROLE-PLAY STRATEGY FOR THE SKILLED
TRAINER

616 **Raminta Stuikyte**

BURN OUR PREVENTION PROGRAM IN
CENTRAL-EASTERN EUROPE AND
CENTRAL ASIA

676 **Simona Merkinaite**

SKILLS AND CAPACITY BUILDING IN
HARM REDUCTION-TRAINING
INITIATIVE

933 **Umedjon Ibragimov**

CHANGING OF ATTITUDE TOWARDS
DRUG USERS AS PART OF THE DRUG
DEMAND REDUCTION
PROGRAM(DDRP) IN TAJIKISTAN

25 **Kieran Connolly**

CAN TRAINING IN HARM REDUCTION
SURVIVE IN A HOSTILE ENVIRONMENT?

923 **Finnoula McKinney**

IT TAKES ALL SORTS-CROSS SECTOR
TRAINING IN BRIEF AND
OPPORTUNISTIC DRUGS/ALCOHOL
INTERVENTIONS IN N IRELAND

790 **Annie Bleeker**

DRUG INFORMATION TRAINING IN A
CULTURALLY SENSITIVE ENVIRONMENT -
THE INDONESIAN EXPERIENCE

56 **Joy Barlow**

MULTI-DISCIPLINARY TRAINING TO
ACHIEVE POLICY AND PRACTICE
SYNERGY

131 **Colette McGrath**

WORKING AT THE SHARP END AND
SURVIVING



DRUG USERS' VIEWS AND LESSONS LEARNED

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Session Chair: **Karyn Kaplan**
SKILLS SHARING

17 **Carolyn Romanow**

USER UNIONS AND CASH

504 **Oscar Montenegro**

THE ROLE OF THE USERS IN HARM
REDUCTION IN ARGENTINA

601 **Grant McNally**

INTEGRATING HEPATITIS C PRIMARY
SECONDARY & TERTIARY HARM
REDUCTION INTO PROJECTS TO
ENCOURAGE TESTING

410 **Matthew Toomey**

NOT SO PSYCHO-STIMULANT USERS
HAVE A POINT

953 **Dirk Schäffer**

DRUG USER SELF HELP - A WAY OF HIV
PREVENTION AND HARM REDUCTION

845 **Sabir Farhat**

A NOVEL EXPERIMENT - DRUG USERS
INVOLVEMENT AS OUTREACH WORKERS
IN HIV PREVENTION PROGRAM IN
SOUTHERN REGION OF PAKISTAN

130 **William McCallum**

WORKING IDUs

752 **Andria Efthmiou-Mordaunt**

DRUG USER'S IMPACT ON DRUG POLICY

429 **Rob Morgan**

CRISIS INTERVENTION

264 **Noreen Sheikh-Latif**

BARRIERS AND SOLUTIONS TO
EFFECTIVE USER AND CARER
INVOLVEMENT



ISSUES IN TREATMENT

ROOM: LAGAN SUITE A,
HILTON

Session Chair: **Chris Ford**
& **Wu Zunyou**
SYMPOSIUM

497 **Roy Robertson**

RANDOMISED CONTROLLED TRIAL OF
DIHYDROCODEINE VERSUS METHADONE
IN THE TREATMENT OF OPIATE
DEPENDENT PATIENTS

83 **Michael Orgel**

INJECTABLE OPIATE THERAPY: THE VIEWS
OF RECIPIENTS

838 **Randy Seewald**

METHADONE MAINTENANCE & OLSEER
ADULTS

833 **Chris Ford**

POWERING UP PRACTICE IN GENERAL
PRACTICE-SUPPORTING GPS TO WORK
WITH CRACK USERS IN THE UK

358 **Catherine Comiskey**

BASELINE DATA RESULTS FROM THE FIRST
NATIONAL LONGITUDINAL STUDY TO
EVALUATE THE EFFECTIVENESS OF
TREATMENT AND OTHER INTERVENTION
STRATEGIES USED IN IRELAND FOR
OPIATE USE

Monday 21 March



City Centre shopping

2^{pm}- 3.30^{pm}

MONDAY ORAL POSTERS

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UPDATE FROM AUSTRALIA

Session Chair: **Bill Stronach**

- 594 **Simon Ruth**
HOSPITALS-OPPORTUNITIES FOR REDUCING HARM
- 248 **Heather Hay**
DRUG USERS NETWORK INTEGRATES WITH DIVERSE COMMUNITY
- 200 **Wen Cao**
COMPARISON OF NEEDLE AND SYRINGE PROGRAM ATTENDEES AND NON-ATTENDEES FROM A HIGH DRUG USING AREA IN SYDNEY NEW SOUTH WALES
- 763 **Paul Aylward**
AN EXTERNAL EVALUATION OF PEER EDUCATION IN FOUR CLEAN NEEDLE PROGRAM SITES ACROSS OUTER METROPOLITAN SOUTH AUSTRALIA: BALANCING NEEDS AND SHARING REWARDS.
- 868 **Oanh Nguyen**
TRAVELLING HOME-A REAL HIV RISK FOR AUSTRALIAN -VIETNAMESE INJECTING DRUG USERS?
- 561 **Jim Murray**
IDU HARM REDUCTION IN THE CITY OF MELBOURNE

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MIXING DRUGS AND CLUBS

Session Chair: **Michael Owen**

- 70 **Cameron Duff**
EXPLORING THE INCIDENCE AND PREVALENCE OF GHB USE IN MELBOURNE: IMPROVING PREVENTION AND HARM REDUCTION STRATEGIES
- 198 **Carla Treloar**
DRUG USE AMONG YOUNG PATRONS AT MUSIC FESTIVALS IN AUSTRALIA

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SUPPORTING TREATMENT IN THE FORMER SOVIET UNION

Session Chair: **Raminta Stuikyte**

- 72 **Robert Power**
CAN WE ACHIEVE INTEGRATED HIV AND DRUG TREATMENT PROVISION FOR INJECTING DRUG USERS IN RUSSIA?
- 478 **Samvel Grigoryan**
HIV/AIDS PREVENTION AMONG FSWS IN YEREVAN, CAPITAL OF THE REPUBLIC OF ARMENIA
- 427 **Artashes Tumanyan**
THE PREVENTION OF DRUG AND ALCOHOL USAGE AMONG ADOLESCENTS
- 442 **Yury Razvodovsky**
ALCOHOL USE AND MORTALITY IN BELARUS
- 579 **Olga Shelkovnikova**
SEX WORK RESEARCH IN VOLGOGRAD
- 459 **Yuri Ivanov**
THE NUMBER OF CLIENTS AND NON-CLIENTS OF A HARM REDUCTION(HR) PROJECT, HAVING REPORTED OF DRUG TREATMENT AND HIV TESTING. THE QUALITY OF HEALTH CARE FOR INJECTION DRUG USERS (IDUS)
- 326 **Vera Kobzeva**
MULTI-SECTORAL APPROACH TO THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (MCTC) OF HIV IN RUSSIA
- 359 **Bakhtior Muminov**
PROBLEM OF DRUG DEPENDENTS IN TAJIKISTAN
- 390 **Azizbek Boltaev**
ACCESS TO PRIMARY HEALTH CARE FOR IDUS IN UZBEKISTAN AS EFFECTIVE TOOL FOR HIV CONTROL

4^{pm} - 5.30^{pm}**MONDAY CONCURRENT****ISSUES IN TREATMENT**ROOM: LAGAN SUITE A,
HILTONSession Chair: **Chris Ford**
& **Wu Zunyou**
SYMPOSIUM

- 370 **Avril Taylor**
THE IMPACT OR METHADONE
PRESCRIBING ON MORBIDITY, MORTALITY
AND LIFESTYLE: A FIVE YEAR FOLLOW UP
STUDY
- 285 **Riza Sarasvita**
DRA
- 754 **Ernest Drucker**
HOUSE TO HOUSE COMBAT IN
METHADONIA: THE CHALLENGE OF
INITIATING OFFICE BASED OPIATE
TREATMENT (OBOT) IN THE USA
- 110 **Anette Verster**
BUPRENORPHINE: CRITICAL QUESTIONS
EXAMINED
- 261 **Robert Booth**
TREATMENT ENTRY AND RETENTION
WITH STREET-RECRUITED DRUG
INJECTORS

**HARM REDUCTION -
SERVICES**ROOM: STUDIO,
WATERFRONT HALLSession Chair: **Roy Robertson**
ROUND TABLE

- 89 **Ronny Waikhom**
HARM REDUCTION MEASURES IN THE
MIDST OF CHAINS AND BULLETS
- 835 **Binay Amatya**
DROP-IN CENTRE IS A FORUM TO
ACCESS MOBILE IDUS IN AREA OF
AFFINITY
- 543 **Nantapol Chuenchooklin**
AN INFORMAL PEER LED NEEDLE AND
SYRINGE PROGRAMME IN A
DANGEROUS ENVIRONMENT
- 343 **Hang Le**
HARM REDUCTION FOR IDUS IN QUANG
NINH PROVINCE, VIETNAM
- 581 **Plamuarsih Swandari**
A COMPREHENSIVE HARM REDUCTION
PROGRAM FOR IDU IN GREATER
JAKARTA, INDONESIA
- 896 **Huong Pham**
ACCESSIBILITY TO HIV SERVICES BY IDU
IN HAI PHONG - RESULTS FROM RDS
STUDY
- 272 **Jih-Heng Li**
HARM REDUCTION INITIATIVE FOR
HEROIN ADDICTS IN TAIWAN
- 228 **Zero Hari**
RESPONSIBLE PEDDLER, EFFECTIVE
HARM REDUCTION
- 651 **Tatyana Semenova**
HARM REDUCTION PROGRAMME IN
BELARUS

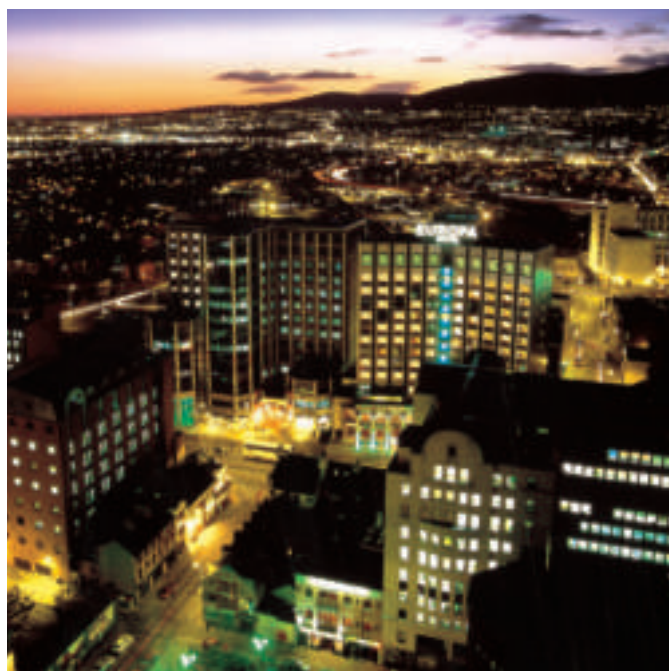
**SEXUAL TRANSMISSION**ROOM: LISBURN SUITE,
HILTON HOTELSession Chair: **Jenni Scott**
SYMPOSIUM

- 532 **Sharif Nazmul**
INVOLVEMENT OF FEMALE PARTNERS IN
STD TREATMENT AND HARM
REDUCTION
- 666 **Seema Rodrigues**
INTERVENTIONS AMONG FEMALE SEX
PARTNERS: CHALLENGES AND LESSONS
LEARNED FROM CHENNAI, INDIA
- 82 **Chen Hong**
FEMALE CONDOM PRACTICE AND
HARM REDUCTION
- 333 **Edy Suryawan**
SEX RISKS AMONG INJECTING DRUG
USERS IN BALI
- 68 **Samuel Friedman**
WHO ARE THE NON-IDU SEX PARTNERS
OF IDUS?
- 145 **Chingusbam Bangkim**
THE COMPLEX DYNAMICS OF FEMALE
IDUS INDULGING SEX WORK
- 873 **Suresh Kumar**
REDUCING THE SEXUAL TRANSMISSION
OF HIV AMONGST AND FROM MALE
INJECTING DRUG USERS AND THEIR
WIVES-A PRIORITY IN INDIA

**TURMOIL AND VULNERABLE
COMMUNITIES**ROOM: LAGAN SUITE B,
HILTON HOTEL

SYMPOSIUM

- 1029 **Andrew Percy**
SECULAR TRENDS IN SUBSTANCE USE:
THE CONFLICT AND YOUNG PEOPLE IN
NORTHERN IRELAND
- 1045 **Mohammad Naim**
IMPACT OF RETURNING AFGHAN
REFUGEES ON DRUG ADDICTION
PROBLEM
- 731 **Caroline Corr**
WHERE ARE THE NEW COMMUNITIES?
BARRIERS TO ACCESSING DRUG
SERVICES IN IRELAND
- 342 **Karen McElrath**
STIGMA AND RISK AMONG INJECTING
DRUG USERS
- 140 **Kathryn Higgins**
THE IMPACT OF PARAMILITARY
VIOLENCE AGAINST A HEROIN USER
COMMUNITY IN NORTHERN IRELAND:
A QUALITATIVE ANALYSIS
- 916 **Jehanzeb Khan**
HARM REDUCTION WITH NON I/V
DRUG USERS
- 893 **Naqibullah Safi**
DRUG USE AND HIV VULNERABILITY IN
A POST-CONFLICT CONTEXT: THE CASE
OF AFGHANISTAN
- 241 **Diana Rossi**
INJECTING DRUG USE (IDU) NETWORKS
AND HIV RISK IN ARGENTINA'S SOCIAL
TURMOIL
- 196 **Steve Liebke**
NGOS OPERATING IN HOSTILE
POLITICAL ENVIRONMENTS - AN
AUSTRALIAN PERSPECTIVE
- 168 **Jane Fountain**
HOW VULNERABLE ARE ASYLUM
SEEKERS IN EUROPE TO PROBLEMATIC
DRUG USE?



"I particularly liked the round table and special issue symposiums as there was more opportunity for debate and discussion".

MONDAY CONCURRENT

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HOME-MADE DRUG MANUFACTURE
AND USE AND THE LINK TO HIV-1 RISK
BEHAVIOURS IN RUSSIA

○ ○ 3 4 5 ○ 7 ○ ○ 10

THE END OF THE DRUGS PROBLEM: REDEFINING HARM REDUCTION IN THE POVERTY CONTEXT

MOVEMENT BREAK

4^{pm}- 5.30^{pm}**MONDAY ORAL POSTERS**

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**WOMEN, SEXUAL SURVIVAL
AND HIV/AIDS****135 Inga Heyman**COORDINATED CASE MANAGEMENT OF
PREGNANT INTRAVENOUS DRUG USERS
WITH A CO-MORBID DIAGNOSIS**534 Abdul Patwary**INVOLVEMENT OF FEMALE PARTNERS IN
STD TREATMENT AND HARM
REDUCTION**472 Arash Alaei**WOMEN, GENDER AND HIV STATUS IN
IRAN**550 Susan Boyd**

WOMEN. PRISON AND JUSTICE

864 Janice DuddyVANCOUVER'S CAREGIVERS HAVE A
RESPONSIBILITY TO CREATE SOCIALLY
RELEVANT HIV/AIDS TREATMENT FOR
WOMEN SEX WORKERS

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**RELIGION, FAITH, TRADITIONAL
HEALING****402 Thomas Ninan**A FAITH BASED NETWORK AS A
RESPONSE TO SUBSTANCE ABUSE**183 Paul Frans Matulesy**CHRISTIAN COMMUNITY BASED
PROGRAM MODULE TO PREVENT
DRUGS ABUSE AND HIV TRANSMISSION
IN INDONESIA**897 Altaf Tariq**DRUG USE & ABUSE IN PAKISTAN &
PREVENTION/CONTROL THROUGH
HOMOEOPATHIC SYSTEM OF MEDICINE
WITHOUT SIDE EFFECTS**597 Bea Edwards**PLATYPUS DREAMING - BEING UNIQUE
- A LONG AND DIFFICULT ROAD

○○○●○○●○○●○○●○○●○○

**IRELAND NORTH
& SOUTH - 1**Session Chair: **George McCague****1035 Gerry Moore**THE LASH RESPONSE TO HARM
REDUCTION**474 Debra Wilson, MSW, LSW**HARM REDUCTION: UNDERSTANDING
ASSESSMENT AND TREATMENT
OUTCOME INDICATORS IN STATUTORY
SUBSTANCE ABUSE SERVICES IN
NORTHERN IRELAND USING THE
ADDICTION SEVERITY INDEX**213 Pedro Delgado**

HARM REDUCTION IN THE WORKPLACE

972 Leo Foy

SENSIBLE SERVICE

224 Emma Louise SpareREGRESSION MODELLING OF OPIATE
DRUG TREATMENT**1034 Aileen O'Gorman**THE COMMUNITY CONTEXT OF HIV
INFECTION**5.45^{pm}- 6.45^{pm}****PLENARY**

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**EQUAL ACCESS TO
ANTIRETROVIRAL THERAPY
(ARV) FOR DRUG USERS**ROOM: MAIN AUDITORIUM,
WATERFRONT HALL**Zackie Achmat**Session Chair: **Kon Lezhetshev**

Tuesday 22 March

8.30^{am} - 9^{am} MORNING COUNTDOWN

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL



Customs House

9^{am} - 10.30^{am} PLENARY

1 2 3 4 5 6 7 8 9 10
**ALCOHOL & TOBACCO -
CHALLENGES AND
OPPORTUNITIES**

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Chair: **Rob Phipps**

- 1052 **Robin Davidson**
THE BIGGER THEY COME... A CRITIQUE
OF LARGE MULTI-CENTRE ALCOHOL
TREATMENT TRIALS
978 **Tim Stockwell**
ALCOHOL SUPPLY, DEMAND AND HARM
REDUCTION - WHAT IS THE STRONGEST
COCKTAIL?
1043 **Ron Borland**
REDUCING THE HARM FROM HARM
TOBACCO USE: THE CASE FOR
SYSTEMIC CHANGE

11^{am} - 12.30^{pm} MAJOR SESSIONS

1 2 3 4 5 6 7 8 9 10
**DEVELOPMENTS IN DRUG
CONTROL POLICIES**

ROOM: STUDIO,
WATERFRONT HALL

Session Chair: **David Bewley Taylor**
SYMPOSIUM

- 547 **Diane Riley**
CANADIAN DRUG POLICY: STILL
APPEASING THE ELEPHANT?
867 **Francisco Cordeir**
WINDS OF CHANGE OR CHANGES IN
THE WIND?
646 **Anya Sarang**
DRUG POLICY IN THE RUSSIAN
FEDERATION: A YEAR OF REFORM
Mike Trace & Martin Acuna
DISCUSSANTS

1 2 3 4 5 6 7 8 9 10
**HARM REDUCTION & ALCOHOL:
TIME FOR A PARADIGM SHIFT**

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Session Chair: **Godfrey Robson**
SYMPOSIUM

- 801 **Gordon Alan Marlatt**
THE CONTROLLED DRINKING
CONTROVERSY: HARM REDUCTION AND
THE TREATMENT OF ALCOHOL ABUSE
AND ALCOHOLISM
1054 **Helene White**
REDUCTION OF ALCOHOL-RELATED
HARM ON U.S. COLLEGE CAMPUS
1055 **Barbara O'Donnell**
REDUCING HARM: RESPONSIBILITY -
CHANGING CULTURE
978 **Tim Stockwell**
ALCOHOL SUPPLY, DEMAND AND HARM
REDUCTION - WHAT IS THE STRONGEST
COCKTAIL?

10.30^{am} - 11.00^{am} MID MORNING BREAK

12.30^{pm} - 2^{pm} LUNCH

ST GEORGE'S MARKET

12.40^{pm} - 2^{pm}**LUNCHTIME SESSION****HEPATITIS B & C**ROOM: LAGAN SUITE B,
HILTON HOTELSession Chair: **Pattie Spittal**
SYMPOSIUM

- 286 **Tomas Zabransky**
CZECH INJECTING DRUG USERS AND
VIRAL HEPATITIS C
- 148 **Elsie Roy**
HEPATITIS C AMONG INJECTION DRUG
USERS IN THE SURVUDI NETWORK
- 505 **Holly Hagan**
HCV AWARENESS IN YOUNG INJECTORS
- 533 **Tim Rhodes**
HCV PREVALENCE AND RISK AMONG
INJECTING DRUG USERS IN RUSSIA: A
THREE-CITY ANALYSIS
- 767 **Carolyn Day**
HEPATITIS C KNOWLEDGE, BARRIERS
AND ATTITUDES TO TREATMENT IN
ACTIVE INJECTING DRUG USERS IN
AUSTRALIA
- 952 **Irena Klavs**
DRUG-RELATED INFECTIOUS DISEASES
AND RISK BEHAVIOUR IN THE EU

**WOMEN AND VULNERABILITY**ROOM: LAGAN SUITE A,
HILTON HOTEL

SYMPOSIUM

- 967 **Tiggey May**
FEMALE STREET SEX WORKERS AND
PROBLEMATIC DRUG USE: WHAT
SHOULD SERVICES BE OFFERING?
- 781 **Randy Seewald**
INTIMATE PARTNER VIOLENCE AND
ILLICIT DRUG USE AMONG WOMEN IN
MMTPS
- 529 **Linda Cusick**
WIDENING THE AGENDA: HARM
REDUCTION FOR SEX WORK IN ITS
OWN RIGHT
- 779 **Erin Finnerty**
TRACING THE DEVELOPMENT OF SEX
WORKER HARM REDUCTION IN THE
CEE/NIS REGION
- 536 **Julie Stachowiak**
RISK FACTORS FOR HIV AND STIS IN
MOSCOW SEX WORKERS
- 444 **Marian Ursan**
DEVELOPING HARM REDUCTION
ACTIVITIES AMONG THE ROMANIAN
SEX WORKERS

**HARM REDUCTION -
THERAPEUTIC SKILL BUILDING**ROOM: LAGAN SUITE A
HILTON HOTELSession Chair:
SKILL SESSION*The Ulster Orchestra perform in the Waterfront Hall*

Tuesday 22 March

2^{pm}- 3.30^{pm}

TUESDAY CONCURRENT

QUALITATIVE RESEARCH

ROOM: LISBURN SUITE,
HILTON HOTEL

Session Chair: **Neil McKegney**
SYMPOSIUM

662 **Yan Ying**

RAPID NEEDS ASSESSMENT OF DRUG
USERS IN FOUR COUNTIES OF YUNNAN
PROVINCE

482 **Anh Ngo**

RAPID ASSESSMENT OF DRUG USERS IN
MINORITY ETHNIC COMMUNITIES AND
HIV/AIDS IN A VIETNAM-LAOS BORDER
DISTRICT

160 **David Moore**

UNDERSTANDING INTERACTIONS
BETWEEN STREET-BASED INJECTING
DRUG USERS AND SERVICE PROVIDERS

71 **Robert Power**

QUALITATIVE DATA CONFIRM SUPPORT
FOR HARM REDUCTION TARGETING IDU
IN SVERDLOVSK OBLAST, RUSSIAN
FEDERATION

951 **Salam Ul Hasan**

SOCIAL AND ENVIRONMENTAL
FACTORS INFLUENCING THE DRUG USE
AMONG YOUNG PEOPLE IN PAKISTAN

154 **Will Small**

THE PHYSICAL ENVIRONMENT OF THE
OPEN DRUG SCENE IN VANCOUVER'S
DOWNTOWN EASTSIDE (DTES)

973 **Paula Mayock**

THE ECONOMIC AND SOCIAL
IMPERATIVES OF YOUNG PEOPLE WHO
DEAL DRUGS

SOCIAL INCLUSION

ROOM: LAGAN SUITE B,
HILTON HOTEL

Session Chair: **Victoria Creasy**
SYMPOSIUM

997 **Arnaud Simon**

ASSESSING THE HEALTH NEEDS OF
DRUG USERS WHO COME TO AIDES
(FRANCE)

235 **Julian Buchanan**

LONG TERM PROBLEM DRUG USE & THE
NEED TO TACKLE DISADVANTAGE,
INEQUALITY & DISCRIMINATION

249 **Heather Hay**

HEALTH CONTACT CENTRE LINKS DRUG
USERS TO SERVICES

653 **Diana Maria Lomonaco**

PREJUDICE FACING DRUG USERS AND
HIV/AIDS SUFFERERS IN ARGENTINA: A
PSYCHODYNAMIC APPROACH

548 **Claire Keatinge**

CONNECTING FOR HEALTH

126 **Dan Allman**

EFFECTS OF COMMON SOCIAL
INCLUSION RHETORIC ON HARM
REDUCTION FOR ILLICIT DRUG USERS:
ARE WE FURTHER MARGINALISING THE
SOCIALLY EXCLUDED?

1087 **Aileen O'Gorman**

DRUG CAREERS IN A RISK
ENVIRONMENT

PSYCHOACTIVE SUBSTANCES & THE FUTURE

ROOM: BOARD ROOM,
HILTON HOTEL

Session Chair: **Mike Trace**
SYMPOSIUM

722 **James Withers**

BACKGROUND TO FORESIGHT BRAIN
SCIENCE, ADDICTION AND DRUGS
PROJECT

722 **David Nutt**

BRAIN SCIENCE, PHARMACOLOGY,
FUTURE DRUGS AND TREATMENTS

722 **Virginia Berridge**

WHAT CAN THE HISTORY OF DRUGS
TELL US ABOUT THE FUTURE OF
PSYCHOACTIVE SUBSTANCE USE?

722 **Neil McKegney**

SOCIOLOGICAL PERSPECTIVES ON
DRUGS FUTURES.

PRISONS: TREATMENT INTERVENTIONS & POLICIES

ROOM: STUDIO,
WATERFRONT HALL

SYMPOSIUM

927 **Palani Narayanan**

CHANGING POLICY AND INTRODUCING
METHADONE IN INDONESIAN PRISONS

161 **James Shearer**

A TRIAL OF NALTREXONE,
METHADONE/BUPRENORPHINE AND
DRUG FREE COUNSELLING IN
IMPRISONED MALE
HEROIN USERS

622 **Nicola Metrebian**

DRUG AND ALCOHOL DETOXIFICATION
TREATMENT IN HIGH SECURITY
PRISONS IN ENGLAND

614 **Janine Wildschut**

USERS OF CRACK COCAINE IN PRISON:
TIME OUT AS OPPORTUNITY

998 **Michael Wheatley**

THE EFFECTS OF AURICULAR
ACUPUNCTURE ON HEALTH DISTRESS
SYMPTOMS WITH A SAMPLE OF
PROBLEMATIC SUBSTANCE MISUSERS IN
HIGH SECURITY PRISONS

2^{pm}- 3.30^{pm}

MID-AFTERNOON BREAK

*City Centre shopping*

○ ○ ○ ○ ● 5 ○ ● 7 ○ ○ ○ 10

WIDENING THE AGENDA - PLANNING HARM REDUCTION IN A POST PROHIBITION ERA

ROOM: LAGAN SUITE A,
HILTON HOTEL

Session Chair: **Alex Wodak**
ROUND TABLE

- 806 **Alex Wodak**
WIDENING THE AGENDA - PLANNING
HARM REDUCTION FOR A POST-
PROHIBITION ERA
- 826 **Nick Stafford**
CONSUMER PERSPECTIVES ON POST-
PROHIBITION DRUG CONTROL REGIMES
- 805 **Neil Hunt**
HARM REDUCTION IN A POST-
PROHIBITION ERA: THE POTENTIAL
CONTRIBUTION OF FAIRTRADE SYSTEMS
TO DRUG PRODUCTION AND
DISTRIBUTION
- 806 **Danny Kushlick**
WIDENING THE AGENDA - PLANNING
HARM REDUCTION FOR A POST-
PROHIBITION ERA
- 806 **Ethan Nadelmann**
WIDENING THE AGENDA - PLANNING
HARM REDUCTION FOR A POST-
PROHIBITION ERA

○ ○ ○ ● 3 4 5 ○ ● 7 8 ○

HEPATITIS B & C

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Session Chair: **Sue Currie**
SYMPOSIUM

- 800 **Eva Nonn**
THE ROLE OF SOCIAL INTERACTION IN
THE DEVELOPMENT OF PREVENTATIVE
STRATEGIES AMONG STREET INVOLVED
YOUNG IDUS INFECTED WITH HCV VIRUS
(HCV-SYIDUS)
- 994 **Tony Butler**
THE AUSTRALIAN PRISON ENTRANTS'
BLOOD BORNE VIRUS SURVEILLANCE
PROJECT
- 181 **Leah De Souza-Thomas**
SHOOTING UP: A CONTINUING INCREASE
IN OF HEPATITIS C PREVALENCE AMONG
RECENT INITIATES TO INJECTING IN
ENGLAND & WALES
- 911 **Vu Minh Quan**
HEPATITIS B VIRUS INFECTION AMONG
INJECTION DRUG USERS IN N VIETNAM
- 602 **Lisa Maher**
ANTIBODY HEPATITIS C PREVALENCE
AND RISK BEHAVIOURS AMONG
VULNERABLE POPULATIONS ATTENDING
NEEDLE AND SYRINGE PROGRAMS IN
AUSTRALIA
- 887 **Fatema Zannat**
EPIDEMIC POTENTIALS OF HEPATITIS B/C
AMONG INJECTING DRUG USERS (IDUS)
IN BANGLADESH
- 850 **Sabarinah Prasetyo**
INFLUENCE OF INJECTION MODE TO
HEPATITIS B & C AMONG DRUG USERS IN
BOGNOR TREATMENT AND
REHABILITATION CENTRE IN 2001
- 986 **Sharon Hutchinson**
MODELLING THE SPREAD OF HEPATITIS C
AMONG INJECTING DRUG USERS IN
GLASGOW
- 430 **Lauretta Grau**
PRELIMINARY RESULTS FROM THE
HEPATITIS B VACCINE STUDY: RISK
BEHAVIOURS, EXPERIENCES WITH
OVERDOSE, AND EFFICACY OF SEP-BASED
VACCINE CAMPAIGNS

Tuesday 22 March

2^{pm}- 3.30^{pm}

ORAL POSTERS

QUALITATIVE RESEARCH

664 **Zhong Jian**

GUANGXI RAR FINDINGS AND RESPONSES

460 **Natalia Bobrova**

FACTORS INFLUENCING ACCESS TO DRUG TREATMENT: A QUALITATIVE STUDY AMONG DRUG INJECTORS IN TWO CITIES IN RUSSIA

468 **Peter Miller**

SELF REPORT BIAS IN RESEARCH AND MORAL ODIUM

208 **Ignatius Praptoraharjo**

USING ETHNOGRAPHIC ANALYSIS TO ENHANCE THE EFFECTIVENESS OF INTERVENTION SERVICES

981 **Dorinda Welle**

A MULTI-METHOD APPROACH TO SUBSTANCE USE INQUIRY WITH LESBIAN, GAY, BISEXUAL, TRANSGENDER AND 'QUESTIONING YOUTH'

HEALTH EDUCATION PREVENTION

348 **Gu Yi**

ANALYSIS OF HIV BEHAVIOUR SURVEILLANCE SURVEY FOR INJECTING DRUG USERS IN SICHUAN PROVINCE

119 **Pajongsil Perngmark**

SEXUAL BEHAVIOURS PERCEIVED RISKS AND HIV/AIDS PREVENTION AMONG SOUTHERN THAI CLINIC-BASED YOUTH METHAMPHETAMINE-ABUSED CLIENTS

4^{pm}- 5.30^{pm}

TUESDAY CONCURRENT

INNOVATIVE APPROACHES TO PSYCHO-STIMULANT USERS

ROOM: BOARD ROOM, HILTON HOTEL

ROUND TABLE

247 **Caitlin Padgett**

CRYSTAL CLEAR: A PEER TO PEER METHAMPHETAMINE HARM REDUCTION PROJECT

158 **David Moore**

DEVELOPING AN ETHNO-EPIDEMIOLOGY OF PSYCHOSTIMULANT USE IN AUSTRALIA

520 **Axel Klein**

KHAT USE IN THE DIASPORA: NAVIGATING BETWEEN TRADITIONAL AND PROBLEMATIC USE

827 **Carl Latkin**

STRATEGIES FOR CONTROLLING AND CONTROLLED DRUG USE AMONG OPIATE AND COCAINE USERS

234 **Sophie Lee**

CRACK USE AS SEXUAL PLEASURE - AN AUTONOMOUS CHOICE FOR SEX WORKERS - IMPLICATIONS FOR HARM REDUCTION PRACTICE

66 **Michael Linnell**

TALES FROM THE ROBBER'S DOG

78 **Louisa Degenhardt**

EXAMINING LINKS BETWEEN INJECTING COCAINE USE AND STREET BASED SEX WORK IN NSW, AUSTRALIA

411 **Matthew Toomey**

IT'S AS CLEAR AS CRYSTAL - IT'S ALL IN VEIN

987 **Donald McVinney**

CRYSTAL METHAMPHETAMINE USE AMONG GAY AND BISEXUAL MEN (MSM) IN THE UNITED STATES: ANALYSIS OF A SOCIAL PROBLEM FROM A HARM REDUCTION PERSPECTIVE

HARM REDUCTION IN IRAN

ROOM: MAIN AUDITORIUM, WATERFRONT

Session Chair: **Kaveh Koshnood**
SYMPOSIUM336 **S Ramin Radfar**

STUDY OF PATTERN AND METHOD OF DRUG USING IN ISFAHAN (IRAN)

296 **Masoud Mohamadi**

ATTITUDE TOWARD HARM REDUCTION PROGRAMS

958 **Saeid Sefatian**

THE HARM REDUCTION POLICY TO HELP DRUG USERS IN IRAN

650 **Mohsen Vazirian**

EXTENSION OF HARM REDUCTION PROGRAMS IN IRAN

957 **Parvis Afshar**

THE HARM REDUCTION POLICY TO HELP DRUG USERS IN IRAN

464 **Bijan Nassirimanesh**

JUMPING FROM PILOT PROJECT TO NATIONAL COVERAGE: ADVOCACY AS A STRONG TOOL TO FILL THE GAP

2^{pm}- 3.30^{pm}

MID-AFTERNOON BREAK

**ADVOCACY**

ROOM: LISBURN SUITE,
HILTON HOTEL

ROUND TABLE

443 Andriy Tolopilo

IMPROVEMENT OF HUMAN RIGHT
POLICY TOWARDS IDU AND PLWHA IN
THE FRAMEWORK OF HARM
REDUCTION PROGRAMS IN UKRAINE

796 Andrey Rylkov

ACTIONS AS AN EFFECTIVE WAY TO
ADVOCATE IDUS' COMMUNITY
PROBLEMS

242 Adeeba Kamarulzaman

THE ROAD TO CHANGE: ADVOCATING
FOR HARM REDUCTION POLICIES IN
MALAYSIA

345 Jiushun Zhou

BUILDING GOVERNMENT CAPACITY TO
CO-OPERATE WITH HARM REDUCTION
APPROACHES IN YUNNAN AND
SICHUAN PROVINCES, CHINA

917 John Ryan

HARM REDUCTION AND PRIMARY
HEALTH: THE VOICE OF NEEDLE AND
SYRINGE PROGRAMS IN AUSTRALIA

**PRISON POLICY & HARM
REDUCTION**

ROOM: STUDIO,
WATERFRONT HALL

Session Chair: **Edward Spence**
SYMPOSIUM

49 Rick Lines

PRISON SYRINGE EXCHANGE; LESSONS
FROM A COMPREHENSIVE REVIEW OF
INTERNATIONAL EVIDENCE AND
EXPERIENCE

240 Ralf Jurgens

PRISONERS' HUMAN RIGHTS & HARM
REDUCTION

512 Kate Dolan

SUPPLY, DEMAND AND HARM
REDUCTION STRATEGIES IN
AUSTRALIAN PRISONS:
IMPLEMENTATION, COST AND
EVALUATION

993 Holly Catania

TREATING DRUG USERS IN THE
CRIMINAL JUSTICE SYSTEM

**RISK BEHAVIOUR**

ROOM: LAGAN SUITE B,
HILTON HOTEL

Session Chair: **Peggy Millson**
SYMPOSIUM

649 Mohsen Vazirian

STUDY ON HIGH-RISK BEHAVIOURS
RELATED TO BLOOD-BORNE VIRUSES IN
DRUG USERS IN TEHRAN, 2004

964 Matthew Hickman

HCV PREVALENCE, AND INJECTING RISK
BEHAVIOUR IN FIVE SITES IN ENGLAND
IN 2003

628 Maksimova Svetlana

RISK BEHAVIOUR OF INJECTING DRUG
USERS IN THE CONTEXT OF THE
HIV/AIDS EPIDEMIC IN THE RUSSIAN
FEDERATION (IN ALTAI KRAI)

187 Diana Rossi

CHANGES IN RISK PRACTICES OF IDUS
FROM BUENOS AIRES, ARGENTINA
(1998-2003)

313 Geoff Noller

HIGH IN THE SADDLE: CANNABIS
AFFECTED DRIVING IN NEW ZEALAND

300 Elvira Filipe

HIV-POSITIVE MEN WHO HAVE SEX
WITH WOMEN IN SAO PAULO BRAZIL:
USE OF DRUGS AND RISK PERCEPTION

935 Kathleen Lydon-Hassen

BEHAVIOURAL RISK FACTORS
ASSOCIATED WITH HIV SEROPOSITIVITY
AMONG CANADIAN INJECTING DRUG
USERS

**COMMISSIONING HARM
REDUCTION SERVICES
IN THE UK**

ROOM: LAGAN SUITE A,
HILTON HOTEL

ROUND TABLE

1002 Sara McGrail

MAINSTREAMING POLICY

466 Barry Eveleigh

COMMISSIONING EFFECTIVE HARM
REDUCTION SERVICES

698 Danny Morris

PAVLOVS DOGS: HIGHLIGHTING
DANGERS FACING THE
COMMISSIONING OF EFFECTIVE HARM
REDUCTION SERVICES IN ENGLAND

33 Jan Keene

A QUALITATIVE STUDY OF A
SUCCESSFUL SHARED CARE PROJECT
FOR HEROIN USERS: THE BERKSHIRE
FOUR WAY AGREEMENT

Tuesday 22 March

4^{pm} - 5.30^{pm}

ORAL POSTERS



OUTREACH

- 605 **Anna Lyubenova**
FROM PILOT TO PROFESSIONAL
- 618 **Abu Taher**
APPLICATION OF ILOM (INDIGENOUS LEADER OUTREACH MODEL) AND COMPREHENSIVE ACTIVITIES IN HARM REDUCTION PROGRAM
- 463 **Bijan Nassirimanesh**
HARM REDUCTION BASIC PRINCIPLES: COMPREHENSIVE APPROACH AS A STANDARD PACKAGE



OVERDOSE

- 189 **Paul Dietze**
CIRCUMSTANCES OF RECENT HEROIN OVERDOSE AND LINKS TO KNOWLEDGE OF OVERDOSE RISK FACTORS
- 73 **Mike Blank**
HARM REDUCTION AND DRUG DEATHS, DEVELOPING AND IMPLEMENTING DRUG DEATH REVIEWS



HIV/AIDS PREVENTION & SUPPORT

- 47 **Henminium Gangte**
MIGRANT/HOMELESS IDU ALSO NEEDS TREATMENT
- 419 **Gu Yi**
EVERGREEN TREE: A SUPPORT GROUP FOR EX-DRUG USERS LIVING WITH HIV/AIDS IN KUNMING, CHINA
- 901 **Mahalingam Periasamy**
HOME BASED CARE - AN EMERGING NEED FOR HIV POSITIVE INJECTING DRUG USERS IN CHENNAI, INDIA
- 841 **Artur Ovsepyan**
UNITING EFFORTS OF PLWHA AND HARM REDUCTION ORGANISATIONS FOR OVERCOMING OBSTACLES IN ACCESS TO TREATMENT

5.45^{pm} - 6.45^{pm}

TUESDAY CONCURRENT



LEGALLY COERCED TREATMENT IN EUROPE: FINDINGS FROM THE QCT EUROPE PROJECT

ROOM: BOARD ROOM,
HILTON HOTEL

SYMPOSIUM

- 612 **ALEX STEVENS**
KERRALIE OEUVRAY
(UNIVERSIT DE FRIBOURG, SWITZERLAND)
- DANIELE BERTO**
(SER. T PADOVA, ITALY)
- NEIL HUNT**
(UNIVERSITY OF KENT, UK)

5.30^{pm} - 5.45^{pm}

MOVEMENT BREAK

Wednesday 23 March

8.30^{am}- 9^{am} MORNING COUNTDOWN

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL



Belfast Carnival

9^{am}- 10.30^{am} PLENARY

1 2 3 5 7

PRISONS

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Session Chair: **Paddy Costall**

1050 **Joris Casselman**
SUBSTITUTION TREATMENT IN
EUROPEAN PRISONS

853 **Parviz Afshar**
HARM REDUCTION POLICIES IN
IRANIAN PRISONS

ANNUAL ROLLESTON AWARDS CEREMONY

Session Chair: **Gerry Stimson**

International Rolleston Award
National Rolleston Award
Tom Waller Award
Travis Jenkins Award
Film Fest Award

11^{am}- 12.30^{pm} MAJOR SESSIONS

3 5 7 8 10

VOICES FROM THE EDGE - WOMEN DRUG USERS FROM ACROSS THE GLOBE

ROOM: LAGAN SUITE B,
HILTON HOTEL

Session Chair: **Susan Sherman**
SYMPOSIUM

218 **Heraclito Carvalho**
VULNERABILITY OF FEMALE BRAZILIAN
PRISONERS TO HIV INFECTION

1005 **Fariba Soltani**
WOMEN DRUG USERS IN ISLAMIC
SETTINGS - A GENDER PERSPECTIVE

936 **Sue Simon**
HIV PREVENTION, TREATMENT AND
CARE: MEETING THE NEEDS

203 **Bobby Limbu**
ADVOCACY FOR FEMALE DRUG USERS
IN NEPAL

10.30^{am}- 11.00^{am} MID MORNING BREAK

12.30^{pm}- 2^{pm} LUNCH ST GEORGE'S MARKET

"Harm reduction strategies meet drug users 'where they're at', addressing conditions of use along with the use itself."

Asian Harm Reduction Network

Wednesday 23 March

2^{pm} - 3.30^{pm}

WEDNESDAY CONCURRENT



HARM REDUCTION ADVOCACY FOR SEX WORKERS

ROOM: BOARD ROOM,
WATERFRONT HALL

Session Chair: **Erin Finnerty
& Linda Cusick**
SYMPOSIUM

386 **Hilary Kinnell**
VIOLENCE AGAINST SEX WORKERS IN
BRITAIN

490 **Oanh Nguyen**
SEX WORKERS WITH DRUG USE IN
VIETNAM

393 **Igor Vassilenko**
TRAININGS: HOW POLICE AND
PROJECTS GET ALONG

1008 **Christen Gleeson**
MOVING SEX WORKER HARM
REDUCTION ADVOCACY FORWARD
THROUGH LEGISLATION AND LAW
ENFORCEMENT

309 **Alfira Khidirova**
HIGH RISK OF HIV INFECTION AMONG
FEMALE SEX WORKERS IN TURSUNZADE
CITY OF THE REPUBLIC OF
TAJIKISTAN



HARM REDUCTION AND DRUG POLICY

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Session Chair: **Dascha Ocoret**
SYMPOSIUM

619 **Lev Levinson**
THE RUSSIAN DRUG LEGISLATION:
EXPERIENCE OF CIVIL INTERESTS
LOBBYING

380 **Tuukka Tammi**
DIFFUSION OF HARM REDUCTION
VIEWS TO DRUG POLICY IN FINLAND

69 **Kenneth Tupper**
LANGUAGE, POLICY & THE SPECTRUM
OF PSYCHOACTIVE SUBSTANCE USE

874 **Kirsty Hammet**
BRIDGE, BOND OR BIND? HARM
MINIMISATION, SOCIAL INCLUSION
AND ILLICIT DRUG POLICY

231 **Joep Oomen**
OPTIONS FOR DRUG POLICY REFORM IN
EUROPE

416 **Sarah Knibbs**
A BREAKTHROUGH IN POLICY SUPPORT
FOR HARM REDUCTION IN YUNNAN
PROVINCE, CHINA

519 **Freya Vander Laenen**
THE CHANGES IN BELGIAN DRUG LAW
AND THE PROSECUTION POLICY
TOWARDS DRUG USERS: THE
REGULATIONS ARE BEING EASED, OR
SO IT SEEMS



HIV RISK BEHAVIOUR

ROOM: STUDIO,
WATERFRONT HALL

SYMPOSIUM

910 **Lisa Johnston**
THE PREVALENCE OF HIV AND
ASSOCIATED RISK FACTORS AMONG
INJECTING DRUG USERS IN HO CHI
MINH CITY, VIETNAM: INITIAL RESULTS
FROM A SURVEILLANCE DRIVEN
SAMPLING

341 **Saman Zamani**
PREVALENCE OF AND FACTORS
ASSOCIATED WITH HIV-1 INFECTION
AMONG DRUG USERS VISITED
TREATMENT CENTERS IN TEHRAN, IRAN

435 **Robert Hogg**
POPULATION- BASED ESTIMATES OF
THE NUMBER OF HIV-POSITIVE
ABORIGINAL MEN AND WOMEN
RESIDING IN BRITISH COLUMBIA,
CANADA

854 **Thomas Kerr**
THE IMPACT OF SEX PARTNERS' HIV
STATUS ON HIV SEROCONVERSION IN A
PROSPECTIVE COHORT OF INJECTION
DRUG USERS

644 **Chris Beyrer**
MSM-IDU IN NORTHERN THAILAND:
HIGH HIV, HCV, AND SEXUAL RISKS AND
RATES AMONG DUAL RISK MEN
SEEKING DRUG TREATMENT, 1999-2002

995 **Margaret (Peggy) Millson**
LONGTERM TRENDS IN HIV
PREVALENCE AND RISK BEHAVIOURS
AMONG INJECTION DRUG USERS IN
TORONTO, CANADA

516 **Ali Judd**
BLOOD BORNE VIRUS PREVALENCE AND
INJECTING RISK BEHAVIOUR AMONG
HOMELESS INJECTION DRUG USERS
IN LONDON

401 **Tasnim Azim**

BEHAVIOURAL FACTORS ASSOCIATED
WITH A LOCALISED EPIDEMIC OF HIV
IN IDU IN A NEIGHBOURHOOD OF A
CITY IN CENTRAL BANGLADESH

615 **Lucy Platt**
HIV PREVALENCE AND INJECTING RISK
BEHAVIOUR AMONG INJECTING DRUG
USERS IN MOSCOW, RUSSIAN
FEDERATION

2^{pm} - 3.30^{pm}**ORAL POSTERS**

MARGINALIZED CHILDREN AND YOUNG PEOPLE

ROOM: LAGAN SUITE B, HILTON HOTEL

Session Chair: **Anna Bergenstrom, UNICEF**
SYMPOSIUM**65 Michael Linnell**

LICKIN SHOT

475 Kevin Craib

HIV AND HCV PREVALENCE AND RISK FACTORS AMONG YOUNG ABORIGINAL DRUG USERS IN VANCOUVER AND PRINCE GEORGE, CANADA

945 Beth Harvey

THE CONNECTION: AN INDIGENOUS IDU PEER EDUCATION MODEL

944 Madeleine O'Hare

SHAN YOUTH PEER EDUCATOR TRAINING ON HIV/AIDS

91 Susan Sherman

DRUG USE AMONG STREET CHILDREN IN LAHORE, PAKISTAN

150 Natalia Gutierrez

PREVENTING INITIATION INTO INJECTION DRUG USE AMONG STREET YOUTH (SY) - PHASE 1 OF A MEDIA CAMPAIGN PROJECT


PRISONS - DEVELOPING HARM REDUCTION

ROOM: LAGAN SUITE B, HILTON HOTEL

Session Chair: **Kate Dolan**
ROUND TABLE**683 Jolanda MaureenHendriyete Sumual Beeby**

COORDINATION TO ADDRESS HIV/AIDS AND INJECTING DRUG USE IN INDONESIA CORRECTIONAL INSTITUTIONS

413 Elizabeth Emrys

HARM REDUCTION TRAINING FOR NEWLY INCARCERATED INMATES IN INDONESIA

791 Peter Sarosi

DRUGS, HIV/AIDS AND HUMAN RIGHTS IN HUNGARIAN PRISONS

813 Kevin Irwin

IMPRISONMENT AS RISK FOR HIV IN THE RUSSIAN FEDERATION: EVIDENCE FOR CHANGE

456 Omar Alejandro Bravo

HARM REDUCTION POLICIES DIFFICULTIES OF IMPLEMENTATION IN THE BRAZILIAN PRISON SYSTEM


OVERDOSE

ROOM: LISBURN SUITE, HILTON HOTEL

Session Chair: **Sarz Maxwell**
SYMPOSIUM**101 Madonna Devaney**

EVALUATION OF A MOBILE OVERDOSE RESPONSE SERVICE

260 Holly Bradford

OVERDOSE PREVENTION AND NALOXONE DISTRIBUTION IN CAMBODIA

1036 Sarz Maxwell

PREVENTING OPIATE OVERDOSE DEATH BY FACILITATING PRESCRIPTION OF NALOXONE TO ACTIVATE OPIATE USERS: AN INTERNATIONAL OVERVIEW

67 Sarz Maxwell

PERSCRIPTION OF NALOXONE TO ACTIVE OPIATE USERS ATTENDING A HARM REDUCTION SERVICE: REPORT FROM THE FIELD

755 Susan Sherman

STAYING ALIVE: A BALTIMORE CITY OPIATE OVERDOSE PREVENTION AND MANAGEMENT PROGRAM

1032 John Strang

REAL AND IMAGINED OBSTACLES TO THE PROVISION OF TAKE-HOME NALOXONE TO PREVENT OPIATE OVERDOSE FATALITIES: DIFFERENT PROPOSALS, DIFFERENT TARGET POPULATIONS AND THE ASSOCIATED MEDICO-LEGAL CONSIDERATIONS

899 Anne Bergenstrom

PREVALENCE OF NON-FATAL DRUG OVERDOSE AND ASSOCIATED RISK CHARACTERISTICS AMONG IDUS IN NORTHERN VIETNAM


IRELAND NORTH & SOUTH 2**774 Emma White**

EPIDEMIC MODELS IN DRUG USE

989 Eileen Donnelly

'CATALYST' - CREATING COMMUNITY CHANGE

279 Patrick McCrystal

THE COST OF DRUGS IN ADOLESCENCE: YOUNG PEOPLE, THEIR MONEY AND DRUG USE BEHAVIOUR

76 Cynthia Browne

THE BUZZ PROGRAMME


STRENGTHENING NETWORKS IN THE FORMER SOVIET UNION**636 Vitaly Djuma**

RUSSIAN HARM REDUCTION NETWORK AS EFFECTIVE ADVOCACY TOOL

924 Assel Janayeva

STRENGTHENING OF NGOS WORKING IN HARM REDUCTION

902 Marija Rakovic

HIV PREVENTION NETWORK FOR VULNERABLE GROUPS

3.30^{pm} - 4^{pm}**MID-AFTERNOON BREAK**

Wednesday 23 March

4^{pm} - 5.30^{pm}

WEDNESDAY CONCURRENT



DRUG USE AND MENTAL ILLNESS

ROOM: STUDIO,
WATERFRONT HALL

Session Chair: **Louisa Degenhardt**
ROUND TABLE

- 382 **Derek McLaughlin**
AN EXPLORATION OF THE ASPIRATIONS AND EXPERIENCES OF DUAL DIAGNOSIS WORKERS IN NORTHERN IRELAND
- 912 **Roos Buntjer**
SUPPORT, AN AMSTERDAM CASEMANAGEMENT PROJECT
- 1003 **Sinead McGilloway**
RESPONDING TO ALCOHOL/DRUG ADDICTION AND MENTAL ILLNESS WITHIN THE CRIMINAL JUSTICE SYSTEM: A POLICE LIAISON SERVICE IN BELFAST
- 32 **Jan Keene**
A CASE LINKAGE STUDY OF COMORBIDITY IN MENTAL HEALTH AND SUBSTANCE MISUSE CARE POPULATIONS.
- 318 **Harriet Devlin**
A CROSS SECTIONAL PREVALENCE STUDY OF PSYCHIATRIC SYMPTOMS OF A NSP AND PRIMARY HEALTH CENTRE (PHC)
- 60 **Tsezar Korolenko**
ADDICTIVE DISORDERS IN THE STRUCTURE OF DUAL DIAGNOSIS
- 843 **Raminta Stuikeyte**
RAISING AWARENESS FOR PRAGMATIC APPROACHES TOWARDS SEX WORK IN CEE/CA



DRUG TRENDS AND DRUG MARKETS

ROOM: BOARD ROOM,
HILTON HOTEL

Session Chair: **Tiggey May**
SYMPOSIUM

- 80 **Louisa Degenhardt**
DIFFERENTIAL IMPACTS OF REDUCED DRUG SUPPLY UPON YOUTH: EFFECTS OF A "HEROIN SHORTAGE" IN NSW, AUSTRALIA
- 214 **Octavery Kamil**
INITIATING COMMUNITY EPIDEMIOLOGY WORKING GROUP ON INDONESIA
- 954 **Tiggey May**
DRUG MARKETS, SELLERS AND LOCAL COMMUNITIES
- 757 **Paul Dietze**
CHANGES IN HEROIN SEIZURE PURITY IN VICTORIA, AUSTRALIA: A DESCRIPTION OF THE PURITY CHANGES ASSOCIATED WITH THE HEROIN 'DROUGHT'



PERSPECTIVES ON ALCOHOL #1

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Session Chair: **Barbara Ward**
SYMPOSIUM

- 855 **Silvia Inchaurreaga**
HARM REDUCTION AND ALCOHOL - FROM MARGINAL AREAS TO ROCK CONCERTS AND OKTOBERFEST. NEW APPROACHES IN ARGENTINA
- 338 **Mari Jarveland**
CHALLENGES OF DEVELOPING HARM REDUCTION ALCOHOL POLICY IN ESTONIA
- 492 **Shanmuganandan Samarajaingam**
ALCOHOL, TOBACCO AND DRUG DEPENDENCE IN ASIAN COUNTRIES: UNDERSTANDING THE MAJOR SOCIAL DIMENSIONS AND PLANNING STRATEGIES FOR BEHAVIOUR MODIFICATION
- 477 **Anita Chopra**
RAPID ASSESSMENT OF ALCOHOL USE IN THRISSUR DISTRICT, SOUTH INDIA
- 764 **Paul Aylward**
DEVELOPING AN EVALUATION MODEL FOR AN ALCOHOL AND MIXED ALCOHOL AND OTHER DRUG CONSUMPTION EDUCATION PROJECT FOR THE VIETNAMESE COMMUNITY IN SOUTH AUSTRALIA
- 620 **Kevin Brain**
BOOZING AND BINGEING: THE PROBLEM OF PLEASURE IN CONSUMER SOCIETY
- 560 **Jim Murray**
KEEP AN EYE OPEN; VICTORIA'S DRINK SPIKING PREVENTATION CAMPAIGN



PROVISION OF EQUIPMENT FOR HARM REDUCTION

ROOM: LISBURN SUITE,
HILTON HOTEL

Session Chair: **Andrew Preston**
ROUND TABLE

- 415 **Wan Shaoping**
ACHIEVING HARM REDUCTION AND SOCIAL DEVELOPMENT IN CHINA: EVIDENCE FROM SICHUAN PROVINCE
- 315 **Scott Burris**
NEEDLE EXCHANGE AS MICROGOVERNANCE
- 85 **Theodore Hammett**
A CROSS-BORDER HIV PREVENTION PROJECT FOR IDUS IN NORTHERN VIETNAM AND SOUTHERN CHINA: 18 MONTH RESULTS
- 201 **Carla Treloar**
ACCESS TO HARM REDUCTION SERVICES AND 'HIDDEN' INJECTORS: BARRIERS TO NSP USE
- 545 **Aceijas Hernandez**
COVERAGE OF NEEDLE AND SYRINGE PROGRAMS IN DEVELOPING AND TRANSITIONAL COUNTRIES
- 165 **Devi Karyadi**
MEDIA ADVOCACY FOR SAFE SHARPS DISPOSAL IN INDONESIA
- 507 **Holly Hagan**
SUCCESSFUL HIV PREVENTION IN EASTERN EUROPE: THE CASE OF BULGARIA
- 245 **Chris Buchner**
BALANCING ACCESS AND PUBLIC SAFETY IN NEEDLE EXCHANGE PROGRAM DISTRIBUTION POLICY
- 788 **Mingjian N**
MUSLIM COMMUNITY-BASED NEEDLE AND SYRINGE EXCHANGE PROGRAM (NSEP) FOR HIV/AIDS PREVENTION IN YINING CITY, NORTH-EAST CHINA

5.30^{pm} - 5.45^{pm}

MOVEMENT BREAK

**SAFER INJECTING ROOMS**

ROOM: LAGAN SUITE B,
HILTON HOTEL

Session Chair: **Ruth Runciman**
SYMPOSIUM

696 **Dagmar Hedrich**

699 **Greg Scott**

UTILIZING VENIPUNCTURE AS A VENUE
FOR TEACHING SAFER INJECTION:
PRELIMINARY RESULTS FROM THE "10-
MINUTE INTERVENTION"

109 **Colette McGrath**

LESSONS LEARNT FROM A MEDICALLY
SUPERVISED CENTRES EXPERIENCE

159 **Jake Rance**

WORKING THE FLOOR: THE ROLE OF
THE COUNSELLOR WITHIN SYDNEY'S
MEDICALLY SUPERVISED INJECTING
CENTRE

244 **Chris Buchner**

PEER INVOLVEMENT IN NORTH
AMERICA'S FIRST SANTIONED
SUPERVISED INJECTION SITE -
ACCESSIBILITY AND UPTAKE

600 **HH Thein**

PUBLIC OPINION AND COMMUNITY
IMPACT OF A MEDICALLY SUPERVISED
INJECTING CENTRE IN SYDNEY,
AUSTRALIA

857 **Thomas Kerr**

RESULTS FROM THE SCIENTIFIC
EVALUATION OF VANCOUVER'S
MEDICALLY SUPERVISED SAFER
INJECTION FACILITY

**EMERGING HEALTH ISSUES
FOR IDUS**

ROOM: LAGAN SUITE A,
HILTON HOTEL

Session Chair: **Annette Verster**
SYMPOSIUM

828 **Carl Latkin**

DRUG USERS AS VICTIMS OF VIOLENT
CRIME IN URBAN U.S. SETTINGS

114 **Ricky Sumkhanlal**

SWITCHING FROM NON-INJECTING TO
INJECTING DRUG USE: A QUALITATIVE
ASSESSMENT FO SITUATIONS AMONG
STREET DWELLING DRUGS USERS IN
DELHI

451 **Vivian Hope**

A GROWING PROBLEM: BACTERIAL
INFECTIONS AMONG INJECTING DRUG
USERS IN THE UNITED KINGDOM

876 **Elisa Lloyd-Smith**

FACTORS ASSOCIATED WITH SOFT-
TISSUE INFECTIONS AMONG A COHORT
OF INJECTION DRUG USERS IN
VANCOUVER

337 **Robert Haemmig**

SMOKING OF DRUGS INSTEAD OF
INJECTING: REDUCED HARM IN TERMS
OF INFECTIONS, BUT WHAT IS THE
HARM FOR THE LUNG?

4^{pm} - 5.30^{pm}

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IDUS HIV RISK**

449 **Roman Gailevich**

FACTORS AFFECTING CONDOM USE
AMONG OPIOID INJECTORS IN
SOLIGORSK CITY, BELARUS

120 **Pajongsil Perngmark**

SEXUAL RISKS, CONDOM USE, AND
HIV/AIDS PREVENTION AMONG MALE
SOUTHERN THAI DRUG INJECTORS

**LEGISLATION AND HUMAN
RIGHTS**

766 **Regina Bueno**

WATER LAW - THE BENEFITS OF WATER
AT DISPOSAL ON THE DRUG POLICY IN
SAO PAULO STATE - BRAZIL

265 **Scott Young**

IDENTIFICATION, CLASSIFICATION, AND
OUTCOMES FOR PERSONS USING ONLY
CANNABIS IN A STATE-WIDE
ADMINISTRATIVE DATABASE

5.45^{pm} - 6.45^{pm}

DEBATE**CAN HARM REDUCTION AND
DRUG FREE SERVICES CO-EXIST
AND COOPERATE IN A PRISON
SETTING?**

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Session Chair: **MICHAEL O'GRADY**
SHERIFF, GLASGOW HIGH COURT,
SCOTLAND

Jolanta Koczowska, President
MONAR Association Poland

Laszlo Huszar, Deputy Director General
Prison Service

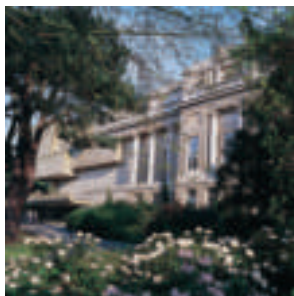
Rick Lines, Executive Director Irish Penal
Reform Trust Ireland

Ms Dasha Ocheret, President Kolodetz
Moscow Russia

Thursday 24 March

8.30^{am} - 9^{am}

MORNING COUNTDOWN

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Ulster Museum

9^{am} - 10.30^{am}

PLENARY

1 2 3 4 5 6 7 8 9 10

YOUNG PEOPLE

ROOM: MAIN AUDITORIUM,
WATERFRONT HALLSession Chair: **Rick Olson** UNICEF268 **Agustin Lapetina**YOUNG CRIMINAL DRUG USERS LIVING
IN VULNERABLE COMMUNITY
CONTEXTS1044 **Ilana Crome**BEYOND GUIDELINES AND GUIDANCE
- A PERSONAL VIEW OF THE
DEVELOPMENT OF AN INNOVATIVE
ADOLESCENT
ADDICTION SERVICE OVER A DECADE
(EVEN A LIFETIME)1051 **Marsha Rosenbaum**HARM REDUCTION DRUG EDUCATION:
PROGRESS, OBSTACLES AND
OPPORTUNITIES11.00^{am} - 12.30^{pm}

MAJOR SESSIONS

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DEVELOPING AN INTEGRATED APPROACH TO HIV TREATMENT FOR IDU'S

ROOM: LAGAN SUITE A,
WATERFRONT HALLSession Chair: **Tom Smits**
SYMPOSIUM797 **Martin Donoghoe**INJECTING DRUG USERS' IDUS ACCESS
TO HIGHLY ACTIVE ANTIRETROVIRAL
THERAPY IN THE WHO EUROPEAN
REGION1030 **Susie McLean**ANTIRETROVIRAL DRUGS AS AN
ESSENTIAL COMPONENT OF HARM
REDUCTION FOR HIV POSITIVE DRUG
USERS871 **Fabio Mesquita**A COMPREHENSIVE INTEGRATION OF
HARM REDUCTION, HIV/AIDS AND
HEPATITES SERVICES FOR INJECTING
DRUG USERS: THE BRAZILIAN
EXPERIENCE991 **Sandra Batista**A LACK OF POLICIES TO IDU/DUS AND
ARV IN LATIN AMERICA AND
CARIBBEAN59 **Samuel Friedman**STRUCTURAL FACTORS TO GUIDE
STRUCTURAL INTERVENTION:
PREDICTORS OF HIV PREVALENCE RATES
AMONG IDUS IN MSAS481 **Edna Oppenheimer**THE PROVISION OF ANTIRETROVIRAL
(ARV) MEDICATION TO IDUS LIVING
WITH HIV/AIDS IN DEVELOPING AND
TRANSITIONAL COUNTRIES. A BASELINE
BEFORE THE 3BY5

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

HIDDEN HARM

ROOM: MAIN AUDITORIUM,
WATERFRONT HALLSession Chair: **Viv Evans**
SYMPOSIUM**Viv Evans**

'HIDDEN HARM' - AN OVERVIEW

723 **Faye Macrory**SEX, DRUGS AND THE ROLE OF THE
CONSULTANT MIDWIFE551 **Susan Boyd**

PREGNANCY, BIRTH AND THE LAW

205 **Fiona Reid**GROWING UP WITH HARM MINIMISED
MUMS10.30^{am} - 11^{am}

MID MORNING BREAK

12.30^{pm} - 2^{pm}

LUNCH

ST GEORGE'S MARKET

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**DIRECTOR'S CHOICE**

ROOM: STUDIO,
WATERFRONT HALL

Session Chair: **Gerry Stimson**
SYMPOSIUM

178 Catriona Matheson

DRUG TREATMENT AND HARM
REDUCTION SERVICES IN SCOTLAND:
AN EXPLORATION OF NURSES' ROLE IN
ASSESSMENT

AND TREATMENT DECISION MAKING

331 Adam Winstock

TO TEST OR NOT TO TEST, IS THERE A
QUESTION? DRUGS, DRIVING, ROAD
SIDE TESTING AND RISK PERCEPTION

1014 Annemarie Carr

EVER FORGOTTEN TO TAKE THE
CHICKEN OFF YOUR HEAD BEFORE YOU
WENT OUT-OR JUST COULDN'T BE
BOTHERED?

COMMUNICATING WITH FREQUENT
AND HEAVY CANNABIS USERS

431 Robert Heimer

LABORATORY INVESTIGATIONS OF
HOME-MADE OPIATE SOLUTIONS AND
THE HIV-1 TRANSMISSION RISK THEY
POSE

157 Cameron Duff

HARM REDUCTION AS A PRACTICE OF
THE SELF: SOME NEW WAYS OF
THINKING ABOUT DRUGS AND DRUG
RELATED HARM

**INTERNATIONAL
ORGANISATIONS AND HARM
REDUCTION**

ROOM: LAGAN SUITE B

Session Chair: **Chris Beyrer**
SYMPOSIUM

799 Erin Finnerty

CHALLENGES AND SUCCESSES OF
REGIONAL HARM REDUCTION PROJECTS
IN CENTRAL ASIA

684 Bernard Gardiner

HUMANITARIAN RATIONALE EXPANDS
HARM REDUCTION PROGRAMMING

814 Kevin Irwin

THE CHANGING LANDSCAPE OF DRUG
POLICY AND DONOR FUNDING IN THE
RUSSIAN FEDERATION

784 Janet Wheeler

RESPONDING TO HIV/AIDS IN THE
ASIA/PACIFIC REGION



The Point, W5

"Harm reduction must be carried out in a public health framework and one in which the health, human rights and social needs of drug users and their communities are met."

Thursday 24 March

2^{pm} - 3.30^{pm}

THURSDAY CONCURRENT



ARV STRATEGIES AND INTERVENTION FOR DRUG USERS

ROOM: LAGAN SUITE A,
HILTON HOTEL

Session Chair: **Mauro Guinari**
SYMPOSIUM

487 **Kamiar Alaei**

DRUG POLICY OF HAART FOR HIV POSITIVE INJECTING DRUG USERS IN IRAN: RESULTS OF A FOUR YEAR PROGRAM REVIEW

782 **Monica Malta**

KEY ASPECTS FOR THE MANAGEMENT OF HIV-POSITIVE DRUG USERS IN LATIN AMERICA

691 **Lam Nguyen Tran**

HARM REDUCTION IN THE TIME OF HAART: THE CASE OF VIETNAM

756 **Jutta Engelhardt**

"LIVING WITH THE DAILY DOSE": A RESEARCH STUDY ON ACCESS AND ADHERENCE OF IDUS TO ARV-TREATMENT

339 **Titin Rejeki**

CASE MANAGEMENT TO RESPONSE POSITIVE-ACTIVE INJECT IDU PROBLEMS

86 **Don Des Jarlais**

PROVIDING METHADONE MAINTENANCE AND ARV TREATMENT FOR PEER EDUCATORS IN HARM REDUCTION PROJECTS: EXPERIENCE FROM A CROSS-BORDER HIV PREVENTION PROJECT FOR IDUS IN NORTHERN VIETNAM AND SOUTHERN CHINA

174 **Keisham Priyokumar**

EARLY TREATMENT OF HCV IN HIV/HCV CO-INFECTED SUBJECTS - A BETTER CHOICE

287 **Mukta Sharma**

THE EXPERIENCE OF ARV PROVISION TO FORMER AND CURRENT IDUS IN MANIPUR: A STOCKTAKE



BARRIERS AND ACCESS TO TREATMENT

ROOM: LAGAN SUITE B,
HILTON HOTEL

SYMPOSIUM

789 **Sherboto Tokombaev**

HELPING DRUG USERS: MEDICAL AND LEGAL ASPECTS AND PROBLEMS ASSOCIATED WITH IMPLEMENTATION OF HARM REDUCTION PROGRAMS IN KYRGYZSTAN

939 **Richard Elovich**

LOW THRESHOLD TREATMENT READINESS PROGRAMS IN CENTRAL ASIA: DRUG TREATMENT THAT GROWS OUT OF HARM REDUCTION

62 **Samuel Freidman**

PREDICTORS OF THE DEGREE OF DRUG TREATMENT COVERAGE FOR IDUS IN 96 USA METROPOLITAN AREAS

640 **Vanlalmuana Pachuau**

PROVIDING INTEGRATED AND COMPREHENSIVE HEALTH AND SOCIAL SERVICES TO INJECTING DRUG USERS IN CHURACHANDPUR (1995-2004): SHALOM EXPERIENCE

190 **Carla Treloar**

SERVICE PROVIDERS' PERSPECTIVES ON BARRIERS TO ILLICIT DRUG TREATMENT

576 **Chokchai Thaptawee**

A DRUG USERS' PERSPECTIVE ON DEMAND REDUCTION IN THAILAND



HARM REDUCTION - SOCIAL, ETHICAL & ECONOMIC ISSUES

ROOM: MAIN AUDITORIUM,
WATERFRONT HALL

Session Chair: **Alan Clear**
ROUND TABLE

837 **Agustin Laptina**

HARM REDUCTION IN VULNERABLE LATINO AMERICAN COMMUNITY CONTEXTS: DOES POLICY, ETHICS AND ECONOMY HAVE ANYTHING TO CONTRIBUTE?

467 **Peter Miller**

RESEARCH FUNDING AND CENSORSHIP: ETHICAL ISSUES AND IMPLICATIONS FOR HARM REDUCTION

428 **Lauretta Grau**

ETHICAL CHALLENGES OF INFORMED CONSENT: PRELIMINARY RESULTS FROM THE HEPATITIS B VACCINE STUDY

378 **Fidan Mammadova**

PSYCHOLOGICAL CHANGES OF PERSONALITY FROM THE VIEWPOINT OF THEORY OF SOCIAL LEARNING

613 **Eberhard Schatz**

RUSSIAN SPEAKING DRUG USER IN EUROPE - A CHALLENGE TO SERVICE PROVIDERS

374 **Robert Broadhead**

THE COST, EFFECTIVENESS AND ETHICS OF PAYING FOR ACTIVE DRUG USERS' PARTICIPATION: A COMPARISON IN RUSSIA OF THREE HIV FIELD INTERVENTIONS

3.30^{pm} - 4^{pm}

MID-AFTERNOON BREAK

4^{pm}- 5.30^{pm}**CLOSING CEREMONY**

1 2 3 4 5 6 7 8 9 10

HARM REDUCTION & CRIMINAL JUSTICE: LEGALLY COERCED DRUG TREATMENT

ROOM: STUDIO,
WATERFRONT HALL

SYMPOSIUM

- 729 **Deirdre Murphy**
OFFENDERS & TREATMENT - A NEW APPROACH!
- 310 **Dwight Vick**
DRUG COURT SUCCESS RATES IN WOODBURY CO., IOWA
- 663 **Li Jianping**
DRUG RELATED HARM REDUCTION - LAW ENFORCEMENT AND HIV PREVENTION AND CONTROL IN GUANGXI
- 609 **Foti Blaher**
VICTORIA POLICE CUSTODIAL HEALTH AND ALCOHOL AND DRUG SERVICE: A PROACTIVE APPROACH TO THE MANAGEMENT OF DRUG AND ALCOHOL TO PEOPLE IN POLICE CUSTODY
- 836 **Simon Ruth**
COMMUNITY-BASED INVOLUNTARY TREATMENT - MAKING THE MOST OF IT
- 625 **Jennifer Keating**
A STUDY OF THE SUCCESSFULNESS OF JUVENILE DRUG COURT PARTICIPANTS

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PERSPECTIVES ON ALCOHOL #2

ROOM: BOARD ROOM,
HILTON HOTEL

Session Chair: **Tim Stockwell**
SYMPOSIUM

- 385 **Helmut Wagner**
ALCOHOL AWARENESS PROGRAMME: A EUROPEAN PILOT PROJECT
- 1046 **Carol Weir**
TREATMENT OUTCOME FOLLOWING A COMMUNITY BASED TREATMENT PROGRAMME - ARE THERE GENDER DIFFERENCES?
- 271 **Ernst Buning**
ALCOHOL AND HARM REDUCTION: CHANGING PARADIGMS
- 996 **Bosco Rowland**
CAN BE REDUCE ALCOHOL RELATED - HARM AMONGST ADOLESCENTS: AN EXAMINATION OF PERSONALITY AND CONTEXT ON MOTIVATION TO CONSUME ALCOHOL AT RISKY LEVELS?
- 440 **Sharon Matthews**
CHANGES IN SHORT TERM RISKY DRINKING AND FACTORS THAT INFLUENCE CHANGE AMONG TWO COHORTS OF AUSTRALIAN WOMEN

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YOUNG PEOPLE'S SERVICES

ROOM: LISBURN SUITE,
HILTON HOTEL

Session Chair: **Agustin Lapetina**
SYMPOSIUM

- 1004 **John Fagan**
ADOLESCENTS ON METHADONE TREATMENT IN DUBLIN - A DESCRIPTIVE STUDY AT INITIAL ASSESSMENT
- 330 **Mark Young**
OUTREACH AS AN EFFECTIVE TOOL IN ENGAGING WITH YOUNG PEOPLE EXPERIENCING PROBLEMATIC DRUG USE IN RURAL AUSTRALIA
- 470 **Robert Gray**
PREVENTING INJECTING DRUG USE AMONG HIGH RISK YOUTH IN CENTRAL ASIA: THE EXPERIENCE OF PSI'S "YOUTH POWER" PROGRAM IN UZBEKISTAN, TAJIKISTAN AND KYRGYZSTAN
- 327 **John Howard**
HOW WELL DO INDIGENOUS AUSTRALIAN YOUNG PEOPLE FARE IN RESIDENTIAL DRUG AND ALCOHOL TREATMENT? A COMPARISON OF CLIENT OUTCOMES AND SATISFCTION BETWEEN INDIGENOUS AND NON-INDIGENOUS AUSTRALIAN YOUNG PEOPLE
- 544 **Gavin Quinn**
THE CHILL PROJECT



Belfast City Hall

MAIN AUDITORIUM

Chair: **Mukta Sharna**
VICE PRESIDENT OF IHRA

Play Back
ROUND UP FROM THE MORNING COUNTDOWN. ERNST BUNING (QUEST FOR QUALITY) AND MONICA GORGULHO (DINAMO)

KEYNOTE PLENARY

CONFERENCE ROUNDUP
Rapporteur: **Andrew Percy**

INTERNATIONAL DRUG USER

CLOSING REMARKS FROM BELFAST
Rob Phipps Conference Director, 16th ICRDRH

Dr Henrietta Campbell to hand over to the 17th ICRDRH, Vancouver

CLOSE OF CONFERENCE
Mukta Sharma

Poster Presenters Index - Mon/Tue

ABSTRACT ID #	FIRST NAME, SURNAME	ABSTRACT TITLE	POSTER DISPLAYED
22	Albert, Ohams	THE EFFECT OF DRUGS IN PUBLIC TRANSPORT	Mon/Tues
24	James, Rowe	YOUR BROTHER, OUR DAUGHTER... SEX WORK AND STORIES FROM THE STREET	Mon/Tues
31	Mohammad, Ismail	HARM REDUCTION THROUGH PROMOTION OF YOUTH ACTIVISM	Mon/Tues
37	Oluwafemi, Olawuyi	THE INADEQUATE KNOWLEDGE OF SEXUALLY TRANSMITTED DISEASES(STDs) AND THE RISKY SEXUAL BEHAVIOUR: THE RISK FACTORS FOR WILD SPREAD OF STIS AMONG YOUTH IN DEVELOPING COUNTRIES	Mon/Tues
39	Carmina, Aquino	IDENTIFYING PROXY INDICATORS FOR AN HIV PREVENTION AND HARM REDUCTION PROJECT IN CEBU CITY, PHILLIPPINES	Mon/Tues
42	Haobam, Iswarchandra Singh	FAMILY PARTICIPATION IN CARE AND SUPPORT TOWARDS PEOPLE LIVING WITH HIV/AIDS IN MANIPUR	Mon/Tues
48	Russell, Newcombe	CANNABIS PSYCHOSIS - MENTAL DISORDER OR MYTH? A STUDY OF TRENDS IN CANNABIS USE AND PSYCHOSIS IN ENGLAND, 1995-2003	Mon/Tues
55	Latsin, Alijev	SUPPORT GROUPS FOR HIV + DRUG ADDICT PRISONERS	Mon/Tues
57	Rajkumar, Tiken	DRUG SUBSTITUTION THERAPY, A DIRE NEED	Mon/Tues
63	Joy, Ganguly	COMPREHENSIVE COMMUNITY BASED HARM MINIMISATION INTERVENTION FOR IDUS INFECTED	Mon/Tues
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84	Rahim, Taghizadeh asi	TO ASSESS HBM COMPONENTS AS PREDICTORS OF PREVENTING BEHAVIOURS AMONG PRISONERS	Mon/Tues
87	Rahim, Taghizadeh asi	A STANDARD KAB QUESTIONNAIRE COMPATIBLE WITH HBM COMPONENTS FOR PRISONS OF IRAN	Mon/Tues
88	Dick, Chamla	TRANSITION TO INJECTION, SHARING OF NEEDLES/SYRINGES AND THEIR CORRELATES AMONG DRUG USERS IN CHENDU, CHINA	Mon/Tues
98	Kazi Faisal, Mahmud	ADOLESCENT GIRLS AND THEIR ACCESSIBILITY TO HARM REDUCTION PROGRAM	Mon/Tues
103	Andreo, Christian	A NEW PREVENTION TOOL FOR SNORTING SAFELY: ARE SNIFFERS MORE CONCERNED ABOUT THEIR HEALTH THAN SANITARY AUTHORITIES?	Mon/Tues
104	Andreo, Christian	PIERCING KIT: A HARM REDUCTION TOOL MADE BY THE USERS, FOR THE USERS	Mon/Tues
106	Igna, Heyman	INNOVATIONS IN CLINICAL PRACTICE - A COLLABORATIVE MODEL OF CARE IN THE REDUCTION OF HARM TO SUBSTANCE USING PREGNANT WOMEN AND THEIR BABIES	Mon/Tues
118	Prithwish, De	DRUG INJECTING NETWORKS IN MONTREAL, CANADA	Mon/Tues
122	Rachel, Britton	LEVELS OF PHARMACY BASED NEEDLE EXCHANGE (PBNX) IN SOUTH WEST ENGLAND - CAUSE FOR CONCERN?	Mon/Tues
132	Quynh, Le Ba	ABSTRACT: PROPOSED PROTOCOL FOR THE COST EFFECTIVENESS ANALYSIS (CEA) OF NEEDLE SYRINGE PROGRAMS (NSPs) IN HIV/AIDS PREVENTION AMONGST INJECTION DRUG USERS (IDUS) IN VIETNAM	Mon/Tues
134	Danny, Alfaras	IN-SCHOOL YOUTHS DRUG ADDICTION: THE MICRO-ECONOMIC PERSPECTIVE	Mon/Tues
152	Carole, Morissette	ARE NEPS ONLY FOR IDUS?	Mon/Tues
162	Jolanda, Maureen Hendiyete		
	Sumal Beeby	NATIONAL STRATEGIC PLANNING FOR HIV & DRUG USER IN INDONESIA	Mon/Tues
163	Gary, Reid	DRUG USE AND HIV/AIDS IN MALAYSIA	Mon/Tues
166	Suzanne, Fraser	FRAMING ADDICTION IN METHADONE MAINTAINANCE TREATMENT IN NEW SOUTH WALES	Mon/Tues
169	Ratana, Pasaribu	INITIATION AND CONTINUING ILLICIT DRUG USE AMONGST EARLY ADOLESCENTS IN GREATER JAKARTA IN 2004	Mon/Tues
172	Danny, Alfaras	"ALERTO": INFO-COMMUNICATION TECHNOLOGY ADVOCACY PROGRAM ON HARM REDUCTION	Mon/Tues
186	Rufat, Nasibov	RAPID ASSESSMENT OF SITUATION ON DRUG ABUSE RELATED HIV/AIDS IN AZERBAIJAN	Mon/Tues
192	Joe, Selvaretnam	RECOVERING DRUG USERS AS PARA-LEGAL COUNSELLORS	Mon/Tues
194	Xiaohong, Zhou	CHINA'S NGO IN THE PREVENTION AND INTERVENTION OF DRUG ABUSE AND HIV/AIDS	Mon/Tues
202	Sharon, O'Reilly	RISKY BUSINESS: STREET SEXWORKER SAFETY IN MELBOURNE; POLICY VERSUS REALITY	Mon/Tues
204	Nadeem, Rehman	HIV OUTBREAK IN THE CITY OF LARKANA AMONG IDUS-A CASE STUDY	Mon/Tues
207	Ashfaqul, Wahab	LACK OF FINANCING FOR DRUG USERS FOR HARM REDUCTION IN BANGLADESH AND ITS FUTURE IMPLICATIONS	Mon/Tues
212	Kim, Longfield	AVAILABILITY, EXPERIMENTATION AND WILLPOWER: FACTORS THAT RENDER CENTRAL ASIAN YOUTH PRONE TO HEROIN USE AND INJECTING DRUGS	Mon/Tues
223	Viktoria, Dollen	BURNOUT SYNDROME TRAINING SESSIONS: HOW TO PREVENT AND OVERCOME BURNOUT SYNDROME FOR OUTREACH WORKERS	Mon/Tues
225	Zoran, Cakic	FROM CAPACITY BUILDING TO A PARTNERSHIP	Mon/Tues
229	Gustavo, Hurtado	ARGENTINEAN NATIONAL CAMPAIGN ON DRUGS DECRIMINATION	Mon/Tues
230	Mark, Bigler	HARM REDUCTION AND THE PROFESSIONAL PREPARATION OF SOCIAL WORKERS IN THE UNITED STATES	Mon/Tues
239	Joseph, Cox	USE OF SATISFACTION WITH STERILE DRUG PREPARATION AND INJECTION MATERIALS AMONG INJECTION DRUG USERS IN MONTREAL, CANADA	Mon/Tues

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257	David, Otiaшvili	DRUG POLICY REFORM IN GEORGIA	Mon/Tues
262	Noreen, Sheikh-Latif	THE REALITY OF PROVIDING EQUITABLE DRUG SERVICES TO BLACK	Mon/Tues
266	Giorgina, Garibotto	AIDS LINE, A QUESTION, AN ANSWER	Mon/Tues
267	Giorgina, Garibotto	COCAINE USERS	Mon/Tues
269	Patricia, De Pablos	A HARM REDUCTION PROGRAM IN VUNERABLE POPULATIONS	Mon/Tues
274	Karine, Markosyan	OVERCRIMINALIZATION OF DRUGS MAY RESULT IN A GENERALIZED HIV EPIDEMIC IN ARMENIA	Mon/Tues
283	Rauza, Kaliyeva	WOMEN AND DRUGS	Mon/Tues
288	Tomas, Zabransky	CZECH DRUG LAWS: POLICY, POLITICS AND IDEOLOGIES	Mon/Tues
291	Qalsar, Ismail	HARM REDUCTION AMONG YOUNG PEOPLE	Mon/Tues
293	Mohammed, Rafiqul Islam	HIV/AIDS PREVENTION PROGRAM AMONG INJECTABLE DRUG USERS (IDUS) AT CHITTAGONG CITY AREA IN BANGLADESH	Mon/Tues
302	Caio, Westin	HARM REDUCTION PROGRAMMES AND HIV/AIDS IN THE STATE OF SAN PAULO, BRAZIL	Mon/Tues
303	Caio, Westin	DEVELOPMENT AND CHALLENGES IN THE ENLARGEMENT OF HIV PREVENTIVE ACTIONS TOWARDS DRUG USERS IN THE STATE OF SAN PAULO, BRAZIL	Mon/Tues
307	Kamiar, Alaei	DEMOGRAPHIC CHARACTERISTICS & EVALUATION OF MENTAL STATUS OF HIV INFECTED PATIENTS	Mon/Tues
308	Murtazokul, Khidirov	LEVEL OF DRUGS USE ON THE TRAFFIC OF DRUGS THROUGH THE COUNTRY	Mon/Tues
316	Tiara, Dillworth	THE MIDDLE WAY: THE ROLE OF BUDDHIST PRACTICE IN A HARM REDUCTION APPROACH TO ALCOHOL TREATMENT	Mon/Tues
322	Karine, Markosyan	CHALLENGES TO EFFECTIVE RESPONSES TO DRUG USE AND HIV IN ARMENIA	Mon/Tues
323	Karthik, Krishnan	DELIVERING COMPREHENSIVE HIV PREVENTION/CARE SERVICES FOR MALE INJECTING DRUG USERS AND THEIR SEXUAL PARTNERS AT A DROP-IN-CENTRE BY A MIXED TEAM OF PROFESSIONALS AND DRUG USERS AT CHENNAI, INDIA	Mon/Tues
334	Sarah, Knibbs	"WE USED TO THINK THEY WERE GARBAGE": THE IMPACT OF PILOT PEER EDUCATION IN COMPULSARY DETOXIFICATION CENTRES IN CHINA	Mon/Tues
340	Titin, Rejeki	ASSISTING POSITIVE IDU THROUGH HOME CARE PROGRAM	Mon/Tues
353	Dolf, Herder	PEEREDUCATION IN A JUDICIAL INSTITUTION IS NOT ONLY AN IMPORTANT CONTRIBUTION TO THE INDIVIDUAL TREATMENT PLAN; IT CAN ALSO BE AN EFFECTIVE METHOD IN THE REDUCATION OF DRUGUSE	Mon/Tues
364	Olga, Khvoinitskaya	DRUG USERS	Mon/Tues
368	Rhys, Ponton	THE MICROBIOLOGY OF PREPARED HEROIN INJECTIONS	Mon/Tues
376	Rayna, Dyankova	CHANGES IN THE ROMA COMMUNITY DRUG SCENE IN BULGARIA AFTER THE DRUG LEGISLATION CHANGE	Mon/Tues
377	Atanas, Rusev	INJECTING DRUG USERS IN BULGERIA: PROFILE AND RISKS	Mon/Tues
379	Aline, Talabard	EUROPEAN GUIDEBOOK FOR DEVELOPMENT OF TRAINING FOR RESPONSIBLE SERVICE OF ALCOHOL AT NATIONAL LEVEL	Mon/Tues
383	Gulnara, Kuzibaeva	HIV/AIDS PREVENTION AMONG YOUNG DRUG USERS IN UZBEKISTAN	Mon/Tues
392	Estella, Virgala	DRUGS AND AIDS: HARM REDUCTION IN A VIOLENT FAMILY ENVIRONMENT	Mon/Tues
400	Liang, Chen	THE EFFECTIVENESS OF A BEHAVIOURAL INTERVENTION WITH INJECTING DRUG USERS IN GEJIU CITY, CHINA	Mon/Tues
405	Mahesh, Sharma	A DISGNOSTIC STUDY OF DETOXIFICATION PROGRAM IN CORRECTIONAL INSTITUTIONS IN INDIA	Mon/Tues
417	Li, Jianhua	PILOTING SOCIAL MARKETING OF NEEDLES AND CONDOMS WITH DRUG USERS IN YUNNAN, CHINA	Mon/Tues
420	Santosh, Bagali	IMPACT OF HEALTH EDUCATION ON KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT MARRIED MEN IN A RURAL COMMUNITY-A CONTROLLED STUDY	Mon/Tues
437	Yacintha, Desembriatista	YAYASAN MATAHATI: A COMMUNITY-BASED RESPONSE BASED RESPONSE TO HIV/AIDS AND DRUG DEPENDENCE IN BALI	Mon/Tues
438	Fredy, Fredy	RAPID SITUATION ASSESSMENT OF HIV/AIDS AND DRUG USE IN TABANAN AND GIANYAR, BALI, INDONESIA, 2004	Mon/Tues
452	Seynabou Theresa, Ndiaye	KHAT ABUSE IN VULNERABLE INDIVIDUALS	Mon/Tues
454	Pablo, Cymerman	DRUG POLICY REFORM IN A SOCIAL CONTEXT OF MORE PENAL PERSECUTION	Mon/Tues

Poster Presenters Index - Wed/Thurs

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476	James, Tigchelaar	WORKING WITH PEER OUTREACH WORKERS IN PROVIDING STI/HIV PREVENTION AND HARM REDUCTION SERVICES TO STREET INVOLVED POPULATIONS IN VANCOVER, BRITISH COLUMBIA	Wed/Thurs
486	Kamiar, Alaei	MULTILATERAL AND MULTISECTIONAL APPROACH ON HARM REDUCTION, A FOUR YEAR REVIEW OF KERMANSHAH EXPERIENCE	Wed/Thurs
496	Tjahjakaerani, Sylvia	TRAINING ON HARM REDUCTION FOR POLICE OFFICERS IN INDONESIA	Wed/Thurs
499	Samvel, Grigoryan	ACTIVITIES ON HIV/AIDS PREVENTION AMONG IDUS ENVISAGED BY THE NATIONAL PROGRAMME ON HIV/AIDS PREVENTION IN THE REPUBLIC OF ARMENIA(RA)	Wed/Thurs
503	John, Roche	IVDU HARM REDUCTION OUTREACH PROGRAM IN ROSARIO, ARGENTINA	Wed/Thurs
526	Claire, Russell	CLIENTS SUBJECTED TO COURT ORDERS FOR OFFENDING: WHAT WORKS BEST?	Wed/Thurs
528	Claire, Russell	CRIME IN THE COMMUNITY: MEETING THE NEEDS OF A HARD-TO-REACH GROUP	Wed/Thurs
549	Petra, Meier	REDUCING DROPOUT: THE ROLE OF TREATMENT STAFF	Wed/Thurs
570	Saravanamurthy, Sakthivel Ponnusamy	NETWORKING FOR EFFECTIVE DELIVERY OF ANTITUBERCULOSIS	Wed/Thurs
574	Nikitenko, Peter	MONITORING HUMAN RIGHTS IN ACTIVITY OF THE FEDERAL SERVICE FOR DRUG CONTROL (FDS)	Wed/Thurs
577	Lokabiraman, Sridharan	EFFECTIVE DELIVERY OF SERVICES: LESSONS FROM FROM AN ORGANISATION WORKING AMONG INJECTING DRUG USERS (IDUS) IN CHENNAI	Wed/Thurs
578	Danielle, Alford	WORKING WITH PROVINCIAL GOVERNMENTS - A MODEL OF HARM REDUCTION IN NORTHERN VIETNAM	Wed/Thurs
583	Igor, Sobolev	THE EXPERIENCE OF HARM REDUCTION PROGRAM ON NEEDLE EXCHANGE POINT	Wed/Thurs
592	Edy, Suryawan	EXPERIENCE IN DEVELOPING NEEDLE EXCHANGE PROGRAM IN BALI INDONESIA	Wed/Thurs
598	Nakib Hossain, Bhuiyan	LOCAL AUTHORITIES ATTITUDE AND HARM REDUCTION PROGRAM IN BANGLADESH	Wed/Thurs
599	Dmitry, Ostrovskiy	FOR THOSE WHO WANT TO SURVIVE" - "CONSORTIUM OF STATE HEALTHCARE SERVICES AND NGO FOR THE LONG-TERM FOLLOW-UP AND TREATMENT OF IDU INCLUDING HIV-POSITIVE"	Wed/Thurs
610	Petra, Meier	PREVENTING EARLY TREATMENT DROPOUT	Wed/Thurs
611	Edy, Suryawan	THE SHARING INJECTION EQUIPMENT AS A CONTRIBUTING RISK FACTOR TO HIV HEPATITIS C TRANSMISSION AMONG IDUS	Wed/Thurs
617	Oleg, Sergeyev	HARM REDUCTION PROGRAM & EPIDEMIOLOGICAL AND BEHAVIOURAL STUDIES IN SMALL RUSSIAN TOWN, CHAPAEVSK	Wed/Thurs
621	Lily, Hyde	HARM REDUCTION IEC DATABASE FOR UKRAINE AND THE REGION	Wed/Thurs
627	Angeline, MacTier	ON AVERAGE 1-2 PEOPLE DIE EVERY WEEK FROM 'SNIFFING' SOLVENTS AND GASES	Wed/Thurs
629	Sergey, Ryabenko	ADVOCACY OF THE HARM REDUCTION PROJECT STAFF AND CLIENTS IN VORONEZH, RUSSIA	Wed/Thurs
633	Sylvia, Tjahjakaerani	BUILDING PARTNERSHIP AMONG NGO, GOVERNMENT AND POLICE TO DO HARM REDUCTION IN PROVINCES IN INDONESIA	Wed/Thurs
638	Olga, Blinova	RAPID SITUATION AND RESPONSE ASSESSMENT IN VORONEZH RUSSIA	Wed/Thurs
642	Olga, Blinova	ADVOCACY OF HARM REDUCTION PROJECT IN VORONEZH, RUSSIA	Wed/Thurs
645	Ferdando, Janer	GHETTO HIPPIES: WELLNESS PRACTISES AND HARM REDUCTION WITH HOMELESS YOUTH	Wed/Thurs
657	Michael, Mancinelli	THE ROLES OF CIVIL SOCIETY AND INFORMED PUBLIC DISCOURSE IN IMPLEMENTING HARM REDUCTION	Wed/Thurs
659	Mike, Smithson	REDUCING THE HARM OF THE "WAR ON DRUGS" - A L.E.A.P. (LAW ENFORCMENT AGAINST PROHIBITION) PERSPECTIVE	Wed/Thurs
675	Leonid, Vlasenko	DRUG USE PATTERN AND HIV SPREADING IN UKRAINE	Wed/Thurs
682	Hermia, Fardin	CULTURAL ADVOCACY IN WEST KALIMANTAN-INDONESIA	Wed/Thurs
686	Bernard, Gardiner	RENEWING OUR VOICE	Wed/Thurs
689	Dony, Agustinus	ADOCATING FOR HARM REDUCTION IN THE COMMUNITY IN EAST JAVA	Wed/Thurs
701	Laxmi, Acharya	INDO-NEPAL OPEN BORDER A FACTOR BEHIND THE HIGH PREVALENCE OF HIV AMONG DRUG INJECTORS IN A BORDER TOWN OF NEPAL	Wed/Thurs
702	Basanta, Kumir	WORKFORCE DEVELOPMENT FOR HARM REDUCTION IN NORTH EASTERN REGION OF INDIA	Wed/Thurs
724	Issidora, Yerassilova	EFFECTIVE PARTNERSHIP	Wed/Thurs
730	Halina, Kaminska	SECONDARY NEEDLES EXCHANGE	Wed/Thurs
740	Kalavathy, Soosai	ACCESS TO FEMALE INJECTING DRUG USERS TACKLED BY EFFECTIVE OUTREACH IN CHENNAI, INDIA	Wed/Thurs
743	Elisa, Yoshida	IEPAS AND THE EXPANSION OF RD IN THE METROPOLITATION AREA	Wed/Thurs
745	Rahmaan, Lawal	HIV RISK BEHAVIOUR OF SEX WORKERS IN LAGOS: FINDINGS FROM A SEX-RAR STUDY	Wed/Thurs
753	Regina, Bueno	RISK AND BENEFITS. HOW TO REDUCE NEW USERS AND/OR AVOID BECOME STEROID ADDICTED?	Wed/Thurs
761	Claudine, Degraeve	LEAVING METHADONE MAINTENANCE	Wed/Thurs
780	M. Scott, Young	USING AN ADMINISTRATIVE DATABASE TO ASSESS THE RELATIVE DEGREE OF PROBLEMS ASSOCIATED WITH USE OF DIFFERENT DRUGS	Wed/Thurs

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807	Simon, Azariah	INTRODUCTION OF HARM REDUCTION AS A PUBLIC POLICY AND PRACTICE IN PAKISTAN	Wed/Thurs
808	Simon, Azariah	CONTRACTING NGOS FOR HIV/AIDS PREVENTION WITH DRUG HARM REDUCTION (HR) IN PAKISTAN	Wed/Thurs
810	Lamabam, Birendrajit	ADDRESSING THE MARGINALIZED FEMALE IDUS IN IMPHAL	Wed/Thurs
811	Baurzhan, Zhubailbek	PEER-TO-PEER	Wed/Thurs
816	Dmitry, Samoylov	ACCESS TO ANTIRETROVIRAL THERAPY A,MONG DRUG USERS IN RUSSIAN FEDERATION	Wed/Thurs
822	Andrea, Celentano	DRUG VUNERABILITY - POVERTY. RISKS ASSOCIATED TO THE DRUG CONSUMPTION IN POVERTY CONTEXTS.	Wed/Thurs
829	Galina, Karmanova	DRUG DEMAND REDUCTION PROGRAM (DDRP)	Wed/Thurs
831	Ananda, Pun	INJECTION DRUG USERS AS LEADERS FOR HISTORICAL COMMUNITY MOBILISATION AND EFFECTIVE HIV PROGRAMS	Wed/Thurs
859	Gustavo, Hurtado	Mon/Tues	Wed/Thurs
869	Mark W, Tyndall	Wed/Thurs	Wed/Thurs
875	Evan, Wood	RATES OF INAPPROPRIATE ANTIRETROVIRAL PRESCRIPTION AMONG INJECTION DRUG USERS	Wed/Thurs
877	Dianne, Schmidtke	ZONING IN ON PARTNERSHIP AND PEER EDUCATION	Wed/Thurs
878	Cheryl, Delalande	INTREGRATING INJECTING DRUG USERS IN COMMUNITY HEALTH. A PATHWAY TO BETTER HEALTH OUTCOMES.	Wed/Thurs
879	Helena, Lima	HARM REDUCTION AMONG MESCLA USERS IN NORTH BORDER - ACRE/BRAZIL	Wed/Thurs
881	Shamim, Rabbani	A SCENARIO OF THE OPIOD/OPIATE DRUG USE IN DHAKA CITY AND PABNA DISTRICT	Wed/Thurs
882	Helena, Lima	WORKING PREVENTION AMONG COLLEGE STUDENTS IN BRAZIL: THE REJECTION AGAINST HARM REDUCTION AND THE SKILLS TO CHANGE IDEAS	Wed/Thurs
885	Helena, Lima	HARM REDUCTION IN NATIONAL POLICY OF DRUGS IN BRAZIL	Wed/Thurs
904	Thiyam, Bharat	EVALUATION OF NGOS PERFORMANCE	Wed/Thurs
905	Sonja, Formankova	TEN YEARS OF NEEDLE DISPENSE PROGRAMME IN BRATISLAVA	Wed/Thurs
906	Katy, Swaine	DRUGS, THE LAW AND HUMAN RIGHTS, LEGAL SERVICES AND HARM REDUCTION	Wed/Thurs
907	Andrew, Sutton	MODELLING THE TRANSMISSION OF HEPATITIS B IN THE INJECTING DRUG USER POPULATION IN ENGLAND AND WALES	Wed/Thurs
908	Andrew, Sutton	ESTIMATING THE INCIDENCE OF HEPATITIS B, HEPATITIS C, AND HIV INFECTION IN INJECTING DRUG USERS IN ENGLAND AND WALES	Wed/Thurs
913	Lisa, Johnston	THE PREVALANCE OF HIV AND ASSOCIATED RISK FACTORS AMONG INJECTING DRUG USERS IN HAI PHONG, VIETNAM: INITIAL RESULTS FROM A SURVEILLANCE USING RESPONDANT DRIVEN SAMPLING	Wed/Thurs
919	Bhawani, Kusum	INTERVENTION AMONG THE TRIBAL WOMEN INVOLVED IN SEX WORK IN RURAL INDIA	Wed/Thurs
929	Irina, Skriabina	THE CATASTROPHIC STATE OF HIV POSITIVE IDUS IN LITHUANIA	Wed/Thurs
950	Tom, O'Brien	THE HEGEMONY OF BIOMEDICINE IN THE TREATMENT OF OPIATE ADDICTION	Wed/Thurs
955	Moudad, Alamatori	DR	Wed/Thurs
969	Nairi, Aharonian	PHARMACOLOGICAL AND BEHAVIOURAL RESOURCES ON ALCOHOL HARM REDUCTION IN URUGUAY	Wed/Thurs
970	Nairi, Aharonian	"RD CAFES (HR CAFES): A HARM REDUCTION OPEN DEVICE"	Wed/Thurs
988	Victoria, Okazawa	FALLING THROUGH THE CRACKS: RESPONDING TO THE GROWING HEALTH CRISIS AMONGST CRACK SMOKERS	Wed/Thurs
1002	Sara, McGrail	MAINSTREAM POLICY	Wed/Thurs
1049	Sharon, Secord	CHEMICAL DEPENDENCY RESOURCE TEAM INTRODUCES HARM REDUCTION FRAMEWORK IN AN ACUTE CARE HOSPITAL	Wed/Thurs

Opening Ceremony

Sunday 20 March 8.30AM - 9.00AM

1058 Jim Yong Kim

MAKING THE "3 BY 5" TARGET WORK FOR THE HEALTH OF DRUG USERS

In September 2003, the Director-General of the WHO, Dr LEE Jong Wook, and the Executive Director of UNAIDS, Dr Peter Piot, declared the lack of HIV/AIDS treatment available to people in developing countries to be an international public health emergency. On December 1 2003, WHO and UNAIDS launched a strategy to have 3 million people living with HIV/AIDS in developing and transitional countries on antiretroviral treatment by the end of 2005. The number of people receiving antiretroviral therapy in developing and transitional countries has increased in the last six months from 440,000 to 700,000, representing about 12% of those in need. At the same time, experience and knowledge gathered over the last 16 months have provided greater insight into the real challenges which countries face when setting ambitious treatment targets.

The '3 by 5' initiative has helped to galvanize commitment and accelerate action for HIV/AIDS prevention, treatment and care for drug users. The global target can only be achieved if the principles of equity, human rights, partnership and participation drive the scale up of national HIV/AIDS programs. This means promoting equitable access to treatment for drug users and a sound public health approach to injection drug use, as well as involving a broad range of partners and ensuring that both drug users and people living with HIV/AIDS are effectively engaged in planning and implementing interventions and services. Of the 13 countries with the highest burden of HIV - representing 77% of the world's unmet HIV/AIDS treatment need, - Russia, China and India have major epidemics driven by injection drug use.

'3 by 5' has highlighted the need for additional efforts to address the vulnerabilities and needs of drug users, and to strengthen the links between drug dependence and HIV/AIDS services and between HIV/AIDS prevention, treatment and care.

1011 Dasha Ocheret

CHALLENGES OF CURRENT DRUG POLICY

"The war on drugs is lost" – in theory, but it continues in practice. While policy-makers are debating, drug users remain the main victims of the war.

Many of our former opponents now assume that 'zero'-tolerance doesn't work and that harm reduction interventions may be integrated into public health systems. Today in many countries we have examples of decriminalization of drug use and possession allowed for personal use; the human rights of drug users begin to be respected, and at least discussed on the international level. But in many parts of the world drug-related legislation has become more repressive, and drug policy (which is a much wider concept than just drug laws) still regards drug users as a population to target punitive police measures. Drug users living in the CIS have low or no access to methadone substitution treatment, extremely low access to HAART, and in fact are not treated by professionals and by societies as human beings.

One could say this ambivalence in international drug policy is the expected outcome as harm reduction has begun to push through to service and advocacy projects all over the world. But this balancing act between repression and liberalization is not just a political game at the Commission on Narcotic Drugs and in international and national round-tables. It puts drug users into a very ambivalent and unstable position when service providers are eager to accept them, but there is a policeman round the corner from the needle exchange, who is also eager for a contact – but a very different one.

International drug conventions don't give a place for drugs on our planet. Doing this, they deny a right to exist to drug users as well. Without revision of international drug policy, this balancing between harm reduction and 'zero'-tolerance, between liberalization and criminalization will continue to exist and ruin human lives.

108 Nick Stafford

THE DRUG CONSUMER-HEALTH PROVIDER RELATIONSHIP AND THE FUTURE OF HARM REDUCTION

Harm Reduction emerged in the 1980s as a public health movement that sought to promote health care responses as an alternative to management of illegal drug use by criminal justice systems. For consumers, this has meant, (in some places) a level of involvement that represents a significant historical event: for the first time since the enactment of the medico-legal regimes of drug (and drug user) control in the early 20th century, we have created professional forums where consumers can speak.

At the same time, the ability to speak has allowed us to clarify the extent to which our lives are controlled not just by prohibitionist ideologies and criminal justice systems, but also medical ideologies and systems of control. The uncomfortable truth is that the systems of ideology and control we live under are medico-legal ideologies: the laws are justified by medical theories and they require doctors to police the laws.

Instead of harm reduction being an escape from the barbarity of control by law enforcement, consumers are now wondering whether we are actually dealing with a good cop/bad cop situation. This paper will explore this tension and argue that the consumer/healthcare provider relationship is central to the future of harm reduction. Some suggestions for how we could further strengthen and develop the relationship will be outlined for discussion.

Abstracts

Monday 21 March

9.00AM - 10.30AM – PLENARY
SESSION TITLE: SUBSTITUTE PRESCRIBING
1041 Michael Farrell
DRUG SUBSTITUTION TREATMENT A GLOBAL OVERVIEW

Aim: To describe the state of the art of scientific knowledge on drug substitution treatment and overview the global trends in practice and service development.

Objectives:

- To communicate a concise summary of current best evidence on the role of drug substitution treatment
- To explore areas of knowledge and identify gaps in current knowledge
- To summarise the state of the art and identify innovations in service delivery mechanisms.

Abstract: There are now over 200 countries with citizens who inject drugs. The global heroin problem continues to expand. There are a number of countries experiencing epidemic HIV spread among injecting drug users, and Hepatitis C is a epidemic in very common among injecting drug users globally. For many people opioid dependence is a life long experience of dependence required sustained interventions to minimise the risks of death, disease and

It is now 40 years since the original studies were commenced by Dr Vincent Dole and much has been learnt about the science and practice of methadone maintenance treatment since then. It is estimated that globally more than half a million people receive drug substitution treatment on a daily basis. The rate of expansion of this has been very rapid over the past decade and the rate of expansion is likely to continue at an even faster rate over the coming decade, as countries who have not has access to used such treatment, expand the use of such treatment.

Systematic reviews have demonstrated the benefits of treatment with opioid agonist pharmacotherapy in reducing injecting drug use, reducing transmission of blood borne viruses, reducing injecting risk behaviour and commercial sexual risk behaviour, reducing criminality and improving psychological and social well being. This evidence will be summarised.

New innovations in delivery and development will be discussed. Issues around settings and delivery in the criminal justice system and in particular in prisons will be discussed as a key part of recent and future developments.

1026 Chris Ford
DRUG SUBSTITUTION TREATMENT IN PRIMARY CARE

Drug dependency is a very common problem affecting society today. Almost all communities worldwide are affected by this problem and it continues to increase. The drugs being taken range from opioids, most commonly heroin, to stimulants, such as cocaine and amphetamines including methamphetamine. The type of treatment and place of treatment also varies enormously.

Primary care, also known as general practice, family medicine or office-based practice is playing an increasing role in drug treatment, but how this is undertaken varies around the world. Some countries such as UK and other European countries and Australia have well-established provision of general practice, in which drug treatment is offered to varying degrees. Other European countries, such as Germany and the US have marked restrictions on what drug treatment can and cannot be offered in general practice and others such as Russia have restrictions on drug treatment. Other countries, such as Malaysia, China and India don't have the equivalent system of general practice but are developing community based drug treatment programmes.

Using examples from UK, Europe and Australia the presentation will explain how and why general practice has an important place in drug treatment; the advantages of this method of treatment, such as accessibility and flexibility; and common barriers, such as lack of training and lack of support, and how these can be overcome.

Also included will be how prescribing can be a positive part (but not the only part) of treatment and what options there are available; how we use different drugs and balance care of the person who uses them and the responsibility of the prescriber; and whether prescribing is only useful in opiate dependency or whether it has a place in working with benzodiazepine, crack, alcohol and/or amphetamine users.

1042 Zunyou Wu, M.D., Ph.D.
METHADONE MAINTENANCE PROGRAM IN MAINLAND CHINA: FROM PILOT TO SCALE-UP

The dual epidemics of drug use and HIV/AIDS among injecting drug users (IDUs) continues to spread quickly in China. The number of registered drug users increased from 70,000 in 1990 to 1,050,000 in 2003. About 75% drug users use heroin. Injecting use of heroin has increased from less than 20 percent in 1995 to more than 50% in 2003. HIV epidemic among IDUs were first introduced in China in 1989, and spread to all 31 provinces in mainland in 2002. In some of areas, such as in Yining, Xinjiang and in Ruili, Yunnan, HIV prevalence saturated around 50% to 80% among IDUs. It was until 2001 Chinese government began to support harm reduction strategies. In 2003, specific working groups were set up for planning, approving and monitoring methadone maintenance treatment (MMT) program at central and local government. In 2004, eight MMT clinics opened with government support during March to June. Local health, police, and food and drug administration sectors work together for operation of program. More than 2000 drug users were recruited into 8 MMT clinics. The dosage was from 20mg to more than 100mg with average 50mg per day. Drop-out rate at each MMT clinic varied from 5% to 49%. After review of first 8 MMT clinics, another 26 MMT clinics had been approved in November 2004. To the end of 2005, about 100 clinics will be opened to treat some 20,000 drug users. A scaling-up of government methadone maintenance clinics has been developed and aims to open about 1500 MMT clinics to treat some 300,000 heroin users in next 3 years.

11.00AM - 12.30PM – MAJOR SESSIONS
SESSION TITLE: HARM REDUCTION IN UK & IRELAND
700 Des Flanagan
SNAP SHOT OF HARM REDUCTION IN NORTHERN IRELAND

Abstract: The United Kingdom has a significant history of introducing and developing harm reduction as a core public health service. The introduction of needle exchange and substitute prescribing in the late 80s and its rapid expansion throughout most of the United Kingdom can be seen as a key development in establishing harm reduction within the National Health Service. The prevention of HIV infection is a remarkable achievement.

The campaign to prevent HIV infection among IV drug users led by the conservative government in the mid 80s did not have any impact in Northern Ireland. The political and social context was very different to other parts of the UK. Needle exchange did not arrive in Northern Ireland until April of 2001. Substitute prescribing was officially endorsed as a treatment to be offered to patients who experienced problems with opiates in April 2004!

Northern Ireland lacked the facilities to deliver harm reduction to IV drug users, such as needle exchange or substitute prescribing. This played a part in distorting the figures and the myth developed that "we are different."

Since 2000 harm reduction as a concept and a practice has become more acceptable. We should not underestimate the progress that has been made to date, the developments made in relation to substitute prescribing, the provision of steri-cups, citric and water in needle exchange packs and the hosting of the 16th International Conference in Belfast.

Services will continue to experience problems. Poor infrastructure, low standards of training, inadequate funding and the discrimination that drug users often face from health and social care professionals. These are the issues that will test us. However, Northern Ireland has the potential to deliver good harm reduction services. In this way it has the potential to be "different".

641 Paul Wells
THE STATE OF ENGLISH HARM REDUCTION

The UK successfully implemented harm reduction strategies to prevent the impact that blood-borne viruses had on drug users in other countries. This presentation will examine the manner in which current drug policy in England encourages or hinders the successful development of harm reduction strategies.

In recent years there has been a substantial investment by government to

expand drug services. This investment has been accompanied by the development of the National Treatment Agency's Models of Care and key performance indicators (KPIs). While the NTA's priority has been driving up standards within drug services, less attention has been given to the effects that standardisation has had on stifling innovation.

Harm reduction is included within the government's Updated Drug Strategy (2002), though mostly it is couched in terms of criminal justice interventions as a mechanism to bring about change. This can be seen in the increasing use of criminal penalties to provide the framework within which to deliver treatment. The recent development of the Drug Interventions Programme further develops this approach.

Promoting the health of individual drug users has not received the same degree of interest. Recognition has been given to the impact of blood-borne viruses on health, but this has not resulted in clear, concerted action. Reports show 41% of drug users to be HCV+ and a third continuing to share injecting equipment. The Hepatitis C Strategy for England (2002) and Action Plan for England (2004) outline the scale of the problem but fail to provide a resolute and determined response to tackling the epidemic among drug users. Needle exchange schemes and other harm reduction initiatives have failed to benefit from the investment in services.

Focussing on increasing the numbers of drug users in treatment needs to be complemented with equal attention given to supporting those who remain outside of these services.

585 Matthew Hickman, Ali Judd, Vivian Hope, John Parry

A REVIEW OF HCV AND HIV AMONG IDU IN ENGLAND AND WALES: SNATCHING PUBLIC HEALTH FAILURE FROM THE JAWS OF SUCCESS

Issue: In the 1990s prompt and large scale interventions (including introducing and expanding syringe distribution and drug treatment) were attributed as the key reason that HIV was prevented among IDU in England, and that HCV prevalence in the late 1990s was lower than in many other European countries. Now, however, the evidence suggests that the spread of HIV and HCV among IDU has increased.

Approach: We review the public health evidence and ask what has changed and what might have gone wrong to explain the rise in infection.

Key Points: First, the scale of the problem: recent sero and behavioural surveillance suggest that in London the incidence of HIV and HCV is 3% and 40% per annum respectively; the prevalence of HCV in the rest of England also has recently increased; and any change in injecting risk behaviour in the early 1990s has not been sustained. Second, the intervention response: the lack of growth in syringe distribution may have led to progressive decline in coverage in the light of evidence that suggests that the injecting population and average injecting frequency (associated with crack use) may have increased over time.

Implications: Comprehensive public health action is urgently required to prevent further transmission of HIV and hepatitis C. Our failure is that we did not have in place effective monitoring of the coverage of syringe distribution to inform local and national policymakers; and the Governments failure was that prevention of blood borne viruses was not central to the drug strategy.

11.00AM - 12.30PM

SESSION TITLE: HARM REDUCTION - CORE ISSUES

975 Robert G. Newman, MD, MPH

HARM REDUCTION AND "SUBSTITUTION" - ENGAGING THE CRITICS

The debate over intravenous drug use (IVDU) and "substitution" treatment generally is focused on semantics rather than substance. Thus, opponents ignore outcomes and observe (correctly!) that the rationale for "reducing harm" rests on the premise that the cause(s) of that harm cannot be eliminated. This is derided as defeatism and attacked as "endorsement" of continued drug use. Clearly, critics seek a scapegoat for the utter failure of their own "zero tolerance," prohibitionist philosophies. The same applies to medically-prescribed methadone, buprenorphine, codeine, etc.; those who insist abstinence is the only acceptable goal and process of addiction treatment blame what they view as competition of "legal dope."

Criticism such as this is the basis for severely limiting (or precluding) the life-or-death services that we as harm reduction and treatment practitioners can provide. Accordingly, we must be aggressive in pushing our agenda, and the key to our advocacy must be that harm reduction and medication-based addiction treatment are absolutely critical not only in their own right, but as indispensable components of all other responses to IVDU and HIV-AIDS. For example, it is impossible to maintain credibility of a prevention/education effort when government policy abandons to their fate tens or hundreds of thousands (or millions!) of citizens who already have these problems and are the vector of spread to the community at large. Denying prompt availability of treatment for all drug addicts willing to accept it, makes patently disingenuous a commitment to manage its concomitants, such as tuberculosis and hepatitis, and social sequelae such as crime, homelessness, child

neglect, etc. One cannot fight corruption associated with addiction and international drug trafficking if one ignores the persistent huge demand for illicit drugs.

In sum, we must base the fight for acceptance of our goals and our services on the fact that they are absolutely indispensable to the goals and services of everyone who claims concern about these problems.

355 M.Coletti, A. Addazzi, F. Volpi, N. Rago

RESIDENTIAL TREATMENT AND HARM REDUCTION STRATEGIES: ARE THESE MUTUALLY EXCLUSIVE APPROACHES FROM AN IDEOLOGICAL PERSPECTIVE OR FROM A CLINICAL PERSPECTIVE?

Issue: To discuss the current trend of the use of Therapeutic Communities (TCs) in relation to harm reduction strategies for the treatment of drug dependence. Using the Italian experience of TCs that have included methadone treatment in the residential phase, the advantages and critical issues will be discussed

Approach: TCs are approaches in drug treatment developed from the ideology of becoming drug-free and complete abstinence of drug use. Thirty years since the first experience, the need has become slowly apparent to make these programmes more flexible and above all to leave the idea behind that abstinence is the only possible outcome.

Key points: The evolution of good practice in residential programmes has brought about to experiment instruments and different approaches from those used in the past, including (long term) substitution treatment. This new experience is changing significantly many aspects of the TCs, both with regard to treatment elements as well as to the expected results and the basic philosophy.

Implications: The adoption of instruments such as methadone maintenance in a residential programme seems very promising. This way, typical aspects of containment and protected residence of TC programmes are combined with the advantages of pharmacological treatment with significant effects: Inclusion criteria change dramatically, including people who are not drug free. The expected results change to improving certain aspects of the dependent person without pretending to cure or save someone. Also, the time frame changes from long term (sometimes >3 yrs) to 3-6 months periods and possibilities to implement the integration of TC with other before and after treatments are implemented.

51 Russell Newcombe & Allan Parry

TOWARD A THEORY OF DRUG-RELATED HARM REDUCTION

ISSUE: Although there have been many important practical advances in drug-related harm reduction (HR) since 1985, theoretical models remain scarce - which has restricted both the development and evaluation of HR interventions.

APPROACH: A theory of HR is presented, based on conceptual analysis of core terms like risk and harm, the adoption of explanatory metaphors, and a hierarchical set of propositions (from abstract principles down to testable hypotheses). This cross-disciplinary theory originates from an earlier model (Newcombe 1988, 1992).

KEY POINTS: The HR strategy is justified by clear empirical evidence that (a) drug use and drug problems have increased steadily for four decades, and that (b) prohibition has clearly failed. HR involves targeted interventions which prioritise reducing the risks and harmful consequences of drug use - whereas prohibition prioritises abstinence over risk/harm reduction. A theoretical basis for HR policy is proposed, based on: (1) a core 4-stage framework, distinguishing causes of drug use, consumption behaviour (risks), short-term effects (intoxication), and long-term effects (harm and benefits); (2) classifications of drugs, drug users and drug effects; (3) identification of the seven components of risk - product, pattern, access, amount, administration, combination, and context - and a set of key indicators for each; (4) a 2-dimensional model of drug-related harms/benefits, based on type (health, socio-legal, economic) and level (individual, community, societal); and (5) a scheme for classifying HR interventions - from information and education on safer drug use, to the provision of direct helping services and products.

IMPLICATIONS: The HR theory provides practitioners, policy-makers, and researchers with an initial conceptual framework and common language for coordinating goals, comparing outcomes, and developing new ideas. Indeed, one important application is the identification of areas of serious neglect - such as developing safer drug products, and reducing the harmful effects of drug laws on drug users.

263 Joanne Csete

HUMAN RIGHTS, ANYONE?

Human rights violations inherent in repressive drug laws have been documented and analysed in numerous settings. The impact of human rights abuses on provision of harm reduction and other services to drug users is better and better understood. But drug users' rights and drug policy reform remain far from the center of the global human rights agenda, and human rights-centred strategies are not frequently employed by harm reduction activists. I will make and discuss the assertion that it is

worthwhile spending more energy and resources on using human rights tools and mechanisms address drug policy and harm reduction challenges, and make recommendations on the strategies most likely to be useful. A more structured analysis of the layers of human rights abuse inherent in repressive drug policy and practice provides some clues as to entry points for successful advocacy.

399 Paisan Suwannawong

DRUG USERS ARE THE SOLUTION, NOT THE PROBLEM, IN THAILAND'S HIV/AIDS EPIDEMIC

While condom promotion has led to a significant reduction in sexually-transmitted infections, government neglect of HIV prevention among Thai injectors led to persistent morbidity and mortality among this group. Current HIV prevalence among injection drug users (IDU) is approximately 50%. Repressive drug policies inhibit drug user involvement in formulating and implementing policies and programs to reduce disease transmission and increase access to healthcare services in this population.

The Thai Drug Users' Network (TND), a national group of current and former drug users, implementing grassroots outreach and education activities, as well as national and regional Southeast Asia/Asia policy advocacy.

During a violent government drug war last year, in which thousands of people were extra-judicially executed, drug users organized publicly to promote HIV and harm reduction knowledge among their peers. The Thai Drug Users' Network achieved unrivalled success in reaching users, providing information and support, building alliances and doing advocacy at the national and intergovernmental levels for drug user health and rights.

Despite socially and politically adverse conditions, Thai drug users moved IDU HIV prevention and treatment forward dramatically, through securing a peer-led HIV prevention and support project from the Global Fund to Fight HIV/AIDS, TB and Malaria; playing an active role in initiating and participating on the National Harm Reduction Task Force; publicly demonstrating against the health and human rights impact of a drug war, and educating domestic and international government and non-government organizations on the HIV-related needs of Thai drug users, including at the XV International AIDS Conference.

TDN recommends that governments should ensure the equal involvement of injecting drug users in developing national AIDS plans and policies and implementing HIV prevention and treatment programs, while simultaneously working to resolve the conflict between current drug policies that undermine public health goals.

11.00AM - 12.30PM

SESSION TITLE: PHARMACIES AND HARM REDUCTION

652 Ellen Campbell Grizzle

INDIGENOUS RESPONSES OF CARIBBEAN PHARMACISTS TO THE PROBLEM OF DRUG MISUSE

Pharmacists of the French, English, Dutch and Spanish speaking Caribbean are providing prevention support, care and treatment services for a wide cross-section of drug misusers at varying levels. This paper outlines the challenges faced, opportunities seized and lessons learnt.

Setting: Caribbean pharmacist contend with historical antecedents and cultural factors that have contributed to the development of enabling factors within our societies. The geographical location of this region places it at a cross road between the strong supplier nations of the south and the strongest demand centres to the north. Pharmacists are now engaged in addressing the misuse of substances such as alcohol, tobacco and marijuana (ganja) and transitioning to crack cocaine and smokeable heroin. Emerging problems include the misuse of prescription medicines, inhalants and ecstasy.

Project: Caribbean pharmacists have adopted an integrated response to the problem of drug misuse. Pharmacists engaged in this work are heavily invested in health promotion and prevention. They also offer prescription services. They are, among other things :-

- Part of existing speakers for a within schools, churches and community based organizations
- Available for media interviews
- Offer counselling services for drug misusers, dual diagnosis clients and their family and friends
- Operate sentinel sites for data collection
- Operate information centres

Summary of outcomes:

- Pharmacy Against Substance Abuse (first estb 1996)
- Increased sensitization about the complexity problem of substance misuse
- Reduction in sale of cigarettes and rizzla paper in pharmacies

- Several research papers by pharmacy students at the University of Technology in Jamaica
- Use of products in pharmacists of medicines from marijuana for asthma and glaucoma.
- Prevention and treatment offerings have been linked to the twin epidemic of HIV/AIDS.
- Pharmacists practice benefits

328 Emil Pislaru

DRUG USERS: THE PHARMACISTS' PERSPECTIVE. A STUDY REGARDING ATTITUDES AND PRACTICES OF PHARMACISTS TOWARDS DRUG USERS IN BUCHAREST

An impressive body of evidence suggests that the role of pharmacists in reducing the spread of infectious diseases among injecting drug users (IDUs) is of utmost importance. And yet remarkably, in Romania we know relatively few about pharmacy regulations and practice guidelines regarding syringes. In Bucharest, IDUs share syringes and injection equipment for multiple reasons, but primarily because access to syringes in pharmacies is banned.

In order to address this issue, Romanian Harm Reduction Network (RHRN) conducted (with financial support from UNICEF Romania) a formative research. Specifically, the research sought to find out what are the barriers for improving access to syringes in pharmacies.

The formative research has involved qualitative methods (focus groups and in-depth interviews). A total of 40 pharmacists from Bucharest participated in the study. All data were transcribed and coded for analysis using Ethnograph.

Results:

- Pharmacists regularly come into contact with IDUs, who are considered a "problem" for pharmacies and business, but they have little awareness that that IDUs in Bucharest face a health crisis.
- In Romania, there is no legal barrier for selling syringes to IDUs; yet, pharmacies use a "personal filter" to label a client as a "potential IDU", and consequently refusing to sell insulin syringes or specific over the counter drugs. Pharmacists developed several strategies to differentiate a "regular customer" for a "potential IDUs", as well as several strategies to deal with their requests.
- Pharmacists in Bucharest are likely sell to IDUs syringes with large gauge and large size, as a "way" to prevent drug administration.
- Pharmacist lack both the interpersonal skills and institutional support to deal with potential dangerous situations resulted from refusal to sell syringes to IDUs.

The research provided strategic as well as specific direction for extending the role of pharmacy in contributing to a reduction in illicit drug-related harm in Romania, mainly by identifying the IEC and training needs of pharmacists.

15 Jennifer Scott; Claire Davy, Emma Dodridge, Koser Khan; Zoe Millington

INVESTIGATION INTO SOUTH WEST ENGLAND NEEDLE EXCHANGE PHARMACISTS' KNOWLEDGE OF THE 2003 'PARAPHERNALIA LAWS' AND THEIR VIEWS ON TRAINING AND SUPPORT

Background: Following the suggested link between injecting paraphernalia sharing and hepatitis C transmission (Thorpe et al 2002), in 2003 UK law was changed to permit the supply of certain paraphernalia. The purpose of this study was to establish (i) how informed needle exchange (NX) pharmacists were of the new law (ii) the support receive locally for their NX activity and (iii) whether this support extends to education and training. Given that the majority of UK NX is provided by pharmacists (Parsons et al, 2002), it is of interest to establish how best they can be supported.

Methods: Data was collected using a previously piloted structured telephone interview. 143 NX pharmacies were identified in the South West and contacted by telephone. Interviews were taped, data transcribed and analysed using grounded theory techniques.

Results: The response rate was 85% (n = 121). 58% (n=70) of pharmacists were not aware of the correct legal status of paraphernalia, 42% (n =51) were aware of the law change, of these 2 (1.6%) showed a correct, full understanding and 49 (40.4%) showed partial understanding. 53 % (n = 64) reported a local NX co-ordinator, but many had no regular contact. A minority reported good support. Most said the only contact was re. supply of equipment and waste collection. Some felt content stating that they know who to contact with problems. Others said they would like more support. 62% (n = 75) had undertaken NX training, varying in nature and source and will be described, including identified suggestions for improvement and format.

Conclusions: The majority of pharmacists were not fully aware of the new law, suggesting a need for education. Most were only supported locally re. supply logistics not training. Pharmacists showed a willingness to undertake training and preferred format was established. NX co-ordinators and health agencies should consider improving education opportunities for pharmacists in the South West.

1023 Bill Nelles**ADVENTURES IN COMMUNICATION - PHARMACISTS AND DRUG USERS WORKING TOGETHER**

In the past five years, the amount of professional contact between drug users and pharmacists has significantly increased. The implementation of supervised methadone dispensing in pharmacies started a trend by increasing the number of pharmacists regularly filling methadone prescriptions and seeing patients on a daily basis.

Training opportunities and awareness of the need for harm reduction, coupled with enhanced status and funding, are continue to bring more pharmacists into contact with drug users. The inclusion of pharmacists in the Royal College of General Practitioner's Diploma in Substance Misuse has greatly increased the number with specialist training in substance misuse medicine.

In some areas of the UK, pharmacists in 'shared care' relationships are assisting with dose titration, and monitoring and reporting on their patient's response to treatment. This calls for greater communication with patients and with medical colleagues. There is a greater level of clinical involvement with the patient's care plan, and in some situations, (e.g. excessive use of alcohol) pharmacists may have to take decisions about whether or not to withhold medication.

Whilst some pharmacists have always provided advice and clinical information to their drug-using patients, the new shared care programmes have a greater potential for good, as well as an increased potential for problems, particularly when the pharmacist has to make negative reports that might impact on the patient's access to treatment and take-away medication. This presentation will examine some of the issues involved when pharmacists start to take on these additional duties, and examine ways to improve communication between patients and pharmacists.

749 Professor Janie Sheridan**COMMUNITY PHARMACISTS - AN EXPANDED FUTURE ROLE IN THE CARE OF PROBLEM DRUG USERS.**

Community pharmacists play an important role in the healthcare management of drug users, for example, through the provision of methadone dispensing services and the supply of sterile injecting equipment. However, there is scope for an expansion in their current role. Community pharmacists see many of the methadone patients every day, and have regular contact with a number of their needle exchange clients.

It has already been postulated that community pharmacists have the potential to explore opportunities for managing drug users' primary healthcare problems, such as dental health issues, constipation, nutrition and insomnia. Innovative practitioners have led the way with regard to some of these issues, and also issues around monitoring for illicit drug use. Furthermore, legislative changes in some countries have given pharmacists the opportunity to prescribe for number of medical conditions, either as supplementary prescribers, by the use of "Patient Group Directions" or as part of "Pharmaceutical Care Plans", opening up vast possibilities for further intervention, for example around wound care. Other significant developments such as the inclusion of pharmacists in shared care arrangements mean there is better opportunity for team working.

This presentation will build on these innovations, using examples of good practice to develop the theme of a widely expanded role for community pharmacists.

965 Tracey Boyce**THE NORTHERN IRELAND MEDICINES GOVERNANCE TEAM**

Prescribed medication may be used, intentionally or accidentally, by members of the public to harm themselves. But how often do health care systems accidentally cause patient harm via the inappropriate use of medicines?

Medication related incidents, are known to be a major cause of preventable patient injury. They are thought to occur in 2-14% of patients admitted to hospital¹ and have been estimated to cost the United Kingdom health service £500 million pa in additional hospital bed days alone.²

The Northern Ireland Medicines Governance Team was launched in August 2002 with the aim of minimising the occurrence of medication-related adverse events in Northern Ireland's 18 hospitals. The team consists of six senior pharmacists with a dedicated medicines risk management function.

To date the team have addressed three main areas:

- the development of the risk management process, including identification, analysis and evaluation of medication related risk;
- the development of 'good practice' policies and procedures; and
- risk awareness education for healthcare staff.

During its first year the team developed a medication incident coding system and undertook a large study to ascertain why healthcare staff do not openly report medication incidents. The findings of the study were used to address under reporting

and as a result there has been a ten fold increase in the total number of medication incidents being reported in the hospitals.

Following analysis of the incident data, the team have issued seven 'Safety Memos', four best practice policies and various medication safety posters. A website and a quarterly medication safety newsletter for medical, nursing and pharmacy staff have also been developed. The team also provide medication risk awareness training for post and undergraduate medical, nursing and pharmacy staff.

The Northern Ireland Medicines Governance Team aims to improve medication related patient safety by a systematic regional approach to medication risk management.

11.00AM - 12.30PM**SESSION TITLE: HIV TREATMENT FOR DRUG USERS****552 Mauro Guarinieri****BUILDING UP COALITION BETWEEN PLWHA AND DRUG USERS' GROUPS**

Although representing more than ten percent of annual HIV infections worldwide, as many as one of three new HIV infections outside Africa, and the driving force behind the world's fastest growing epidemics, drug users are a population that has been widely disenfranchised and marginalized. In the last two years people living with HIV, drug users, and harm reduction activists, have been building coalition between two communities that in the past were not very well connected, calling for a worldwide revolt of public opinion on drugs use. As it is for the AIDS community, drug users and their advocates have set up their own organizations that work to reduce the spread of infectious diseases, to decrease discrimination against drug users in society, and to improve medical treatment of all sort for drug users.

By addressing the existence of discrimination within the PLWHA and larger AIDS advocacy community against populations such as injecting drug users, the AIDS community has committed itself to fight united with harm reduction and drug users' groups. Among the results achieved by this new coalition is the application for including methadone and buprenorphine in the list of essential medicines, the demand to international agencies and regulators to take a leading role in securing informed and equal involvement of active drug-users into ongoing clinical trials of new anti-HIV agents, promote clinical studies to evaluate potential interactions between ARV and most common illegal drugs, recognize that when given proper access to healthcare IDU can adhere to treatment and have comparable clinical outcomes, secure the meaningful involvement of active drug users living with HIV in all phases of policy development, implementation, monitoring and evaluation, and go beyond the criminal model by recognizing that criminality is not caused by drug use but by an unbalanced drug policy heavily reliant on supply control and law enforcement.

1038 Michel D. Kazatchkine, Agence Nationale de Recherches sur le Sida (ANRS), France.**THE URGENT NEED OF EXPANDING ANTIRETROVIRAL TREATMENT FOR HIV-INFECTED DRUG USERS**

As new sources of funding allow for a rapidly expanding access to prevention and care, there is increasing concern about whether these funds will reach injecting drug users (IDUs). In many countries worldwide where IDUs are at the heart of the epidemic, particularly in Eastern Europe, this not only a matter of equity, but indeed an issue of appropriateness and relevance to public health of forthcoming healthcare interventions. The fact that IDUs currently represent less than 5 % of individuals treated with antiretroviral drugs (ART) in e.g. Ukraine or Russia, where they represent over 80 % of patients in need of treatment, raises ethical concerns and appears as clearly disconnected from scientific evidence accumulated in the last ten years. Some of this evidence will be reviewed in this presentation, including : (1) the high remaining risk of mortality in patients who start ART too late, at advanced disease, with CD4 cell counts below 150/mm³ ; (2) the importance for short and mid-term of an optimal adherence to treatment in the first six months of ART therapy ; (3) the documented fact that adherence to ART in IDUs is as high as in other patient populations when IDUs are on substitutive therapy and receive appropriate social support; (4) the availability of a range of effective substitutive interventions allowing for care center-based delivery of methadone as well as for "peripheral" delivery of buprenorphin, so that can different needs may be accommodated. Appropriately analyzing the nature of the epidemic, targeting interventions to the populations at most risk and in most need, and designing prevention and treatment programs based on scientific evidence, will be key for the future control or else, continuing expansion, of the HIV epidemic in countries which have large populations of HIV-infected IDUs.

1039 Edna Oppenheimer Consultant to the International Harm Reduction Association**ARE DRUG SERVICES PREPARED FOR ARV FOR IDU SCALE UP?**

Introduction: At the launch of the WHO 3 by 5 initiative in December 2002 drug users living with HIV/AIDS were seriously under-represented among patients being prescribed ARV. In order to determine the current level of drug services and to identify what is needed in order to ensure a scale up of ARV to IDU, WHO commissioned the International Harm Reduction Association (IHRA) and three Regional Harm Reduction networks (the Asian Harm Reduction network (AHRN), the Latin American Harm Reduction Network (RELARD) and the Central and Eastern (CEEHRN) to examine drug services in their region and to identify how the networks can contribute to the ARV scale up.

Findings: A systematic survey confirmed that of the countries in the networks only Brazil and Argentina provide ARV to substantial numbers of IDUs. In most of the countries surveyed, only a small number of IDUs have access to any treatment or care (including primary health care, drug treatment and HIV/AIDS treatment). The networks found that in the majority of countries there is a lack of political commitment to treatment and care of IDUs living with HIV/AIDS and that stigma and discrimination are real and serious problems in all countries. Moreover, despite a substantial body of research (mostly from the developed world) there are serious gaps in the knowledge by health care professionals, policy makers and civil society about the problem of delivering ARV to IDUs. These difficulties are further compounded because health care systems are often dichotomised - with those working with drug users and those working in AIDS clinics having little contact.

Conclusions: Harm Reduction is a necessary concomitant for scaling up ARV to IDUs. Increased advocacy and the inclusion of drug users living with HIV/AIDS in the planning and delivery of ARV are urgently needed. It is essential to build on existing research and guidelines on how to maximise adherence and to carefully monitor new efforts so that strategies could be enhanced and improved as necessary.

844 Konstantin Lezhentsev**ADDRESSING TB, HEPATITIS C AND OTHER CO-INFECTIONS**

Problem identification: The HIV epidemic among injecting drug-users parallels the development of TB and viral hepatitis epidemics. Up to 70% of people with HIV in Eastern European are co-infected with hepatitis C and up to 50% of AIDS-related deaths are due to TB. However the response to this problem is inadequate in terms of healthcare management, reduction of prices for essential medicines, technical support and political commitment of the authorities.

Description: International experience shows that care can be delivered effectively if the most needed services are integrated and made conveniently accessible for clients. Integration of TB, HIV and drug addiction services should be priority for the healthcare infrastructure. The current situation leaves no opportunity for co-infected patients in a TB hospital to get consultation and treatment for HIV. The rates of people who do not complete the full course of TB treatment due to the problems with drug-use without access to methadone are also very high. Poor knowledge about hepatitis C co-infection and stigma and discrimination of IDUs are often the dominant factor of in the denial of HIV treatment for people with HepC. There are no standards of care for co-infected people and this issue is not even reflected adequately in WHO guidelines.

Approaches: One of the most effective measures is to consolidate the efforts of the community of PLWHAs and harm reduction NGOs in order to link effectively non-integrated services. A team of trained social workers can work in collaboration with nurses (including Red Cross/Crescent potentially) to provide sustainable follow up for these patients.

Conclusion: Collaboration between peer-based care projects and Harm Reduction organizations is needed to prepare a pool of community care-workers, linking TB, HIV and drug addiction services and advocating for further integration of HIV into general healthcare service.

537 Seree Jintakanon**AFTER THE CONFERENCES ARE OVER: PROMISES TO IMPLEMENT A NATIONAL HARM REDUCTION PLAN IN THAILAND - KEPT OR BROKEN?**

Thai Prime Minister Thaksin Shinawatra earned global praise at the XV International AIDS Conference (IAC) in Bangkok, for his pro-harm reduction statements in which he promised to treat drug users as "patients, not criminals," involve drug users in implementing harm reduction programs, and ensure equal access to antiretroviral therapy (ART) for all, through the universal health care scheme.

Yet, not three months later, PM Thaksin reinstated a massive war on drugs, in which he promised "brutal measures" would be employed to rid drugs from Thailand. The prior year, Thailand weathered international criticism of its violent narcotics suppression efforts, which left over 2,500 extra-judicially killed, 327,224 forced into military-run "rehabilitation" centers, and 329,000 arbitrarily blacklisted.

A UN Special Rapporteur warned Thailand's drug war may have precipitated the spread of HIV.

The Thai Drug Users' Network (TDN) herein provides a "report card" on the state of harm reduction in Thailand. TDN demonstrates how government pro-harm reduction rhetoric, including the establishment of a national harm reduction working group, amounted to pre-AIDS conference window-dressing for international media. Months later, the only national-scale effort to address drug user health is TDN's own Global Fund-supported peer HIV prevention, care and support project, which also faces government ambivalence. Methadone is predominantly provided for detoxification, not maintenance therapy, and is not covered by national health care. Stigma and discrimination toward users, especially in the health care setting, continues to inhibit access to health care and public participation. Though 50% of injecting drug users are HIV-positive, not a single documented case receives ART through the government program, which provides treatment to over 40,000 people.

Thailand lacks clear policy, budget and time-bound commitments for moving from demand- and supply-suppression measures to a comprehensive harm reduction approach. Further community, donor agency, and UN advocacy, is urgently needed.

12.40PM - 1.50PM – SPECIAL UNAIDS SESSION**THE PRICE OF INACTION: RESOURCES NEEDED FOR EFFECTIVE HIV PREVENTION****1019 UNAIDS - Asian Development Bank Study Group****CURRENT AVAILABILITY AND GAP IN RESOURCES FOR COMPREHENSIVE HIV INTERVENTIONS AMONG IDU POPULATIONS IN SOUTH AND SOUTH EAST ASIA.**

Background: Successful scaling up of comprehensive prevention programs for IDU populations depends on availability of resources. This paper summarizes the current level of resources for IDU intervention in 16 countries of South and South East Asia. **Methods:** 80% or more target is set to reach IDUs in order to achieve 60% of safe behavior to maintain the overall HIV prevalence <5% among IDUs. Size of IDU populations is estimated from secondary data sources from EPP (UNAIDS package) and key informant interviews with the national programme managers planning officials. An INPUT spreadsheet (UNAIDS/FUTURES) is used to estimate the unit cost of pre defined package of intervention (Peer outreach education, needle, syringe and condoms, methadone, creation of enabling environment at project level, management and monitoring / adjusted for local need, cost and variations. Based on these inputs, unit cost, target and size of the IDU are entered in the RNM model (Futures Group), to estimate country level resource need, aggregated for arriving at the regional estimate. Lowest cost of supplies and drugs available has been adopted. Coverage and availability of resources were estimated from published secondary data sources and key informant interviews.

Result: The median annual cost of intervention per IDU was USD100 (range 60-100). The IDU population, estimated between 2.3-5.2 million with 80% target coverage require an annual amount of USD0.2-0.4 billion for the S/SE Asia region against an overall availability of USD200 million in 2003. The available resources in 2003 accounted for 1% of the need, with an estimated median coverage of 5% .IDU intervention would cost only 10% of estimated annual resource need of USD5 billion for comprehensive intervention.

Conclusion: In spite of methodological limitations, huge resource-gap for a comprehensive IDU intervention even on agreed target requires urgent attention of policy makers and international agencies to achieve meaningful scaling up.

2.00PM - 3.30PM – CONCURRENT SESSIONS**SESSION TITLE: HARM REDUCTION AND EDUCATION****278 Patrick McCrystal, Kathryn Higgins, Andrew Percy, Maeve Thornton****EXCLUSION AND MARGINALISATION IN ADOLESCENCE: THE EXPERIENCE OF SCHOOL EXCLUSION ON DRUG USING BEHAVIOUR**

Background: The empirical evidence on the drug using behaviors of young people excluded from school remains relatively limited compared with those in mainstream education due to their omission from school based surveys which are frequently used to assess trends in substance use, and often play an important role in prevention programmes and policy development. These surveys may underestimate drug use amongst young people of school age and may raise questions about the extent to which drug prevention initiatives offered to young people are meeting the needs of all school age young people. The present study forms part of the Belfast Youth Development Study (BYDS), which is a longitudinal investigation of the onset and development of adolescent substance abuse. It incorporates a sample of young people attending alternative education provision. Their experience of drug use is compared with their contemporaries in mainstream school through reference to the findings from the BYDS school survey.

Methods: The BYDS has surveyed a cohort of approximately 4000 young people

annually since they entered secondary education in the autumn of 2000. Four data sweeps have been completed. Each year a cohort of young people no longer attending mainstream school are surveyed with the same questionnaire.

Results: Substantially higher levels of illicit drug use, offending and other behaviours associated with drug use in adolescence such as school disaffection were reported by young people excluded from school compared with those in mainstream education.

Conclusions: A full profile of the life experiences of young people excluded from school throughout adolescence can provide a valuable resource for informing policy makers and practitioners in the drug prevention field. The present study highlights the value of such research (despite its high resource requirements), for providing valuable insights into the lives of school excludees; to our understanding of one specific group of young people at a high risk of drug use; and to the de

312 Robyn O'Dea

SOUTH AUSTRALIAN MODEL OF SCHOOL BASED INTERVENTION FOR STUDENTS WITH RUG RELATED ISSUES.

In recognition of positive experiences with school as a protective factor in young people's lives and the need for early intervention as well as prevention strategies in schools, South Australian Drug Strategy Project team has developed a dual pronged approach to intervention in drug related issues. In line with the Australian Government Harm Minimisation approach, schools in SA are required to develop and implement a framework in consultation with local communities.

Intervention Matters is a policy statement and procedural framework for school communities to prepare for and manage suspected drug related incidents including tobacco, alcohol and illicit drugs. It is based on principles of natural justice and harm reduction ensuring that the safety, well being and retention of students is at the forefront of incident management.

A complementary training program is offered in conjunction with Drug and Alcohol Services Council, for personnel in schools supporting students with drug related issues. Entitled Keeping Connected, it builds capacity of those working in the area of student support (counsellors, chaplains, Aboriginal Education workers, behaviour support staff) by relating assessment and brief intervention strategies to the school setting. It examines effective referral and working with the community, including parents. In this way, student connectedness with school and the community is fostered.

SA police work in partnership with schools in managing incidence of illicit drug use. The Police Drug Diversion Initiative, put into operation 2 years ago, sees young people referred to assessment and counselling services rather than the criminal justice system. This partnership approach aims to reduce further harm to young people.

Promising results of the latest SA school children's survey (12 - 17 yr olds) demonstrate a reduction in level of drug use over the past 4 years.

238 Rosie McMahan, Beth Fraster, Chuck Reis

OPERATING WITHIN A SYSTEM AT WAR WITH ITSELF-SUCCESSFUL STRATEGIES FOR DOING HARM REDUCTION WORK WITH SCHOOL-BASED YOUTH IN THE UNITED STATES

Currently in the United States, most government-approved school-based drug prevention education programs operate from an abstinence-based model of identifying and eliminating ANY drug/alcohol use.

Ironically, effective programs do exist. This panel will describe-through anecdotal evidence and research efforts-the evolution and practices of two US government-funded programs that are committed to supporting the holistic well-being of young people and do not rely on strategies of indoctrination. This strategy transforms not just the work with youth, but the system itself.

These programs are based on the following beliefs and practices.

- Use does not mean abuse. Use may mean risk.
 - By creating safe formats for youth to tell their story and offering a variety of resources, youth are able to determine if their substance use is, indeed, the most pressing issue.
 - Neither program requires young people to be abstinent or to disclose information about their use or their family's use. This sole aspect of our program efforts decreases the negative affect of stigma upon youth "at-risk".
 - Romanticization and demonization of drug use are common in substance abuse pedagogy in the US, and viewed by both our programs as equally dangerous. Our focus is on caring for young people, increasing understanding of consequences of use of alcohol and drugs, and decreasing false assumptions about use.
 - We create environments that help youth critically explore ALL their choices.
- Overall, substance abuse programs should focus less on what curriculum works best to keep kids off drugs and more on promoting respectful environments where youth feel a connection to an adult who values and supports them. In this context, youth learn key social and thinking skills essential to positive development.

139 SHAHRP Partnership

SCHOOL HEALTH AND ALCOHOL HARM REDUCTION PROJECT - PILOT STUDY 04/05

Up to 1400 young people in the Belfast and Lisburn areas of Northern Ireland are currently participating in a pilot study of an amended version of the Australian Harm Reduction Programme "SHAHRP". Part of the project involves the young people involved designing a health promotion/harm reduction poster or soundbite. It would be appropriate and rewarding for the best of these to be on display at some stage at the conference venues. It would be good for the participants as well as challenging for local delegates, in particular those who may not be entirely favourable towards harm reduction strategies, to see this creativity and endeavour.

The best 10 from each school could be reproduced on A3 paper or on a powerpoint display style.

220 Piotr Sidor

N.IRELAND DRUGS AND ALCOHOL YOUTH FORUM DELEGATES PRESENT THEIR VIEWS ON HARM REDUCTION IN N.IRELAND

The N.Ireland Drugs and Alcohol Youth Forum comprising 200 young people from across N.Ireland is run by the Council for Education in World Citizenship NI, Lisburn YMCA, Breakthru/Dungannon, Coleraine Rural & Urban Network, Coleraine Borough Youth Forum and Drugwiser/Enniskillen.

Three full day sittings of the Youth Forum are held throughout the school year. The first Sitting about Drugs & Alcohol and Harm Reduction on a local and global scale takes place in the autumn term 04. The second Sitting (Drugs & Alcohol and Economy) and third Sitting (Drugs & Alcohol and Debate on Harm Reduction policies) will take place in the spring term (anticipated end of the project March 05). The first two sittings are carried out in local schools/youth clubs. The third sitting involving all participating schools/youth clubs from across N.Ireland will culminate in a centralised debate in Belfast City Hall.

Year 13 students will discuss and debate issues involving harm reduction, production, trafficking and consumption of illegal drugs & alcohol locally and globally. The N.Ireland Drugs & Alcohol Youth Forum provides an opportunity for the students to take fuller responsibility for the choices they make, and to think of new ways to solve the drugs & alcohol problems in their schools and communities.

After the final Sitting the participants of the N.Ireland Drugs and Alcohol Youth Forum cascade their acquired knowledge and skills to their peers back in their schools and youth clubs. They also submit their findings to relevant governmental agencies.

Young participants of the N.Ireland Drugs and Alcohol Youth Forum will be debating harm reduction related motions in this year's Youth Forum and they hope that a selected number of them will be able to carry out a short presentation of their results to the delegates of the International Harm Reduction Conference in March 05. They will also show a brief video illustrating the methodology of the N.Ireland Drugs and Alcohol Youth Forum.

2.00PM - 3.30PM

SESSION TITLE: HARM REDUCTION - WORKING WITH THE POLICE

872 Will Small; Thomas Kerr, John Charette, Evan Wood, Martin Schechter & Patricia Spittal

IMPACTS OF INTENSIFIED POLICE ACTIVITY ON INJECTION DRUG USERS: EVIDENCE FROM AN ETHNOGRAPHIC INVESTIGATION.

Background: In an effort to dismantle the open drug market and improve public order in Vancouver's Downtown Eastside (DTES), a large-scale police initiative named the Citywide Enforcement Team (CET), began on April 7th, 2003. The CET precipitated considerable controversy and debate regarding its efficacy and impact. This research assesses the CET's impact upon drug consumption activities as well as access to harm reduction efforts targeting injection drug users.

Methods: Ethnographic research methods were used including participant-observation and open-ended semi-structured interviews with 30 individuals recruited from an ongoing cohort study of injection drug users (IDUs) and 9 individuals who provide health services to IDUs.

Results: After initiation of the CET, field observations indicated displacement of drug market and drug using activities from traditional locations resulting in intensified activity in alternate locales and the establishment of new drug using areas. Interviews and observations indicated that intensified police presence prompted 'rushed' injections, injecting in riskier environments, discouraged safer injection practices, and increased unsafe disposal of injection equipment. Service providers indicated that the CET negatively impacted contact between health services and IDUs, as outreach was compromised due to the displacement of IDUs. Police activities also negatively influenced access of IDUs to syringes and their willingness to carry syringes.

Conclusions: Our observations indicate that intensification of police activities led to widespread displacement of drug use activities with negative consequences including increases in injection-related risk behaviours as well as reduced access to sterile syringes and health services.

412 Mark McPherson

OBVIOUSLY IT'S ALL THEIR FAULT! - SOME SUGGESTIONS FOR A BETTER RELATIONSHIP BETWEEN POLICE AND HEALTH

"A police officer hassled a woman coming to our centre the other day to collect needles and syringes - it's his fault if she gets HIV." "If it wasn't for you lot giving out needles and syringes there wouldn't be any heroin in this town!" Helpful? Constructive? I think not! Despite the progress in the development of partnerships between Police, Health, and others in order to develop and/or support harm reduction strategies, there appears to remain in too many cases a surprisingly large chasm. Why is this so and what can be done to build bridges, form partnerships, and create greater understanding and respect between these sectors? This presentation and discussion will present suggestions (and develop more) of what may be unwise to say and do by either "side" and what is most likely to be more constructive. These suggestions are based on observations by the author (and others) of successes and disasters from over 20 years of experience working in the field of illicit drugs (education, research, curriculum design, health promotion, harm reduction, policy) in the education, health, and police sectors. It is intended that a list of "handy hints" will be developed for distribution.

1016 Sgt Gill Wilson

A MOST UNUSUAL BUT EFFECTIVE PARTNERSHIP

The Alcohol and Drug Co-ordination Unit ADCU is an established corporate unit within the WA Police Service. It primarily focuses on developing and co-ordinating harm reduction, alcohol, and other drugs initiatives, and to specifically deal with law enforcement issues within the State of Western Australia.

Sergeant Gill Wilson, the Drug Education Officer with the ADCU will present a frank account of a unique and interesting partnership that has developed between what is seen as two vastly different organisations.

The Western Australian Substance Users Association (WASUA) is the State's sole peer based drug user organisation staffed and managed by a diverse group of people who work on behalf of and represent the interests of WA drug users.

Given the illicit component in the private lives of some of the management and staff of WASUA, the advocacy activities undertaken on behalf of their peers, how has it been possible for this peer based organisation to have an effective and more importantly, an ethical working relationship with the Western Australia Police Service?

The presentation will articulate the values of this collaboration and outline the origins of the partnership. Given the major differences and the obvious conflict of interests between the two organisations, it will explore if, in fact, a successful partnership has been developed, based upon a mutual respect and trust, or is it merely a token gesture by both parties.

It will explore the perceived benefits and / or disadvantages for the partners and look at the impact upon the people working within the respective workplaces.

407 Dr Leslie A King and Detective Sergeant Geoff Monaghan

SHORT CHANGED OR CASH BACK? EVALUATING THE EFFECTIVENESS OF TEST PURCHASE OPERATIONS IN LONDON

Background, aims and objectives: The aim of the research study was to evaluate the effectiveness of Test Purchase Operations (TPOs) conducted by the Metropolitan Police Service (MPS) in London against the backdrop of government drug policy and performance targets. The study, the first of its kind in the UK, examined arrest data from over 500 cases involving male and female crack and/or heroin traffickers to determine whether TPOs are effective in terms of achieving strategic and tactical objectives. Data from around 900 TP transactions were analysed in an attempt to unravel some of the complexities relating to the apparent fluctuations in the price and purity of crack and heroin. The Home Office funded the research.

Method: The study drew on data extracted from MPS prosecution files covering the period January 1992 - February 2003. These data were supplemented, where necessary, by data from the Police National Computer, the MPS' Crime Report Information System and the Criminal Intelligence and Addict databases.

Results: The presentation will review findings likely to be of interest to policy makers, researchers and law enforcement agencies. For example, the majority of arrestees were offenders with multiple convictions. Around 40% were foreign nationals, and this finding could have broader implications in terms of informing government immigration policy and policing tactics. Some of the arrestees were in contact with treatment services and had been prescribed methadone.

Conclusions: While the research findings in this study were based on a relatively small number of cases, they do support the authors' original hypothesis that TPOs provide original and objective information on drug prices. However, the data obtained indicate that drug prices, at least as normally measured, are insensitive to current policing tactics. When viewed alongside other police tactics (e.g. stop and search) the authors conclude TPOs are effective in terms of disrupting drug markets and achieving performance targets.

785 Soumen Mitra

COMMUNITY POLICING AND HARM REDUCTION: FROM STREET TO PRISON

Issue: Plagued by recidivism of petty crime amongst drug users the Calcutta Police sought a new look at the vicious circle of arrest and repeated imprisonment where the drug-user turned 'criminal' is rarely reformed. New strategies of community policing that involve the drug user in harm reduction techniques is seen as a viable alternative in the first step of reducing both drug related petty crime as well as providing a humanitarian solution.

Setting: A section of the Calcutta Police has implemented harm reducing techniques amongst IDUs both at the street level, the lock-ups and in prisons.

Project: The Calcutta Police has sought the help of a drug-related NGO as a realistic partner. At the street level this partnership operates through a series of drop-in centers where addicts avail themselves of the needle-syringe exchange and oral substitution programme, along with abscess management and general health check ups including condom collection and STD treatment. Simultaneously initiatives like street plays, drug awareness rallies in schools and slums are organized. In the two main prisons of Calcutta the Police-NGO partnership caters to the needs of detained drug-users in counseling and harm reduction techniques. Many who have been sentenced for longer periods and cannot access detoxification centers have welcomed this initiative. Similar consultation is also provided in Police lock-ups.

Outcome: The unique Police-NGO-Prison partnership with the help of the Health Department has brought about a perceptible attitudinal change especially in the understanding and awareness about harm reduction and oral substitution as a viable alternative to arrest and punishment. Apart from bringing about a certain decline in habitual criminal offences by drug users it has helped in the formulation of a more effective health policy by the Government where drug victim focused legislation is being considered.

236 Johnny Connolly

DRUGS, CRIME AND COMMUNITY POLICING IN DUBLIN

The impact of heroin use and trafficking and related crime and anti-social behaviour has been felt disproportionately in specific locations in Dublin since the late 1970s. The lack of prioritisation of the local community impact, often poor relations with the police and a number of other factors contributed to the emergence of community mobilisation, self-policing and vigilante-type activities in the 1980s and mid-1990s. These activities had both positive and negative consequences. A negative consequence was that they sometimes contributed to internal community conflict. They also led to further marginalisation of drug users and on one occasion led directly to the violent death of a drug user. On the other hand, they assisted the community in re-organising itself and managed to remove many local drug dealers thus contributing to the temporary removal of open drug markets. They also acted as a catalyst for increased government intervention. One positive initiative which has developed in this context is the establishment of community policing fora in a number of locations throughout the city. These fora bring together the community, the police and the local housing authority in order to coordinate a policing response to the problems being tackled. This paper provides an account of the background, structure and organisation and impact of a number of these community policing fora.

2.00PM - 3.30PM

SESSION TITLE: DISCOURSES ON HARM REDUCTION

473 Baldomero J.Caceres

PSYCHIATRY AND "DRUG PROHIBITION"

The international prohibition on a series of dissimilar substances, which are called "drugs" without any differentiation, constitutes a characteristic phenomenon of our time. It is not a spontaneous and coincidental political event, resulting from the needs felt by diverse societies. On the contrary, it is an "American" policy (Nadelmann, 1988; Levine, 2003) sustained - as I have argued elsewhere - on theoretical considerations in the field of psychiatry.

The stigmatization of Andean coca-leaf chewing as a "chronic intoxication" (Caceres, 1978, 1990, 2003), that I mentioned at The Fourth International Conference (Rotterdam, 1993) is the best example of the biased psychiatric gaze

over a traditional nutritional and medicinal plant. This critical approach to the subject of "drugs" may lead to a "scientific revolution" (Kuhn, 1962) regarding perception and use of psychoactive substances the world so badly needs, because of the economic, social, and political consequences of the official policy (Nadelmann, 1988).

In fact, the effort at "drug suppression" (Shanghai, 1909; The Hague, 1912) fell initially on natural psychoactive substances (opium and coca; years later hemp) that until then had been accepted by academic medicine respectful of traditional knowledge (Szasz 1975). This body of knowledge, in the case of coca, was reviewed in 1901 in the monumental work of Golden W. Mortimer, a New York doctor and historian.

We summon academic medicine to join us in the harm reduction movement. Pooling medical doctors together to abandon psychiatric Orwellian rhetoric - terming "addiction" as a mental illness, among other goofs - should be the first step. In so doing, they should be able to distinguish between plants and drugs, between healthy and unhealthy uses.

455 Omar Alejandro Bravo

PSYCHIATRIC DISCOURSE PARADOXES FOR NON-PUNISHABLE DRUG USER OFFENDERS' TREATMENT

Issue: Law offenders who are not punishable and committed a crime linked with their drug use have a special attention by the judges and by the psychiatrists. Normally they are not punishable because of their drug use linked with the assumption that the drug use raises a compulsive behavior to be controlled - the impulse of being a law offender. This study data analysis focused the inmates' legal and psychiatric care in Psychiatric Sector of the Colmeia Prison, Brasilia city, Brazil, showing up the possibilities, patterns and features of a harm reduction policy for those citizens. The study of the case of F. was highlighted in order to be an example of the institutional work.

Approach: The methodology is the "discourse analysis" in order to examine ideologies and power relations involved in discourse, its relation with other speeches or texts, their functionality and institutional consequences. Some case studies were focused for being representative - as the specific study case highlighted.

Key Points:

- The drug users and law offenders as F. are badly health treated and they continuously and roughly receive psychiatric drugs.
- If these inmates complain about their physical and psychological decay as result of the medicine taken, the doctors understand those arguments as resistance - and the medicine doses must be increased.
- This legal / therapeutic discourse takes into consideration only the legal or illegal status of the drug of abuse, but this discourse does not take into consideration the effects of the abuse.

Implications: In these institutions a harm reduction policy has to stand up for goal and task the decrease of medicine prescription. Nowadays these prescriptions are made in a large scale and with no health and human rights rules. This policy has also to propose the substitution of this intervention pattern for another with a human approach.

381 Fiona Measham

THE DEREGULATION OF LEISURE - RECENT POLICY DEVELOPMENTS IN GAMBLING, DRINKING AND DRUG USE IN THE UK

With the depenalisation of cannabis in the summer of 2004, the forthcoming 2004 Gambling Act and the 2003 Licensing Act to be implemented in the summer of 2005, the UK is undergoing an apparent move towards the liberalisation of some leisure time pursuits. This paper compares recent and ongoing policy developments in gambling, drinking and illicit drug use, comparing the expansion of licensed leisure, increased sessional consumption of alcohol and the normalisation of cannabis with the planned deregulation of gambling. National policy in relation to leisure time activities such as gambling, drinking and cannabis use is explored alongside local initiatives in the north west of England. With such enormous changes underway in the management and policing of British leisure, this paper asks what are the implications for potentially problematic gambling, drinking and drug use, and what relevance does harm reduction have for the liberalisation of leisure in the twenty first century?

276 Ricky G. Abalena III

MASS MEDIA AS CULTURAL MEDIATOR IN HEGEMONIC ENTERTAINMENT AMONG THE YOUTH

Background/objectives: The impact of mass media in widening the promotion of social agenda needs investigation. This study examines the attitude of youths in the Philippines towards mass media's capability as a cultural mediator. Emphasis is on

highlighting mass media's social responsibility to help minimize ill effects of "consumerist function entertainment is acquiring".

Methods: This descriptive case analysis is anchored on the Hegemonic Recreational Nightlife Model (HRNM) advanced by Lipovetsky (2003) et al. Ten young Filipinos ages 15-20 were the participants of the study taking into account their nightlife activities and their sex. A researcher-made questionnaire and interview schedule were developed for the purpose of the study. Results were analyzed using appropriate statistical tools.

Results: It was found out that the youth in the study have high regard for "nightlife" entertainment and that it is for "fun" that they indulge in such activities. All but two of the youth has positive attitude towards mass media as a cultural mediator in minimizing ill effects of nightlife entertainment activities such as drug use, sexual encounters, etc. Conclusions: As suggested by the results of the study, mass media has the capability to act as cultural mediator in addressing social agenda such as reducing the harm brought about by the consumerist function of the entertainment industry. It is an urgent need to provide mass media groups the chance to prove their social responsibility as regards addressing societal problems especially those affecting the youth.

1047 Glenn Backes

ARE SYRINGES LEGAL IN THE LAND OF SCHWARZENEGGER?

This presentation reviews the history of advocacy to authorize needle exchanges, pharmacy sale of syringes and possession of sterile syringes in California. Until 1999, there was no legal access to sterile syringes without prescription. Before then, several small and a couple of large needle exchange projects were established, acting as public health projects and often as a form of political agitation. The State Attorney General threatened to sue the City and County of San Francisco for authorizing an exchange pursuant to a public health emergency. The San Francisco AIDS Foundation advocated for change in state law, gaining majorities in our legislature, but suffering vetoes under Gov. Pete Wilson. His successor Gov. Gray Davis, signed a limited bill in 1999 to allow local governments to authorize needle exchange programs for up to 3 weeks. In 2000, the Drug Policy Alliance began organizing to improve syringe access, by sponsoring legislation to allow adults to purchase and possess a limited number of syringes from a pharmacy without prescription. This effort brought together state associations representing pharmacists, physicians, nurses, retail chains and AIDS organizations. In it's first year, this legislation only garnered one vote. In it's second and third year, it passed the legislature but was vetoed by Gov. Davis, on the grounds that it would increase dirty syringes discarded in public. Davis was dumped by the California voters in 2004. A coalition lead by DPA began a highly complicated effort of working with the Schwarzenegger administration. It involved movie queens, a Nobel laureate, and hundreds of hours of negotiation. In the end, the administration negotiated a bill that allows local governments to authorize pharmacies to sell and adults to possess up to ten syringes without prescription, effective January 2005. Two counties have authorized pharmacy sale and possession of syringes, including one that had no legal needle exchange.

692 Fabrice Olivet

ABSTRACT : THE QUESTION OF PLEASURE AS A THERAPEUTIC TOOL IN THE MATTER OF SUBSTITUTION TREATMENT. A PATIENT POINT OF VIEW.

Issue: On 25th of June 2004, ASUD* has organized the first substitution treatments patients meeting of France, the 1er Etats Généraux des Usagers de la Substitution (EGUS). During this journey the question of pleasure in the opiates addiction therapeutic field had been raised several times.

Approach: According to our drugs users self support method we intended to clarify the patients points of view and take care of the user side of the barrier.

Keys points: First of all, the myth of the non-euphoric nature of substitution treatments, had been contradicted by patients experimentation. Second, the effectiveness of molecules well known as recreational opiates drugs (laudanum, morphine, codeine) has been recognized. Third, the battle around dosage between patients and doctors, has been showed as full of unsaid thoughts about pleasure and displeasure.

Implication Examples: The speakers has illustrated there presentations by two opposite things: one is failure of many buprenorphin treatments because of the lack of opiates sensation, second is the success of the morphin substitution treatments still tolerated by French system.

In conclusion, it is the whole theoretical contradiction between pleasure and therapy in the substitution treatments questioned by the EGUS final statement.

* Auto Support des Usagers de Drogues is a french network of self-help between drugs users, raised in 1992 with the aids epidemics and the early harm reduction field in France.

121 Agustin Lapetina

DRUG CONSUMPTION, SELF- ENQUIRY AND THE EVOLUTION OF CONSCIOUSNESS: DOES HARM REDUCTION HAVE ANYTHING TO CONTRIBUTE?

Title: Drug consumption, self- enquiry and the Evolution of Consciousness: Does harm reduction have anything to contribute?

Issue: A transpersonal sociological approach will be used to address the adequacy of claiming for a transcendental purpose of drug use and harm-reduction interventions. Can we expect drug use and harm reduction interventions to foster the necessary conditions for authentic processes of individual and collective consciousness expansion and Self-realization? How could harm reduction policies fulfill such a mission?

Approach: The need to access expanded states of consciousness can be partially viewed as a permanent Search for Transcendence along the History of Humankind. Drug consumption has historically and anthropologically played a crucial role in enabling new forms of experiencing the Self and the Cosmos. Drug consumption and socially-learned Harm Reduction practices constitute an indissoluble pair. It seems relevant to discuss their contribution as effective vehicles to transcend the boundaries of normal perception towards self-realization.

Key points:

- Some possible transcendental meanings of drug consumption - according to Wilber's and Leary's Models of the evolution of consciousness - will be discussed.
- Transpersonal Harm reduction policies: How can drug policies be humanized by incorporating a transpersonal approach aimed at actualizing the most elevate human emotional, mental and spiritual potentialities, like compassion?

Implications:

- Transpersonal Harm Reduction Policies would tend to humanize drug use and return to the divine essential character of drug users, primarily as human beings rather than as citizens.
- Western materialistic science seems to be presently experiencing a radical paradigm shift. Drug use and drug policy considered from a transpersonal approach could be a fundamental first step towards the integration of science and religion.
- This approach can result in a theoretical justification for psychedelic and indigenous substitution therapies.

157 Dr Cameron Duff, Mr Geoff Noller

DRUG USE AS A 'PRACTICE OF THE SELF': EXPLORING AN 'ETHICS OF MODERATION'

Issue: Much of existing drug policy aims to influence individual attitudes and behaviour in order to reduce the broader prevalence of drug use. Drug policy in this way attempts to influence the cultures and contexts of drug use in ways that minimise drug related harms. However, very little research has in recent times sought to critically examine these cultures and contexts of use. In short, we know very little about drug use as a social and cultural practice. We also know little about what these practices mean and how these meanings change over time.

Approach: This paper draws from the work of philosopher Michel Foucault in exploring the nature and meaning of these cultures and practices of drug use. We argue that Foucault's treatment of an 'ethics of moderation' provides a way of reconceptualising the practice of drug use, whilst also rethinking strategies for reshaping these cultures in ways that might reduce drug related harms.

Key Points: This paper also canvasses the findings of the second presenter's original empirical research amongst cannabis users (n = 80; age 18-60) in Dunedin, New Zealand. In this study, participants perceived cannabis as providing numerous benefits, both personal and social. For many, their use of cannabis was seen as a rational and sensible choice of intoxicant and, aside from its illegality, often as a safe, personally empowering and socially enriching one. Cannabis use was also understood as an important social practice, rich in personal meaning.

Implications: We argue therefore, that drug use should be treated as a practise of the self; important in establishing and maintaining distinct social identities. We argue further that Foucault's work provides a way of developing strategies aimed at shaping the use of illicit substances in ways that are likely to significantly reduce the harms sometimes associated with them.

2.00PM - 3.30PM

SESSION TITLE: TRAINING AND WORKER SUPPORT**175 Andrey Khrapal**

PROGRAMME OF TECHNICAL AND INFORMATIONAL SUPPORT TO HR PROJECTS IN MOLDOVA: LESSONS LEARNED

Issue: HIV/AIDS and drug-use epidemics in Moldova call for an active joint response from both the national and international communities. Methodological and informational support, and the training of project staff is required to ensure the effectiveness of HR projects in Moldova and to improve IDU access to the services available.

Setting: Between 2002 and 2004 AIDS Foundation East-West (AFEW), with support from CORDAID, has implemented a programme of technical and informational support to seven HR projects funded by the Soros Foundation - Moldova.

Project: The project included training; ongoing supervision and consultations during on-site visits to needle exchange points (NEPs); development of information materials for the projects; and the provision of syringes and condoms to IDUs.

Outcomes: Programme activities enabled capacity building in local HR projects, which positively influenced coverage and the quality of services they offered. AFEW training constituted between 40% and 100% of the overall amount of training provided to the staff of the projects. Follow-up research among IDUs demonstrated that over 75% of respondents considered the level of NEP staff knowledge and quality of services provided as 'high', which was up 15% from before the start of the project. 95% of respondents come to the NEPs regularly for counselling.

Enhanced capacity of HR projects and access to up-to-date information contributed to an increased awareness among IDUs, which helped decrease risky behaviour. More than 96% of HR project clients report regular use of clean needles, and over 60% of clients feel empowered to prevent HIV infection and report taking precautionary measures.

Training of HR projects staff also contributed to organisational development - new forms of work were introduced (e.g. seminars for clients), the scope of services provided and their coverage were increased, and new target groups (e.g. family members and partners of IDUs) were involved.

688 Mark McPherson

REAL LIFE REHEARSALS: AN ADVANCED ROLE-PLAY STRATEGY FOR THE SKILLED TRAINER

Role-plays and behaviour-rehearsals are common educational responses to the identified need for a group of individuals to increase their communication, social, or assertiveness skills. These skills are required to successfully deal with potentially awkward social situations such as the need to: refuse an offer of a lift in a car; refuse the offer of using more drugs than they want, and; negotiate "safer sex" in the face of pleading, arguments, or threats of retribution. Unfortunately, like many educational strategies, role-plays are sometimes handed down from trainer to trainer with little opportunity for a rigorous examination of: how they should relate to sound learning outcomes; how they should relate to other educational/psychological strategies; how long or short they should be; how, when, and where they should be used, and: how it can be determined if learning outcomes have been achieved. Since participants cannot always be taken into "the real world" to develop, learn, and practice the skills, skill development in the "classroom" needs to simulate reality as closely as possible. The Pooling Your Wisdom (PYW) behaviour-rehearsal strategy is an advanced technique.

It can achieve realism with fun, participation, interaction, and relevance, as well as not having many of the drawbacks of some more common role-plays. In PYW participants anticipate potentially harmful situations, develop workable strategies to achieve harm-reduction that are personally acceptable to them, rehearse and practise them in a safe environment with constructive feedback from the facilitator and, where appropriate, from other participants. This interactive workshop will examine: a) What are role-plays, why use them, and what are our experiences with them? b) The traditional role-play and why it can fail to achieve the desired objectives and can even be counterproductive. c) Participation in a brief PYW session. d) Some advanced role-play techniques that can be used with PYW other role-plays.

616 Raminta Stuiyte, Anna Sarang, Agne Jacynaite

BURN OUT PREVENTION PROGRAM IN CENTRAL-EASTERN EUROPE AND CENTRAL ASIA

People working in harm reduction (HR) field (workers and managers of needle/syringe and outreach programs for drug users and sex workers, substitution treatment and advocacy programs) in connection with specific work collide with emotional overstrain, symptoms of depression, low payment, inefficient management, social insecurity and low appreciation of harm reduction work within society - with burn out syndrome which leads to decreased quality of HR program activities.

In 2004, Central and Eastern European Harm Reduction Network set up burn out syndrome prevention program aimed at HRP workers in the countries of Central and Eastern Europe and Central Asia, where more than 220 needle/syringe programs and over 70 methadone programs operate. The program supported by the International Harm Reduction Development Program of the Open Society Institute,

seeks to increase HR workers work satisfaction and motivation, help organizations reflect on the issues of management and human resource development.

One-time small grants meant for all not-for-profit NGOs, governmental and municipality institutions working in HR field were distributed to 22 out of 42 proposed initiatives. Burn out prevention programs from 8 countries are being implemented by the end of 2004. Selection of projects was carried out by Community Review Panel which comprised of outreach workers and managers, expert of burn out syndrome and involved people from different parts of the region. The burn out prevention program is pilot in CEE/CA. After realization of all approved projects a best practice compilation on burn out prevention and management will be collected and the Manual on Burn out Prevention and Management will be released using the program grantees experience and ideas, as well as theory in burn out prevention and management. While the program is small scale, it will raise awareness about the issue among harm reductionists, first of all HRPs managers and will be base to assess the needs and further develop burn out syndrome prevention strategies in CEE/CA as well as other parts of the world.

676 Simona Merkinaitė

SKILLS AND CAPACITY BUILDING IN HARM REDUCTION - TRAINING INITIATIVE

Issue: The number of harm reduction programs in the region of Central and Eastern Europe and Central Asia (CEE/CA) keeps expanding and variety of services provided to target groups becomes more diverse. The region needs stronger capacity building component and strengthening of local expertise. Therefore a system of on-going training in skills and capacity building becomes essential.

Setting: In 2003 estimated 1.3 million people were living with HIV/AIDS in CEE/CA. At the time more than 70 methadone maintenance therapy and over 220 needle/syringe exchange and outreach programs reaching various target groups (drug users, sex workers and ethnic communities) were operating.

Project: In 2004 CEE-HRN overtook implementation of a training program previously implemented by the International Harm Reduction Development Program. This initiative is region-wide, covering all countries of CEE/CA and utilizes local capacities in both developing and providing trainings.

In line with the project two main activities are carried out:

- trainings;
- needs assessment for trainings.

The main objective of the training program is to provide trainings to local key staff involved in implementation of HIV/AIDS prevention and care interventions. Trainings on topics covering principles of work with specific populations, financial sustainability, program monitoring and advocacy will be carried out for approximately 130 harm reduction practitioners.

Outcomes: It is expected that the initiative will help harm reduction projects to sustain themselves; Needs assessment will enable to develop training modules, which will be integrated in the work of the Harm Reduction Knowledge Hub for Europe and Central Asia (WHO/GTZ regional initiative) aiming to support the development of local and regional technical capacities to implement, monitor and evaluate HIV/AIDS preventive and care policies and approaches for drug users.

933 Zuhra Halimova; Vladimir Magkoev; Umedjon Ibragimov

CHANGING OF ATTITUDE TOWARDS DRUG USERS AS PART OF THE DRUG DEMAND REDUCTION PROGRAM (DDRP) IN TAJIKISTAN

Issue and settings: The increase of drug abuse, especially heroin, in Tajikistan during last 10 years requires strengthening institutions providing drug demand reduction (DDR) services. At the same time this situation uncovered low effectiveness of existing approaches to drug-related problems. Thus, investments into existing service provision system would not be expedient. It urged the program to seek principally new ways of the problem solution.

Project and outcomes: Since introduction of innovative concepts and methods into the DDR practice requires availability of the appropriate policy and regulatory environment and trained professionals, activities targeted at improvement of DDR-related policy and regulatory environment were planned within the program. By the end of Year 2 of the program implementation the following progress was achieved:

- DDRP actively participated in conducting International Expertise of the draft Law on Narcological Aid, which was adopted by the Parliament then taking into account recommendations of the Experts.
- The Curriculum on Cause-oriented Drug Use Prevention Education for vocational schools was developed and approved for pre-testing in pilot vocational schools.
- Narcologists, Psychologists and NGO Directors working on DDR obtained knowledge and skills on provision of services to drug users basing on international best practice during trainings conducted within the program.
- Counselor, a new for the country category of drug-related professionals was established with support of the program.
- Key stakeholders on development of Rehabilitation Protocol visited

Rehabilitation Center "Monar" (Krakow, Poland).

- As the result of DDRP activity on strengthening collaboration with the Government bodies a DDRP staff member was included into the workgroup on Rehabilitation Protocol.

25 Kieran Connolly

CAN TRAINING IN HARM REDUCTION SURVIVE IN A HOSTILE WORK ENVIRONMENT?

Background: This paper reports on a study undertaken to investigate the uptake and adoption of harm reduction training by primary care workers. The provision of harm reduction training to primary care workers has been a mainstay of educational interventions in the alcohol and drug area. The intention of training is to broaden the base of health care workers who provide services to drug using clients in a range of environments. However, questions have been raised about the effectiveness of training. When participants return to their workplaces they often find that the environment to which the newly trained worker returns is not supportive of harm reduction activities. The objective of the study is to identify the impact of harm reduction training on primary care workers on their return to their workplace.

Methods: The study sample has been recruited from primary care workers who have recently completed harm reduction training. Surveys and informant interviews have been undertaken three months post training.

Results: Findings about the degree to which these newly trained workers apply harm reduction strategies in their workplace will be discussed. The notion of environments hostile to harm reduction practice has emerged as a key theme preventing workers from putting into practice newly acquired skills. The importance of organisational culture, management support and peer support will be examined, and issues relevant to skills uptake post training.

Conclusions: The relative effectiveness of harm reduction training for primary care environments has implications for policy with respect to education and training in this area.

923 Fionnuala Mc Kinney

IT TAKES ALL SORTS- CROSS SECTOR TRAINING IN BRIEF AND OPPORTUNISTIC DRUGS/ALCOHOL INTERVENTIONS IN NORTHERN IRELAND

The DRUGS AND ALCOHOL TRAINING PROGRAMME

(sponsored by the Northern Ireland Drugs and Alcohol Strategy Team).

ISSUE ADDRESSED:

- The lack of easily accessed skilled helpers within the community who can effect an early/opportunistic brief intervention with a person experiencing drug/alcohol related harm.
- A lack of a quality assured package of training meeting the needs of the majority of staff dealing with drug/alcohol problems on a day-to-day basis;

SETTING: Training is provided throughout the Western Health and Social Services Board area (Northern Ireland) to staff from the Health, Social Care, Criminal Justice, Community/Voluntary and Youth sectors.

PROJECT AIM: To encourage earlier identification of individuals at risk from the effects of drug misuse, by providing an effective and efficient training structure for staff dealing with problem drug/alcohol use on a day-by-day basis.

It is delivered to a multidisciplinary group maximising the impact of local networks. It develops skills in the assessment and early/opportunistic interventions in problematic alcohol/drug use in all sectors targeted. Experienced qualified trainers in the field of dependency provide programme facilitation. All participants have a mentor (a member of a local drugs /alcohol treatment team) who oversees their translation of the learnt skills into their working practices and environments.

OUTCOMES:

- To date,
- 446 people across 125 organisations throughout the western region trained.
- People experiencing drug/alcohol related harm accessing an appropriate intervention earlier in their drug/alcohol career and thus gaining an earlier chance to change behaviours that have the potential to cause harm.
- Identification of best practice in design, delivery and evaluation of brief intervention training across sectors/disciplines.
- A vibrant active network working across all sectors to reduce drug/alcohol related harm within the communities of the Western board area.

790 Annie Bleeker, Gary Reid

DRUG INFORMATION TRAINING IN A CULTURALLY SENSITIVE ENVIRONMENT - THE INDONESIAN EXPERIENCE

This presentation will explore the presenters experience with the implementation of Drug Information training workshops across the Indonesian archipelago between Dec 2000- June 2004. A total of 33 Workshops were conducted in 11 Cities; and

approximately 825 Indonesians were trained by the project.

When the project commenced (December, 2000) the prevalence of HIV amongst IDU was estimated to be 10%; by June 2004, HIV prevalence amongst some IDU populations was estimated to have risen to over 50%.

Although much progress has been made with accepting the principles of harm reduction in this country, their implementation, in part, still remains a challenge.

56 Joy Barlow; Allan Johnston; Helen Hayes; Barry McCluckie; Lynne Nugent

MULTI-DISCIPLINARY TRAINING TO ACHIEVE POLICY AND PRACTICE SYNERGY

The presentation will address the issue of multi-disciplinary training and education, and its contribution to the synergy between policy and practice, through the experience of STRADA- Scottish Training on Drugs and Alcohol. The development of current National Occupational Standards, registration and accreditation requirements in the UK, are expected to produce a competent and confident workforce. The presentation will address these issues, as well as those to improve the effectiveness of workers through skill-based programmes.

The setting is that of a nationally funded training, educational and development programme in Scotland. The presentation will focus on the delivery of a national training programme, delivered at local level by locally based trainers over the last 4 years. Data on the educational and development programmes will also be presented. STRADA's aims are to enhance competence of professionals addressing substance misuse across Scotland; to provide evidence-based training and education; to assist in the development of skills. The presentation will describe activity under these headings. Outcomes will be presented on monitoring and evaluation data; lessons learned will also be described from policy and logistical perspectives. Questions for discussion will be posed on the efficacy of multi-disciplinary training and implications for the development of individual workers and the creation of learning cultures in the workplace.

131 Colette Mc Grath; Jake Rance; Ingrid van Beek

WORKING AT THE SHARP END AND SURVIVING

Issue: Workers in low-threshold services such as NSP's, outreach and safer injecting facilities can find it difficult to remain motivated especially when faced with a high levels of recidivism. Since the opening of the Sydney Medically Supervised Injecting Centre (MSIC) there have been many occasions to ponder this. Here the staff cope daily with the experience of observing clients potentially causing harm to themselves or watch them come close to death in the event of overdose. Over-time such exposure can lead to a feeling of helplessness in the face of problems that seem inevitable.

Approach: Consultation with clinicians in the field about their experiences and coping mechanisms brought me to question how is it that just when "you" had almost given up something inspires you to keep going. When the client "you thought" might actually be better off dead writes you a letter thanking you for caring and being the inspiration for them making a change.

Key Points: Explores why people choose to work in low-threshold harm reduction services. What motivates them to care? Why do they keep trying when it seems everyone, including the client has given up? Incorporate case studies. Implications; Explores how to stay motivated using professional practises and to assist and overcome odds that seem insurmountable.

2.00PM - 3.30PM

SESSION TITLE: DRUG USERS VIEWS AND LESSONS LEARNED

17 Carol Romanow

USER UNIONS AND CASH

User Unions. The "new" ideology in a world of Professionalism.

The idea of user unions is not news or new. We already have a few examples in the World, however trying to present a view point from a peer based model or from a stand point of been there, done that, got the t-shirt is some what threatening to the power base who see them selves as the salvation of those "junkies" in Canadian Society.

Operating from a model of past or current IDU, without money or an office, SOLID has managed to survive 15 months, holds weekly meetings and operates a needle exchange from a Van.

The next step is to convince Health Canada that peer based support and information works best, while at the same time puts some cash into the poor and disabled in Society who also use drugs. Who also have Hepatitis, HIV and other concurrent health issues.

People who are current users need health, financial and housing issues attended to before they can even begin to address their addiction.

Condemnation and labeling further erode already precarious dignity and self-esteem.

Being viewed as an "expert" and receiving an honorarium helps both body and soul to become more into the world of "I matter".

504 Silvia Castro

THE ROLE OF THE USERS IN HARM REDUCTION IN ARGENTINA

In 1999 a group of drug users was established with the aim of promoting harm reduction in their community in conjunction with ARDA (Asociación Argentina Harm Reduction Association). The irregular interventions made in affected areas were successful and showed that it could be expanded. In 2000 the group was more formally established as R.A.D.D.U.D. (Red Argentina Defendiendo los Derechos de los Usuarios de Drogas or Argentinian Network Defending the Rights of Drug Users). This group continues to grow, learning from personal experience and also from the experience of similar groups nationally and internationally. We see it as fundamental that we take our field work (to the congress) as an example, displaying what we have done through written work and photos of what we have constructed

601 Grant McNally, Sandra O'Neill

INTEGRATING HEPATITIS C PRIMARY, SECONDARY AND TERTIARY HARM REDUCTION INTO PROJECTS TO ENCOURAGE TESTING.

Issue: Despite awareness of HCV, large numbers of I.D.U's in the UK continue to be at risk of infection as prevention information and techniques they currently practice are drawn from HIV prevention campaigns of the 1980's. Current initiatives are geared towards testing to establish a more defined number than currently known.

Setting: IDU behaviour is peer driven, observing others in an injecting environment, or initiation by a peer assisting. All these routes rely on information, from personal experience and knowledge acquired through ad hoc professional media, with this filtering down through different generations. HCV is a more virulent and robust virus than HIV, and the transmission of it, through injecting behaviours, is poorly understood by those at greatest risk. 'Inherited' injecting knowledge, lulls many current users into believing that their behaviour is or has been 'safe', whilst actually leaving them exposed to not just single incidences, but multiple exposures to other HCV genotypes. Being a user led group, we had made suggestions at the bidding stage, and negotiated that the project was designed with the additional aim of addressing this knowledge deficit.

Project: The project thus focussed on changing those behaviours, by alerting users to the differences between HIV and HCV and attempting to introduce new messages into their injecting rituals in addition to encouraging testing and alerting them to problems that HCV could cause in future. Unique project points were that all aspects were user led, that it looked at what made peer education 'active' and that it empowered the participants to become peer educators themselves.

Outcome: This project explored how the primary aim could be met, but also how a multi dynamic could be created, through adding an active peer involvement element to it, that resulted in primary, secondary and tertiary harm reduction for IDU's in that community.

410 Matthew Toomey, P. McElwee, N. Bath (AIVL), J. Byrne (AIVL)

NOT SO PSYCHO - STIMULANT USERS HAVE A POINT!

Issue: In 2003 AIVL undertook a 'National Snap Shot on HCV Transmission Risks Amongst Injecting Psychostimulant Users' (182 interviewed, 24 each State and Territory, 14 Tasmania). The Snap Shot unearthed previously overlooked/unobserved modes of possible HCV transmission that have been around methamphetamine (meth) injecting for years. This peer driven project was designed, managed and implemented across Australia by men and women who choose as part of their lifestyle to 'bang gear' i.e. inject speed/crystal/ice/meth/base.

Approach: The Snap Shot Tool/questionnaire deconstructed meth injecting behaviours into five interrelated modules: BEFORE: getting equipment & drugs JUST BEFORE: dividing, mixing, preparation DURING: tourniquet, swab & injection JUST AFTER: blood, after swab & syringe reuse AFTER: disposal, cleaning up This process enabled peer interviewing. At last, questions about injecting speed and BBV transmission made sense for peer interviewers and respondents. The Tool also included specific sub-cultural/social meth injecting lifestyle questions. The balance of cultural/BBV transmission questions gave the project a user friendly equilibrium.

Key points: Examples of previously overlooked possible transmission findings: i 68.7% (n=125) respondents had used a premixed fit they had not seen being made up of these 38.4% (n=48) did not know or trust the person who mixed it. i 86.3% (n=157) had been in the company of someone who could not find a vein of these 34.4% (n=54) helped or eventually did it for them. i 73.6% (n=134) had done a

wash or rinse of old deal bags of these 32.8% (n=44) weren't sure they were all theirs. Example of social/behavioural

Findings: 67.6% (n=125) reported sex, 67.0% (n=122) reported music, 61.0% (n=111) reported housework and 36.8% (n=67) reported work as their main activities on meth/amphetamines.

Implications: These findings have implications for injecting drug users, peer educators, and conventional researchers. Contemporary peer driven research is in there - not just looking there.

953 Dirk Schäffer

DRUG USER SELF HELP - A WAY OF HIV PREVENTION AND HARM REDUCTION

JES the germanwide drug user network work since 15 years in the field of harm reduction and HIV and hepatitis prevention.

JES is a unique achievement cause JES unite active drug users, ex-user, and people in methadone treatment so a broad variety of autonom user-groups with common aims in one germanwide network with the motto "living with drugs". In many countries on local levels drug user self help are involved to design working concepts and create political strategies. Nevertheless, but how is the involvement and the use of the ressources from user self help on a national level secured?

This presentation give you an insight into the history, structures, services and demands of the German drug self help organisation JES and the effects of user self help in the field of harm reduction and HIV/Hepatitis prevention.

845 Sabir Farhat

A NOVEL EXPERIMENT-DRUG USERS INVOLVEMENT AS OUTREACH WORKERS IN HIV PREVENTION PROGRAM IN SOUTHERN REGION OF PAKISTAN

ISSUE: HIV Prevalence appears to be low in Pakistan, presence of number of vulnerabilities and risky behavioral patterns need urgent and coordinated action. The APSOP started research and intervention project oriented to HIV prevention among IDUs objectives was to develop project HIV transmission risk reduction among IDUs. Syringes, preventive information and condoms, to be distributed in poor urban slum area of the Bahawalpur city, being first program of these characteristics including drug users as outreach workers.

SETTING: The urban slum namely TIBBA BADER SHER is a largest Katchi Abadi of Pakistan, where 84% Population has poor living conditions. This location is one of the places with higher percentage of IDU cases. The APSOP considered issues, knowing most excluded populations have less access to health and other social resources.

PROJECT: As part of project, the team interviewed IDUs in different neighborhoods of city, led us to network living in particular area named Tibba Bader Sher. During process, several interviewed drug users who became part of team as Outreach Workers in order to define more adequate interventions. The APSOP developed two kinds of interventions; one was located in the house of a drug user, where many drug users gathered weekly; other located in a street where drug user goes every week to meet other drug users. In both environments, information was distributed including syringes and condoms. Preventive activities for the rest of community living in neighborhood were also organized by drug users and researcher's team.

OUTCOMES: The incorporation of community members as outreach workers being drug users themselves, favored the access to a hidden and stigmatized population in order to improve their access to information and care.

130 William McCallum

WORKING IDU'S

As a current IDU on a methadone maintenance programme (25 years) I am at present directing DHDP:Wellington (NEP) I also oversee 3 satellite exchanges employing 17 people with over half being peers in either drug use/sexwork/transgender issues/gambling and most of societies perceived vices. I have been doing this job for the last 10 years and look upon the needle exchange programme not so much as a job but as a calling. Because of this I would like to express my belief that current IDU's should be accepted and acknowledged on their performance and not society's preconceived beliefs on just what "JUNKIES" are capable of. This would form the basis of my discourse.

752 Andria Efthimiou-Mordaunt

DRUG USERS IMPACT ON DRUG POLICY

I became interested in researching the impact of User groups on drug policy as I was deeply involved for 14 years. Fellow user activists had expressed minimal interest in this area thinking that their impact had often been tokenistic, but it transpires that some have been a part of moving policy towards treatment (as opposed to

criminalisation) drug policies across the globe.

Methodology: I spent weeks in Holland, Denmark and London carrying out in-depth interviews of drug user peer educators and activists to focus in on what these impacts are and comparing these countries access to funding and support for such work as well as acceptance within drug policy debates. I was interested in what mechanisms or issues make this possible?

Needless to say, drugs users are clearly capable of running organisations and conducting peer interventions, though it is significant that many remain unpaid and still peripheral to the movement. Another question of the research then was why they behave in such altruistic ways whilst being well-appreciated by professional allies in the 'movement.' (It is not just drug users who behave altruistically in this movement either!)

This and other questions are the meat of this research.

429 Rob Morgan

CRISIS INTERVENTION

VANDU was formed amidst a crisis in the downtown eastside (DTES) of Vancouver, BC Canada. In 1998, the DTES was facing a crisis of extremely high overdoses rate from injection drug use, which nobody in the government level was addressing. We were also facing an alarming high rate of HIV and Hepatitis C infection rate in the DTES. VANDU was formed through a group of concerned drug users that felt that the problem needed to be addressed immediately.

Through VANDU lobbying and applying political pressure through demonstrations, we changed the government's policy in regards to exemption 56, which allows the injection of an illicit drug in a safe public place. This site became the first Safe Injection Facility (SIF) in North America, known as INSITE.

The DTES of Vancouver has still the alarming problem of the scenes of open drug use on the streets. VANDU is now focusing it aims on the problems that are associated with Crack Cocaine users. We are applying through the government of Canada for a second exemption 56, which will allow us to inhale illicit drugs in a safe place. When INSITE was planned and built, it was built with a safe inhalation room to be used for this purpose.

VANDU is also starting up a pilot project, which will be handing out crack cocaine kits to users who need them. These kits will have 1 Pyrex pipe, 5 brass screens, 1 push stick, matches, lubricant, a condom and safe smoking tips as well as Harm Reduction material. We will be collecting the required data that the Vancouver Coastal Health Authority asks us to do so before they even consider our proposal for them to fund this Harm Reduction initiative. It should be noted that the Winnipeg Regional Health Authority has a successful program of crack kit distribution going on in Ontario.

Being a resident who lives in the DTES of which is third world living conditions, I believe I would be eligible for this Abstract.

264 Noreen Sheikh-Latif

BARRIERS AND SOLUTIONS TO EFFECTIVE USER AND CARER INVOLVEMENT

Drug user and carer involvement has increasingly become popular in the UK. However, though we have seen the inclusion of service users and carers being driven in the last few years by policies and national directives, especially through the NHS, the Government's modernising agenda and within the drugs field standards and frameworks. It can be conceded, that on most occasions, responses have been knee jerk reactions to newly developed policy reforms, resulting in poorly planned community consultations, ad-hoc customer satisfaction surveys and the weary collation of data, seldom used to inform quality and performance, but satisfying, the tick box scenario. Service users and carers themselves have described these processes as 'consultation fatigue', and service providers have described user groups as 'problematic'. This paper seeks to illustrate the pros and cons of user and carer involvement within drug services, using a variety of examples from Lifeline's (UK drug service provider) own experiences and will be suitable for anyone seeking to develop involvement strategies and/or have already done so, including users, carers, service providers and policy drivers.

Some of the barriers discussed will include; using privileged access interviewers/peer educators, 'reimbursing' users and carers for their time, developing individual and organisational capacity, sustaining commitment, and integrating feedback from users into service improvement. To maximise involvement of service users and carers with regards to the type, delivery and development of services, a sense of ownership and involvement needs to be installed which is on the service users and carer's terms, by providing opportunities which allow them to be part of the decision-making process not one of tokenism. Solutions to effective user and carer involvement will include discussion of effective capacity building of users, carers, service providers and commissioners with a view to adopting user and carer involvement as an intervention which improves health and social outcomes.

2.00PM - 3.30PM

SESSION TITLE: ISSUES IN TREATMENT**497 Robertson, Roy., McKenzie, Jim., Storkey, Helen., Bruce, Malcolm., Raab, Gillian****RANDOMISED CONTROLLED TRIAL OF DIHYDROCODEINE VERSUS METHADONE IN THE TREATMENT OF OPIATE DEPENDENT PATIENTS**

A Randomised controlled trial of methadone versus dihydrocodeine was conducted in a clinic and community setting. 250 patients were randomised and followed over a 4 years period. Follow up interviews were conducted every 6 months. The study is continuing to follow patients and has a greater than 90% retention and contact rate for patients at all time periods. Analysis of data at 6, 12 and 18 months has shown no difference between the two conditions indicating a similar level of efficacy for both treatment options. Outcome measures include, reduced injecting, retention in treatment and reduction of criminal behaviour. These results open up the possibility of an alternative treatment to methadone in the treatment of opiate dependent patients. Dihydrocodeine has been widely used in the UK and parts of Europe for many years but has never been assessed in this sort of robust trial before. The study will continue to follow up patients and to observe results over longer time periods. Important issues include doses of dihydrocodeine, the use of sustained release tablets and the patient preference profiles for the two treatment options. There are indications that dihydrocodeine is preferred by some groups of patients and may allow a larger group of opiate dependents to enter and stay in contact with treatment services. This has important implications for harm minimisation

83 Michael Orgel; Deborah Zador; Louise Sell & Ali Wilson**INJECTABLE OPIATE THERAPY: THE VIEWS OF RECIPIENTS**

Background: In the UK injectable opiate therapy (IOT) has been prescribed as part of the management of drug dependency since the early twentieth century. While the debate continues amongst clinicians, academics and policy makers over the advantages and disadvantages of providing IOT, the views of those who receive the intervention have been largely neglected. Sell and Zador did publish the results of a survey of opinions and experiences of recipients of IOT in 2004. The research presented here builds upon this previous work by interviewing a different group of users utilizing a more open, qualitative approach.

Methods: Initial analysis of a mixed qualitative, quantitative study carried out at two community drug teams in the northwest of England is presented. During the study period approximately 420 individuals received opiate substitution treatment 36 of the 420 (9%) were receiving IOT. These 36 patients were approached to be interviewed. A structured interviewer-administered questionnaire was utilised with an additional qualitative component. Interviewees were asked open-ended questions covering: reasons and opinions concerning commencing IOT, benefits and unhelpful aspects of IOT, views of coming-off IOT, and perceptions concerning helpfulness of the service. A total of 29 subjects were interviewed: 4 prescribed injectable diamorphine and 25 injectable methadone.

Results and Conclusions: The results are intended to add to the current debate on prescribing injectable opiates by providing information from recipients of IOT on these research questions: How do IOT recipients perceive the process of being put on IOT? Do recipients view IOT as beneficial? Are there ways in which IOT is perceived as unhelpful by its recipients? Do IOT recipients think it was the best form of treatment at the time? Are IOT recipients planning to come-off IOT? Do IOT recipients want help other than their prescription from services? Do IOT recipients receive other help from services?

838 Randy Seewald, Carolyn Drennan**METHADONE MAINTENANCE AND OLDER ADULTS**

Methadone has been used for the treatment of opioid dependence since the early sixties in the US. Beth Israel Medical Center, the oldest and largest MMTP in NYC, with over 7000 patients treated each year, serves one of the largest populations of older methadone patients in the world. There is minimal research literature concerning older adults in methadone maintenance treatment to guide clinical practice. Restrictive federal, state and local regulations in the US impose further difficulties to individualizing care in this population. This symposium is intended for drug treatment providers to address the issues treating older adults that have arisen at Beth Israel MMTP in NYC with suggestions for future interventions, policy changes and specific programmes. Directions for future research will be discussed.

833 Dr Chris Ford, Matthew Southwell and Monique Tomlinson**POWERING UP PRACTICE IN GENERAL PRACTICE - SUPPORTING GPs TO WORK WITH CRACK USERS IN THE UK**

The use of cocaine in the UK has been rising steadily over the past two decades. As the price has fallen, all the other indicators of use have risen, such as, seizures of the drug by police and customs, numbers of people using the drug in the general population, numbers of those coming forward for treatment and deaths from cocaine use.

All social classes, ages and cultural groups use cocaine and its smokeable form, crack. Some users are running into serious physical and mental health problems, especially chronic high-dose users, who are also likely to have a whole host of other social, legal and economic issues to cope with.

This change in drug trend is presenting challenges to all professionals working with dependence, as most of the current knowledge, practice and policy are based around opiate use. As increasing numbers of all drug users are presenting to primary care in the UK, the implications are no less challenging. Change is needed if we are to provide appropriate treatment and support to this group of users and it is important that GPs have a working knowledge of the specific problems faced by crack users and ways of reducing the harms they face.

GPs wanted to and have indeed responded to this change in drug use, but soon realised that they had precious little training or guidance on how to manage and treat people who used crack, thus they subsequently called for this.

This paper explains how a unique training programme has been established over the last two years, using the skills of both crack users and general practitioners on a level playing field. In particular, crack users having expertise to offer to GPs and to inform practice especially in relation to harm reduction. Over 300 GPs and others working in primary care have so far been trained.

New written guidance specifically for primary care has also been written using the pooled experience of experts in the field, including the experiences of users.

358 Catherine Comiskey; Gloria Crispino; Gemma Cox**BASELINE DATA RESULTS FROM THE FIRST NATIONAL LONGITUDINAL STUDY TO EVALUATE THE EFFECTIVENESS OF TREATMENT AND OTHER INTERVENTION STRATEGIES USED IN IRELAND FOR OPIATE USE**

Introduction: We present the first national study designed to evaluate the effectiveness of treatment and other intervention strategies at statutory and community level.

Methods: This is a longitudinal study comparing different modalities treatment from a range of treatment settings. Pre-treatment/post-treatment comparisons are made without a control group. In order to evaluate the effect of prevention and treatment strategies, various internationally recognised indices can be used. We use a multi-dimensional approach based on the UK NTORS and the Scottish DORIS.

Results: The Research Outcome Study in Ireland Evaluating drug treatment effectiveness (ROSIE) finished baseline recruitment in July 2004. Over 400 opiate drug users were recruited to the study. Services and/or individuals providing treatment in both community (local community based services, health board clinics, satellite clinics & G.P. surgeries) and residential (in-patients, residential rehabilitation & prison-based services) settings throughout the country were included in the study. Participants were recruited across four modalities; substitution treatment (stabilisation, maintenance and reduction), structured detoxification programs, abstinence based programs, and needle-exchange. An estimated 20% of those interviewed were from detoxification programs, 20% from abstinence-based programs, 53% from methadone programs and 7% from needle-exchange. Preliminary analyses of baseline interviews processed thus far reveal that approximately three quarters of the cohort are men. The mean age of ROSIE study participants is 27 years (range 18 to 57 years). The cohort is predominately Irish. **Conclusions:** The results of the ROSIE study will contribute to our scientific understanding of treatment outcomes, and the treatment process. In addition, they will provide valuable data about the impact of drug treatment on substance use problems that will help inform drug service providers, service users, and policy makers in Ireland.

2PM - 3.30PM – ORAL POSTER SESSIONS.**SESSION TITLE: UPDATE FROM AUSTRALIA****594 Simon Ruth & Billy Bentley****HOSPITALS - OPPORTUNITIES FOR REDUCING HARM**

Issue: Hospital Settings, especially emergency departments, provide access to a great range of drug users ready to learn how to reduce potential harms associated with their drug use. This paper will illustrate the many opportunities to promote harm reduction that are created by providing drug education in a hospital setting.

Setting: Frankston Hospital. Frankston Hospital services a population of 200,000 people living on the greater Mornington Peninsula. Frankston is an outer beachside suburb of Melbourne, Australia.

Project: The Frankston Hospital Drug & Alcohol Liaison project was established in

2002. The project aims to reduce emergency department re-presentations and reduce length of stay in the hospital. The project seeks to do this by educating drug users about harms, improving hospital management of patients who are identified as drug users, facilitating access into drug treatment and improving staff attitudes towards treating drug users through cultural change and education. The project officer may only have one or two contacts with a patient before discharge so providing harm reduction messages are central to all contact directly with patients. Systemically the project seeks to address staff attitudes towards drug users and identify policy and treatment gaps.

Outcomes: The project has provided harm reduction advice directly to patients and to peer groups of non-injecting illicit users who otherwise would have been missed through harm reduction campaigns. The project has also helped to identify policy deficiencies and provided the impetus for developing new organizational policies, cementing harm reduction as a central tenet of these. Both the project and the role of out of new policies has created a great deal of discussion about harm reduction, it's benefits and has challenged the hospital's health care professionals to address prejudice and discrimination. Information gathered by the project has also helped inform local drug strategies.

248 Robert Weppler; Devon MacFarlane; Heather Hay DRUG USERS NETWORK INTEGRATES WITH DIVERSE COMMUNITY

ISSUE: The Grandview Woodlands Peer 2 Peer drug users' group has been formed and organized to become an integral part of a socio-economically and culturally diverse neighbourhood.

SETTING: In the Grandview Woodlands area of Vancouver, BC, Canada, residents range in socio-economic status, from street youth to professionals, living among a mix of residential and commercial property. The community has a wide range of ethnicity, including substantial Aboriginal, Afro-Caribbean, European, and Latin American populations. An organization of drug users faces a number of challenges to integrate their efforts toward this community's overall well being.

PROJECT: Peer 2 Peer, a group of current and former intravenous drug users living in this neighbourhood, came together to improve the lives of their fellow users and improve their neighbourhood. They focus on users with weekly support meetings, daily needle distribution, outreach and harm reduction education through face to face interaction. Peer 2 Peer also focuses on the broader community through membership and active participation in a number of local organizations.

OUTCOMES: Peer 2 Peer will have experienced several lessons by developing relationships and goodwill between drug-using and non-using neighbours, influencing and positively impacting community initiatives, empowering peers through their participation in needle distribution, outreach and education as well as in community initiatives, and working to create attitudinal and behavioural change among users.

200 Wen Cao, Carla Treloar

COMPARISON OF NEEDLE AND SYRINGE PROGRAM ATTENDEES AND NON-ATTENDEES FROM A HIGH DRUG USING AREA IN SYDNEY, NEW SOUTH WALES

Objective: To compare demographic and drug use profiles of non-NSP attendees with NSP attendees from the same geographic area.

Methods: Two data sources were used. One is from an annually repeated national survey of IDU at NSP and analysis was restricted to the research area - South East Sydney in 2003. The other is from a survey of IDU who do not regularly access primary NSP within the same geographical Area. Data was collected using self-administrated questionnaires and interviewer-administrated questionnaires respectively.

Results: Of the total 454 survey participants, 22% reported having never attended NSP. Non-NSP attendees were more likely to be younger (29 versus 33, $p < 0.001$), born in Australia (88% versus 79%, $p = 0.04$), have a shorter injecting history (8 years versus 13 years, $p < 0.001$), prefer injecting amphetamine (45% versus 27%, $p = 0.002$), have injected in friends' home (83% versus 68%, $p = 0.003$) and less likely to be infected by hepatitis C (38% versus 62%, $p < 0.001$) and hepatitis B (3% versus 22%, $p < 0.001$). NSP attendees were more likely to report frequent injection (44% versus 29%, $p = 0.006$), have injected on the street (39% versus 28%, $p = 0.005$), in a 'shooting gallery' (16% versus 4%, $p = 0.002$) and the medically supervised injecting centre (12% versus 4%, $p = 0.02$), have been tested for HIV (96% versus 72%, $p < 0.001$) and hepatitis C (96% versus 70%), and have been vaccinated against hepatitis B (52% versus 33%, $p = 0.002$).

Conclusion: Our study successfully accessed a group of 'hidden' IDU and provides a profile of non-NSP attendees to complement NSP-based studies. Strategies to promote NSP access among young injectors early in their injecting career are recommended. Strategies to improve testing for blood borne viruses for non-NSP attendees outside NSP, including information provision and consideration of referral to treatment are suggested by the findings. Lower rates of HIV and hepatitis C infection among non-NSP attendees indicates the feasibility of preventing blood

borne viruses transmission among this group.

763 Paul Aylward

AN EXTERNAL EVALUATION OF PEER EDUCATION IN FOUR CLEAN NEEDLE PROGRAM SITES ACROSS OUTER METROPOLITAN SOUTH AUSTRALIA: BALANCING NEEDS AND SHARING REWARDS.

The Peer Education project addresses one of the two health promotion initiatives advocated in the National illicit Drug Strategy and approved by the Council of Australian Governments (COAG) in April 1999. This initiative focuses on increasing 'education, counselling and referral services provided through community-based programs'. The 'South Australian Voice for Intravenous Education' (SAVIVE) were commissioned to enter into partnership arrangements with four community and youth health agencies operating the Clean Needle Program in outer-suburban areas in South Australia; SAVIVE provided Peer Educators for each site. The Peer Education Project aims to reduce both the levels of injecting and behaviours which lead to the transmission of blood-borne viruses among injecting drug users in outer metropolitan Adelaide. As a funding requirement, SAVIVE contracted an external evaluation of the Project in May 2003, which whilst drawing on a range of documentary evidence and routinely collected data, was primarily qualitative to allow an investigation and expression of the perspectives of clients, peer educators and professional stakeholders whose insights into the operation, working practices and outcomes of the project were essential to its understanding.. Through the systematic identification of process and impact indicators for the study, the triangulation of data collection, the engagement of peer educators as 'quasi sponsors' (in an ethnographic sense), and through approaching the evaluation in a respectful, non-judgmental, confidential and sensitive manner, the evaluation succeeded in balancing the needs of rigour and authenticity. This presentation will detail the inclusive approach used for the evaluation, balancing the requirement for an impartial and independent assessment with the need to acquire authenticity of accounts given in a highly politicised and emotionally charged environment. The methods used, the findings from the evaluation, and the implications for further 'external' evaluation work will be discussed.

868 Oanh Nguyen; Peter Higgs; Rebecca Guy; Margaret Hellard

TRAVELLING 'HOME': A REAL HIV RISK FOR AUSTRALIAN-VIETNAMESE INJECTING DRUG USERS?

Background/Objectives: Travel and migration have been a source of international concern for the transmission of HIV across country borders. Some of this concern relates to the increase in numbers of people from ethnically diverse backgrounds requiring treatment for HIV. In Australia, there has been a disproportionate increase in Australian-Vietnamese injecting drug users (IDUs) with newly diagnosed HIV. Given that HIV prevalence among IDUs in Vietnam is up to 65%, this study aimed to gain information about travel patterns, injecting behaviour and BBV prevalence among Australian-Vietnamese IDUs.

Methods: A cross-sectional survey of Australian-Vietnamese IDUs was undertaken across three areas in Melbourne. Participants were asked about their drug use and injecting behaviours, and travel to Vietnam in the past five years. A venous blood sample was also taken and tested for HIV.

Results: Fifty-nine (47%) of the 127 study participants travelled to Vietnam in the past five years. Thirty-six participants (61%) had used drugs in Vietnam, of whom 24 (67%) injected heroin. More than half of these 24 participants (58%) injected on a daily basis. Of the 59 participants who travelled to Vietnam, 15 went solely for drug-related reasons, that is, as a way to get away from their drug-using environment in Australia and detoxify; five solely due to family pressure; and 16 for both of the above reasons. Of the three HIV cases in the study, two had travelled to and injected in Vietnam.

Conclusions: Nearly half the Australian-Vietnamese IDUs study participants returned to Vietnam and 61% injected whilst there. This is despite the fact that more than half travelled to Vietnam in order to detoxify, either by choice or due to family pressure. Appropriate harm reduction measures need to be put in place in order to effectively reduce the number of people exposing themselves to HIV and other BBV infections each time they travel "home."

561 Jim Murray, Brad Sellars

IDU HARM REDUCTION IN THE CITY OF MELBOURNE

In 1998-9, Melbourne experienced an unprecedented heroin crisis, with almost daily deaths from overdoses, mostly in the inner city area. In response to this, the City of Melbourne, in collaboration with Convenience Advertising developed a harm reduction programme designed to inform IDUs of risk minimisation strategies and signposting outreach services. Following a reduction in heroin availability in 2000, CA and the City of Melbourne began working on long term IDU harm

reduction strategies. One of these strategies was a targeted Hepatitis C education and awareness programme. The strategy utilises the Convenience Advertising methodology of placing targeted messages in the bathrooms of public toilets.

The communication strategy development process was collaborative and involved stakeholders from the City of Melbourne, Hep C Council of Victoria, VIVAIDS, Foot Patrol and Living Room (a primary health service provider). In consultation with the stakeholder group, a strategy was developed that met the communication needs for both the general public and people who inject drugs. Messages were developed and focus tested with target audience groups in order to create a communications strategy that could deliver contemporary and relevant Hepatitis C messages with relevance to each group.

Upon conclusion of the creative development process, a placement strategy was developed and formulated. This was influenced by the collaborative model between Convenience Advertising and the City of Melbourne, and steering group, in identifying public toilet spaces that are appropriate to each target group.

This campaign was evaluated in August 2004, utilising a quantitative research methodology to establish the level of awareness of Hepatitis C and associated harms, and the effectiveness of communication with the target audiences in regard to message recall and information absorbed. The results of this evaluation will be presented to the 16th IHRA Conference.

2.00PM - 3.30PM

SESSION TITLE: MIXING DRUGS AND CLUBS

70 Cameron Duff

EXPLORING THE INCIDENCE AND PREVALENCE OF GHB USE IN MELBOURNE: IMPROVING PREVENTION AND HARM REDUCTION STRATEGIES

Background: Recent increases in the use of gamma-hydroxybutyrate (GHB) in a number of Melbourne clubs, bars and raves have highlighted significant gaps in our understanding of this drug, as well as the most important trends and contexts associated with its use. Unfortunately, very little research exists on the cultures and contexts surrounding the use of GHB, which has made the planning of effective prevention and harm reduction strategies very difficult.

Methods: This research is being conducted in collaboration with the peer organisation RaveSafe in order to maximise access to those individuals who use GHB in Melbourne. Original survey research is currently being conducted into the incidence and prevalence of GHB use in Melbourne bars, clubs and rave events, and associated risks and harms. Surveys will be administered face-to-face at events, and through an 'on-line' survey hosted from a series of web-based harm reduction sites. A small number of focus groups and key informant interviews will also be conducted.

Results: This paper will provide an outline of the key research findings. Data on the incidence and prevalence of GHB use in Melbourne will be presented along with more qualitative data on the experience of GHB related risks and harms. More broadly, the paper will present an account of the various cultures and contexts of GHB use in Melbourne.

Conclusions: The paper will close with closer analysis of the implications of this research in terms of the design and delivery of more effective harm minimisation policies and strategies. Of particular interest will be the analysis of the development of GHB specific harm reduction strategies and the challenges that agencies are likely to confront in developing programs to suit local cultures and contexts of GHB use.

198 Carla Treloar; Wen Cao

DRUG USE AMONG YOUNG PATRONS AT MUSIC FESTIVALS IN AUSTRALIA

Surveillance systems in Australia provide only a limited picture of patterns of drug use among youth. This, in turn, limits the responsiveness of appropriate agencies to take evidence-based decisions for policy and practice to reduce harm associated with drug use.

A pilot study was undertaken to provide additional data to complement existing drug use monitoring by recruiting patrons of large youth-oriented music festivals in two sites in Australia.

A total of 1478 usable responses were collected at two music festivals. Participants (56% female) had a mean age of 22 years (range 15-69). 82% of participants reported illicit drug use in their lifetime and 46% reported recent drug use. Marijuana was the most common illicit drug used among the participants, followed by ecstasy, amphetamines, LSD, cocaine and methamphetamines. 68 participants (5%) reported injecting drug use in their lifetime and 17 (1%) in the last 6 months.

Nearly one third of participants reported family members (36%), people who live with (31%) and partners (30%) using illicit drugs. Most (95%) participants

reported that their friends use illicit drugs, and 91% of participant reported spending time with people who use illicit drugs.

This survey does not provide a random sample of young people. However, it does provide additional information of drug use among a sample recruited from the population and not because of their drug use. Patterns of drug use among music festival participants were similar but prevalence of illicit drug use was higher than reported in national household drug surveys. The pilot study will be the basis for ongoing data collection to monitor drug use patterns over time.

2.00PM - 3.30PM

SESSION TITLE: SUPPORTING TREATMENT IN THE FORMER SOVIET UNION

72 Robert Power, Natalia Bobrova, Elena Neifeld, Svetlana Maximova, Dmitrii Krasiukov, Alexander Filippov, Natalia Latyshevskaya, Tatyana Yatsyshena, Yuri Rushnikov, Igor Kanarsky, Ron Alcorn

CAN WE ACHIEVE INTEGRATED HIV AND DRUG TREATMENT PROVISION FOR INJECTING DRUG USERS IN RUSSIA?

Issue: Injecting drug use is the main vector for the spread of HIV and HCV in the Russian Federation. The most effective harm reduction interventions take place in a context of multi-sectoral co-operation, within a multi-disciplinary approach. To achieve this in Russia, Narcology services need to work more cohesively with those providing HIV services, especially the AIDS Centres.

Setting: A participatory action research project set in the Russian Federation cities of Barnaul, Volgograd and Ekaterinburg to examine the potential for an integrated and multi-sectoral approach to harm reduction that strengthens the links between drug treatment and HIV/AIDS services. This project is aimed at informing policy makers and practitioners in restructuring harm reduction provision for IDUs.

Project: The aim of the project was to describe drug treatment services from the perspectives of providers and service users and to map existing provision and potential links with other harm reduction related services. We undertook a service mapping exercise, indepth interview with service providers (n=60), and drug users (n=120), and a self-completion survey of drug users in treatment (n=300).

Outcomes: Preliminary analysis of the data highlights structural factors and barriers to help-seeking (eg fears of registration, financial constraints) along with entrenched professional boundaries and practices that militate against a more integrated approach to harm reduction. We need to assess the impact of current moves towards centralisation and the reform of the health sector (with an emphasis on primary care and reduced specialisms). We need to look at ways in which drug treatment can become more evidence-based, more responsive to the needs of clients and more comprehensive in its approach to harm reduction issues.

390 Boltaev A. Azizbek; Samadov Dj. Bakhtiyor;

ACCESS TO PRIMARY HEALTH CARE FOR IDUS IN UZBEKISTAN AS EFFECTIVE TOOL FOR HIV CONTROL

Central Asian countries experience severe HIV epidemic due to injecting drug use. Difficulties related to civil society development in the first years of independence were accompanied by many social-economic, ideological and psychological problems that were contributed to the growing scale of HIV/AIDS epidemic in the region. Uzbekistan became the area at risk for the last years as the drugs' trafficking has been intensified dramatically there. Despite of a relatively low national prevalence rate, the number of HIV cases in Uzbekistan is growing exponentially. In 2001/2002, the number of people testing HIV+ increased more than 300% and figures for 2004 indicate an even steeper increase. To understand the current situation of access to primary health care (PHC) for drug users as major factor influencing HIV epidemic in this study we used data Uzbekistan's drug policy and practice from different sources - periodical literature review, interviews and focus meetings with stakeholders, drug users, and using structured questionnaires with drug users recruited from harm reduction programs and drug abuse treatment settings. The study shows extremely low access to health care services for IDUs and argues that Uzbekistan has urgent needs to change its drug policy, which is currently mainly punitive, towards minimizing harm from drug use and building cost-effective health care low threshold for vulnerable population as injecting drug users. The paper highlights local resources and obstacles for such policy changes and the role of international organizations as important players in development of the regional HIV and drug policy.

478 S.Grigoryan, A. Manukyan, A. HakobyanM. Sevumyan

HIV/AIDS PREVENTION AMONG FSWS IN YEREVAN,CAPITAL OF THE REPUBLIC OF ARMENIA

Issue: "HIV/AIDS prevention among FSW in Yerevan" Project is a part of the National Programme on HIV/AIDS Prevention in the Republic of Armenia supported by the GFATM (Global Fund to fight AIDS, Tuberculosis and Malaria). The main goal of this two-year project is to reduce HIV spread among FSWs in Yerevan and consequently - among general population.

Setting: The project has been launched in Yerevan. For the first time in Armenia such project is being implemented by the consortium of the National Center for AIDS Prevention and NGOs dealing with HIV/AIDS prevention among FSWs, among members of which there are former FSWs and PLWHA.

Project: The Project includes the following components: provision of information/education materials and condoms, needle exchange in those FSWs - injecting drug users, performing peer education and outreach work, forming safer sexual behaviour, giving HIV/AIDS and STIs voluntary counselling and testing and providing STIs syndromic treatment. Outreach work and peer education activities are being conducted by representatives of the target group who have been trained by specialists from the Capacity Building Center established by GFATM support. The novelties of this project are periodical studies on the psychological and human rights-related issues as well as addressing the problems of violence and discrimination against FSWs. All the mentioned above allows us to plan the activities which are really address the needs of FSWs and cover FSWs of different social standings.

Outcomes: During seven months of the Project implementation nearly 25% of FSWs of Yerevan have become the Project beneficiaries. To raise awareness of FSWs on HIV/AIDS-related issues, five types of information/educational materials have been developed with taking into consideration comments made by focus group. About 80% of beneficiaries regularly visit VCT sites and undergo tests for HIV and STIs. A self-help group has been formed in the frames of the Project.

Lawyers - professionals in the field of human rights provides counselling to the self-help groups members.

427 Artashes Tumanyan & Aleksandr Manukyan

THE PREVENTION OF DRUG AND ALCOHOL USAGE AMONG ADOLESCENTS

The Prevention of Drug and Alcohol Usage Among Adolescents

The Republic of Armenia has 29.8 thousand square km. territories. Armenia is located in the intersection of Asia and Europe and has borders with Azerbaijan (787 km), Georgia (164km), Iran (35km), and Turkey (268km).

There are two major ways of AIDS transition in Armenia:

- Drug injection usage (50.3%)
- Heterosexual relationships (40.2%)

According to Republican Narcological Center, there are 3000 patients. The 241 of them are drug addicts, and the 2559 are alcoholics.

During the first six months of 2004, the Police checked 507 people and found out that 270 of them used narcotics. However, they got away from the Narcological Center, and the Center wasn't able to provide treatment.

"Mental Health Source" NGO provides the very first prevention such as providing 10-15 minutes lectures about harm of narcotics and alcohol for high school students, providing booklets with descriptions and pictures of common narcotics and information about their effects, arranging parent meetings in purpose of increasing knowledge about narcotics, and providing booklets which can help parents to recognize from the behavior and health of their children the probability of the use of drugs and help them. The psychologists try to fix the conflicts between parent-child relationships.

In 2005 to we are going to establish a center where the teenagers of risky group would attend. The teenagers would learn basic computer skills for free, and refreshments would be served. They would watch educational films about drugs and alcohol harm. There would also be discussions about the importance of a family and human values. Some of them would be able to attend sport clubs by the support of this center. The purpose of this organization is to establish a center where teenagers can spend their free time after school and get an equivalent education about the prevention of alcohol and drugs.

442 Razvodovsky Yu.E.

ALCOHOL USE AND MORTALITY IN BELARUS.

Recent evidence from Eastern Europe suggests a positive association between alcohol and mortality. Moreover, alcohol has often been put forward as a major factor in explaining in transitional countries mortality crisis. There is also speculation that recent trends in mortality are related to binge drinking. This paper presents new epidemiological evidence of an aggregate level relation between trends in per capita consumption of distilled spirits and different mortality types. Trends in different types of mortality rate from 1970-1999 in Belarus were analyzed in relation to trends in the level of different types of alcoholic beverage consumption per capita applying time series, factor and cluster analyses. The results of this study demonstrated a positive and statistically significant effect of changes in strong spirits per capita

consumption on mortality rate. At the same time, the relationship between the total level of alcohol consumption and different types of mortality rates is far below statistical significance. The analysis suggest that 1% increase in spirits consumption per capita would result in a 0,4% increase in total mortality rate, 0,75% increase in accidents and injuries mortality rate, in a 0,5% increase in suicide rate, in a 1,1% increase in homicide rate, in a 1% increase in fatal traffic accidents rate, in a 1,2% increase in alcohol poisoning mortality rate, in a 0,5% increase in liver cirrhosis mortality rate. So, the results of present study give support to the idea that mortality rates tends to be more responsive to changes in strong spirits (vodka) consumption per capita than in total level of alcohol consumption. Increase in the level of strong spirits consumption leads to growth of mortality rate due to both, acute and chronic consequences. This paper adds to growing body of scientific evidence that substantial proportion of mortality in Belarus are due to acute effect of binge drinking.

579 Olga Shelkovnikova

SEX WORK RESEARCH IN VOLGOGRAD

The reasons women and girls get involved in sex business are diverse: economical, social, psychological. Poverty, discrimination in employment, non-competitiveness in modern conditions force women to seek easier and faster ways of earning money and bring them to sex work. Sex business is considered to be attractive (a lot of money in a short period) - women choose this work.

But this choice is more often done under the pressure of different life circumstances that make sex work the only way to earn money. Drug abuse, alcohol, a well developed network, ease of becoming involved, quick money, high demand - are involvement factors.

Large cities attract young people from rural districts. It is difficult for women to find a job and a place to live. Women from the risk group (47%) become vulnerable and victims for a drug dose and are worked hard by pimps, they often disappear, are murdered so they hide their addiction. Many women drug addicts (27%) and not (34%) have children. Often they are single parents and go into sex business to support their families. 48% are migrants from Moldova, Ukraine, Armenia. Ages are from 12 to 30.

Latest epidemiological investigations (102 women) show that 7% of the women are HIV +, 65% - STD, 30% - hepatitis and carries of other diseases.

Most women have a secondary and special education - 68%; university - 7%; secondary school students - 10%. Stress in personal lives, poverty, no family support, destructive families, young age are psychological factors that push women into sex business.

Research done by our staff, also data from other sources show that women are more vulnerable to HIV/AIDS, STD. That is why preventive measures against these diseases, advocacy of their rights, psychological aid, rehabilitation are the main directions of NGO "Maria" activities.

459 Yury Ivanov

THE NUMBER OF CLIENTS AND NON-CLIENTS OF A HARM REDUCTION (HR) PROJECT, HAVING REPORTED OF DRUG TREATMENT AND HIV TESTING. THE QUALITY OF HEALTH CARE FOR INJECTION DRUG USERS (IDUS).

Tver is situated between Moscow and Saint-Petersburg (170 km from Moscow). The urban population numbers 409 000. According to the rapid situation assessment the number of IDUs is 2000. By July 1, 2004, 2.108 HIV cases were registered in Tver, with 41,4% of these among injection drug users (IDUs accounted for 95% HIV cases in 1997).

Since April 1999, Harm Reduction Among IDU project has been implemented in Tver. Within one month in 2003 structured interviews were conducted among 100 IDUs. Eighty per cent of IDUs reported using drugs for 3 years and about one half of IDUs were HIV-positive.

Research goals and problem description: To determine the number of IDU clients and non-clients of the HR project who report of having ever been treated for drug addiction and having been tested for HIV within the last year. To determine the level of satisfaction with available medical services among IDUs. The research goal was associated with the reduction in the level of application to governmental medical services among IDUs.

Methods: Methods used or approach applied. During one month in August 2004, structured interviews among 100 IDUs (50 clients and 50 non-clients of the HR project) and focus group among 46 IDUs were conducted.

Results: Eighteen IDU clients (36%) and 8 IDU non-clients (16%) of the HR project reported having ever been treated for drug addiction. Thirty one IDU client (62%) and 15 IDU non-clients (30%) of the project reported having been tested for HIV within the last year. Eighty seven per cent of IDUs reported being unsatisfied with drug treatment. They were not able to stabilize their conditions while abstaining from drugs and using available medicines (tramadol, benzodiazepines, antidepressants).

Conclusions: The HR project facilitated attracting IDUs to governmental medical services for drug treatment and HIV counseling. However, the majority of IDUs are unsatisfied with abstinence-oriented drug treatment methods. Drug maintenance is the most preferable treatment option in these circumstances, though it is currently illegal in Russia

326 Kobzeva V., Titkova O., Shonning S.

MULTI-SECTORAL APPROACH TO THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (MTCT) OF HIV IN RUSSIA

Issue: In post-Soviet Russia, health services (such as AIDS centres; obstetrics, gynaecology and perinatology clinics; pediatrics; drug treatment services; and non-governmental AIDS service and harm reduction providers) do exist as vertical structures, but they do not have any clear means of cooperating. Moreover, access to these services is limited for vulnerable populations such as injecting drug users (IDUs). **Setting:** IDUs remain the population group most affected by HIV (80% of all registered cases) in Russia. Women make up 25% of all newly registered cases and many use illegal drugs. These women have difficulty accessing available services. Often HIV infection is detected only during delivery. Currently, transmission rates from mother to child are very high, but with proper medical intervention they could be reduced to 2-8%.

Project: AFEW in its MTCT pilot project aims to facilitate the prevention of HIV transmission from HIV-positive women to their children by promoting a multisectoral approach and facilitating access to existing services. The project activities include development and distribution of informational materials; interactive education for physicians and their clients, combining both medical and psycho-social aspects for long-term care; and the provision of medications and related supplies.

Outcomes: Informational materials have been developed and distributed among HIV-positive women through outreach and medical facilities. Evaluation of the first training cycle for medical professionals demonstrated positive tendencies in attitudes towards patients, increased knowledge about HIV/AIDS, better counselling skills, and a reduction in fears and misconceptions surrounding the disease. The interim evaluation also showed that HIV-positive women were motivated to gain knowledge on HIV/AIDS care and showed a strong capacity to become professional peer counsellors. Project activities have increased interaction between governmental structures and NGOs, forming a good basis for a multisectoral implementation approach.

359 Bakhtior Muminov

PROBLEM OF DRUG DEPENDENTS IN TAJIKISTAN

10. 10.2004 This is a concise report of my Abstract.

The composition For the last 5 years is marked explosive distribution of a narcotism to republic of Tajikistan, especially among youth. On official statistics of the Republican clinical Center of narcology for 2003 - the narcotism is more considerable distributed among persons of a male, 6479 sick-95,9 %; the women sick of narcotisms - 280, that makes 4,1 %. The significant number of the women using drugs - is engaged in prostitution.

Sharp increase of unemployment, absence of organizations of leisure, and the low educational level, loss of "prospect" of a life of vision of ways of development of the person, wrong family education, and also availability of a drug promote the fastest distribution of a narcotism, especially among youth.

Besides it is necessary to note that fact, that as against traditional not only for the states of the Central Asia of a narcotism, caused by hand-made opiates, formation of heroin dependences occurs very quickly, passing a stage of incidental consumption, that is the consumer of heroin for extremely deadline becomes mentally and physically dependent from drug. In connection with growth of volume of manufacture and selling of narcotics in, next to Republic of Tajikistan, the Islamic state Afghanistan there is a sharply occurred problem of narcotraffic. Preventive maintenance of a narcotism is carried out, as a rule is not differentiated, without taking into account real needs of target group that affects efficiency of this work. Sincerely, Bakhtior Muminov, Republican Clinical Center of Narcology, Tajikistan NGO Central Asian Development Agency Tajikistan.

4.00PM - 5.30PM

SESSION TITLE: ISSUES IN TREATMENT

370 E. Allen, A Taylor, S Hutchinson, D Goldberg, I Gruer

THE IMPACT OF METHADONE PRESCRIBING ON MORBIDITY, MORTALITY AND LIFESTYLE: A FIVE YEAR FOLLOW UP STUDY

Background: Methadone prescribing in Glasgow is mainly carried out by GPs either together with the specialist Glasgow Drug Problem Service or in their own surgeries. Methadone consumption is usually supervised by a community pharmacist. To

determine whether methadone prescribing within these service arrangements is associated with a reduction in drug related harm, 204 opiate injectors were recruited into a cohort study and were interviewed within 2 weeks of starting a methadone script and followed up at 12 months and 5/6 years. Participants were interviewed about their drug use, injecting behaviour, health, and criminal activity and drug treatment over the past 5/6 years.

Results: Of the 204 original cohort participants, 151 (74%) were followed up and re-interviewed 5/6 years after initial recruitment into the study. Twenty-three cohort members died during the 5/6 year follow up period, representing an annual mortality rate of 1.9%. Significant reductions in frequency of injecting and non-injecting opiate use, drug at expenditure and criminal activity were seen at 12 months after recruitment with further reductions at 5/6 years. There was a significant decline in benzodiazepine use and in non-fatal overdoses between recruitment and 12 months and sustained to 5/6 years. The number of injection-related health problems reduced significantly. The reduction in other health problems 12 months after recruitment was not sustained and, instead, health problems increased significantly between 12 months and 5/6 years. Health status was substantially lower than in the general population.

Conclusion: The maintenance of substantial behavioural improvements over the length of 5/6 years provides a positive view of methadone maintenance therapy for the majority of injecting drug users but non-injecting related health problems remain an important issue.

285 Riza Sarasvita

DRA

Predictors of Patient Retention in Methadone Maintenance Program in Jakarta, Indonesia

Substitution therapy has been known as one of the treatment approach in substance use which also supports a harm reduction approach. One of such therapy is a Methadone Maintenance Program (MMP). Many studies found that any modalities treatment will be effective for those who remain in significant period. Therefore remaining in treatment or treatment retention in MMP is very important in order to get optimum benefit of this program. This paper will focus on factors that are predictors of treatment retention in the Indonesian context.

Study results will be used to improve the implementation of MMP in Jakarta.

Study participant is all MMP client from January 2003 to August 2004 (N=209). Chi-square test for a contingency table was applied for these data to compare both groups: those who remain in this program and those who don't. Qualitative approach through in-depth interview is in process to get more information about the reason why they remain or not remain in the program.

Data analysis yielded result that drop-out rate was 43%. The distribution of drop-out time was skewed to the right, with median was 33 days and mean was 96.26 days. Majority of the drop-out participants (75%) dropped-out before 163 days or 5 months. Area of residence had a significant correlation where $\chi^2_{(1)} = 6.63$, $p = 0.007$. It means that particular areas of living were significantly associated with the drop-out status. Though it was not significantly correlated, there was a tendency that client of age under 25 years old had a number drop-out status bigger than those with age of 25 or more. Meanwhile dose dispensing had a significant correlation between, with $\chi^2_{(1)} = 6.63$, $p = 0.006$. Other factors such as gender and employment status had no effect on treatment retention.

754 Ernest Drucker

HOUSE TO HOUSE COMBAT IN METHADONIA: THE CHALLENGE OF INITIATING OFFICE BASED OPIATE TREATMENT (OBOT) IN THE USA

A long history of restrictive Federal and state rules governing opiate maintenance treatment in the US has resulted in inadequate access to methadone treatment (less than 20% of active opiate addicts in care) and chronic defects in the quality of our methadone treatment: Methadone may still only be provided by DEA approved Narcotic Treatment Programs (i.e. large clinics) whose program policies are often punitive, doses inadequate, and personnel ill-trained in the use of methadone as a chronic treatment e.g. many still define success as "getting off" methadone.

As a result efforts to institute OBOT - models of methadone treatment based in primary care prescribing and community pharmacy dispensing - have encountered obstacles in several states that have attempted them - often pitting policies of lower threshold treatment and greater access to care against entrenched interests within state regulatory agencies and the methadone treatment "industry". These dynamics now threaten the advent of buprenorphine and have a chilling effect on the development of other effective tools of addiction medicine in the US.

This talk will present the process and results of our 8 years of NIDA funded research on efforts to initiate OBOT in four US states - New York, New Mexico, Pennsylvania and Maryland.

110 AD Verster & EC Buning**BUPRENORPHINE: CRITICAL QUESTIONS EXAMINED**

Issue: To collect and review considerations regarding the adoption of buprenorphine as a substitute medication for opioid dependence.

Approach: A range of clinicians, policy makers and patients were invited to provide us with their ideas, opinions and experience with regard to buprenorphine. We analysed their views and grouped the various issues into a number of themes. These themes were reviewed on the basis of the available scientific evidence and a draft booklet was prepared. This draft was reviewed by a group of experts and a final booklet will be published and disseminated in Euromethwork's network.

Key points: In the last few years there has been an increase in the available scientific evidence and clinical experience regarding buprenorphine as a substitute medication for opioid dependence. Issues considered and discussed include clinical issues, safety, special sub-groups, consumer's acceptance and the role of the industry. The main issue from a public health and harm reduction perspective is the cost of the medication.

Implications: There is increasing evidence that some patient groups benefit from buprenorphine as a substitute medication. The availability of a mixed agonist-antagonist medication is important as it provides an addition to the range of treatments available for opioid dependence. As long as buprenorphine remains much more expensive than methadone in most countries decision makers in resource poor settings will opt for methadone rather than buprenorphine and thus limit the range of treatment options.

261 Robert E. Booth, Nancy Asdigian, John T. Brewster, Karen F. Corsi**TREATMENT ENTRY AND RETENTION WITH STREET-RECRUITED DRUG INJECTORS**

Background/Objectives: Substance abuse treatment, in particular methadone maintenance, has been found to be an effective intervention in reducing injection frequency and HIV-related risk behaviors among injection drug users (IDUs). The majority of the work in this area, however, has been with individuals already in treatment. For the past nine years, we have implemented and tested various approaches designed to facilitate treatment entry and retention with out-of-treatment IDUs. In this paper, we present the findings from our most recent work.

Methods: Using targeted sampling methods, 719 street-recruited IDUs were randomly assigned to one of three conditions: a risk reduction intervention focusing on reducing injection related risk behaviors; motivational interviewing, addressing more sweeping lifestyle changes; and strengths-based case management, designed to meet the service needs of the target population. Primary outcomes were treatment entry, retention and reduced injection-related risk behaviors.

Results: Participants averaged 38.8 years of age, 70% were male and 50% white, 18% African American and 22% Hispanic. They had been injecting for an average of 18 years, 53% injected cocaine, 82% heroin, 45% speedballs and 21% methamphetamines in the 30 days before their baseline interview. At six-months, significant reductions were noted in HIV-related injection risk behaviors across all three conditions. Participants receiving case management were significantly more likely to have entered treatment and to have reduced their frequency of drug injection. However, there were no significant differences found in reduced injection-related risk behaviors according to intervention assignment or treatment entry.

Conclusion: Despite the relative effectiveness of case management in increased treatment entry rates and reduced injection frequency, these benefits did not translate into greater success in reducing injection-related risk behaviors. Clearly, further evaluation is necessary in addition to increased emphasis on injection behaviors.

**4.00PM - 5.30PM – CONCURRENT SESSIONS
SESSION TITLE: HARM REDUCTION - SERVICES****89 Ronny Waikhom et al****HARM REDUCTION MEASURES IN THE MIDST OF CHAINS AND BULLETS.**

ISSUE: IDUs are shot on the legs (sometimes on the head), chained for years and given life threatening ultimatums but continue using their choice of drugs. "You either stop using or will be put to death" this is how IDUs of Bishnupur district, Manipur are being served ultimatums by one of the underground (revolutionary) groups. An ideal total abstinence based approach indeed, but whether it works or not one can judge by the exponential increase in the rate of HIV/AIDS and other blood borne virus transmissions in the district.

APPROACH: CARE Foundation has been targeting to achieve, with a harm reduction based approach, a maximum decrease in the risk of HIV, STI and other blood borne virus transmissions in the Bishnupur district of Manipur. The target audiences are the estimated 4000 IDUs and their sexual partners. The strategies include: Community

sensitization & mobilization; NESP; Condom promotion; Enabling environment; and Basic health care for STI and abscess management.

KEYPOINTS: Barriers such as ultimatums from the underground and various pressure groups seriously hamper the process. Fear of losing their lives drive the IDUs more underground and thus rate of sharing & using contaminated needles increases exponentially.

IMPLICATIONS: Since early 80s i.e. way before HR and HIV/AIDS came into this land, various severe measures (that can be termed as criminal justice) on IDUs have been taken up by the Government & Non-governmental organizations, the undergrounds, the society at large and the individual families but nothing seemed to work. Now after introducing the HR approaches the whole outlook and attitude of both the Government and the general public have taken a drastic turn by realizing that criminalization is not the solution while containing the epidemic of drug use. Regular dialogues/meetings with pressure/underground groups facilitate while creating enabling environment for HR measures.

835 Mahesh Aryal/Binay Amatya**DROP-IN-CENTRE IS A FORUM TO ACCESS MOBILE IDUS IN AREA OF AFFINITY**

Issue: In the Birgunj town of Nepal, police often impose a heightened level of harassment against injecting drug users (IDUs). Delivery of harm reduction services for IDUs is hindered as this group fear exposure by attending established health services. Drop in-centers designed to be covert can provide a means to overcome this problem.

Setting: BIJAM, a local NGO is working in an Indo-Nepal cross border area with support from the Centre for Harm Reduction. The local environment is an industrial centre with poor health service facilities, large percentage of mobile population, high levels of sex work, human trafficking and illicit drug use and trade. Many IDUs from all over Nepal congregate in this location for the acquisition and sale of illicit substances often practicing unsafe sexual and injecting behaviors concurrently. Outreach Workers discovered that accessing the IDUs is hindered by both police harassment and the mobile nature of the drug users in the vicinity. IDUs coming to Birgunj for trade in drugs, perhaps staying only one or two days, often practiced unsafe injecting practices whilst in the area, often in contradiction to their normal safer injecting behavior in their place of abode. This is chiefly because they lack knowledge of the local area and of how to access clean syringes for use whilst in Birgunj. The mobility of IDUs in this locale and the difficulties accessing this group has exacerbated the spread of HIV. BIJAM operates four Drop-In-Centers to address this problem and these are located near local bus parks and border points to increase accessibility for this client group. The centres allow IDUs to interact openly about their risk behaviors, injecting and sexual practices with minimal fear of police harassment.

Lesson learnt: The Drop-In-Centers are secure, discrete and have dramatically increased access to this mobile IDU population.

543 Nantapol Chuenchooklin**AN INFORMAL PEER LED NEEDLE AND SYRINGE PROGRAMME IN A DANGEROUS ENVIRONMENT**

Issue: Continued risk behaviour by injecting drug users in a treatment programme in Thailand.

Setting: State run methadone clinic in Samut Prakan in Central Thailand where methadone recipients continued to be involved in risky injecting behaviour. In Thailand, Illegal Drugs Law 2521 (C.E. 1978) states that anyone who gives support or aid to drug users risks imprisonment of up to five years.

Project: Working as a volunteer with IDU in the treatment programme, and being a drug user myself, I realized that it was necessary to provide users with sterile equipment. I bought needles with my own money to distribute them at the clinic. At the start no one would take needles but after three months one person accepted one and admitted to still using. He spoke to his friends and soon our group was born. The NGO, Raks Thai, secured a room at the state hospital in Samut Prakan, where I left a box of needles for people to help themselves. The activities of our group included education on HIV/AIDS, harm reduction, human rights and life skills. **Outcomes:** In the beginning we distributed about ten needles per week but after a year we were giving out roughly 100 per week. I encouraged the IDUs in our group to be discreet in their use and so, despite the fact that the drug war was raging with tens of thousands of people being arrested and thousands being murdered, no one in our group was arrested. The programme demonstrates that it is possible to distribute syringes in difficult political environments but the personal risk is high. The Thai government should authorize NSP in Thailand.

343 Le Thu Hang**HARM REDUCTION FOR IDUS IN QUANG NINH PROVINCE, VIETNAM**

(I wish to apply for a scholarship)

1. Issues: Quang ninh is a province which witnesses great population mobility, thus it is ranked the first across Vietnam in term of HIV infection rate. HIV infection caused by drug injection is very high (75%). Therefore, SHAPC implemented the project "HIV/AIDS prevention in border areas with Guang xi province (China)"

2. Setting: Quang ninh is a mountainous province, located in Northeast of Viet nam, borders with Guang xi province of China. Intended audience: IDUs

3. Project: SHAPC organized meetings with local authorities in order to raise their awareness about harm reduction activity and then mobilize their supports. SHAPC, in collaboration with provincial AIDS Standing Bureau recruited 20 IDUs and trained them on peer education and harm reduction activities. Each peer educator was assigned specific tasks at their own locations. Everyday, they counselled and distributed clean needles and syringes for people who are in the same boat with them. SHAPC's project staff closely supervised each peer educator's performance. Twice-a-month SHAPC's staff had handover meetings to share experiences and aggregate outcomes.

4. Outcomes: According to a quick assessment, about 100% of IDUs know how to use clean needles and syringes and about 90% of them continue their safe infection behaviors. The number of HIV-newly infected people has decreased significantly. Harm reduction activity has helped to reduce HIV/AIDS transmission among IDUs in target community. Lessons learned and implications: It is essential to have the supports of local officers. The recruitment and training for peer educators are important. The focus must be paid on provision of counseling and education for IDUs to help them maintain their safe injection behaviors, and to ensure the sustainability of the project outcomes.

This is considered an effective activity, which should be replicated.

581 Plamularsih Swandari, Adhe Prasasti, Irwanto, Wayne Wiebel

A COMPREHENSIVE HARM REDUCTION PROGRAM FOR IDU IN GREATER JAKARTA, INDONESIA

Issue: Injecting drug users are one of the hardest groups to reach with HIV prevention and care services in Indonesia. Injecting behaviors put IDUs in conflict with the law, making it difficult for them to access health services without risking police involvement. Active outreach efforts are needed to access these very closed groups with prevention and care services.

Setting: Indonesia's IDU population is estimated to be as high as 195.000, with 27.000 or more living in the Jakarta. Very high HIV rates are evident, with over 70% of clients HIV+. Kios Informasi Kesehatan (supported by Atmalaya University through ASA/FHI) is the largest harm reduction program in Jakarta providing comprehensive services to IDUs in 7 districts.

Project: Since 2002, peers recruited from local IDU populations have networked in neighborhoods with high concentrations of IDUs. To date, over 1580 IDUs have been engaged with 365 requesting VCT (74% HIV+ and 82% HCV+). A comprehensive and integrated program of intervention services, using the Indigenous Leader Outreach Model, has been implemented to address their needs. Outreach has served as a gateway for this range in services: VCT, case management, risk reduction counseling, primary health care, ARV therapy, home care, peer support dealing with drug use and BBV. Outreach also provided access to Kios' referral network, linking to community health centres, hospitals, drug treatment and after-care programs.

Outcomes: By building helpful, trusting relationships with IDUs, outreach staff have been very successful in referring clients to support services. By linking outreach to in-house services, Kios has been able to monitor client progress in the community, follow-up clients who have missed appointments and provide referrals to external services. The Kios experience offers an effective example of service delivery to this hard-to-reach group, especially for communities where HIV infection has significantly increased the burden of client service needs.

896 Huong Pham; Lisa Johnston; Keith Sabin; Mary Kamb; Mitchell Wolfe; Patrick Chong; Hien Mai; Nguyet Do; Chau Luu; Hau Doan

ACCESSIBILITY TO HIV SERVICES BY IDU IN HAI PHONG - RESULTS FROM RDS STUDY

Background: In 2004, U.S. Centers for Diseases Control and Prevention (CDC) provided technical assistance to Vietnam Ministry of Health to conduct behavioral surveillance among injection drug users (IDU) in Hai Phong. Information collected included sexual and drug use-related behaviours, perception and knowledge on HIV and STIs, accessibility to existing HIV services, and HIV seroprevalence using saliva HIV testing. We present data on whether current HIV services reach IDU in Hai Phong (n = 420).

Method: Respondent Driven Sampling (RDS) method is used. The study started with 20 seeds identified by peer educators (PE) and health care workers and later waves were peer recruitment.

Results: <1% reported sharing syringes and needles (SN) the last month. 98% reported having very easy access to SN. 40% reported obtaining SN from pharmacies last time they injected, 5% from PE. Only 2 % received condoms from healthcare workers, and 4% from PE. Nearly half of IDUs reported mass media (TV and radio) and 19 %) reported PE as main source of most useful HIV information. In the previous 3 months, 75% exposed to PE programme reported at least one meeting with PE (range 1-90). 49% IDUs said PE provided HIV information, condoms and condom demos (32%), cleaning SN demos (36%), and referrals (32%). <30% IDU surveyed used government health services including: drug treatment; preventive medicine centres; STD services; and district/commune health care services. Only 6% of those with a previous HIV test had their test at a free and anonymous VCT site. 52% of IDU with known HIV-infected had routine medical follow-up.

Discussion: Low SN sharing rate among IDUs can be attributed to effective SN programs in place since 1999. Mass media and PE program seem work well. PE is effective in strengthening HIV referral services. Medical follow-up should be improved immediately to prevent morbidity, mortality and transmission of HIV. The fact HIV services located at government-run facilities have not reached many IDUs suggests a more in-depth HIV services evaluation.

272 Jih-Heng Li, Shu-Fen Liu, Tseng Ko and Pin-Chu Lee

HARM REDUCTION INITIATIVE FOR HEROIN ADDICTS IN TAIWAN

Supply and demand reductions have long been the main pillars of national drug policy in Taiwan. However, in the past several years, harm reduction has become a new approach to tackle with the aggravating situation of heroin abuse. The National Bureau of Controlled Drugs, collecting data from the National Drug Abuse Reporting System, has noticed a sharp increase in the heroin mentions of treatment admissions from year 2001 through 2003 (2295, 6257, and 7345 mentions, respectively). The ratios of needle sharing among all newly admitted drug addicts in mental hospitals and clinics have also been observed to increase from 4.6%, 6.7%, to 15.3%, respectively. In addition, the positive ratio of HIV due to drug use has greatly jumped from 0.5%, 1.4%, to 6.8% from 2001 through 2003, according to the statistics of Taiwan's Center for Disease Control. Since syringes have been made freely available without prescriptions in community pharmacies, the availability of syringes may not be a major factor contributing to the rise of needle sharing. To prevent spreading of HIV/AIDS among drug users, the Department of Health has initiated harm reduction measures that include establishment of Review Committee for Drug Dependence treatment, enactment of clinical guidelines for buprenorphine maintenance treatment, evaluation of cost-effectiveness on maintenance treatments, and drug education program for high-risk groups. A pilot study of buprenorphine maintenance treatment, performed on heroin addicts admitted in Taipei City Psychiatric Center, has been claimed to be successful. For further evaluation, a large-scale project of buprenorphine maintenance treatment is being scheduled for heroin addicts in 2005.

228 Zero Hari

RESPONSIBLE PEDDLER, EFFECTIVE HARM REDUCTION

Issue: Inspite of various program among IDU's in the state of Manipur since 1998; the sero prevalence rate among IDU's is still 60.15 (MSACS Epidemiological report June 2004). These indicate that the intervention program hasn't been effective. Also the reason behind sharing of injecting equipment by the drug users varies in many ways and out of that

- Sharing of injecting equipment occurs at the peddler's house.
- Common rules or norms frame by the peddlers is not to allow the drug users leave their house with the substance. This is because of strict drug law, penalty and harassment imposed by the various pressure groups.

Understanding these, as an innovation approach SASO started an intervention along with few selected peddlers in Imphal from April 2004.

Setting: Geographical Location: North AOC, Imphal-Manipur, India.

Targeted Audience: 4 Heroin Peddlers and 100 IDU's in one year.

Project: "Rapid intervention and care" project. Supported by MSACS and NACO.

Activity:

- Outreach and Peer activity.
- Needles syringe exchange program.
- Condom promotion.
- Abscess management.
- BCC.
- Skill building training for the outreach and Peer Educator.
- Referral and Networking.

Outcome:

- Law and order situation (bandh, curfew) doesn't hamper this program.
- Peddlers play effective roles as a peer among the users.
- Wider coverage of IDU's while working with peddlers.
- Reduce in sharing of injecting equipments among the targeted audience.
- Cost effective.

- Disturbance to the program by the law enforcers.
- Proper linkage to other services.

651 Tatyana Semenova**HARM REDUCTION PROGRAMME IN BELARUS**

Today, needle exchange programmes (NEP) coverage is still low. In the majority of populated centres of the country such activities are not carried. In towns where NEPs operate they cover up to 10-30% of all drug users. For example in Minsk, according to estimates, the coverage is up to 3% of IDUs, including those who visit anonymous counselling rooms (ACR) and drug users for which preventive work is conducted by outreach workers. There is a national network of 41 NEPs in Belarus. 34 NEPs are opened and funded by local authorities. 7 were set up in the course of the UNDP/IHRD/Government project "Expansion and consolidation of HIV prevention among IDUs in Belarus" in 6 cities. Evaluation of the performance of the 34 government operated NEPs shows that they had failed (in many cases completely so) to attract IDUs to their services due to the following common factors:

- In many cases, access to these NEPs is limited only to officially registered drug users.
- The choice of injecting paraphernalia and IEC materials is limited and does not meet needs of IDU.
- The NEPs are inconveniently located and do not have any complementary outreach programme.

As a result in 1999-2000 34 state funded NEPs exchanged about 23000 syringes altogether, at the same time 7 other NEPs (UNDP project NEPs) exchanged 450000 syringes. There are a number of reasons for the relative success of the project NEPs. From 1999 till 2001 project clients were given anonymous and free access to the project services both through NEPs and through volunteers and outreach workers. Project activities included training of outreach workers, volunteers and specialists, which increased the trust of IDUs in project staff who in turn have relevant professional skills and experience of work with IDUs. This combination of professionalism and credibility, made it possible for the staff of the project to expand the number of clients. Also important was the collaborative partnership among the NGOs running the NEPs, the local government, and the National AIDS Centre.

4.00PM - 5.30PM**SESSION TITLE: SEXUAL TRANSMISSION****532 Abdul Haque Patwary****TITLE: INVOLVEMENT OF FEMALE PARTNERS IN STD TREATMENT AND HARM REDUCTION.**

Purpose/ Background: CARE Bangladesh has been initiating a behavior change model based intervention amongst 252 injecting drug users at Chandpur since February/04. The objective is to reduce the risk of HIV/AIDS transmission among IDUs and promote safer behavior like injecting and safer sex practices following harm reduction. CARE Bangladesh started STD management services for the IDUs since the very inception of the needle exchange program at Chandpur. It is found in the baseline survey that 14% IDUs are suffering from syphilis and 42% of them are married and number of female partners 106 out of 252 IDUs. Most of the IDUs come to the doctor with recurrent infection.

Methodology: A baseline survey was done in 2003 at Chandpur, which was conducted by Trained Field Researchers. Both qualitative and quantitative methods used to collect data. 86 blood sample were collected from IDUs for VDRL test and it shows that 14% IDUs have the STD specially syphilis. It also finds in the master list that there are 106 spouses out of 252 IDUs.

Results:

- STD treatment seeking practices has improved.
- 30 STD patients have been treated from June/04 to Sep/04.
- Spouse counseling has increased.
- According to monthly progressive report recurrent infection is reduced.

Conclusion/ Recommendation: Female partner of male injecting drug users should be an integral part of any harm reduction program as it also gives the opportunity to interact and involve the female partners in STD treatment.

Learning objectives:

- It is the prime time to provide more emphasis of female partner for STD treatment.
- It makes the scope of spouse counseling.
- It helps in detoxification process.

666 Seema Rodrigues, Vijayakumari Balaji, Usha Gunasekar, Vimala.R**INTERVENTIONS AMONG FEMALE SEX PARTNERS: CHALLENGES AND LESSONS LEARNT FROM CHENNAI, INDIA**

Issue: Through a formative research conducted in 2003, knowledge of condom usage was found to be very low among injecting drug users (IDUs) and their non-injecting Female Sex Partners (FSPs). FSPs believe that injecting mode of transmission of HIV only spreads through injecting route and not through sexual route. Moreover, the male partner are the chief decision makers regarding condom usage and for accessing health care facilities. The problem is further compounded by poor condom usage among males and a male centric culture.

Setting: SAHAI TRUST, a non-government organization working among injecting drug users in Chennai a metropolitan city in south India for past one decade conducted a recent study among married injectors and their spouses, which showed that 25% of FSPs were HIV negative and their male IDU partners were HIV positive. As the only organization working among FSPs the crucial lessons we learnt can be shared with others working in similar cultural context.

Project: Based on the study, it was realized that intervention among spouses was very essential. A team of female outreach workers conducted community based outreach, delivering services ranging from HIV/AIDS/STI education, aggressive condom promotion and distribution to referrals. Coordinating with male outreach workers on the issue of condom usage, and imparting condom negotiation skills among FSPs has improved the condom distribution among FSPs. Regular outreach among FSPs and also performing the role of a health worker by providing referrals to even their family members and accompanied referrals have helped in delivering health care services to FSPs effectively.

Lessons learnt: Through the intervention initiated by the female outreach team, there is a remarkable change in the spouse's health seeking behavior. They come forward and ask for condoms from the outreach workers and negotiate with their male partners (IDUs) for condom usage.

82 CHEN HONG**FEMALE CONDOM PRACTICE AND HARM REDUCTION**

Female Condom Practice and Harm Reduction. Learning Experience from a Community Based Border Project.

Project Introduction: Ruili is located in southwest of Yunnan province of China with a total population of 110,000, 60% of which are from 20 minority ethnic groups. It borders on Myanmar with its mountains and rivers connected.

A large number of migrants flew into the city from other parts of China and Myanmar in early 1990's, which brought about development of the industry of illegal sex services. The commercial sex workers (CSW) in Ruili can generally be divided into two groups - the Chinese and the Burmese with the actual number estimated 100-300 Chinese and 100-200 Burmese CSWs aged 16-25. CSW is a group bridging HIV/AIDS transmission among the general population.

Project Objectives:

- To promote use of the new product-female condom in high-risk areas
- To increase HIV awareness among sex workers, their partners and clients of them
- To protect women and men in sexual and reproductive health

Steps to Integrate and Implement the Project:

1. Select the target audience and a partner for carrying out the activity
2. Strategy for integration
3. Program costing
4. Advocacy with community and consolidating support
5. Develop communication strategies and materials
6. Training
7. Monitoring and evaluation

Result:

- The awareness of HIV is increased
- About 76.1% of the sex workers might use the female condom in the future
- Number of female condoms have been sold out

Lessons learnt/Recommendation:

- Safer sex can promote positive behavior change for sexual enhancement in order to decrease HIV transmission, rather than behavior change driven by fear or adverse health consequences
- Encourage the female condom produced locally so that the cost will be reduced and the sex workers will have the ability to get them at an affordable price

333 Edy Suryawan, Mansur**SEX RISKS AMONG INJECTING DRUG USERS IN BALI**

Issues: The incidence of HIV among IDU communities in Bali has reached around 70%. Many intervention has been set up by many NGO in Bali to deal with this problems such as Needle Exchange Program, Support group, VCT, even CST for HIV +. But, the epidemic trend shows that it is not enough just work on IDU communities exclusively, it should be considered that the program also focus how HIV can be transmitted to general population through sex activities.

Setting: Yayasan Hati-hati (YHH) is one of the first NGO in Indonesia which have developed harm reduction project since 1999. The targeted areas of this program are at Denpasar, Kuta and its vicinities.

Project: In recent years, YHH with support from Indonesia HIV/AIDS Prevention and Care Project/AusAID has reached 547 IDUs and 36 of them are sex worker. The project involved several services such as outreach, NEP, counseling, VCT, support group and referral to health institution. Through the existing services, YHH then make sort of assessment to portrait sex activity pattern among IDUs that have been reached and used the services.

Outcome

- Most of IDUs are very few use condoms in their sexual activities although they have knowledge how HIV can be transmitted sexually.
- Some of the sexual partners of IDUs are sex worker who also injected drugs with.
- Some of them also engage with the short relationship with non IDUs.
- Among sex worker who inject drugs, their mobility are very high because of the availability of drugs or money.
- Some of the partners of IDU-sex workers are foreigners (tourists)

68 Samuel R Friedman; Melissa Bolyard; Carey Maslow; Pedro Mateu-Gelabert; Milagros Sandoval; Diana Rossi

WHO ARE THE NON-IDU SEX PARTNERS OF IDUS?

Background: IDUs are a core group for sexual transmission of HIV, HBV, HCV and herpes-simplex-virus-Type-2 (HSV2) to their sex partners. Little is known about the non-IDU sex partners (SPs) of IDUs.

Methods: We recruited 111 index cases in Brooklyn, NY; their sexual and (if relevant) injection partners; the partners of partners; and so on. Of the total sample, 196 were IDUs and 77 non-IDU SPs of IDUs.

Results: 37 (48%) of 77 non-IDU SPs had ever smoked crack cocaine, including 24 who did so in the prior 3 months; 23 (30%) others had used heroin or non-crack cocaine by non-injecting-routes-of-administration (21 in last 3 months). 10 of the 77 were HIV+ (including 7 MSM), 19 HBV-exposed (7 were MSM), 6 HCV+, and 45 HSV2+. 17% had exchanged sex for money in the last year. 56% had more than one sex partner in the last 3 months. Non-IDU SPs averaged 3.3 sex partners (1.1 IDU SPs) in the last 3 months: crack smokers (in last 3 months) averaged 5.2 (1.2 IDUs); WSW averaged 6.9; and MSM 3.9. In 59 partnerships between IDUs and non-IDUs for which we interviewed both

partners, only 36% of non-IDU SPs knew that their partner injected drugs.

Conclusions: Most non-IDU SPs of IDUs in this sample are "hard drug users." They have high rates of infection with HIV (non-MSM 5%; MSM 54%), HBV (non-MSM 24%; MSM 64%), HCV (8%) and HSV2 (59%; > 70% among WSW and MSM). Since they averaged 2.2 non-IDU SPs in the last 3 months, many of whom were not SPs of IDUs or MSM, considerable potential for further spread of these infections is present. These data support the need for sexual harm reduction services for, and prevention activities by, drug using non-IDUs (and other potential SPs of IDUs) as well as IDUs.

145 Bangkim Ch.

THE COMPLEX DYNAMICS OF FEMALE IDUS INDULGING SEX WORK.

Issue: In Manipur, policy and programs for HIV prevention does not look into the issues for female IDUs who are also indulging sex work due to their drug use. They are harassed by the community at large. Apart from being a hidden population, their vulnerability to HIV is unaccounted and makes the process more difficult. The existing discriminatory attitude and treatment towards the female IDUs by the general population marginalizes them leading to more vulnerability to contribute further spread of HIV. Beside, there is very limited treatment facility nor user friendly DIC especially mean for them. In this desperate situation they became sex worker for their survival along with their children and to get treatment is ahead of expectation.

Approach:

- SASO/Alliance HIV/AIDS Intervention among female IDUs.
- Baseline survey in Imphal city
- Questionnaire Interviews
- FGD & Interaction
- GD & SHG meetings
- Service offered

Key points:

- Very limited treatment center, no DIC service facility for them
- No economic rehabilitation after treatment
- 87% DUs preferred short term treatment.
- Out of 65 female IDUs 23 mixed with alcohol/pharmaceutical drugs
- ages from 17 to 35 and 85% are illiterate
- 40 clients has 1 - 2 children
- 90% indulge sex work charging from 150 to 200 rupees

- 80% migrant worker
- 90% not supported by their families
- 21 PLHAs are current IDUs

Implication: Female IDUs indulging sex work are extremely disadvantage in regards to treatment, health and economic condition. The risks are even higher and more acute from the other vulnerable group. They still continue to harm themselves, their families and community at large and it helps contribute HIV prevalence. They need socio-economic rehabilitation and a shelter for self and their children after drug treatment. There is immediate need for comprehensive response to accumulate from further spread of HIV and other blood borne diseases.

873 M. Suresh Kumar, Samiran Panda and Shakuntala Mudaliar

REDUCING THE SEXUAL TRANSMISSION OF HIV AMONGST AND FROM MALE INJECTING DRUG USERS AND THEIR WIVES - A PRIORITY IN INDIA

Injecting drug use in India has been predominantly reported from North Eastern States and subsequently from the metropolitan cities like Chennai, New Delhi, Mumbai and Kolkata. Recent studies conducted with different populations (general population, special populations like women, rural populations) and in different settings (out of treatment, treatment settings, prison, border areas) in India (UNODC, MSJE, 2004) indicate that injecting drug use has diffused into many geographical locations and different populations in different settings. The sentinel surveillance data (NACO, 2004) from the thirteen IDU sites indicate that HIV prevalence among injecting drug users is high (>5%) in the following ten places: Chennai (63.8%); Churachandpur (32.8%); Tuensang (24.9%); Mumbai (24.8%); Bishnupur (22.4%); Imphal (18%); Delhi (14.4%); Dimapur (10%); Kohima (6.8%); and Mizoram (6.4%). Behavioural surveillance data indicate that significant proportion of drug users are still engaged in high-risk injection as well as sex related risk behaviours. Most of the injecting drug users are males and a considerable number of them across the country are married; and condom use with wives and regular sex partners is not normative. The wives and regular sex partners of injecting drug users are vulnerable to acquire HIV from the infected partners and this could be facilitated by the presence of sexually transmitted infections, including viral STIs. Currently the interventions that target injecting drug users are limited in scope. In order to effectively contain the HIV epidemic to and from injecting drug users, it is important to design interventions that address the sexual transmission of HIV among and from injecting drug users and their regular sex partners. Outreach interventions have to reach out to the regular sex partners in addition to reaching the male IDUs. Providing appropriate services including couple level behavioural interventions to promote condoms, STI diagnostics and treatment are important.

4.00PM - 5.30PM

SESSION TITLE: TURMOIL & VULNERABLE COMMUNITIES

1029 Andrew Percy, Kathryn Higgins and Patrick McCrystal

SECULAR TRENDS IN SUBSTANCE USE: THE CONFLICT AND YOUNG PEOPLE IN NORTHERN IRELAND.

The resolution of political conflict has led some to suggest that Northern Ireland will now face a range of social problems that have been ignored or suppressed by the Troubles. One such area is adolescent drug use. In this article, a review of a range of data sources shows that drug use, with few exceptions, has increased since the emergence of the ongoing peace process. Social and political changes and enhanced paramilitary involvement in the drugs trade appear to have somehow created an environment where drug use has flourished in reviewing current drug policy and practice, the article highlights the need for appropriate prevention, treatment and harm reduction services in Northern Ireland.

1045 Mohammad Naim

IMPACT OF RETURNING AFGHAN REFUGEES ON DRUG ADDICTION PROBLEM

Back ground: Afghanistan, one of the least developed and poorest countries in the world, has seen its financial, physical and social infrastructure devastated leading to limited health and education services and malnutrition and unemployment rate. Around 5 million Afghans left their country for seeking refuge in neighbouring countries. Social displacement, increased impoverishment, reduced cultural constraints, social sanctions, endemic stress, depression and Post-Traumatic Stress Disorder (PTSD) among refugees has led to drug abuse/misuse

The increased availability of opium and its derivatives plus a range of pharmaceutical drugs in a context of human deprivation and suffering has inevitably resulted in escalation of problem drug use, particularly among at-risk group like refugee women, youth and war-disabled.

Study objectives: To assess impact of returning Afghan refugees on escalation of

drug abuse/misuse in Afghanistan. To provide information for all organizations working in the field of drug abuse prevention and treatment and rehabilitation.

Methodology: The assessment is based on a Rapid Situation Assessment (RSA) methodology that uses a combination of several qualitative and quantitative data collection techniques. Returning Afghan drug addicts, who sought treatment in the available treatment facilities, were interviewed.

Results: The initial information collected from different treatment centers revealed that many Afghan refugees, had turned to drugs in Iran and Pakistan, with the majority of them had been addicted to heroin, opium and pharmaceutical drugs. Their addiction has negatively affected their lives, and particularly flooded the limited treatment centers in the country.

The information revealed that a considerable number of heroin and pharmaceutical drug users are injecting drugs even sharing needles and syringes, thus increasing the risk of HIV/AIDS, Hepatitis and other blood-borne diseases. These refugees caused numerous health, economic and social problems for already impoverished country.

731 Caroline Corr

WHERE ARE THE NEW COMMUNITIES? BARRIERS TO ACCESSING DRUG SERVICES IN IRELAND

BACKGROUND: In 2003 Merchants Quay Ireland carried out the first study on drug use among new communities in Ireland, funded by the National Advisory Committee on Drugs. This paper identifies the numerous barriers faced by new communities in accessing drug services and concludes with recommendations on how drug services could become more accessible.

METHODS: This was an action research project employing ethnographic research methods. Three members of new communities were recruited and trained to carry out the fieldwork. They carried out 280 hours of fieldwork and kept daily research diaries. Ten in-depth interviews were carried out with problematic drug users and two focus groups were carried out with individuals working with new communities and drug service providers. The data were analysed using Nud*st 6.

RESULTS: The results showed that numerous barriers exist which prevent drug users from new communities accessing drug services in Ireland. The most significant barrier was lack of knowledge which was also related to language difficulties. Drug users were also concerned about confidentiality as they feared this could have implications on their asylum process. Other barriers included long waiting lists, bureaucracy, stigma, suspicion and concerns about encountering racism. Respondents also felt that drug services were oriented towards the needs of injecting opiate users.

CONCLUSIONS: There is a need in Ireland to make drug services more accessible for new communities. Drug services should provide information on their services in different languages in a wide variety of formats including websites, leaflets and posters as well as taking measures to recruit people with diverse backgrounds, offering assistance with translation where possible, and providing anti-racism training for their staff and clients. Dedicated services should be provided focusing on drug users from new communities such as outreach services, targeted drug awareness and prevention initiatives and targeted drug help-lines.

342 Caral Stevenson; Karen McElrath

STIGMA AND RISK AMONG INJECTING DRUG USERS

Background/objectives: For several years, the political conflict in N. Ireland has shaped the nature and extent of drug use in the region. To illustrate, the use of particular drugs in some communities has been viewed as a direct threat to political struggle. Some drug use indicators have shown that use of heroin began to increase shortly after the 1994 ceasefires. Anecdotal evidence from the region has suggested the existence of considerable community stigma surrounding heroin and IDU. This study examined the role of perceptions and experiences of community stigma on risk taking among IDUs.

Methods: Data were collected through semi-structured interviews with 90 respondents who resided in N. Ireland at the time of the study (2003-4). Sample criteria included 1) 18 years of age or older, and 2) injected one or more drugs during the 30-day period prior to the interview. Various strategies were used to recruit respondents and the sample included IDUs in- and not-in-contact with drug services at the time of the interview.

Results: The findings indicate that perceptions and experiences of stigma are directly or indirectly related to the wider political conflict. The "master status" of injector contributes to behaviours that pose risk for overdose and infectious disease. Additionally, the effects of perceived stigma and the experiences of stigma, are more pronounced among particular sub-cultures of IDUs, e.g., those who reside in small towns and villages, women, women with children.

Conclusions: The implications of the findings are discussed and it is suggested that harm reduction interventions are likely to be more effective if experienced drug outreach workers can liaise with informal leaders within communities. Moreover, the

findings suggest that traditional harm reduction efforts need to incorporate creative interventions to address the relationship between stigma and risk.

140 Kathryn Higgins

THE IMPACT OF PARAMILITARY VIOLENCE AGAINST A HEROIN USER COMMUNITY IN NORTHERN IRELAND: A QUALITATIVE ANALYSIS

Background: As society in Northern Ireland makes its transition toward peace after more than 25 years of political conflict, it is struggling with new patterns of crime and with social problems either ignored or suppressed during the years of the so called 'Troubles'. One key example being heroin and injecting drug use, which did not emerge as an issue in Northern Ireland until the mid 1990's. In spite of the ongoing peace process systematic beating, exiling and torture by paramilitaries remains pervasive in many communities. Heroin users have been made the specific targets of this paramilitary violence in the location studied.

Method: As part of a qualitative study which examined the emergence of the heroin scene in Ballymena (a leading venue for heroin use in Northern Ireland) in depth interviews were conducted with a sample of injecting heroin users from the area as well as a sample of 'professional stakeholders'. This paper will draw out data which illustrates the implications of ongoing paramilitary violence for the heroin using community studied.

Results: Findings from the study will be presented which describe both from the perspective of the heroin users and the professionals seeking to help them, the violence and intimidation perpetrated by the paramilitants. The impact this rough justice has on their day to day lives is explored as well as the difficulties it presents in influencing their decisions to utilise harm reduction initiatives, such as needle exchange, as well as compliance with any treatment for their heroin use.

Conclusion: The paper will draw to a close with a number of conclusions concerning drug policy and practice and recommendations for possible ways forward in dealing with issue of paramilitary violence against the heroin using community.

916 Jehanzeb Khan

HARM REDUCTION WITH NON I/V DRUG USERS

UNODC Afghanistan funded a project for Afghan refugee opium and Pharmaceutical dependent women living in refugee camps in NWFP and Balochistan, Pakistan. The name of the project is "Drug Demand Reduction information advice and Training services for Afghan refugee women living in refugee camps in NWFP and Balochistan" The project was based on the research conducted by UNODC among Afghan communities living in Pakistan. The project addressed both the harm reduction and demand reduction needs of the drug dependent women and children in selected refugee camps.

An assessment of the drug use among refugee women was carried out by the project staff. Opium smoking and eating, Hash and heroin smoking and pharmaceuticals abuse was very common among these women. This practice promoted child labor and child abuse among these families. Broken families and prostitution was an other harm associated to the drug use. No one was I/V drug user. The following was the project strategy

1. Factual information giving.
2. In-come generation programmes.
3. Training of the communities in HR and drug abuse prevention.
4. Facilitating detoxification for those who were in need of detox.

For information dissemination stage Dramas, sports events, embroidery competition among females, speech competition, posters, pamphlets, radio massages and other culturally appropriate channels were used. Income generation programmes were started Identified skills among refugee women, improved their skills through trainings, provided resources and found markets for the finished materials from income generation programmes. Community based after care and rehabilitation for the detoxified drug users was a key to the successful rehabilitation and social integration process. A net work of the NGOs, government organizations and UN agencies working for Afghan refugees and refugee communities was established to address the problem of drug abuse among Afghan communities living in refugee camps in Pakistan.

893 Naqibullah Safi; Anne Bergenstrom

DRUG USE AND HIV VULNERABILITY IN A POST-CONFLICT CONTEXT: THE CASE OF AFGHANISTAN

Issue: Afghanistan can be considered a country with low HIV prevalence. However, substantial production and use of opiates, escalation of injecting drug use, HIV epidemics among IDUs in the neighboring countries and limited harm reduction interventions in the backdrop of a post-conflict context make Afghanistan highly susceptible to outbreaks of HIV among IDUs and a consequent generalized epidemic.

Approach: HIV risk and vulnerability factors and the current response are discussed based on available secondary data and in the light of global experience on IDU related HIV epidemics and harm reduction measures.

Key Points: Drug use is widespread, with Kabul alone reporting at least 10,774 persons addicted to opium, over 7,900 to heroin and some 14,300 persons with problematic pharmaceutical use (UNODC, 2003). An estimated seven percent administer heroin through injection route and needle sharing has been reported (UNODC, 2003). Another vulnerability factor is high level of mobility to and from Iran and Pakistan, countries with localized HIV epidemics and high Hepatitis C prevalence (Shah et al., 2004), a proxy indicator of HIV vulnerability. Despite the level of drug use, treatment facilities are scarce and few harm reduction interventions have been implemented so far. Dismantling the thriving opium economy remains the predominant strategy while in Kabul the National HIV/AIDS Control Program and a few NGOs implement small scale activities aimed at the general population and IDUs.

Implications: To prevent an impending generalized epidemic drug supply control alone will not suffice and may actually lead to a shift to injecting and subsequent HIV outbreaks among IDUs. A comprehensive harm reduction strategy is required while interventions are likely to be most effective in the presence of a supportive legal and policy environment. Afghanistan is in a unique position in being able to draw from the global experience to prevent an HIV epidemic. The future course of the HIV epidemic is likely to be determined by timing and scale of evidence based interventions.

241 Diana Rossi¹, Pedro Mateu-Gelabert², Graciela TouzÉ¹, Maria Pia Pawlowicz¹, Dhan Zunino Singh¹, Paula Goltzman¹, Gustavo LÚpez¹, Carey Maslow², Melissa Bolyard², Milagros Sandoval², Samuel R. Friedman². 1Intercambios Civil Association, Buenos Aires, Argen

INJECTING DRUG USE (IDU) NETWORKS AND HIV RISK IN ARGENTINA'S SOCIAL TURMOIL.

Background/objectives: Argentina suffered a deep political, financial and social crisis that peaked in 2001. We explore the effects such turmoil had on HIV risk.

Methods: We surveyed 21-35 years old people: 40 IDUs and 143 non IDUs (most of them users of non-injected cocaine, alcohol and/or non-prescribed medicines) in a high-drug-use neighborhood of Buenos Aires. Additional ethnographic work provided information about drug users' networks and drug use behaviors.

Results: Networks of IDUs and non-IDUs include many non-user friends and neighbors. Most surveyed young non-IDUs (41.8%) and IDUs (39.5%) spend most of their time in their neighborhood. Many never leave the neighborhood (45.4% of non-IDUs and 36.8% of IDUs). 61.5% of surveyed IDUs injected with others in the last year, but IDUs' injection networks are neither stable nor large. We have not found evidence of shooting galleries. Due to increased stigmatization, most IDUs hide their injection from their sex partners and non-IDUs. 22.9% of IDUs have not disclosed their injecting practices to others. The drug of choice for injection was mainly cocaine; a few IDUs also injected amphetamines, alcohol, ketamine or morphine at least once. The economic crisis led to cocaine having more impurities that cause problems with injection. Numerous IDUs opted to sniff more frequently and inject less frequently.

Conclusions: Socioeconomic turmoil seems to have had contradictory effects on HIV risk. It affected drug quality and accessibility, and thus injecting practices, by inducing some injectors to sniff more frequently than inject, probably reducing risk. Previous studies indicate the influence of AIDS deaths on changes in the IDU pattern, which is currently more stigmatized and hidden than it was one decade ago. This may potentially be increasing the risk of heterosexual transmission.

196 Steve Liebke

NGOS OPERATING IN HOSTILE POLITICAL ENVIRONMENTS - AN AUSTRALIAN PERSPECTIVE

In June 2004 the Council of Social Service for NSW (NCOSS) issued a media release entitled "Encourage, don't threaten or silence NGOs" and based on a survey conducted by The Australia Institute of state/territory and national level Non Government Organisations (NGOs).

The release stated, in part, "92% of respondents say they disagree with the view that dissenting voices are valued by Government as part of a robust democracy. Of great concern is that 90% of respondents believe that NGOs which advocate a dissenting view to Government risk having their funding cut."

The extent of these survey results was not news to the majority of those working for NGOs in the alcohol and other drugs sector in Australia.

Australia's NGOs have seen funding under threat, publications censored and held for approval over ridiculously protracted timeframes and for reasons bordering on the pathetic and surreal. The golden handcuffs of government funding are biting deep into the wrists of Australian NGOs, stifling debate and compromising services.

So where does the formally vibrant AOD NGO sector stand in Australia, and what has been done to alleviate the pressure? Is government funding worth the restriction on pragmatic voices, operational capacity, and the subsequent offering of sub-standard services? Do Australian NGOs have alternatives?

168 Jane Fountain

HOW VULNERABLE ARE ASYLUM SEEKERS IN EUROPE TO PROBLEMATIC DRUG USE?

Background / Objectives: Many asylum seekers are unwilling to disclose problematic drug use or to seek help for it because they fear that this will negatively affect their asylum application.

This paper reports on a study amongst young asylum seekers in London, UK, and also draws on research from other European countries.

4 00PM - 5.30PM

SESSION TITLE: HIV/AIDS OVERVIEW

182 Vivian Hope; Ali Judd; Matthew Hickman; Andrew Sutton; Gerry V. Stimson; John V. Parry; & O. Noel Gill.

EVIDENCE OF INCREASED HIV TRANSMISSION AMONG INJECTING DRUG USERS IN ENGLAND & WALES: PREVALENCE FROM 1990 TO 2002.

Introduction: To describe trends in HIV prevalence among injecting drug users (IDUs) in England and Wales between 1990 and 2002. In response to the HIV pandemic England and Wales introduced an extensive programme of harm reduction measure in the 1990s.

Method: Analysis of surveillance data from voluntary unlinked anonymous cross-sectional surveys collecting oral-fluid samples and behavioural information from IDUs recruited from both drug agency (n=22,775) and community settings (n=3,628).

Results: Overall prevalence of HIV in England and Wales was 1.7% for 1990 to 2002. Prevalence declined from 5.9% in 1990 to 0.6% in 1996 and then remained stable until 1999, after which it has increased to 1.5% in 2002. Few HIV infections were detected among short-term injectors between 1994 and 1999, but in recent years prevalence among this group has increased. Other factors associated with higher odds of HIV infection were being recruited in London and from community settings, and ever having had a voluntary confidential HIV test. Incidence estimated through a force of infection model was 3% per annum among those injecting for less than two years in London between 1998 and 2002.

Conclusions: These data suggest that incidence and prevalence of HIV may have increased, whilst other indicators suggest an increase in risk behaviour. The foci of policies on drug use in the UK have recently changed suggestion harm reduction measures need to be reinvigorated as drug use risk behaviours and policy evolve.

387 Usaneya Perngpan

CAN DRUG DEPENDENCY TREATMENT REDUCE PROBLEMS IN THAILAND?

During the 1990s, the abuse of illicit stimulants, spread rapidly throughout Thailand. In the last 10 years (1993-2002), the new drug dependent treatment population reporting stimulant dependency were below 19 years of age, about 25-45% were students while 1/3 were unemployed. Inhaling fumes from heating stimulant tablets was the main route of administration in more than 90% of all cases. However, some used more than one drug, about 2-9% the second drug used was injected. New cases of heroin dependents in treatment were ranked second in the treatment population. 70% started using heroin before they were 19 years old. More than a half of new case users injected heroin.

The national HIV prevalence surveillance system has conducted serum testing on intravenous heroin users (IVDU) clearly indicated that HIV prevalence remained at a high level of about 40-50% throughout the latter half of the 1990s. HIV prevalence specific to stimulant and other drug abusers in treatment remains fairly low — less than 10%, but altogether the rate is still increasing. Evidence from qualitative studies among sex workers and seamen reported that they used MA. Common findings were their belief and direct experience that it could stimulate sexual desire, markedly increase fun and eliminate shame and shyness in the case of commercial sex.

Although the number of treatment centers has increased and treatment methods have been adjusted, the service still requires further development. The emerging trend of increased recreational stimulant use concurrent with increased availability and diversity of illicit stimulants indicate an important expansion of the role of substance abuse in HIV transmission. In considering the long-term, this new development may be even more critical than that encapsulated by the role of IVDUs in view of prevention and the impact of HIV/AIDS as a severe indigenous communicable disease.

458 Li Jianhua**ANALYSIS OF FACTORS INFLUENCING DRUG USERS' VULNERABILITY TO HIV/AIDS IN CHINA**

Issue: The marginalized and criminalized status of injecting drug users in China is a major factor shaping their vulnerability to HIV/AIDS. Policy-makers are increasingly engaged with HIV/AIDS issues, which has driven forward piloting of harm reduction measures. However, there are still significant tensions between harm reduction and more punitive approaches.

Approach: This presentation synthesizes recent Chinese research on drug users' vulnerability with the author's experiences in research and implementation in Yunnan province.

Key Points:

- Vulnerability is related to contextual factors, including gender, poverty and place of residence. Rural drug users have less information about HIV/AIDS, less access to clean needles and are more likely to have unsafe injecting behaviour.
- Both male and female drug users are sexually active, with low rates of condom use. STD levels are high. A significant proportion of female drug users have exchanged sex for money or drugs.
- Cultural and historical factors have created a negative attitude to drug users in Chinese society. The emphasis on group unity and collective needs tends to make targeting a special group whose behaviour is perceived as being deviant difficult.
- Drug users are criminalized and subject to incarceration in compulsory detoxification centers. This policy has a high social cost, tending to marginalize drug users and making it difficult for them to trust health workers and other authorities.
- Drugs use is considered a public security issue and there is little scope for community or NGO involvement in working with drug users. Detoxification centers have limited resources and there is no psychological support or follow-up for those who are released, 90% take drugs again.
- Both policy makers and the public regard drug use as a moral issue, leading to discrimination against drug users.

Implications: Harm reduction interventions in China should be accompanied by measures to address other issues facing drug users and to establish a more supportive social environment.

703 Asha Basnyat; Laxmi Bilas Acharya, PhD; James L. Ross, PhD; Siddhartha Tuladhar; Dr. Vijayalal Guruvacharya; and Niranjan Dhungel
OUTBREAK OF HIV INFECTION AMONG INJECTING DRUG USERS IN MAJOR TOWNS OF NEPAL: AN INCREASING RISK TO GENERAL POPULATION

Background: Behavioral surveillance survey (BSS) and HIV testing study among injecting drug users (IDUs) conducted in Kathmandu, Pokhara and the urban areas of three Eastern Terai Highway districts of Nepal have shown that prevalence of HIV ranges from eight percent in Jhapa to 68 percent in Kathmandu. This paper analyses the sexual behaviors of IDUs to understand the outbreak of HIV infection among IDUs and potentiality of bridging the infection to general population. Method: New ERA, FHI and SACTS collected behavioral data using respondent driven sampling method in Kathmandu, Pokhara and three Eastern Terai districts of Nepal. Blood sample of all IDUs participating in the study were tested for HIV infection. A comparative analysis of these data is presented here.

Results: HIV infection is highest among male IDUs in Kathmandu and lowest in Jhapa. Main reason for such a big difference is due to the duration of injection, access to safe needle through needle exchange programs and the injection sharing behaviors. A significant proportion of IDUs in all cities are currently married but reported consistent use of condom with their female sex partners is very low. This behavior clearly indicates that IDUs may bridge the infection to their sexual partners and then to their children through pregnant mothers.

Conclusion: Harm reduction programs have focus only on the injecting behaviors of IDUs. Often sexual behaviors of IDUs are ignored. In the context of IDUs in the Nepalese cities, present analysis indicates that IDUs should be stopped for bridging the infection to the general population through their female sex partners. Outbreak of HIV infection among IDUs may transfer to the general population if sufficient attentions are not paid on changing risky sexual behavior of IDUs.

630 Diamond Sharma Hidangmayum**A STUDY ON THE SEXUAL TRANSMISSION PATTERN OF HCV FROM THE HIV/HCV COINFECTED IDUS TO THEIR HIV INFECTED SPOUSES IN MANIPUR.**

Background/objectives: If the HCV is transmitted through sexual route, the spouses of the HIV/HCV coinfecting male IDUs is expected to be infected with HCV at the same rate as their male counterpart (>90%). So, the present study is designed to see the sexual transmission pattern of HCV from the HIV/HCV coinfecting injecting drug users to their HIV infected spouses in Manipur.

Methods: One hundred HIV positive female spouses were selected for the study.

Their HIV statuses were determined at the JNH (Jawaharlal Nehru Hospital) and RIMS (Regional Institute of Medical Sciences) Imphal by enzyme-linked immunosorbent assay (ELISA) technique (confirmed by WESTERN BLOT). All the female spouses were screened for HCV statuses by using ELISA system. The age group of the studied subjects was ranges from (17-40) years. All the female spouses selected for the study had sexual exposure with their male counterpart (who are HIV/HCV coinfecting IDUs) not less than 5 years (from the history of the subject).

Result: The present study finding stress that the rate of hepatitis C virus infection to their HIV positive female spouses is dramatically low (only 2 positive cases out of 100). The negligible positive cases in the study result might be due to the inclusion of female spouses of tribal origin who are intra venous drug addict.

Conclusion: This shows that HCV might not be that efficient to infect the spouses of HIV/HCV coinfecting IDUs through sexual route. Similar studies were also reported elsewhere in the World. So, it may be concluded that, in the context of Manipur, HCV transmission pattern might not be through sexual route. Even if transmitted, it might be negligible.

433 Robert Heimer; Kevin Irwin; Olga Borodkina; Jean-Paul Grund; Maria Baranova; Polina Girchenko

HOME-MADE DRUG MANUFACTURE AND USE AND THE LINK TO HIV-1 RISK BEHAVIORS IN RUSSIA

Background/Objectives: Home-made opiate and stimulant manufacturing has been suggested to play a role in the massive HIV-1 epidemic in Russia. We investigated variations in manufacturing practices, the frequency of home-made drug use, and the associations between use and risky injection practices.

Methods: Our bi-national field team visited eleven Russian cities and used a variety of sampling methods to recruit and interview convenience samples of 65-120 active injectors in each city. Quantitative data were collected about drug use, focusing on the types of drugs used at the time of interview and in the past and on behaviors that risk transmitting HIV-1 and other syringe-borne infections. Detailed qualitative data on drug preparation practices were collected from individuals who reported manufacturing home-made drugs. Data were analyzed to determine if past or present home-made drug use was associated with injection-related HIV transmission risks.

Results: There were no significant associations of home-made opiate injection either ever or in the past thirty days with HIV-1 status or with risky behaviors including syringe sharing and any drug-mediated syringe sharing practices. Reports of the manufacturing process revealed that the use of blood during the manufacturing is a rare event, occurring less than 5% of the time. Self-reported HIV-1 prevalence was lower in cities in which home-made drug use was more common.

Conclusion: The prevalence of current home-made drug use varied by city, indicating that in some parts of Russia the use of home-made drug remains common. Their use has even re-emerged in some locations when commercial heroin supplies waned. We found no support for the hypotheses that use of home-made drugs was directly associated with the most common HIV transmission risk behaviors. However, the social aspects of home-made drug preparation and injection may place their users at elevated risk.

4.00PM - 5.30PM**SESSION TITLE: EPIDEMIOLOGY****736 Peter Madden; Matthew Hickman and Justine Fitzpatrick****DIFFERENCES IN DRUG USE BY ETHNICITY: DO THEY SUGGEST INEQUITY IN ACCESS TO DRUG TREATMENT?**

Background/Objectives: To compare data on ethnicity and drug use from two national surveys and 2 surveillance systems of problem drug users and determine whether any differences suggest inequity in access to drug treatment

Methods: The national surveys included the British Crime survey (2001/02) where 20,162 individuals provided data on illicit drug use and the ONS Survey (2000) among 8580 adults which looked at drug use and its relationship to psychiatric morbidity. Data on problem drug users covered treated and arrested populations (National Drug Treatment Monitoring System (2001/02) and Arrest Referral (2000/2004) respectively).

Results: Prevalence of crack and heroin use in the White, Black and Asian ethnic groups were similar in the national surveys at less than one percent. However a higher proportion of the black ethnic group were assessed through arrest referral (24%) compared to those treated (10%) and compared to the ethnic breakdown for Londoners as a whole (12%-census 2001). Crack use either with heroin or on its own was higher in the arrested (43% and 16% respectively) compared to the treated population (25% and 10% respectively) and with the exception of arrested crack only users (where the majority were from the Black ethnic group) the white ethnic group represented the largest majority.

Conclusions/discussion: There is little evidence from population based surveys of differences in the prevalence of heroin or crack use by ethnicity. However data on problem drug users suggests that the black ethnic group is over represented in the arrested population and that crack users are being arrested and heroin users treated. It is difficult to determine whether these differences relate to inequity in treatment access without accurate information on the prevalence of drug use by ethnicity; which could be achieved by the use of capture-recapture techniques but requires better data on ethnicity from routine data sources.

74 Vincenzo Ruggiero and Kazim Khan

BRITISH SOUTH ASIAN DRUG NETWORKS

This paper presents the initial findings of a research project funded by the Home Office. The research looks at drug trafficking and distribution within a number of South Asian communities based in the UK. The following issues are addressed: how drug use spreads within these communities; how international trafficking is arranged; how wholesale and retail distribution work; the specificity of this ethnic minority group in relation to illicit drugs; and the evaluation of prevention and treatment policies according to South Asian informants. The paper is based on interviews conducted with drug offenders serving a prison sentence, law enforcers, treatment staff, and drug users unknown to institutional agencies.

770 Jo Kimber, Matthew Hickman, Ingrid van Beek, Louisa Degenhardt, Tim Coulson

ESTIMATING THE SIZE OF THE LOCAL IDU POPULATION USING CLIENT VISITS TO THE SYDNEY MEDICALLY SUPERVISED INJECTING CENTRE

Background/objectives: Ongoing surveillance of individual injecting drug user (IDU) characteristics and visits at the Sydney Medically Supervised Injecting Centre (MSIC) provides a unique data source for prevalence estimation. This study aimed estimate the size of the resident IDU population proximal to the MSIC and its IDU and injection coverage.

Methods: Two closed capture-recapture models (3 time period Poisson regression; truncated Poisson) and an open model (Jolly-Seber) were applied to MSIC client visit histories between November 2001 and October 2002. Data were stratified by age and gender and separate estimates for three expanding residential catchments (two local suburbs, the local health area, and the local and adjacent health area) were derived. Population prevalence 15-54 years and MSIC IDU and injection coverage for each estimate were calculated. Convergence with other indicators was also examined.

Results: The estimated annual size of the IDU population at the local suburbs level ranged from 877 (Jolly-Seber), 1,288 (Truncated Poisson) to 2,606 (Poisson regression) and the corresponding population prevalence was 2.9%, 4.3%, 8.7% respectively. From the Jolly-Seber model the estimated average size of the IDU population per month was 371 with an average of 42 additions per month. MSIC's estimated IDU coverage and injection coverage respectively was 29% and 4% (Poisson) 59% and 9% (Truncated Poisson) 87% and 13% (Jolly Seber). **Conclusions:** The Truncated Poisson and Jolly-Seber models provided more credible estimates of the size of the IDU population and MSIC coverage at the local level while the Poisson model appeared to be an overestimate. Methodological limitations and policy implications will be discussed.

457 Robert S. Hogg, Kimberly C. Brouwer, Carlos Magis Rodríguez, Enrique Bravo, Cecilia Gayet, Stefano M. Bertozzi, Steffanie A. Strathdee

ESTIMATED NUMBERS OF MEN AND WOMEN INFECTED WITH HIV IN TIJUANA, MEXICO

Background: Tijuana, Mexico (estimated population: 1.27 million) is adjacent to San Diego, California and is located amidst the busiest border crossing in the world. Although UNAIDS considers Mexico to be a country of "low prevalence, high risk", recent surveillance data suggests HIV prevalence is increasing. Among 1032 women in labor in Tijuana, HIV prevalence was 1.1% overall; 0% among non-drug using women and 6% among women injecting drugs.

Objective: To estimate the number of men and women aged 15 to 49 years infected with HIV in Tijuana in 2000.

Methods: Gender and age-specific estimates of the Tijuana population were obtained from the 2000 Mexican census. Estimates of the populations at risk and HIV prevalence were obtained from published reports and CENSIDA data. Age-specific fertility rates for Mexico were used to derive the number of low and high risk pregnant women. Numbers of HIV-positive men and women were estimated for each at-risk group (e.g., MSM, IDUs, FSWs and pregnant women) and then aggregated. Two scenarios were created: a moderate growth scenario based on current HIV prevalence, and a more conservative, low growth estimate.

Results: A total of 686,600 men and women in Tijuana were aged 15 to 49 years

at the time of the 2000 census. Considering both scenarios, the number of infected persons ranged from 2,890 to 5,540 (HIV prevalence: 0.42% to 0.81%). The majority of these persons were women (60%). The largest number of infected persons were FSWs (N=1,500 to 2,500), MSM (N=760 to 1,320), and IDUs (N=380 to 580).

Conclusions: Our data suggest that up to one in every 124 persons aged 15-49 years in Tijuana is HIV-infected. Interventions to reduce ongoing spread of HIV among FSWs, MSM and IDUs are urgently needed.

237 Des Jarlais, D.C., Perlis, T.E., Poznyak, V. & Stimson, G.V.

VARIATION IN DRUG INJECTION FREQUENCY IN THE WHO PHASE II DRUG INJECTING STUDY

Objective: To examine "dominance of injection" as a route of drug administration in an international sample of injecting drug users (IDUs) and non-injectors (NIDUs). Injecting is the most "cost effective" drug administration route in terms of providing a very strong effect and utilizing almost all of the drug purchased. This "cost effectiveness" has led to the belief that injecting will normally supplant other drug administration routes, and that most persons who inject are likely to do so at high frequencies.

Methods: IDUs and NIDUs were recruited in 12 different cities (Beijing, Bogota, Gran Rosario, Hanoi, Kharkiv, Lagos, Minsk, Nairobi, Penang, Rio de Janeiro, St. Petersburg, and Santos). A Rapid Assessment and Response study was conducted, followed by a structured risk behavior and HIV seroprevalence survey.

Results: Substantial numbers of NIDUs were found in Hanoi, Penang, Lagos, Nairobi, Bogota, Gran Rosario, Rio and Santos. In the latter four cities, for many IDUs, injecting was not a dominant route of drug administration; over 40% reported at least 1 injection-free month out of the last 6, and over 50% injected on at most 5 days during a typical month. All four of these cities are in South America and have cocaine as their most frequently used drug. Three of these cities, Bogota, Rio, and Gran Rosario had relatively low HIV prevalences among IDUs (1%, 9%, and 13%), though Santos had a high HIV seroprevalence (42% - 31/74). HIV seroprevalence in cities where injecting drug use was the predominant mode of administration ranged from 10 to over 50%.

Conclusion: Injecting drug use clearly has become the dominant route of drug administration in many regions, including Eastern Europe and Asia. In contrast, injection does not appear to have supplanted non-injecting use of cocaine in the four South American cities in the WHO study. High HIV seroprevalence levels can occur in areas even where injecting is not the dominant mode of drug administration.

281 Quigley Paul

THE ENDO OF THE DRUGS PROBLEM: REDEFINING HARM REDUCTION IN THE POVERTY CONTEXT

The harm reduction movement is at risk of marginalisation and disempowerment when specific initiatives are selectively adopted by governments and agencies as strategies of social control. Debate needs to focus more firmly on the structural relations which generate chronic family dysfunction, addiction and social suffering among the disadvantaged and excluded. Critical sociology suggests that the theoretical redefinition of the harm reduction problem is inseparable from the search for effective interventions.

The paper reports on a 5-year multimethod research project which examined the dynamics of epidemic multisubstance misuse and associated treatment efforts in the Dublin ghetto environment. A range of qualitative and quantitative data was gathered from service users, providers, family members and key informants in local communities. This data was supplemented by clinical and demographic data from case records and by epidemiological studies of citywide general practitioner prescribing databases.

Complex patterns of harm to individual mental health, severe co-morbidity and family dysfunction were identified. The issues of violence and power relations in maintaining our private and public orders was examined in the light of narratives and analyses obtained. The relationship between problem drinking and problematic use of illicit substances was investigated and the role of long-term benzodiazepine use was reviewed.

Prospects for the development of effective HR services were explored, and obstacles were identified at the level of individuals, families, neighbourhoods and statutory agencies. It is concluded that the so-called drugs problem should be reframed in terms of individual development, family functioning and social relations. Harm reduction principles need to be implemented urgently on a generic basis across all of the human services, and practitioners need to engage closely with those individuals, families and communities at greatest risk.

4PM - 5.30PM – ORAL POSTER SESSIONS

SESSION TITLE: WOMEN, SEXUAL SURVIVAL AND HIV/AIDS

135 Inga Heyman**COORDINATED CASE MANAGEMENT OF PREGNANT INTRAVENOUS DRUG USERS WITH A CO- MORBID DIAGNOSIS**

Issue: The number of intravenous drug-using women accessing Mental Health services in Australia has risen dramatically, coinciding with the popularity of Methamphetamines. Many of these women are also pregnant. Their complex drug, psychiatric and social profiles contribute to fragmented follow up through Mental Health, Drug and Alcohol and Obstetric services resulting in chaotic drug use, multiple admissions to acute inpatient psychiatric units, little antenatal care and ultimately poor neonatal outcomes.

Setting: In the Illawarra, New South Wales, Australia a co-ordinated clinical approach to this issue has been developed through Mental Health, Drug and Alcohol and Maternal and Pediatric services to provide collaborative case management of pregnant clients with a dual diagnosis

Project: Early identification of the pregnant woman through either of the three health partners allows swift referral into each service. This united approach facilitates joint assessment, joint home visiting, information sharing and case planning through the antenatal and postnatal periods. A dedicated Midwife and Drug and Alcohol Nurse provide clinical support for the psychiatric teams in the community and inpatient units whilst the mental health clinicians provide specialized care for the clients including extended inpatient care, drug detoxification and hands on support during birthing.

Outcomes: Collaborative clinical support across all three services has allowed a better understanding of the complex needs of this client group and has in turn changed work practice. It allows for early engagement, referral and individual case planning for the pregnant woman. With a focus on joint care it brings opportunities to reduce drug use, stabilise medications, reduce admissions to acute psychiatric units and enhance obstetric and pediatric care. This in turn brings improved maternal and infant health outcomes.

534 Abdul Haque Patwary**TITLE: INVOLVEMENT OF FEMALE PARTNERS IN STD TREATMENT AND HARM REDUCTION.**

Purpose/ Background: CARE Bangladesh has been initiating a behavior change model based intervention amongst 252 injecting drug users at Chandpur since February/04. The objective is to reduce the risk of HIV/AIDS transmission among IDUs and promote safer behavior like injecting and safer sex practices following harm reduction. CARE Bangladesh started STD management services for the IDUs since the very inception of the needle exchange program at Chandpur. It is found in the baseline survey that 14% IDUs are suffering from syphilis and 42% of them are married and number of female partners 106 out of 252 IDUs. Most of the IDUs come to the doctor with recurrent infection.

Methodology: A baseline survey was done in 2003 at Chandpur, which was conducted by trained Field Researchers. Both qualitative and quantitative methods used to collect data. 86 blood sample were collected from IDUs for VDRL test and it shows that 14% IDUs have the STD specially syphilis. It also finds in the master list that there are 106 spouses out of 252 IDUs.

Results:

- STD treatment seeking practices has improved.
- 30 STD patients have been treated from June/04 to Sep/04.
- Spouse counseling has increased.
- According to monthly progressive report recurrent infection is reduced.

Conclusion/ Recommendation: Female partner of male injecting drug users should be an integral part of any harm reduction program as it also gives the opportunity to interact and involve the female partners in STD treatment.

Learning objectives:

- It is the prime time to provide more emphasis of female partner for STD treatment.
- It makes the scope of spouse counseling.
- It helps in detoxification process.

472 Arash Alaei, Kamiar Alaei,**WOMEN, GENDER, AND HIV STATUS IN IRAN**

Issue: From the beginning, when HIV/AIDS appeared to be confined to groups perceived as socially deviant, the AIDS epidemic has been shrouded by ignorance. This has led to stigmatization against PLWHA. According to increasing the age marriage (mean 27 years), girls are at greater risk of sexual coercion. Moreover, poverty may drive some women into the sex industry.

Setting: At January of 2004, officially there are 7146 persons living with HIV/AIDS, Out of this, 408, female. Estimated number of HIV cases is 30000.

The pattern of HIV infection in West of Iran is Injection (>85%), and South of Iran is transsexual (>50%). The majority of the women (>90%) are unpredicted infected

by their husbands. In some areas one of the routine jobs of the men is transport to the southern borders' countries, on the other hand, in their cultures multiple marriages and lack of condom use is common, and so if they become HIV infected they transmit HIV to their wives. Among some of the commercial sex workers, drug use is common and they are more at risk for HIV. Some of the DUs have to be drug delivers and when they are arrested their wives or daughters accept the crime and go to prison.

Project: "Triangular clinic" was established in Kermanshah city. This innovative model has been conceptualized that addresses three critical issues of drug use intervention; STI and HIV care. In this center one of the main cores are women in different levels. They could find the governmental support to prepare home for 16 HIV infected divorced females. Fortunately, the government approved the expansion of the program, leading to a plan to write a national strategy plan for the control of HIV/AIDS 2003-2008.

Lesson learnt: Women are more stigmatized with HIV. Stigma leads women to avoid being tested for HIV.

Key words: HIV- Iran - stigma

550 Susan Boyd**WOMEN, PRISON AND JUSTICE**

In Britain, Canada, and the U.S. the percentage of women in prison convicted of drug offences is higher than their male counterparts. Poor women and women of colour are overrepresented in terms of drug convictions and imprisonment for drug offences. Systemic racism, and class and gender bias shape women's involvement in the criminal justice system. In all three nations the female prison population has increased and drug convictions account for much of this increase. This presentation examines drug law, and drug arrest and imprisonment patterns in Britain, Canada, and the U.S., concluding that a practical response to the war on drugs is legalization.

864 Janice Duddy (1), Vicki Bright (2), Kate Shannon (1), Megan Oleson (1), Mark Tyndall (1,3); (1) British Columbia Centre for Excellence in HIV/AIDS, (2) WISH Drop-In Centre Society, (3) University of British Columbia, Faculty of Medicine**VANCOUVER'S CAREGIVERS HAVE A RESPONSIBILITY TO CREATE SOCIALLY RELEVANT HIV/AIDS TREATMENT FOR WOMEN SEX WORKERS**

Issue: Women sex workers, a group that has been disproportionately affected by the HIV/AIDS epidemic in Vancouver, are not accessing life-saving drugs. Community members, service providers, medical professions, and researchers have a social responsibility to find ways to protect these women and to keep them healthy.

Approach: Using the antiretroviral (ARV) distribution programs in the Downtown Eastside (DTES) as a case study, the issue of access for women sex workers is explored.

Key Points: Women are vastly underrepresented in the DTES' ARV distribution programs. This in spite of the fact that female injection drug users in Vancouver have been found to have a 40% higher incidence rate of HIV than male injection drug users. Given that current programs are not working, it is unacceptable for service providers to simply 'stay-the-course'. It is essential to create a treatment programme that is flexible enough so that women sex workers can feel confident in accessing services, while staying stringent enough to protect the integrity of the drug treatment.

Implications: If a new ARV treatment program that addresses the specific needs of women sex workers is not created many women in the DTES will suffer the consequences of HIV/AIDS simply because they are invisible in medical waiting rooms and no one thought to look for them.

The British Columbia Centre for Excellence in HIV/AIDS and the WISH Drop-In Centre Society, a non-profit, drop-in centre for women sex workers, have recognized the urgency of this situation. They are working in partnership, using innovation, creativity, and input from women sex workers to create the space needed for women to access treatment and be supported in sustainable ARV uptake.

4.00PM - 5.30PM**SESSION TITLE: RELIGION, FAITH, TRADITIONAL HEALING****402 Thomas Ninan****A FAITH BASED NETWORK AS A RESPONSE TO SUBSTANCE ABUSE****Issue:**

1. Lack of awareness on the ill effects of substance abuse
2. Lack of collective approach to address the issues.

Setting: Substance abuse is perennial and universal in India. Christian NGO's involvement in the control and treatment of substance abuse is commendable

unfortunately efforts were not synergistic. The Christian Medical Association of India, resolved to bring together the different Christian NGO's and churches working in the field of S.A through Christian Agencies to Combat Substance Abuse Network (CACSAN).

Project Description: CACSAN has 250 Christian institutions and individual members in India. The Programme to Combat Substance Abuse desk at CMAI plans and coordinates the activities of CACSAN with the help of a core group. The activities include:

- i. Share Information through a quarterly magazine called "Addiction News"
- ii. Advocacy
- iii. Skills and Capacity Building
- iv. Building Solidarity.
- v. Resource Mobilization

CACSAN has four regional chapters, each chapter having a focal point where programs are coordinated. The PCSA Coordinator through the focal point- a local NGO, follows up every regional program.. Future programs catering to the needs of members are planned with the PCSA Coordinator.

Summary of outcomes:

1. Increased involvement of churches through awareness and training
2. Increased bonding between members.
3. Improved the skills of members
4. Advocacy against "Tobacco and Alcohol Use"
5. Proactive responses from theological colleges.

Lesson learned:

1. Through appropriate training lay people play a pivotal role as counselors
2. Through sharing of resources the problems are addressed effectively.
3. Greater acceptance and credibility to the programs and activities.

Implications:

1. Financial constraints.
2. Local priorities of member NGOs often take precedence to network activities.
3. Churches have other priorities.
4. Difficult to bring changes in the govt. policies with a network involving a minority.

183 Matulesy P. F.; Forina M. P.; Jerry Lohy; Maruli S.; Rudi N.; Emmy Sahertian.

CHRISTIAN COMMUNITY BASED PROGRAM MODULE TO PREVENT DRUGS ABUSE AND HIV TRANSMISSION IN INDONESIA

ISSUE: On 1992, PALMA was found, the Christian NGO's to start prevention program in Church. On 1996, many Young people belong to Church were found become drugs addict and the Christian Community leaders start facing the problems of drugs abuse, HIV/AIDS & Alcohol among the youth. Couple of men asked the Church leader to get married, which shocked them.

SETTING: Through Church activities where all the Young people, families, Sunday school children, women's group and men's group are to be targets of this prevention programs, with the strategy focusing on strengthening and Christian Community participation.

PROJECT: The aim of this project is to empowering the Christian Communities potential in development of preventive system and rehabilitation centers by community itself, to make the programs continuously, simultaneously and long lasting. The project divided into 4 stages or modules are: One, Information modules program for several times; Two, Informer or motivator training modules, 3 days training program; Three, Supporting or Buddies training modules, 5 days training program; and Four, Counselor training modules, "Pastoral counseling", 5 to 6 days training program. Focus of the topics on NAZASEX, Narcotics-Alcohol & Tobaccos-Additive agents-Sexual education, Reproductive Health, gender, sex bias, STDs and "what the Bible says". Participatory training is the main methods for this continuing program, after 6 - 10 months will do the followed up.

OUTCOMES: The program is still continuing from January 2002 and the outcomes are more than 6,000 Christian people get the proper and right information about NAZASEX, and about 600 trainees from 10 different Church communities from Kalimantan, Bali, Java, Sumatera and Sulawesi become trainers or cadres for the Christian Communities. Next year will start with module 3 and 4 for the same Churches and the others will get program 1 and 2. Christian communities are suitable and active participating to establish the pervention program for the young generation is one of the lessons learned.

897 Dr. Altaf H. Tariq

DRUG USE & ABUSE IN PAKISTAN & PREVENTION / CONTROL THROUGH HOMOEOPATHIC SYSTEM OF MEDICINE WITHOUT SIDE EFFECTS

Since there is no record of any scientific research study about Drugs use & Abuse for the last 40-years. It is established fact that most of the drugs either stimulate or depress the CNS, resulting in hallucinations/disturbances in motor function, thinking, behavior, perception and are capable of producing a state of dependency. There are

many legal drugs, which are generally prescribed by the Practitioners and these are helpful in treating many diseases e.g. antibiotics, anesthetics, sedatives, tranquilizers and pain relievers. Illegal drugs are stolen, smuggled, manufactured/grown without a licence. All drugs not obtained on a doctor's prescription are also considered illegal. In Pakistan, drug abuse leads to alarming situation. Following are main routes of drug administration:

1. Oral dose 2. Injection 3. Inhalation. Homeopathic System of Medicine has made a tremendous progress towards Symptomatic treatment in general and drug addiction in particular. During research study, there were 1000 indoor Drug Addicts Cases, which have been successfully cured. The treatment procedure can be listed as follows: (1) Detoxification, (2) Withdrawal Syndrome, (3) Rehabilitation, (4) Follow-up. The patient is totally cut off from the drugs and given Homoeopathic medicines constitutional and similar to his symptoms in high potency as an antidote and the patient is detoxified within 24 hours. It is worth mentioning that during Withdrawal Syndrome, which consists of 48-hours, some of 22 Homoeopathic Remedies practiced and some of 26 Remedies during Rehabilitation period of 10 to 15 Days. Effective counseling is carried out during Rehabilitation & follow-up phases to minimize the relapse rate.

Conclusion: Homoeopathic System of Medicine is indeed much more effective than Allopathic System of Medicine. Its success rate is 90% whereas relapse rate is 10% to 30%. Homoeopathic medicines are not sedative/opiate, so there is no risk of cross-addiction.

597 Bea Edwards

PLATYPUS DREAMING - BEING UNIQUE - A LONG AND DIFFICULT ROAD

This presentation will show how ancient and modern can come together in assisting people with problems related to their use of drugs and/or alcohol. With a strong harm reduction focus, this approach utilises traditional methods of story telling and ritual to develop coping skills and overcome barriers associated with one's drug use. The approach can be used successfully with both children and adults; individuals and families. This approach uses the traditional dreaming; helping the drug user to visualise and understand their emotions and feelings. Traditional Dreaming can be used to help understand the role that drug use plays in one's life, accept it and better control it. Turtle Dreaming - new directions; Snake Dreaming - the present and the future; Frog Dreaming - cleansing and motivation; Crab Dreaming - handling confrontation; Platypus Dreaming - being unique.

4.00PM - 5.30PM

SESSION TITLE: IRELAND NORTH AND SOUTH 1

1035 Gerry Moore

THE LASH RESPONSE TO HARM REDUCTION.

Harm reduction strategies currently operate on a continuum that commences with the provision of information, moves through a process of health care and the provision of drug taking paraphernalia including the provision of substitution treatment and the less typical interventions of drug consumption rooms.

Since 1992 the Irish Government has actively perused a policy of Harm Reduction by providing methadone maintenance and needle exchange at both regional and local levels. This is evidenced through statistics that show a dramatic increase in the number of opiate users accessing methadone maintenance and needle exchange services since 1992. The National Drugs Strategy (2001) is clearly supportive of harm reduction with respect to Opiate Drug Users, their families and communities. However the impact of harm reduction services in Ireland on the transmission of blood borne viruses such as Hepatitis C appears to be limited.

This paper examines the effectiveness of Irish harm reduction strategies by comparing current service provision with a review of national and international literature.

Current Irish responses to harm reduction are explored through empirical exploratory research. Comparison are made between self reported practice by service delivers and what is outlined as best practice by Irish and International researchers. Particular attention is given to reviewing factors that impact on the scope of Irish Services such as national legislation, service provision and the geographical spread of services.

474 Debra Wilson MSW, LSW and Pauline Murnin, RMN, MSc

HARM REDUCTION: UNDERSTANDING ASSESSMENT AND TREATMENT OUTCOME INDICATORS IN STATUTORY SUBSTANCE ABUSE SERVICES IN NORTHERN IRELAND USING THE ADDICTION SEVERITY INDEX

Understanding assessment and treatment outcome indicators in statutory substance abuse services in Northern Ireland using the Addiction Severity Index. Debra Wilson

MSW, LSW and Pauline Murnin, RMN, MSc. This submission presents scientific data on a first look at outcomes of drug and alcohol treatment in Northern Ireland. The study performed baseline assessment in areas of medical, educational/financial, alcohol usage, other drug usage, legal, family/social, and psychological arenas with all clients (n=163) entering into the Downshire Hospital Ward 15 substance abuse residential unit in County Down, Northern Ireland for a period of one year. The study provides intake assessment of associated factors of motivation, personal coping skill assessment, AA involvement following up clients within the community setting at six months in areas of medical, educational/financial, alcohol usage, other drug usage, legal, family/social/ and psychological, as well as statutory service involvement in aftercare and AA support involvement. The project presents these variables as probable predictors and potential indicators of treatment outcome as well as supplying service user qualitative input on areas of treatment which proved most useful to them.

Statistical analysis includes internal consistency Cronach's Alpha testing in the cultural context of Northern Ireland for the Addiction Severity Index and includes use of independent T-testing, and structural equation modeling in assessing relationships between theological concepts of understanding treatment outcomes as an indicator of harm reduction on both an individual and a societal impact level.

Statistical analysis surrounding effects of treatment identifies reductions in amounts and frequency of substance misuse through involvement in drug and alcohol treatment and aftercare. Reductions in substance use were also linked to reductions in other life problem areas to include reductions in social cost indicator variables such as employment, legal involvement and acute service within the UK health care system.

213 Pedro Delgado

HARM REDUCTION IN THE WORKPLACE

Issue: To explore the implications the service we provide with the objective of reducing drug related harm within the workplace.

Approach: Programmes are tailor-made to specific requests. Training is usually done at two levels: awareness training for all employees, and more specific training for management-those who refer employees to the service. The sessions are constantly evaluated to include the latest trends and training methods. Alongside, a counselling service is available for those who are referred. Our service is similar to a Substance Misuse Employee Assistance Programme.

Key Points:

- NICAS is a pioneer of workplace drugs and alcohol services in Northern Ireland, with over 15 years of experience. Throughout this presentation we will share in a predominantly qualitative way the trends within the UK and Northern Ireland workplace, government efforts, and the most recent experience of our consulting workplace service, which includes advice on policy writing, different levels of drug and alcohol training, and counselling.
- The workplace represents a unique opportunity to put into effect harm reduction strategies. Within the United Kingdom, it is estimated that the 25% of those seeking help for drug problems are in employment.

Implications:

- By providing this service to companies throughout Northern Ireland we expect to reduce the harm done by alcohol and drugs within the working population and their families.
- However, despite positive feedback, measuring the success and effectiveness of the programme in terms of harm reduction is a complex issue we must address.
- At present, workplace testing is growing rapidly in Northern Ireland, a trend we must include in our training. Integrating preventative strategies into the intranet of companies should be considered seriously as the next step in our efforts to have a significant impact on the well being of employees at all levels.

972 Kieran Devlin / Leo Foy

SENSIBLE SERVE

'Duty of Care - Sensible Serve'.

DEVELOP A COMPREHENSIVE TRAINING PROGRAMME FOR LICENSED VENUES IN THE NEWRY & MOURNE AREA.

The development and piloting of a 'Duty of Care - Sensible Serve' Training Package for Licensed Venues to compliment the ongoing work of the Partnership in the Newry and Mourne area.

Setting: Newry and Mourne drug and Alcohol Partnership and the Federation of the Retail Licensed Trade have combined to create a training course for bar staff. This course will educate staff in drug and alcohol awareness, creating and maintaining a safer environment for customers, legislation around both drugs and alcohol and customer care.

Project: To develop a training pack for bar staff to contribute to and create a safer environment for young people and staff in entertainment venues.

Outcomes: A training course for licensed entertainment venue bar A set of

guidelines, training manual and resource pack will be produced.

- Members of the licensed entertainment industry throughout Newry and Mourne will have received training.
- Important formalised links will have been forged with the licensed entertainment industry.
- A model of good practice will have been introduced to the drinks industry
- The health and safety factor of club goers in the area will have been increased.
- Parents will feel safer knowing their children's best interests are being catered for.

Implications: The immediate impact from this proposal will be the expansion of drugs and alcohol awareness/education programmes to a specific group (bar staff) within the local community, impacting upon both adult and young people throughout Newry and Mourne through increased awareness and safety for young people accessing the entertainment industry.

224 EmmaLouise Spare, Dr. C.M. Comiskey

REGRESSION MODELLING OF OPIATE DRUG TREATMENT

Introduction: Treatment for opiate dependence syndrome has in the past centred on a drug free and abstinence model. With the development of harm reduction philosophy, treatment emphasis has shifted to the provision of methadone and other substitute medications.

Method: The evaluation of these newer treatments has to date been in the form of pre versus post comparisons (1;2). However, a regression modelling approach for the full process of treatment evaluation was proposed by Ball and Ross (3). This approach has now been recommended in Europe (4). With this study we present for the first time in an Irish context preliminary work on the evaluation of opiate treatment using a regression modelling approach. The regression model has three overall components: patient, program and process characteristics. This regression model holds that treatment outcome is a function of many factors which must be assembled in a certain way to try to explain treatment success.

Results: The hypothesis is very simple - that the drug treatment process in Ireland works. The main thrust of this research is the construction of a model to demonstrate key factors of methadone treatment and how they interact. This involves contrasting and comparing treatment program elements to highlight where the greatest variability lies; ultimately, to determine which program characteristics are associated with a successful treatment outcome.

Conclusion: This study asks which treatment program elements are associated with a successful outcome for a patient receiving opiate treatment in Ireland.

References: (1) Butler, S. (2002). The Making of the Methadone Protocol: the Irish System? Drugs: Education, Prevention and Policy 2002 9 4 (Oct.) (2) O'Brien, M. & Moran, R. (1997). Overview of Drug Issues in Ireland. Health Research Board. (3) Ball, J., Ross, A. (1991). The Effectiveness of Methadone Maintenance Treatment: Patients Programs Services and Outcomes, New York: Springer Verlag. (4) EMCDDA Scientific Monograph No.3, 'Evaluating the Treatment of Drug Abuse in the European Union'.

1034 Aileen O'Gorman

THE COMMUNITY CONTEXT OF HIV INFECTION

Background/Objectives: This study explores the risk and protective factors which may influence the rate of HIV infection among drug users in a community such as: the way problem drug use developed within the communities; local patterns and practices of drug use; the characteristics of drug using networks; the extent of HCV within the communities; the socio- environmental issues in the area; and the response by community and service providers to problem drug use in the areas.

Methods: A multi-method approach has been taken incorporating a literature review an analysis of existing quantitative data on drug use indicators and socio-economic factors in the communities; interviews with key individuals working in the local Drugs/AIDS services; and focus groups with injecting drug users from the communities.

Issues arising from the research process are referred to and analysed by a of experts from the community and drug related fields. This iterative process of data collection and analysis has facilitated a scoping exercise from an initial examination of a broad range of factors to a focus on a number of key contributory and inter-related factors.

Results: Preliminary results indicate behavioural; social; cultural and structural factors which have contributed to the spatial disparities in HIV rates. Such factors include the nature and practices of local drug using networks; the accessibility of treatment and harm reduction services; the type of drug market in operation in the area; and the level of population stability in an area.

Conclusions The findings of this study provide a broader perspective to discussions on the social context of drug use by examining not just individual behaviour and risk practices but the broader environmental context of HIV infection. These findings will usefully inform HIV education, prevention and harm reduction interventions.

Abstracts

Tuesday 22 March

9AM - 10.30AM – PLENARY**SESSION TITLE: ALCOHOL AND TOBACCO**

1052 Robin Davidson**THE BIGGER THEY COME... A CRITIQUE OF LARGE MULTI-CENTRE ALCOHOL TREATMENT TRIALS**

Two major meta analytic studies on treatment interventions for alcohol problems produced no significant treatment effects. Project MATCH found 4 sessions of motivational interviewing, 12 sessions of cognitive therapy and 12 sessions of twelve step facilitation to be equally effective. The United Kingdom Treatment Trial (UKTT) found social behavioural and network therapy and motivational interviewing to be equivalent. Prior to these major treatment trials it was assumed that with sufficient subject numbers, consistent therapist training and clear protocols on evidence based front running therapy for alcohol dependence would emerge. This was not to be.

This presentation explores the reason of the lack of any main treatment effect but highlights other interesting significant findings. These include outcome differences between countries, agencies and therapists. Data from MATCH and UKATT are used to illustrate these differences.

It is argued that the 'where' and 'who' of treatment has much more predictive validity than 'what' treatment is given for alcohol problems.

978 Tim Stockwell**ALCOHOL SUPPLY, DEMAND AND HARM REDUCTION - WHAT IS THE STRONGEST COCKTAIL?**

The concept of Harm Reduction emerged from the drug field in the 1980s in the context of reducing the risk of the spread of blood-borne viruses without necessarily reducing drug use. The concept has since become increasingly influential in the alcohol and even tobacco fields. In Australia, for example, most state liquor acts now identify Harm Reduction or minimisation as a principal objective. The concept of Harm Reduction has been highly controversial and there have been many attempts to redefine it towards politically acceptable positions. In the alcohol field the concept has sometimes been proposed as an alternative to the view that alcohol related harm will only be reduced via a reduction of the total population consumption of alcohol. This paper will present evidence to suggest that most effective interventions to reduce alcohol-related harm require reductions in the quantity of alcohol consumed per occasion. Furthermore, it is highly unlikely in most modern drinking societies that significant reductions in alcohol-related harm can occur without also a significant drop in total population consumption. Nonetheless, Harm Reduction is an important and influential principle in alcohol policy that can be incorporated alongside controls on the physical and economic availability of alcohol. It is recommended that the term Risk Reduction be applied to the many strategies that fall between Harm Reduction and abstinence-based approaches. Finally, emerging evidence regarding common risk and protection factors for adolescent substance use as well as other mental health and behavioural problems is briefly discussed. It is recommended that the concept of Risk here is broadened to include a wide range of social and economic factors which, when addressed, can have multiple benefits in relation to the reduction of both substance use and other adolescent problems.

1043 Ron Borland PhD, Nigel Gray**REDUCING THE HARM FROM TOBACCO USE: THE CASE FOR SYSTEMIC CHANGE**

Tobacco smoke is harmful to all exposed to it, smoker and non-smoker alike. It currently kills about 4 million people per year worldwide and reduces the quality of life of many more. Reducing the harm from tobacco use requires a wide range of strategies including restrictions on where smoking can occur and programs to minimise prevalence. This presentation focuses on the systematic changes required to reduce the harms to tobacco users. Most of the harm comes, not from the nicotine, but from chronic exposures to a range of other toxicants. Nicotine is at the core of addictiveness, and thus is a major

contributor to prolonged exposures. Harm also varies as a function of the way in which the nicotine is delivered, with cigarette smoking being both the most immediately attractive form of delivery, and the most harmful long-term. There is great potential to reduce the harmfulness of at least some forms of tobacco, with some forms of smokeless tobacco demonstrably less harmful. Harm is also increased by the ways in which tobacco is marketed. Allowing the marketing of tobacco by companies that are legally required to maximise profits in a context where consumers are unable to rationally make choices that relate to the long term consequences of use, is a recipe for trouble. That is what we have today. The pattern of incentives needs to be rearranged to remove such barriers to progress. I explore the possibilities for harm reduction in trying to move users to less harmful products, including non-smoked products and pure nicotine delivery products. I also lay out ideas on what a rational system harm minimisation might look like. It includes removing the marketing of tobacco from for-profit corporations. Such models if successfully applied to tobacco, could be readily translated for use with other drugs like cannabis where society wants to discourage use, but where prohibition is problematic.

11AM - 12.30PM – MAJOR SESSIONS**SESSION TITLE: DEVELOPMENTS IN DRUG CONTROL POLICIES**

547 Diane Riley & Eugene Oscapella**CANADIAN DRUG POLICY: STILL APPEASING THE ELEPHANT?**

Following the promise offered by the conclusions of the Senate and House of Commons Committees examining illegal drugs, there is much disillusionment in the land. Many recommendations for change were made by both committees, but there has been little action. In fact, in a number of respects both drug policy and practice have regressed toward the criminal justice approach. A health and social response has been successful in the continued operation of a safe injecting site in Vancouver. This just celebrated its first anniversary. The shift in past couple of years at the government level has been to increased emphasis on criminal justice; this corresponds in part with the arrival of a new prime minister who is much friendlier to the US than the last. As a result, Canadian policies and practice now mirror those of the US more closely than at any other time in the past five years. Examples include: lack of movement on cannabis decriminalization and a bill so flawed that it would worsen the situation; an increase in arrests for cannabis related offences; shrinking resources for harm reduction programs and the presence of US drug law enforcement officials in Canadian cities. There is still no formalized national drug policy in Canada; consultations are underway. The strategy is said to be one of "harm reduction", but this appears to be primarily in name only since the vast majority of federal funds for drug-related work go to policing. The epidemic has been a leading cause of pressure to institute safe injection sites and safe crack kits. On balance, the forces of drug prohibition still hold the most power. However, there have been some positive signs through the introduction of harm reduction programs such as safe injecting sites and safe crack kits. As well, public support for such harm reduction measures may be growing, and this may translate into more pressure for positive change.

867 Brazilian Ministry of Health**WINDS OF CHANGE OR CHANGES IN THE WIND?**

SESSION: Developments in National Drug Control Policies

Very recently in Brazil, the matter of drug/alcohol policies had taken an interesting level of a lively debate. The Ministry of Health has an active role in this issue, advocating a more pragmatic and effective approach, leading to the inclusion of drug and alcohol users within the health system. Beyond the treatment setting, legal landmarks to reform the current legislation and discuss harm reduction alternatives were suggested and/or supported. Although some initiatives aiming the implementation of drug courts and media campaigns blaming drug users as responsible for violence acts because they consume drugs. A fundamental governmental decision was primarily taken in the late 80s

to reduce the harms associated with injection drug use, namely the spread of HIV among this population. The distribution of bleach and sterile needles/syringes provided health care actions and also included this hidden population into the health care system. Positive results as the reduction in the rates of Hepatitis B, Hepatitis C, and HIV; decreasing numbers of people sharing equipment gave a strong direction of public health-based decisions. The implementation of community-based treatment services for alcohol and drug users as a part of the governmental mental health policies and the adoption of the harm reduction strategies as alternatives for drug and alcohol treatment are signs of which way the Brazilian Ministry of Health is choosing. The option for progressive and health-related drug policies and interventions are supported by a number of associations and scientific bodies, ranging from "Judges for Democracy" to Drug Users Associations. The lobby for a more repressive and criminal understanding is advocated for some scientific institutions, by the police and crime prevention specialists. Public opinion tends to be more conservative, but the debate of the law reform is heating the discussions. The strength of the harm reduction movement is being consolidated and progressive winds are coming.

646 Anya Sarang, Vitaly Djuma, Dasha Ocheret

DRUG POLICY IN THE RUSSIAN FEDERATION: A YEAR OF REFORM

Repressive drug policies have fuelled HIV epidemic among injecting drug users (IDUs) in the Russian Federation (RF). In 2003 it was estimated that 1.5-3 mln. IDUs live in the country. About 1 mln people live with HIV, with 80% of cases IDU-related. 56,000 people are in need of antiretroviral treatment (ART), and only 1300 (2.3%) receive it - although drug users represent majority of those in need, they are the last to get ART, due to discrimination in medical system. Substitution treatment, which is an important part of HIV prevention, as well as treatment of HIV+ IDUs is illegal and strongly opposed. Of 800 000 inmates in Russian prisons in 2003, 101 510 were there for drug-related crime and 70% of those for drug possession. In 2003 prisons held over 36000 HIV+, 75000 people with tuberculosis. HIV outbreaks in prisons related to needle sharing were registered. Russian health and judicial sectors are overwhelmed with the problem of drug use and related HIV infection. It is clear that repressive drug policies are responsible for this public health catastrophe. This policies though, represent Russia's attempt (although a bit too zealous) to keep in line with International Drug Conventions. 2003-2004 was a year of drug law reform: amendments to the Penal Code as well as a Government Resolution aimed at liberalization and introduction of clear distinction between drug users and traffickers. It also introduced some legal protection to harm reduction programs, cancelled mandatory drug treatment and allowed to release over 30,000 prisoners convicted for drug possession. The reform was brought about by consolidation of experts, parliamentarians, Ministry of Justice, human rights activists, drug users and their parents. Despite the reform, drug policies in practice remain repressive and strong opposition to the reform persists. In 2005, apart from defending the achievements of 2004, also highest on the activists and practitioners agenda are: human rights monitoring, ART for IDUs, sustaining of harm reduction interventions, legalization of methadone.

11AM - 12.20PM – SESSION TITLE: HARM REDUCTION AND ALCOHOL - TIME FOR A PARADIGM SHIFT

801 Marlatt, G. Alan

THE CONTROLLED DRINKING CONTROVERSY: HARM REDUCTION AND THE TREATMENT OF ALCOHOL ABUSE AND ALCOHOLISM

The controlled drinking controversy predates contemporary discussion of harm reduction approaches to the prevention and treatment of drinking problems. The debate surrounding controlled drinking treatment programs for alcoholic patients conducted by Drs. Mark and Linda Sobell (35 years ago) will be reviewed as a 'case study' of this heated controversy. Subsequent controversies involving the development of Moderation Management as an alternative to abstinence for problem drinkers will also be described. The application of harm reduction as a 'middle way' between the dichotomous alternatives of either total abstinence (zero tolerance) or unabated harmful drinking will conclude the discussion.

1054 Helen White

REDUCTION OF ALCOHOL-RELATED HARM ON A U.S. COLLEGE CAMPUS

Excessive drinking among college students is associated with negative consequences that can have long-term effects on physical and psychological

well being. Recent research indicates that in one year more than 1,400 college students died and over 500,000 were unintentionally injured as a result of alcohol use. Therefore, campuses need to develop programs to alleviate the harm associated with heavy drinking by students. This study compares two brief interventions for students mandated for treatment because they broke university rules regarding alcohol and drugs. Students completed a baseline assessment and were then randomly assigned to either an in-person brief motivational interview personal feedback intervention or a written personal feedback intervention. The baseline sample included 234 students (58% male) who were at low or moderate risk for substance use problems. Most students (N=222, 95%) completed a 3-month follow-up assessment. The results indicated that there were short-term positive effects of both personal feedback interventions for mandated students in terms of alcohol use, related problems, and perceptions of peer use. However, there were few significant differences between those who received the intervention in person and those who received only written feedback. Given that written feedback interventions are simpler, cheaper, and less time-consuming than in-person interventions, they may be a valid alternative to in-person interventions for reducing excessive drinking and related harm among college students deemed at low to moderate risk.

1055 Barbara O'Donnell

REDUCING HARM: RESPONSIBILITY - CHANGING CULTURE

The Scottish Plan for Alcohol on alcohol problems was launched in 1992; the overall purpose of the Plan is to reduce alcohol related harm in Scotland. It aimed in the short term to challenge some attitudes to alcohol and to develop support and treatment services. In the longer term it aimed to reduce consumption of alcohol by certain groups of the Scottish population; to reduce harmful patterns of drinking and to reduce public nuisance and crime related to alcohol.

The Plan identified two key priorities, the reduction of binge drinking and reduction of harmful drinking by children and young people.

This presentation will provide an understanding of what has been undertaken in the past three years to tackle Scotland's heavy drinking patterns, to encourage a responsible approach to alcohol and to challenge Scotland's drinking culture. It will highlight programmes aimed at reducing harm, legislation that will result in safer drinking environments, partnership working within communities and work with young people between the age of 16-24. The session will focus on the development of good practice over the past five years that has worked towards harm reduction.

Tim Stockwell

ALCOHOL SUPPLY, DEMAND AND HARM REDUCTION - WHAT IS THE STRONGEST COCKTAIL?

The concept of Harm Reduction emerged from the drug field in the 1980s in the context of reducing the risk of the spread of blood-borne viruses without necessarily reducing drug use. The concept has since become increasingly influential in the alcohol and even tobacco fields. In Australia, for example, most state liquor acts now identify Harm Reduction or minimisation as a principal objective. The concept of Harm Reduction has been highly controversial and there have been many attempts to redefine it towards politically acceptable positions. In the alcohol field the concept has sometimes been proposed as an alternative to the view that alcohol related harm will only be reduced via a reduction of the total population consumption of alcohol. This paper will present evidence to suggest that most effective interventions to reduce alcohol-related harm require reductions in the quantity of alcohol consumed per occasion. Furthermore, it is highly unlikely in most modern drinking societies that significant reductions in alcohol-related harm can occur without also a significant drop in total population consumption. Nonetheless, Harm Reduction is an important and influential principle in alcohol policy that can be incorporated alongside controls on the physical and economic availability of alcohol. It is recommended that the term Risk Reduction be applied to the many strategies that fall between Harm Reduction and abstinence-based approaches. Finally, emerging evidence regarding common risk and protection factors for adolescent substance use as well as other mental health and behavioural problems is briefly discussed. It is recommended that the concept of Risk here is broadened to include a wide range of social and economic factors which, when addressed, can have multiple benefits in relation to the reduction of both substance use other adolescent problems.

11AM - 12.30PM – SESSION TITLE: HEPATITIS B & C**286 Zabransky, T/Mravic, V/Korcisova, B/Rehak, V**
CZECH INJECTING DRUG USERS AND VIRAL HEPATITIS C

Aim: We sought to determine the prevalence of, and factors associated with hepatitis C virus (HCV) infection for representative population of injecting drug users (IDUs). Design: Multicentric cross-sectional study.

Setting: The sample of injecting drug users was recruited using the (targeted) snowball sampling method between September 18th, 2002, and December 30th, 2003. Participants: The analyzed study population was a convenience sample of seven hundred and sixty injecting drug users (495 male, 265 female) from 9 different Czech.

Measurement: One-drop rapid blood test (lateral flow immunoassay test) was used to determine the anti-HCV antibodies status; the structured questionnaire was filled out during the interview with the trained researcher. Findings: 226 participants (29.74 % of the tested sample) were found anti-HCV positive. After adjusting for the test sensitivity, the "true proportion" is 34.97 % (95% CI: 31.56 - 38.32). Many strong predictors were found in the univariate analysis; consequently we created "predictive" logistic regression model seeking to determine significance of imprisonment in the history for the anti-HCV prevalence when controlling for age, region of stay, reported sharing of needles/syringes/sets, length of injection drug use and for the interaction between length of injection use and imprisonment. Holding all other listed variables constant, the imprisonment increases the odds of being anti-HCV positive by factor of 4.3. Conclusion: anti-HCV seroprevalence remains relatively low in Czech IDUs population compared to studied IDU populations in the developed countries. Regional differences in anti-HCV prevalence within the Czech Republic were found. The strong association of anti-HCV prevalence rate with imprisonment history when controlled for other potentially clinically important factors suggests the need for more effective prevention in the Czech prisons.

148 Elise Roy, Carole Morissette, Michel Alary, Pascale Leclerc, Jean-François Boudreau, Raymond Parent

HEPATITIS C AMONG INJECTION DRUG USERS IN THE SURVUDI NETWORK

BACKGROUND/OBJECTIVES: The SurvUDI network monitors trends in HIV prevalence and incidence among IDUs in the province of Quebec and the city of Ottawa, Canada. Leftover saliva specimens going back to 1997 were tested for hepatitis C (HCV) infection. **METHOD:** Active IDUs (injection in the past 6 months) were recruited via harm reduction and health programs. They gave informed consent, provided saliva (gingival exudates) samples and answered a questionnaire mostly on their behaviours in the past 6 months. A unique identifier allowed linkage of multiple visits by each individual. HCV analyses were restricted to subjects seen more than once between 1997 and 2003. Prevalence was estimated at first interview; those initially negative had their subsequent samples tested to estimate incidence. Predictors of seroconversion were identified using Cox regression analyses; to reduce behaviour misclassification, only questionnaires 12 months or less from the preceding one were selected. **RESULTS:** HCV prevalence was 60.4% (833/1,380; [95% CI: 57.7-63.0]). Incidence was 27.1 per 100 person-years (PY) [23.4-30.9]: 199 infections among 543 initially negative subjects in 733 PY. Based on 356 subjects (90 new infections; 265 PY), independent predictors of seroconversion were age (Adjusted Hazard Ratio=1.04 per year; [1.01-1.07]), injecting since 1 year or less (AHR=2.33; [1.13-4.78]), injecting with used needles mainly obtained from sexual partners/family members/close friends (AHR=1.48; [0.91-2.41]) or strangers/acquaintances/drug dealers (AHR=2.40; [1.26-4.55]), injecting most often cocaine (AHR=1.95; [1.08-3.54]), reporting prostitution (AHR=2.36; [1.45-3.83]), and recruitment in an urban area (AHR=3.21; [1.15-8.97]). Variables not significant were sex, injection frequency, use of used injection equipment other than needles, smoking cocaine or crack, and use of needle exchange programs. **CONCLUSIONS:** HCV deeply affects this IDU population. To prevent new infections, interventions should target IDUs as they start injecting, or even earlier, trying to prevent initiation of injection.

505 Holly Hagan, Jennifer Campbell, Hanne Thiede, Steffanie Strathdee, Lawrence Ouellet, Farzana Kapadia, Sharon Hudson, Richard Garfein

HCV AWARENESS IN YOUNG INJECTORS

Background: The purpose of this analysis was to assess the accuracy of self-reported hepatitis C virus (HCV) antibody status in injection drug users (IDUs),

and examine whether awareness of HCV-status was associated with recent injection risk behavior.

Methods: A cross-sectional analysis of baseline data obtained from 3106 young HIV-negative IDUs 15-30 recruited through street and agency outreach, targeted advertising, respondent-driven recruitment and referral from other research studies. Study sites were located in 5 US cities (Baltimore, Chicago, Los Angeles, New York, and Seattle). Audio computer assisted self-interviewing was used to collect data on subject characteristics and risk behavior during the recent three months prior to enrollment. HIV and HCV antibody testing were also performed.

Results: Only 28% of all HCV-positive young IDUs knew they were HCV-positive. A history of drug treatment or needle exchange use was associated with awareness of HCV-serostatus. HCV negative IDUs who knew their serostatus were less likely to inject with a syringe used by another IDU or to share any drug preparation equipment, compared to other HCV-negative subjects (OR=0.5) and HCV-positives aware of their status (OR=0.5). Awareness of HCV serostatus was not related to risk behavior among HCV-positive individuals.

Conclusions: A low level of detection of an endemic disease (HCV) was found in these young IDUs, suggesting that expanded availability of HCV screening is needed for this high-risk population. The importance of screening is underscored by the finding that it may increase motivation for HCV negative IDUs to inject more safely. Further research is needed to understand whether updated and standardized HCV counseling and education protocols may reduce transmission risk behavior among HCV-positive injectors.

533 Tim Rhodes

HCV PREVALENCE AND RISK AMONG INJECTING DRUG USERS IN RUSSIA: A THREE-CITY ANALYSIS

HCV prevalence and risk among injecting drug users (IDUs) in Russia: A three city analysis. Tim Rhodes, 1 Lucy Platt, 1 Svetlana Maximova, 2 Evgeniya Koshkina, 3 Natalia Latyshevskaya, 4 Anya Sarang, 5 Matthew Hickman 1

1. The Centre for Research on Drugs and Health Behaviour, and Unit for International Public Health and Development, Imperial College, London; 2. Altai State University, Barnaul, Russia; 3. National Scientific Centre on Drug Addiction, Moscow, Russia; 4. Volgograd Medical Academy, Volgograd, Russia; 5. Central and Eastern European Harm Reduction Network, Lithuania.

Aim: To establish HCV prevalence, and associated risk factors, among IDUs in Barnaul, Volgograd and Moscow, Russia

Methods: Between September and October 2003, 1,473 IDUs were recruited in an unlinked anonymous cross sectional survey in Moscow (n=455), Barnaul (n=501), and Volgograd (n=517). All IDUs were community-recruited, completed an interviewer-administered questionnaire, and provided oral fluid specimens for HCV testing.

Results: HCV prevalence was 68.2% in Moscow (95% CI 63.8-72.9%, 296/434), 53.9% in Barnaul (95% CI 49.0%-58.3%, 263/488), and 69.4% in Volgograd (95% CI 66.0-76.3%, 354/510). Almost all HCV positive IDUs were also HIV positive. In adjusted models in each city, the odds of HCV were higher in IDUs reporting injection of home produced drugs. There was some indication of increased odds in each city associated with paraphernalia sharing in general or front-loading in particular. In both Barnaul and Volgograd higher odds of HCV positivity were associated with duration of injecting. We found high rates of unreported HCV positivity, with 74.9% (173/231) in Barnaul, 33.2% (111/334) in Volgograd unaware that they were HCV positive, and 23.2% (69/297) of HCV positive IDUs in Moscow.

Conclusion: HCV prevalence, rates of unreported HCV positivity, and seemingly, indicators of incidence, are high in all three cities. Findings emphasise the urgent importance of developing HCV prevention specific interventions.

767 Anna Doab, Carolyn Day, Carla Treloar, Gail Matthews, Greg Dore

HEPATITIS C KNOWLEDGE, BARRIERS AND ATTITUDES TO TREATMENT IN ACTIVE INJECTING DRUG USERS IN AUSTRALIA

Objectives: Injecting drug users are at significant risk of hepatitis C infection. Until recently current IDUs in Australia had been excluded from hepatitis C treatment programs, and it remains unclear whether they are aware of and interested in receiving treatment, and whether they would be suitable for treatment, given treatment compliance demands and the possibility of reinfection. This paper examines hepatitis C treatment options for IDUs and their treatment knowledge, barriers and willingness to access hepatitis C treatment among current IDUs. Current research into the hepatitis C treatment among active IDUs is also outlined.

Methods: A convenience sample of current IDU (n=100) with self-reported hepatitis C drawn from a primary health facility and methadone clinic in inner Sydney completed an interviewer-administered questionnaire.

Results: Participants had a reasonable knowledge of hepatitis C natural history but very poor knowledge of hepatitis C genotypes and treatment outcomes and tended to over estimate hepatitis C disease progression. The majority believed that being a current IDU was an exclusion criterion for treatment and only 42% of participants believed that hepatitis C could be cured. Despite this, 70-86% reported that they would consider treatment under the following scenarios: requirement for liver biopsy, thrice weekly subcutaneous injections and common treatment related side effects. The proportion of participants who would consider hepatitis C treatment, based on treatment efficacy scenarios was (36%) for 20% efficacy, (63%) for 40% efficacy, and (93%) for 70% efficacy. Older participants and those on drug dependency treatment program had higher levels of treatment consideration.

Discussion: A high proportion of current IDUs appear willing to consider hepatitis C treatment. Given this, trials of HCV treatment for IDUs are warranted and trials involving IDU are discussed.

952 Irena Klavs; Lucas Wiessing

DRUG-RELATED INFECTIOUS DISEASES AND RISK BEHAVIOUR IN THE EU

Background: Reliable and comparable information on drug-related infectious diseases (DRIDs) in EU Member States is essential for informing prevention policy and evaluating the progress towards achieving a substantial reduction in the incidence of drug-related health damage in accordance with the European Action Plan on Drugs 2000-2004 and the 2003 EU Council Recommendation.

Methods: The EMCDDA co-ordinates an EU wide surveillance network on DRIDs. Comparable aggregated information on prevalence of human immunodeficiency virus (HIV), hepatitis C virus (HCV), and hepatitis B virus (HBV) infection among injecting drug users (IDUs) and national reported incidence rates of newly diagnosed cases of HCV and HBV with transmission information is collected using a standard reporting form. Other available surveillance information and results of special studies are collected also.

Results: The national and local HIV infection prevalence estimates among IDUs in EU Member States vary from 0% to as high as 41% (a study in Tallin in 2001). Some of the new Member States have been experiencing extremely rapid spread of HIV among IDUs (991 newly diagnosed cases per million population in Estonia in 2001). The prevalence of HCV antibodies (17% to 95%) and HBV antibodies (6-85%) among IDUs in the EU Member States is generally extremely high, but relatively low in some new Member States. IDUs are also vulnerable to a range of bacterial infections. Comparable injecting and sexual risk behavioural surveillance information is scarce.

Conclusions: There are substantial differences in the burden of DRIDs among IDUs in EU Member States. Due to methodological differences, these results should be interpreted with caution. The EMCDDA should sustain and improve the collection, analysis and dissemination of reliable and comparable information on DRIDs. Common DRIDs and risk behavioural surveillance and research framework tools kit should be developed with the list of core indicators and suggested methodological approaches for data collection.

11AM - 12.30PM – SESSION TITLE: WOMEN AND VULNERABILITY

967 Tiggey May and Gillian Hunter

FEMALE STREET SEX WORKERS AND PROBLEMATIC DRUG USE: WHAT SHOULD SERVICES BE OFFERING?

There is a growing body of evidence documenting the connections between problematic drug use and sex work, and a growing concern about the impact this has on sex workers. A significant proportion of street-based sex workers are heavy users of both licit and illicit drugs and drug use often locks women into street sex working. However, it is difficult to demonstrate a causal relationship between involvement in sex work and problematic drug use, although they share many of the same inter-connecting risk factors, including disrupted family lives, disrupted schooling, socio-economic deprivation, child physical and sexual abuse, experience of local authority care, homelessness, and involvement in crime. In designing and providing services for sex workers harm reduction agencies need to be sensitive to the many needs of sex workers and not just concentrate on their drug use and sex work. For example, homelessness has been identified as a risk factor for involvement in sex work and being homeless is a common issue for many female sex workers. The majority of street sex workers also report multiple experiences of violence, not only from their clients

and partners but also from passers-by. Health issues associated with problematic drug use also need to be addressed. This presentation outlines what works in providing effective services for street sex workers, including: primary prevention and harm reduction measures as they apply to both sex work and problematic drug use.

781 Randy Seewald

INTIMATE PARTNER VIOLENCE AND ILLICIT DRUG USE AMONG WOMEN IN MMTPS

Accumulating research highlights the need for intervention approaches that synergistically address the co-occurring problems of continued drug use and intimate partner violence(IPV) among women in drug treatment. This study tests the feasibility, safety and effectiveness of a novel, 12 session integrated Relapse Preventin and Relationship Safety Intervention (RPRS) in reducing substance use and experience of IPV among drug using, abused women in methadone maintenance treatment programs (MMTPs). For this randomized controlled trial, 34 women who met IPV and substance use eligibility criteria received a baseline interview and were randomly assigned to either the RPRS condition (n=16) or the one-session IPV informational control condition (IC) (n=18). Outcome assessment was conducted 3-months after the last session of the intervention or IC. Rates of participation, attendance and retention were high. No adverse events were reported. Relative to the IC condition, participants in the RPRS condition were 7.1 times more likely than women in the IC condition to report a decrease in experiencing minor physical, sexual and/or injurious IPV at the 3 month follow-up assessment ($p<.05$) and a decrease in both minor psychological IPV (OR=5.3 $p=.03$ and severe psychological IPV (OR=6.07, $p<.03$). Women assigned to RPRS were 3.3 times more likely than women assigned to IC to report a decrease in any drug use at the 3 month follow up assessment, but the difference was not significant at a 95 percent level ($p<.08$) this study provides preliminary evidence that the RPRS intervention is feasible and effective in reducing IPV and drug use among drug involved, abused women in MMTPs.

529 Linda Cusick

WIDENING THE AGENDA: HARM REDUCTION FOR SEX WORK IN ITS OWN RIGHT

Issue: Previous IHRA conferences have included symposiums on sex work but these have focused on links between sex work and drug use. In keeping with the 16th International Conference theme 'Widening the Agenda', this paper sets out a case for seeing sex work as an area for harm reduction in its own right.

Approach: An evidence based review shows that in addition to drug related harm, sex work is associated with child abuse, human trafficking, violence, illness and infection.

Key points: Sex work related harms are often rooted in debates where moral arguments and health and criminal justice policies compete for priority. Campaigners struggle to claim human rights for those affected. Meanwhile, abuse and suffering flourish in this international criminogenic business. Like drug users, sex workers have a social history in which they have been stigmatised, criminalized, pathologised, and on occasion, celebrated.

Implications: By focusing on drug-related harm specifically, the 'harm reduction movement' is missing the opportunity to better promote health among sex workers.

779 Erin Finnerty

TRACING THE DEVELOPMENT OF SEX WORKER HARM REDUCTION IN THE CEE/NIS REGION

Because drug using sex workers are a population which often defies strict categorization, the compounded harms they experience can be lost between the lines of harm reductionists' mandates. Just a few years ago, harm reduction services and sex worker services were seldom integrated. When IHRD began its sex worker initiative more than four years ago, it was a challenge to encourage harm reduction practitioners to include sex workers into their client base, and vice versa for sex worker projects to build in harm reduction services for their clients. After four years of direct service funding, IHRD has contributed to the establishment of a network of sex worker harm reduction service organizations, many of which have been successfully picked up by other donors. In 2004, IHRD shifted its efforts from direct service support to a strategy of advocacy and policy work. This shift has presented many challenges: How can direct service projects best use their knowledge and experience of sex workers' needs to implement effective advocacy programs? What resources do they need to be

successful in changing policies that affect sex workers' safety? How do we preserve the crucial link between direct services and advocacy? How can sex workers themselves be integrated into advocacy efforts? What are the barriers to building a sex worker harm reduction movement? What are the advocacy gaps? What models of advocacy development are most successful? What are the resources that can be shared across regions? These questions and others will be explored in this presentation.

536 Julie Stachowiak; Alena Peryshkina; Anna Konakova, Chris Beyrer

RISK FACTORS FOR HIV AND STIS IN MOSCOW SEX WORKERS

Background/objectives: There are an estimated 70,000 to 180,000 women involved in prostitution in Moscow. The objectives of our study were to determine prevalence and correlates of HIV-1, hepatitis C, syphilis, gonorrhea, chlamydia, trichomoniasis, and associated sexual and drug using behaviors, as well as structural and environmental factors impacting this group.

Methods: We conducted a cross-sectional study among 478 women involved in prostitution, during which participants were given pre- and post-HIV test counseling and a gynecological exam, participated in a interviewer-administered survey, tested for HIV/STIs and given treatment for acute STIs.

Results: Overall, 35.1% of all participants were found to have at least one of the following STIs: syphilis, trichomoniasis, gonorrhea, chlamydia or HIV. HIV prevalence in this sample was relatively low at 2.75%. 69 (14.6%) of women tested positive for HCV. The majority of participants (66.8%) reported past or current drug use. A minority (18.4%) of the women reported ever injecting. Only a very small minority of injectors (5.8%) reported injecting "regularly," which was defined in the instrument as "at least once a month for the past three months." The only factors independently related to presence of an STI were never going to the doctor (OR=2.76; CI, 1.43-5.31) and describing their life as "stressful" (OR=1.54; CI, 1.04-2.27).

Conclusions: Addressing the reluctance and legal barriers to receiving medical treatment can greatly reduce the prevalence of STIs and has been shown effective in other settings; it should include a strong peer education and empowerment component, provide treatment for STIs, and begin to address larger social, economic and human rights issues that increase vulnerability and risk. This can begin to target feelings of disempowerment and stress. Although HIV is still at relatively low levels in this population, this may indicate that the clients and partners of these women are not HIV infected, as the high STI rates belie the fact that these women are practicing unprotected sex.

444 Marian URSAN

DEVELOPING HARM REDUCTION ACTIVITIES AMONG THE ROMANIAN SEX WORKERS

In the last years, Romania has been facing a variety of new social phenomena. The difference between living standards in Western and Eastern Europe has contributed to the growth of some phenomena that are not widely accepted by the majority of Romanians, such as commercial sex-work, drug use and other related activities.

Romanian Association Against AIDS (ARAS) is one of the most important NGO in Romania, who developed in the last 13 years various HIV prevention programs and who provide social services for people living with AIDS. The vulnerable groups including sex workers and drug users represent one of the ARAS' priorities.

Since September 1999, ARAS developed the Night by Night Program that is targeting Commercial Sex Workers.

After one year of intervention, as a result of the needs assessment, the project included a new component, respectively needle exchange for intravenous drug users among sex workers.

Injecting drug users prefer syringes with fixed needle, used for diabetes, since they are less harmful for their veins. The harm reduction activities include syringe exchange, distribution of IEC materials, primary medical care, Hepatitis A and B vaccination, HIV test, counseling, social assistance, referrals to other services. All the activities are performed using the CSW Mobile Unite (van).

The target group is represented by people involved in commercial sex including: female sex workers, male sex workers, pimps, clients of the sex workers, other injecting drug users from the community.

Thanks to the financial support coming from the Global Fund for AIDS, Tuberculosis and Malaria, the activities are implemented now in five more other cities in Romania.

12.40PM - 2PM – LUNCHTIME SESSION

SESSION TITLE: HARM REDUCTION - THERAPEUTIC SKILL BUILDING

2PM - 3.30PM – CONCURRENT SESSIONS

SESSION TITLE: QUALITATIVE RESEARCH

662 Yan Yang

RAPID NEED ASSESSMENT OF DRUG USERS IN FOUR COUNTIES OF YUNNAN PROVINCE

By the end of 2003, there were 14905 notified cases of HIV/AIDS in Yunnan province, the highest number of cases in any province in China. 72.7% were attributed to injecting drug using. Injecting drug use is still the major means of HIV/AIDS transmission in Yunnan. The Asia Regional HIV/AIDS Project (ARHP) carried a Rapid Need Assessment (RAR) to understand the risk behaviour of drug users, because of the serious HIV/AIDS epidemic situation. The assessment provided the basis for harm reduction projects and awareness rising among policy makers.

Using WHO RAR guidelines, four sites with varying drug use and HIV/AIDS prevalence at border and centralised areas were selected. Questionnaires and in-depth interviews were modified by researchers and the target population through focus testing. Field observation, community mapping, related data collection, and key stakeholder interviews were conducted. Target population in-depth interviews and questionnaires were mindful of drug user geographical distribution, gender and the profile of drug use.

It was found that injection is now the major route of administration in drug use in Yunnan, and sharing injecting equipment is common. Most sexual contact happens with non-regular partners, and sex never using condoms is the norm.. Drug users are subjected to discrimination, marginalisation and are accorded low social status in the community. Evidence from the RAR in Yunnan demonstrates that drug users remain vulnerable to HIV transmission.

Based on Yunnan RAR findings, harm reduction interventions are being carried out. This includes NSP and provision of a drop in centre and referral network.. The project components also include the effort to influence or improve existing laws and policies which are not supportive for mounting effective public health responses. For example, assessment results have been prepared and presented to high level stakeholders. Harm reduction action methods applied through the ARHP project could be a model to be copied and spread at national and regional levels.

482 Anh Ngo D

RAPID ASSESSMENT OF DRUG USERS IN MINORITY ETHNIC COMMUNITIES AND HIV/AIDS IN A VIETNAM-LAOS BORDER DISTRICT

Background/objectives: Ky Son- a border district between Vietnam and Laos is a hot spot of drug usage and drug trade. Limit access to information on HIV/AIDS would make border communities at risk of HIV infection. This rapid assessment aims to explore the motivation and pathway, pattern and trend in drug usage in border communities, assess their vulnerabilities to HIV infection, and suggest intervention strategies.

Methods: The research used rapid, participatory qualitative assessment methods, including focus group discussion, in-depth interview, and key-informant interview.

Results: There are two pathways leading to drug addict, that is, planting opium trees that creates traditional drug users who use non-injecting practices, and the flow of drugs trafficked from Laos that forms a group of new drug users. The pattern of drug usage is changing from non-injecting to injecting practices because the elimination of opium trees in the district since 1996 has lead to a sharp reduction in opium supply. Drug usage is illegal and considered as a social evil under the Vietnamese laws, resulting in discriminatory attitudes of the general population towards drug users. This inevitably prevents injecting drug users (IDU) from access to clean needles as well as other health services, and thus they are likely to engage in unsafe injection practice and at high risk of HIV infection. Ten cases of HIV positive detected in Ky Son by Jun, 2004 were IDU.

Conclusions: Drug users in Ky Son are facing with an increased risk of HIV infection. Harm reduction strategies involving drug users, health workers, social organizations, and local government are rational approaches. The intervention should incorporate advocacy for policy support, knowledge and behavior change, capacity building/training for members of social organizations and health workers in HIV/AIDS prevention, and increasing availability and accessibility of clean needles through the needle exchange program.

160 David Moore**UNDERSTANDING INTERACTIONS BETWEEN STREET-BASED INJECTING DRUG USERS AND SERVICE PROVIDERS**

Background/objectives: Despite widespread recognition of the frequent interactions between street-based injecting drug users and service providers, and the regular use of drug services to recruit research participants, these interactions have rarely been the focus of drug research. This paper begins to explore what might be going on in these encounters, through a discussion of several examples drawn from an ethnography of a street drug market in Melbourne, Australia's second largest city.

Methods: Anthropological research was conducted over two years with service providers, street-based IDUs and street sex workers in the St Kilda area of Melbourne. It involved in-depth interviews with IDUs and service providers, participant observation as an outreach worker, and street-based observation and interaction with IDUs and sex workers. These materials were complemented by relevant local, state and national epidemiological, historical and demographic data.

Results: Interactions between street-based IDUs and service providers are shaped by the different resources that they bring to them. Socially, culturally and economically marginalised street-based injectors and sex workers employ a restricted speech code, which draws on working-class, 'underworld' slang and Australian egalitarian ideology. They view their interactions with service providers as 'transactions'. Service providers, on the other hand, employ an elaborated speech code, which emphasises a rational actor, and view their interactions with 'clients' as potential 'transformations'.

Conclusions: The paper concludes by considering the potential implications of the research for cultural approaches to reducing drug-related harm and for the role of peers in drug service provision.

71 Robert Power, Natalya Nozhkina, Igor Kanarsky**QUALITATIVE DATA CONFIRM SUPPORT FOR HARM REDUCTION TARGETING IDU IN SVERDLOVSK OBLAST, RUSSIAN FEDERATION.**

Background: Our recently reported time-trend data indicated the positive impact of harm reduction interventions in Sverdlovsk Oblast, Russian Federation. We also collected indepth interview and ethnographic data from IDUs describing their experiences of needle and syringe exchange programmes (NSEP). These data are presented here.

Methods: 38 indepth interviews were conducted with IDUs with three-months regular NSEP attendance. Fieldwork notes from participant observation were collected by the researchers and outreach workers. A thematic analysis was adopted, where key themes (or "categories") and sub-themes (or "sub-categories") were identified. Transcripts were analysed by two researchers to ensure reliability. The ethnographic observations were also analysed thematically to triangulate the interview data.

Results: Two main "categories" or themes emerged from the data: "Risk Protection" and "Risk Perpetuation." Interview and ethnographic data will be used to illustrate these themes and "sub-categories" (such as: "Risk protection": injecting and sex risk reduced; positive parental attitudes towards NSEP; reduction in drug overdoses. "Risk perpetuation": few follow through referrals for blood-tests; little demand for counselling/legal services; used syringes still passed on if requested; "pot" (container) still shared when producing home-made opium ("chornie"/ "khanka"); same needle still used several times.

Conclusions: Our qualitative data concur with our time-trend data and international studies indicating the positive impact of NSEP upon HIV risk behaviour. Resulting from our research good practice guidelines have been produced and harm reduction has spread throughout Sverdlovsk. On the other hand, risk perpetuation indicates areas requiring targeted effort. IDUs reported situations, notably connected with drug production, when the sharing of injecting equipment and paraphernalia was likely, heightening the risk of blood borne infections, notably HCV. All our findings will be considered in the context of proposed changes to the Russian health sector.

951 Salman ul Hasan; Gerard de Kort**SOCIAL AND ENVIRONMENTAL FACTORS INFLUENCING THE DRUG USE AMONG YOUNG PEOPLE IN PAKISTAN**

Background: In Pakistan, there are an estimated 500,000 illicit drug users of which roughly 15% inject heroin and synthetic opiates. Although a number of recent articles have described drug utilization patterns and infectious disease risk behaviors of drug users, there is a lack of understanding as to the social, economic and environmental factors surrounding drug use initiation and progression of drug use. The current study aims to explore factors that facilitate

or impede drug use and can be addressed to minimize drug use and associated harms.

Methods: Apart from other methods of data collection, in-depth interviews were conducted with 103 injection and non-injection drug users in five cities of Pakistan discussing the actual circumstances surrounding various stages of their drug career.

Results: 33 injecting and 70 non-injecting drug users were interviewed with emphasis on current social and environmental factors by involving young people (aged 14-25 years). Majority were introduced to drugs by their peers or close relatives. Curiosity, easy availability and lack of alternative activities were the major reasons for initiation. Indifferent or non-supportive role of parents, teachers, religious institutions and neighbourhood as well as limited or no knowledge about available services were termed as major factors for continued drug use. Switching to injecting was mainly caused due to low price of pharmaceutical drugs and quicker effects. The informants did not know any negative consequences of injecting drug use at the time of switch. In most cases people from immediate environment were not aware of the progression of drug use. Of those who availed drug treatment or other services were reached by the service providers once they started spending most of their time on the streets.

Conclusions: De-stigmatizing drug users and providing social support may increase their accessibility to harm reduction, drug treatment services and reducing consequential risks.

154 Will Small, Thomas Kerr, Evan Wood and Patricia Spittal**THE PHYSICAL ENVIRONMENT OF THE OPEN DRUG SCENE IN VANCOUVER'S DOWNTOWN EASTSIDE (DTES)**

Background: The DTES of Vancouver has been noted for its large outdoor drug-using scene, although little inquiry has focused specifically on open drug use. Our objective was to investigate the locations where public drug use occurs within the DTES with attention to the physical setting and the implications for public health interventions.

Methods: Data were collected through participant observation methods, ethnographic mapping and structured environmental survey of the open drug scene within the DTES. Additional data regarding the spatial distribution of discarded syringes from a municipal recuperation program were also utilized. Data analysis involved identifying the spatial distribution of the open drug scene and the identification of changes over time.

Results: The open drug scene in this setting has historically been highly visible and concentrated; a shift towards a more diffuse pattern of activity has recently emerged. Alleyways are the primary setting for consumption here, although parks and street side locations are also used. Highly unhygienic settings were utilized for consumption and are not conducive to employing safer injection practices. Recent shifts have been precipitated by the escalation of police activity focused on the public scene, and the opening of a supervised injection facility.

Conclusions: The shifts in the location of open drug use have important implications for the provision of harm reduction services and health outreach. While the establishment of one supervised injection facility has had positive impact, further interventions targeted at reaching IDUs who actively participate in the open scene are needed.

973 Paula Mayock**THE ECONOMIC AND SOCIAL IMPERATIVES OF YOUNG PEOPLE WHO DEAL DRUGS**

Background: During the early to mid-1990s, vigilante activity was a key manifestation of the level of frustration, anger and anxiety experienced within several Dublin-based communities in the face of what was perceived to be Government failure to tackle concentrated local drug problems. Against this backdrop, the data presented in this paper examine the economic and social logic of drug selling among a group of young people in one such Dublin inner-city community.

Methods: The paper is based on selected findings from a longitudinal ethnographic study of drug use and non-use among 15-19 year old residents of a Dublin inner-city neighbourhood with a twenty year history of concentrated heroin problems. Data collection took place between 1998 and 2001.

Results: The economic lives of the young people who participated in local drugs markets placed them in social worlds where they became dislocated from conventional lifestyle options. Their social roles and identities, as well as their primary sources of status and income, were increasingly defined within street networks of drug experienced youth. The illegal economies in which they participated were not 'equal opportunity' environments but they did, nonetheless, open up opportunities for the acquisition of needed or desired

goods. Drug dealing was 'work' for the majority; they seized legal and illegal opportunities intermittently and they constantly negotiated the risks (arrest, incarceration and violence, among others) associated with their activities. For a considerable number, drug dealing preceded the transition to 'hard' drug use, highlighting a complex relationship between environmental exposure, participation in drug markets and 'risk' for drug involvement.

Conclusions: The socioeconomic position of young people has a major bearing on their relationship with certain drug-related activity. If we are to fully appreciate the place of drugs in the lives of young people, then we must address the crucial role played by social and economic marginalisation in fostering the conditions for drug-based 'careers'.

2PM - 3.30PM – SESSION TITLE: SOCIAL INCLUSION

997 From AIDES: Brunon SPIRE, Jean-Marie LEGALL and others. (Abstract Author: Arnaud SIMON, AIDES), From ORS-PACA: HervÉ Bardonneau, Anne-DÉborah Bouhnik

ASSESSING THE HEALTH NEEDS OF DRUG USERS WHO COME TO AIDES (FRANCE)

Background: AIDES is a community-based organisation on HIV and AIDS and is the leading non-governmental provider of harm-reduction services for drug users in France.

Methodology: In May 2004, AIDES carried a survey of the clients of our services across France in order to know better their medical and social profile and their main needs. A total of 2028 questionnaires (addressing social and economic status, medical situation, advocacy priorities, health services used and needed) have been completed.

Results: (regarding drug users who responded) 22% (439) of the respondents are drug users. 62% of them are taking substitution treatments. 69% of drug users who take buprenorphine inject it. Compared to non-drug users who responded, drug users: => live in more precarious social situation (lack of regular work, lack of stable housing). => are less likely to be HIV positive (26% vs 55 %) but are more likely to be Hepatitis C Positive (43% vs 20%). => are more likely to be tobacco smokers (95% vs 54%) and alcohol drinkers (65% vs 39%) The 3 priority advocacy themes from this group are (1) make the needs. People Living with HIV be heard by public authorities (2) better substitution treatments (3) better health care in prisons. 200 out of 979 respondents who declared they are HIV positive do not receive antiretroviral treatments. drug users are 2,2 times less likely to receive anti-retroviral treatments than non-drug users who were surveyed.

Conclusions: This survey confirms that drug users are the most socially marginalized population served by AIDES. Greater emphasis on hepatitis C prevention is certainly needed in harm-reduction services. Health care providers need to better take into account the specific situation of drug users with HIV and ensure better access to both antiretroviral treatments and adequate substitution treatments.

235 Julian Buchanan

LONG TERM PROBLEM DRUG USE & THE NEED TO TACKLE DISADVANTAGE, INEQUALITY & DISCRIMINATION

Drawing upon the authors' two decades of research and practice experience in the drugs field, this paper questions the drug dependence paradigm which relies on physiological or psychological explanations, and has dominated drug interventions. Instead, this paper argues that drug treatment based on harm reduction must incorporate and address the social dimension of problem drug use.

The findings from the authors research, and increasingly further supported by other studies, suggest the key difficulties problem drug users face are not psychological or physiological, but in relation to discrimination and social exclusion. High levels of personal motivation, or significant periods of becoming drug free appear to have little impact upon the struggle to overcome stigmatisation and marginalisation. The social nature and consequences of drug dependence are little understood, but evidence indicates they are a major hurdle preventing recovery and reintegration into the wider community.

This paper contributes important new insights to illustrate the damaging and debilitating nature of structural disadvantage that has left problem drug users socially excluded, and vulnerable to further episodes of drug relapse. UK drug policy is dominated by traditional models of intervention, which embrace medical and control models of addiction, with increasing use of the criminal justice system to force change. The author argues these models are no longer adequate in addressing the changing social nature and complexity of drug

taking, and fail to comprehend the underlying issues which many long term problem drug users face.

Drawing upon core values of anti-discriminatory practice, inclusion, respect and social justice, the author argues the need for a 'social model' of drug dependence, which locates problem drug use within a wider social, political and economic context. This paper will present a new conceptual framework for understanding and responding to problem drug use, and challenge the drive towards coercive treatment.

249 Linda Lane; Heather Hay

HEALTH CONTACT CENTRE LINKS DRUG USERS TO SERVICES

ISSUE: The Health Contact Centre reaches a community of often resistant drug users through a model of inclusivity, to increase access to services and improve health. It exemplifies a successful partnership between health authorities, community networks of drug users, and police.

SETTING: About 4,500 IV drug users reside in Vancouver's Downtown Eastside, one of the most impoverished areas in Canada. Approximately 25% are HIV positive and approximately 90% are hepatitis C positive, with comparably high rates for other communicable diseases and infections. This population largely abstains from primary health care and addictions services, and increasingly, low-threshold health services are being introduced.

PROJECT: The Health Contact Centre is designed to improve population health by increasing access to health care, especially the broader system of care for intravenous drug users. The facility is the first point of contact that offers a safe, supportive refuge where people come in from the streets. The model allows the individual to identify the needs to be addressed, and respects the individual's choices. The facility's services include life skills training, needle exchange, basic medical care, support groups, recreation, health education, and peer outreach as low threshold employment.

OUTCOMES: On average, over 500 drug users access the site per day. Workers have developed a better understanding of how the participants can utilize their own skills to benefit each other. This model builds the capacity for health promotion, especially among those who would not otherwise make use of health services. It makes contact and provides a gateway into the continuum of health care services.

653 Diana Lomonaco

PREJUDICE FACING DRUG USERS AND HIV/AIDS SUFFERERS IN ARGENTINA: A PSYCHODYNAMIC APPROACH

Issue: Prejudice against people living with HIV/AIDS or illegal drug use.

Approach: The presentation is based on two fundamental points:

1. Drawing on more than 14 years experience working in public institutions with addicts and HIV/AIDS sufferers, the harmful consequences caused by social exclusion is discussed, with regard to family life, mood, the labour market and even access to healthcare.
2. Psychodynamic formulation based on (la sexualiŭn) and its relation with death, the differential position of the "foreigner" and its expulsion as defence against subjective anxiety.

Key Points: Important factors exacerbating the social exclusion of HIV/AIDS sufferers and illegal drug users are:

1. Journalism and massive campaigns with counter-productive messages
2. Poor healthcare due to the discrimination of health professionals

Implications: Often it is seen that those in positions of great influence in the social wellbeing of marginalised groups, through fear and popular myths, put millions of people in danger.

This presentation hopes to appeal to the responsibility of healthcare professionals, whose work is in prevention and assistance in health, to raise awareness and recognise our own attitudes, limits and fears.

548 Claire Keatinge

CONNECTING FOR HEALTH

Discussion on ageing and drug/alcohol related harm - how community development approaches can support needs self help groups of older adults with addictions.

Issue:

- Older people with drug/alcohol addictions must create new social environments following detoxification treatment to avoid repetition of abusive behaviour
- Self help groups require focussed, non-judgmental, specialised support to

develop structures, programmes and involvement appropriate to older people

- Existing community and older peoples groups are unfamiliar with the needs of older people following treatment for addiction - many social events take place in licensed premises
- Age Concern Northern Ireland (ACNI) has extensive expertise and credibility in community development approaches to health development with older people
- and a commitment to meeting the needs of the most marginalized

Setting:

- Case study demonstrates effectiveness of organisational and activity support; peer support; development of social capital, with a self help group involving older people following treatment for addiction to drugs or alcohol
- Case study is located in ACNI programme of health development across Northern Ireland 'Ageing Well'

Project:

- Case study group engaged in Northern Ireland wide programme to increase physical activity among older people 'Actively Ageing Well'
- Training, networking, organisational development support and activity programme development provided by ACNI
- Case study group supported to maximise inclusion of members in design, development and delivery of programmes; networking events; cross community and intersectoral activity events

Outcomes:

- Increased involvement of group members in planning and delivery
- Increased social capital of individuals and group
- Reintegration of group members into wider society as equal participants in 'Actively Ageing Well'
- Substantial expansion of opportunities for members and development of new groups outside Belfast

126 Dan Allman

EFFECTS OF COMMON SOCIAL INCLUSION RHETORIC ON HARM REDUCTION FOR ILLICIT DRUG USERS: ARE WE FURTHER MARGINALISING THE SOCIALLY EXCLUDED?

Issue: This paper discusses the concept of social inclusion by exploring how it is rhetorically professed and applied within the context of harm reduction and illicit drug use.

Approach: This paper undertakes a critical analysis of policy rhetoric describing social inclusion as it pertains to harm reduction for illicit drug users.

Key Points: Work advancing understandings of social inclusion has proceeded since the late 1970s, yet little has focused specifically on illicit drug use. Common policy rhetoric regarding social inclusion reflects multiple approaches to illicit behaviour; to the stigma and discrimination of those who deviate from an abstaining and law abiding norm; and to the role that governments maintain when recognising, facilitating and ensuring the human rights and well-being of their societies. Framed by evolving secularisation, the breakdown of traditional ties, growing individualism and continued global challenges in the face of the AIDS pandemic; the realities confronted by illicit drug users in regard to their physical, mental and emotional health leave them stranded far from the social core. Rhetoric abounds as to the need to scale up a plethora of variably construed applied programmes for treatment, training and other initiatives, examples of which have replaced welfare with work, at-home parents with day care, and organic social networks with mandatory interaction.

Implications: Having failed with the 'just say no' campaigns of previous decades, many societies in the West and beyond have moved to adopt frameworks of harm reduction bolstered by risk-reduction ruminations of the new public health. Yet, the reality is that illicit drug users - continually marginalised to a class by themselves - remain largely relegated to a periphery of policy and community work which frequently and perhaps mistakenly understands social inclusion as rehabilitation and treatment, rather than the potentially harm-reducing socio-political acceptance of illicit drug use itself.

1027 Aileen O'Gorman

DRUG CAREERS IN A RISK ENVIRONMENT

Background/Objectives: Traditionally, the concept of 'risk' has been used in drugs research to identify and assess risk factors; risk groups; risk perception and risk behaviour with a strong focus on individuals and their micro-environment. More recently, the concept of the 'risk environment' has begun to influence drugs research. For example, Rhodes (2002:91) advocates the use of the 'risk environment' - what he terms as "the space - whether social or physical

- in which a variety of factors interact to increase the chances of drug-related harm" as a unit of analysis in drugs research. In my own work, this broader concept of the risk environment offers scope for teasing out the interplay between the individual and the structural environment they inhabit and exploring the development of problematic drug careers in neighbourhoods which are socially and spatially excluded.

Method: This paper draws on the findings from a multi-method study involving primary ethnographic and secondary quantitative data on five 'socially excluded' heroin neighbourhoods in Dublin as well as in-depth interviews with over sixty heroin users who live there.

Results: The paper presents an analysis of the data indicators which characterise a risk environment; an understanding of the multiple and interconnected risks that drug users encounter at both a micro and macro environmental level; and illustrates how drug careers reinforce and in turn are reinforced by poor socio-economic environments.

Conclusions: The paper suggests how the concept of a 'risk environment' might be characterised and used as a unit of analysis in drugs research and considers the implications for social and drug policies, in particular treatment and harm reduction interventions, when the influence of the risk environment is understood and taken into consideration.

2PM - 3.30PM – SESSION TITLE: PSYCHOACTIVE SUBSTANCES AND THE FUTURE

722 Andrew Jackson; Jo Marsden; Mary Lawrence; David Nutt; Trevor Robbins; Gerry Stimson

PSYCHOACTIVE SUBSTANCES AND THE FUTURE

Issue: The next 20 years will see major developments in neuroscience, pharmacology, and genetics that will have an impact on psychoactive substance use. These may have significant implications for prevention & treatment, and will raise new issues concerning drug policy, ethics and potential social impact.

Approach: The Foresight programme (UK Office of Science and Technology) aims to provide challenging visions of the future, to ensure effective strategies now. It undertakes science-based futures work to investigate science, technology, environmental and social issues. The Brain Science, Addiction & Drugs project will look 20 years ahead at possible opportunities & risks arising from rapid advances in brain science and drugs. The project includes conventional psychoactive substances that affect brain function (including recreational, psychiatric, cognitive enhancing or mood altering drugs) but also future technology such as trans-cranial magnetic stimulation or neural prosthetics. The project methods include State of Science Reviews (drug testing, ethics, behavioural addiction, genomics, pharmacology & treatments, neuroscience, economics, imaging, experimental and clinical psychology, sociology, cognitive enhancers, social policy, history of addiction, narratives & life histories); a review of key trends that will impact on the development of new substances and their management over the next 20 years; horizon-scanning and the use of futures techniques.

Key points: Issues arising so far are the implications of potential safer psychoactive substances, cognitive and performance enhancing drugs, management and treatment, genetics of vulnerability to drug problems and addiction, drug testing and screening technologies. Other related areas are health informatics, the changing role of medicine, whole-life medical & drug histories,

Session outline: Project participants will cover futures methodologies, discuss findings of the State of Science reviews, discuss social, ethical & drug policy implications of the work.

2PM - 3.30PM – SESSION TITLE: PRISONS: TREATMENT INTERVENTIONS & POLICIES

927 Palani Narayanan

CHANGING POLICY AND INTRODUCING METHADONE IN INDONESIAN PRISONS:

Issues: Although in the last two years Indonesian Government has taken positive steps towards recognizing the dual problem of drug use and HIV, the rate of the response still has not matched the speed of the virus. Although several NGOs are doing small scale NSEP programs, only two have been identified as Pilot Sites which needs to be evaluated before large scale-up can happen. Similarly only two methadone sites have been in place. However, a series of advocacy strategy devised by the Indonesian HIV/AIDS Prevention and

Care Project (IHPCP) has resulted in Methadone being introduced in Prisons. This paper will analyze the effective advocacy strategies that led to the introduction of methadone in Indonesian prisons.

Location: Two Indonesian prisons - The Cipinang Narcotics Prison in Jakarta and The Kerobokan Prison in Bali.

Program: The Strategy included identifying key in health, police and judiciary system. Along with situation assessment, evaluation of the pilot methadone program and desk review of best practice, several high and middle level government meetings were held to discuss the issue. Support of senior police officers have been crucial in this regard. A study tour to Iran, a country facing similar threats as Indonesia pushed the agenda even further. Upon return from Iran, another set of advocacy strategies were put in motion.

Outcome: The two prisons have been chosen as an extension of the current methadone program, a remarkable success in a conservative country with a fairly new phenomenon of injecting. This also reflects a change in policy in the prison department, Ministry of Justice and the support of the Police for Harm Reduction activities in Indonesia. Lessons to be learned include carefully tailored strategies that is implemented in all levels of decision making, backed by locally produced data/research.

161 James Shearer, Alex Wodak, Kate Dolan

A TRIAL OF NALTREXONE, METHADONE/BUPRENORPHINE AND DRUG FREE COUNSELLING IN IMPRISONED MALE HEROIN USERS

Objectives: The trial aimed to compare treatment outcomes associated with naltrexone, methadone/buprenorphine and drug-free counselling for heroin using prisoners in 13 prisons in New South Wales, Australia. Outcomes included retention, compliance, side effects, changes in drug use, drug injecting and other health and psychosocial functioning.

Methods: Between January 2002 and January 2004, 204 male prisoners who met study eligibility criteria were recruited and provided baseline data. Although subjects were originally randomised equally to receive either naltrexone (50mg/day), agonist pharmacotherapy (methadone or buprenorphine) or drug free counselling, allocation was unsuccessful mainly due to poor uptake of naltrexone. Subjects were followed up after 6 months and 12 months. Data were analysed by self-selected treatment exposure rather than the original intention-to-treat approach.

Results: The study found poor induction and retention rates for oral naltrexone. Only seven percent of all subjects (n=14) started naltrexone over the two year study period. Six-month retention was significantly lower for subjects receiving naltrexone (7%) compared to methadone (58%) (p=0.0007). Six-month retention in buprenorphine was 30%. Mean days in treatment at 6 months were 59 for naltrexone, 100 for buprenorphine and 149 for methadone. No deaths or serious adverse events were noted during the study. Few side effects were noted in those subjects who received naltrexone.

Conclusions: We conclude from this study that treatment of heroin dependence in correctional settings using oral naltrexone is relatively ineffective because of limited attraction and poor compliance. Compliance is superior for oral methadone which is also more attractive and more effective. Different formulations of naltrexone and buprenorphine, such as depot preparations or implantable devices, may be worth investigating to overcome the poor treatment retention experienced in this study.

622 Metrebian N, Martin A, Madden P, Stimson G.V, Aceijas C & Fotopoulou M.

DRUG AND ALCOHOL DETOXIFICATION TREATMENT IN HIGH SECURITY PRISONS IN ENGLAND

Background: Substantial numbers of people enter prison with a drug or alcohol problem. The prison setting offers a valuable opportunity for the provision of drug treatment. Few prisons provide prescribed detoxification and fewer still methadone maintenance. Our study evaluated new detoxification programmes in three high security prisons in England, to assess short term outcomes.

Methods: A multi-method study including: quantitative and qualitative investigation of service activity, treatment pathways and treatment process; and an evaluation of client and service based outcomes. Prisoners entering detoxification treatment over a three month period were assessed at entry to treatment and followed up at discharge. Opiate detoxification agents prescribed included lofexidine (unsupervised consumption) and buprenorphine (supervised consumption)

Results: Information was collected on 601 prisoners entering treatment. The majority (83%) had used heroin, 61% benzodiazepines and 58% crack in the three months prior to entering prison. Ninety-four per cent of those who had

used heroin had used other drugs in combination (benzodiazepines, crack and alcohol). The majority (71%) received an opiate detoxification, 41% benzodiazepine and 16% alcohol. Two prisoners received methadone stabilization. For those receiving an opiate detoxification (n=427), 70% completed treatment, 18% were transferred or released. Excluding those released or transferred, 99% of prisoners receiving lofexidine completed treatment compared with 79% prisoners receiving buprenorphine.

Conclusions: Prisoners present with multiple substance misuse problems.

Treatment received reflected the prisoner drug use profiles with the exception of crack, where no treatment was provided. The high completion rate for lofexidine suggests it was well tolerated by prisoners. There are practical advantages with using lofexidine over buprenorphine. A trial should be conducted to compare the effectiveness of using lofexidine versus buprenorphine for the management of opiate withdrawal.

614 Wildschut (M.A.), Janine

USERS OF CRACK COCAINE IN PRISON: TIME OUT AS OPPORTUNITY

In the Netherlands the group of problematic crack users is growing every year. Until now there are very little programs aimed at them. For cure and care facilities it is harder and harder to reach this group of users. It is even harder due to the lifestyle of crack cocaine users. Often seen results of excessive crack use are serious health damage and problems with justice department. A lot of crack users get shortterm sentences and lots of them return into prison very quickly after release. The jailtime they are serving offers a good opportunity to reach this group and to prepare them for their return into society.

The Mainline foundation develops and spreads health information aimed at drug users on the streets and since 5 years, also health information in prison. First Mainline aimed at all drug using prisoners, now the organisation has developed a special programme for users of crack. This pilot project will result in a protocol for guardians how to work with crack cocaine users in prison at the end of 2005. The project is funded by GGZ-Nederland: umbrella organisation of the Dutch drugservices. The presentation will focus on a critical analysis of the project. The topics that will be discussed are:

- The conditions that are necessary to develop effective harm reductive programs for crack users in prison
- The organizational and practical obstacles we have been facing
- Solutions found.

998 Michael Wheatley, Sue Cox & Kim Wager

THE EFFECTS OF AURICULAR ACUPUNCTURE ON HEALTH DISTRESS SYMPTOMS WITH A SAMPLE OF PROBLEMATIC SUBSTANCE MISUSERS IN HIGH SECURITY PRISONS

Issue: In the Prison Service of England and Wales there has been an increasing emphasis on delivering treatment interventions to promote health, reduce harm and effect behavioural change for substance misusers. The Prison Service provides a valuable opportunity for treatment delivery. A range of treatment services has been introduced. Service user feedback increasingly identified to need to provide good quality, evidenced based complementary interventions to support a range of treatment programmes. Auricular acupuncture is a complementary intervention introduced and delivered within the 9 maximum-security prisons in England and Wales without an evidence base.

Setting: This study describes an evaluation of the SMART UK ear acupuncture intervention in six high security prisons. A multi-method randomised controlled study, using qualitative and quantitative techniques has been undertaken to explore a range of health distress outcomes and physical / psychological well-being. A treatment group received eight ear acupuncture interventions and structured custodial care over a four-week period. This was compared to an intention-to-treat control group who received only structured custodial care. Participants were matched for drug dependency and presentation of a range of health distress symptoms; attempts to control confounding variables were made.

Project: Information was collected on 126 participants. The effects of auricular acupuncture on a range of emotional and physical health distress symptoms were analysed. Treatment context and therapeutic alliance between participants and practitioners were explored using self report measures and focus groups with treatment participants.

Outcomes: The effects of the SMART UK ear acupuncture intervention will be described both quantitatively and qualitatively. Service delivery implications with regard to context and relations will be discussed. Research design and methodological challenges will be described and recommendations made to inform further acupuncture studies.

2PM - 3.30PM – SESSION TITLE: WIDENING THE AGENDAS - PLANNING HARM REDUCTION IN A POST-PROHIBITION ERA**806 Neil Hunt, Alex Wodak, Danny Kushlik, Nick Stafford, Ethan Nadelmann**

WIDENING THE AGENDA › PLANNING HARM REDUCTION FOR A POST-PROHIBITION ERA

Harm reduction's pragmatism, coupled with the urgency of finding practical, effective responses to health crises affecting drug users including HIV/AIDS, viral hepatitis and overdose deaths, has meant that its attention has largely focused on solutions that can operate within the present global system of drug prohibition, grounded in the UN Conventions of 1961, 1971 and 1988.

As recognition of the harms and costs produced by drug prohibition grows, and individual nation states increasingly find that the UN conventions hamper or conflict with efforts to reduce drug-related harm and their desire to regulate and better control drug markets, there is a developing view that the drug prohibition architecture will, in time, be subject to radical reform, enabling the introduction of systems for legalised, regulated drug supply.

It is increasingly important for harm reductionists to begin anticipating these changes so that they can contribute fully to the debate about how legal drug markets could best be regulated to minimise drug-related harm at all levels, from their production at source through to their supply to consumers.

This session will examine options for legal, regulated drug supply systems and consider how these might operate for different drugs. Participants will identify potential advantages and risks of different systems and examine some of the implications and questions that will arise within an evidence-based approach to harm reduction in a post-prohibition era.

826 Nick Stafford

CONSUMER PERSPECTIVES ON POST-PROHIBITION DRUG CONTROL REGIMES

The consumer perspective on this issue is very simple: consumers want access to a wide range of good quality, affordable drugs. Exactly which drugs we are talking about will differ from society to society.

However, regardless of which drugs in what forms become legally available, consumers will face the same challenges. If we, as we do, argue that prohibition undermines consumer's abilities to develop and pass on accurate knowledge and skills that minimise harms and maximise benefits, the question becomes: how can consumer's best take advantage of legal regulation?

This paper will explore some of the ways in which consumers can move on this issue including: involvement in research, working in drug retail outlets, developing resources, and working with drug manufacturers. It will also explore some of the dilemmas that consumers will face including: consumer-to-consumer drug sales and distribution, educating new consumers, and, dealing with discrimination and stigma.

805 Neil Hunt

HARM REDUCTION IN A POST-PROHIBITION ERA: THE POTENTIAL CONTRIBUTION OF ›FAIRTRADE‹ SYSTEMS TO DRUG PRODUCTION AND DISTRIBUTION

Contemplation of systems that might be applicable for regulating drug supply within a post-prohibition era requires that we consider a range of systems that might be applied from the point of production through to distribution to the consumer. This paper builds on proposals from Bailie and Brett (2001) and provides a formative examination of the potential contribution of "Fairtrade" approaches.

The dominant system for the production and distribution of legal drugs such as alcohol, tobacco, coffee and tea involves profit-maximising corporations. However, their sales/profit-maximising imperative means that they could operate against public health objectives, as their success is contingent on maximising the size of the consumer base. Such corporations also have no structural requirement to optimise benefits for producers and others at the lower end of the processing and distribution system and seem likely to reproduce disparities that characterise existing markets for drugs that are currently prohibited, whereby profits flow to richer nations.

Government-run "nationalised" business models for drug production and distribution might also be conceived. However, proposals for direct involvement in drug supply raise considerable political and ethical challenges for any government that might seek to assume this responsibility: problems that are exacerbated by the general neo-liberal trend towards light government and a

smaller state.

Given the problems that might be associated with these business models, this paper summarises the principles and operation of "Fairtrade" systems, as they apply to conventional cash crops e.g. coffee, tea and cocoa, before discussing their merits and possible application to other commodities - such as cannabis, opium, coca and khat - and their derivatives. One particular benefit may be that advocates for reform could point to an option that would simultaneously helps remedy trade injustices, which might garner additional support from the development/trade reform lobby.

806 Neil Hunt, Alex Wodak, Danny Kushlik, Nick Stafford, Ethan Nadelmann

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2PM - 3.30PM – SESSION TITLE: HEPATITIS B & C**800 ...va Nonn; ...lise Roy; Nancy Haley; Joe Cox**

THE ROLE OF SOCIAL INTERACTION IN THE DEVELOPMENT OF PREVENTIVE STRATEGIES AMONG STREET-INVOLVED YOUNG IDUS INFECTED WITH HCV VIRUS (HCV-SYIDUS)

OBJECTIVES: To understand how SYIDUs infected with HCV develop preventive strategies.

METHODS: In an ongoing qualitative study, in depth semi-structured interviews are being conducted based on the symbolic interactionist perspective (expected N=40). HCV-SYIDUs aged between 17 to 30 years are being recruited through various means (cohort study participants, community-based organisations, IDU services).

RESULTS: Our preliminary analyses show that HCV-SYIDUs perception of HCV infection and the importance of protecting themselves, and others, depend mainly on their social interactions. Although knowledge about hepatitis C and being symptomatic (or not) are important influences, values and expectations of social actors in young IDUs milieu greatly shape their perceptions and behaviours.

These interactions may change overtime when HCV-SYIDUs, temporarily or definitively, cease to inject drugs and leave their marginal milieu. In the young IDUs milieu, where around 50% of injectors are HCV-infected, most being without symptoms, getting infected is not only anticipated, but also considered trivial. If young IDUs generally have safe practices, it is much more because of the fear of HIV than of HCV. Compared to other problems linked to the street and the young IDUs life style, (overdose, housing problems, violence, etc.), the necessity of finding strategies to prevent the development of a chronic illness in a distant future is less important. However, HCV-SYIDUs who undertake to reduce or stop injecting and begin new relationships with members of the mainstream society (parents, friends, teachers, doctors) seem to adopt new values and roles regarding health. They re-evaluate the importance of HCV, and change preventive strategies in order to protect themselves and others.

CONCLUSION: Understanding the role of social interactions in the adoption of health prevention strategies among HCV-SYIDUs should help to develop effective interventions to maintain their health and protect the health of others.

994 Tony Butler, Sue Hailstone, Leng Boonwaatt, Tony Falconer, Vanessa Reid, Tricia Ginley, Pam Lens, Greg Dore, John Kaldor**THE AUSTRALIAN PRISON ENTRANTS' BLOOD BORNE VIRUS SURVEILLANCE PROJECT**

Background: The Australia prison entrants' blood borne virus survey was conducted in May 2004 in four states. The project had several aims:

(1) describe the prevalence of blood borne viruses (HIV, hepatitis C, hepatitis B) among prisoners, (2) complement the Australian NSP Survey, and (3) demonstrate successful collaboration across Australian correctional jurisdictions.

Method: The study involved screening a consecutive sample of prisoners over a two-week period. All new receptions at seven sentinel sites in New South Wales, Queensland, Tasmania and Western Australia were invited to participate in the assessment. Following consent, a blood sample was taken and a short risk behaviour questionnaire administered.

Results: 83% (612/739) of all reception prisoners were screened (535 men, 68 women and 1 transgender).

The overall prevalence of hepatitis C was 34%, and 56% among IDU. Hepatitis C prevalence was 54% among men with a history of injecting drug use and 83% among women. Hepatitis C prevalence varied between jurisdictions; it was highest among IDU in New South Wales (69%) and lowest in Western Australia (33%). Three men tested positive for HIV infection; all were previously diagnosed cases.

Substance use varied between the states: amphetamine was the most common drug used at the last injection in Tasmania, Western Australia, and Queensland; heroin was the most commonly reported in New South Wales.

Many prisoners remain unimmunised against hepatitis B. The prevalence of serological markers of Hepatitis B immunity through vaccination was 25%. This ranged from 17% in New South Wales to 37% in Queensland.

Conclusions: Surveillance of prisoners at the national level is essential to obtain a complete picture of blood borne virus epidemiology in Australia. Prisons can be used as sentinel sites to collect quality data on indigenous Australians, identify variations in substance use across the states, and examine immunisation coverage.

181 Vivian D Hope; Leah de Souza; Jeffrey Dennis; Fortune Ncube; Sharon Barnett; John V Parry**SHOOTING UP: A CONTINUING INCREASE IN OF HEPATITIS C PREVALENCE AMONG RECENT INITIATES TO INJECTING IN ENGLAND & WALES.**

Introduction: Injecting drug users (IDUs) are the group most at risk of hepatitis C (HCV) infection in England & Wales. Using data from an ongoing annual series of surveys of IDUs HCV prevalence among current IDUs was examined between 1998-2003.

Method: Surveys of those in contact with drug services, which collect oral fluid samples, as well as behavioural and demographic data. Data were examined using logistic regression with particular focus recent initiates - those who began injecting in either the survey year or the preceding two years - to explore changes in incidence.

Results: The prevalence among recent initiates was 9% 1998-2000, in 2001 it increased to 16% and then rose to 18% in 2003. This increase remained after adjustment (age, recruitment region and stimulant use: OR 2.3 (95% CI 1.5-3.6) 2003 compared to 1.0 in 1998). The overall prevalence of HCV among current injectors was unchanged 1998-2001 at 32%, but rose to 39% in 2002 and then 42% in 2003.

Conclusions: These findings indicate that HCV transmission has been increasing among recently initiated IDUs in recent years leading to an increase in prevalence overall. Considering reports of increased equipment sharing and increases in other infections, there is an urgent need to reinvestigate harm reduction activities for IDUs.

911 Vu Minh Quan, Vivian Go, Anna Bergenstrom, Pham NV Giang, Le Van Nam, Jonathan Zenilman, David Celentano**HEPATITIS B VIRUS INFECTION AMONG INJECTION DRUG USERS IN NORTHERN VIETNAM**

BACKGROUND: Hepatitis B virus (HBV) causes substantial morbidity and mortality. In this study, we examined HBV sero-prevalence and associated risk factors among injection drug users (IDUs) in a northern province of Vietnam.

METHODS: We conducted a cross-sectional survey of IDUs aged 18-45 in Bac Ninh province from August through September 2003. The IDUs were invited to participate in an interview; serum specimens were tested for HBV surface antigen (HBsAg), total HBV core antibody (anti-HBc) and HBV surface antibody (anti-HBs). Logistic regression was used to calculate adjusted odds ratios (AORs)

to examine factors associated with current or previous HBV infection (HBsAg-positive or anti-HBc-positive).

RESULTS: Of 309 participants, 96.8% were male, 98.4% injected heroin, 6.8% reported history of hepatitis of any type, 7.8% reported having been vaccinated against hepatitis B. Prevalence of markers of current or previous hepatitis B infection was 81.2% and increased with age (Cochran-Armitage trend test, $z=4.5$, $P<.0001$). HBsAg-positivity rate was 14.2%. Only 2.6% of the participants were anti-HBs-positive and anti-HBc-negative. On multivariate analysis, current or previous HBV infection was significantly associated with being 30 years of age or older (AOR=2.4, 95% CI=1.1-4.9), having injected drugs more than twice a day (AOR=3.5, 95% CI=1.01-12.1), having purchased only one syringe per purchase (vs. two or more per purchase) (AOR=2.3, 95% CI=1.2-4.3), and not using a condom at last sexual intercourse (AOR=2.4, 95% CI=1.2-4.7).

CONCLUSIONS: A large proportion of IDUs in Bac Ninh province have been infected with HBV, and the hepatitis B vaccination coverage is low. To reduce HBV transmission and its consequences among this population, preventive health programs should encourage use of sterile injection awareness of the role and the availability of immunization against hepatitis B.

602 Thein HH, Day C, Dore G, Kaldor J, Maher L.**ANTIBODY HEPATITIS C PREVALENCE AND RISK BEHAVIOURS AMONG VULNERABLE POPULATIONS ATTENDING NEEDLE AND SYRINGE PROGRAMS IN AUSTRALIA**

Objectives: To describe trends in antibody hepatitis C virus (HCV) prevalence and associated risk behaviours among vulnerable populations attending needle and syringe programs (NSP) throughout Australia.

Methods: Since 1995 annual surveys have been carried out at selected NSPs to monitor antibody HIV and HCV prevalence and related risk behaviors among injecting drug users. Clients attending during the designated survey week were asked to complete a brief self-administered questionnaire and provide a capillary blood sample. HCV antibody was determined using a modified third generation enzyme immunoassay and statistical analyses restricted to the 1999-2003 surveys (n=2503, 2694, 2454, 2445 and 2495 respectively) among participants who reported Asian backgrounds, Indigenous origin, imprisonment in the last year and sex work in the last month.

Results: The proportion of Asian background and Indigenous participants increased annually from 1999 (1% and 7% respectively) to 2003 (6% and 8%). The proportion of participants reporting sex work decreased from 1999 (9%) to 2003 (7%) and the proportion reporting recent imprisonment remained stable at 16%. Median age at the time of survey and duration of injecting increased in all groups between 1999 and 2003, whereas young and new injectors, daily or more frequent injection and reuse of someone else's syringe decreased. HCV prevalence was higher among vulnerable groups (Asian: 69%; Indigenous: 61%; recent imprisonment: 72%; sex work: 64%) compared to those without any of these characteristics (51%). HCV prevalence declined from 2001 to 2003 among Asian (77% to 63%) and recently imprisoned (74% to 70%) participants but remained stable in Indigenous (61% to 63%) and sex worker (70% to 72%) participants.

Conclusions: The differential HCV prevalence in vulnerable IDU populations suggests that targeted programs are needed to contain the HCV epidemic in Australia.

887 Fatema Zannat; Kazi Faisal Mahmud; Sadia D Parveen**"EPIDEMIC POTENTIALS OF HEPATITIS B/C AMONG INJECTING DRUG USERS (IDUS) IN BANGLADESH"**

Issue: In recent days whole world is really concerned about the epidemic of HIV / AIDS and but the epidemic potentialities of Hepatitis B / C is often overlooked or given a less account. Many IDUs living with HIV are co infected with Hepatitis B / C. Hepatitis B and C is more likely to spread among the other populations practicing high-risk behavior (sex workers, their clients etc). As relatively less study was conducted in the arena of Hepatitis B and C infections so the issue of epidemic potentials of Hepatitis B/C did not revealed as a real concern.

Approach: The impending epidemic of Hepatitis B/C will worsen the overall health situation especially the developing countries like Bangladesh besides facing the vicious cycle of HIV, malnutrition, morbidity. The epidemic of Hepatitis B and C will further fuel into this vicious cycle. The developing countries will need to spend more resources to fight the epidemic of hepatitis B/C.

Key point: It is important to integrate the HIV and Hepatitis B/C prevention program along with family planning program, Tuberculosis control program and existing health structure. As it is understood that there are epidemic

potentialities of Hepatitis B/C which is sometimes more than that of HIV so this is high time to take this issue into serious account. Early preventive measure will help to let alone the epidemic of Hepatitis B/C.

Implication: Rather than having a vertical program on prevention of transmission of hepatitis B/C it would be worthy to include / incorporate /integrate with HIV and STD prevention program and existing health system with a focus to prevent these infections among the IDUs.

850 Masdalina Pane; Nasrin Kodim; Krisnawati Bantas; Sabarinah Prasetyo

INFLUENCE OF INJECTION MODE TO HEPATITIS B AND C AMONG DRUG USERS IN BOGOR TREATMENT AND REHABILITATION CENTER IN 2001

Background: In Indonesia, drug use is known to be escalating. Among the various administration modes, injection is identified as factor which increases blood borne virus transmission, including Hepatitis B and C. Is there any evidence of this relationship in Indonesia?

Method: A cross sectional study was done among drug users who were under the treatment and rehabilitation in Bogor Center in 2001. Interview and lab test of Hepatitis B and C were completed, and multiple logistic regression analysis was employed.

Result: Out of 201 users, more than 75% were male, with the age ranging from 9 to 21 years old, about 80% were poly-drug user, and 76% did injection. Around 6.5% had history of hospitalization, 20% were tattooed, and almost 50% having prickles. Approximately 95% were ever having sex before, 63% did with their same partner. It was revealed that 44% were positive of Hepatitis B and 69% Hepatitis C. Injection was nearly having significant effect to Hepatitis B, with adjusted OR 2,2 (95% CI: 0,89-5,26). However, Hepatitis C was more likely to be influenced by this injection mode, with adjusted OR 37,3 (95% CI: 12.5 - 111.91).

Conclusion: As tertiary prevention, harm reduction is recommended to be applied in order to decrease BBV transmission particularly Hepatitis C among drug users.

986 Hutchinson SJ, Bird SM, Goldberg DJ

MODELLING THE SPREAD OF HEPATITIS C AMONG INJECTING DRUG USERS IN GLASGOW

Stochastic simulation was used to model the transmission of HCV through the sharing of used needles/syringes among current IDUs in Glasgow during 1960-2000. The modelling combined information on (a) the incidence and cessation of injecting drug use in Glasgow, (b) the frequencies with which Glasgow IDUs injected and shared needles/syringes, and the numbers of different persons they shared with, and (c) the transmissibility and carriage of HCV infection. The model that considered higher infectivity during acute viraemia following infection produced seroprevalences (median: 62-72%) and incidences (18-30 per 100 susceptible injector-years) consistent with observed data during the 1990s, and suggests that this phenomenon may be an important factor in the spread of HCV. Discounting this effect would have under-estimated HCV prevalence which, alternatively, could have been explained by the model's omission of transmissions occurring through other routes such as indirect sharing of injecting equipment. Scenario analyses indicated that potentially as many as 4,500 HCV infections (10th and 90th percentiles: 2,400-7,700) may have been prevented in Glasgow during 1988-2000 as a result of harm-reduction measures. Scenario analyses also permitted the gauging of changes in risk behaviours required to effect appreciable reductions in the incidence of HCV infection. Incidence can be successfully reduced if IDUs who, unavoidably, share needles/syringes confine their borrowing to one person; with this strategy alone, an estimated 5,300 HCV infections (10th and 90th percentiles: 4,100-6,700) could have been averted during 1988-2000. Alternatively, permitting only 11-20% of IDUs in Glasgow to share a needle/syringe at least once annually during 1988-2000 would have similarly averted an estimated 5,200 HCV infections (10th and 90th percentiles: 4,200-6,600). Such insights will inform those responsible for developing new ways to prevent HCV transmission among IDU populations.

430 Lauretta E. Grau, Gregory Scott, Clifton Sanchez, Nayda de la Rosa, Migdalia Texidor-Huertas, Joan Cruz, Merrill Singer, and Robert Heimer

PRELIMINARY RESULTS FROM THE HEPATITIS B VACCINE STUDY: RISK BEHAVIORS, EXPERIENCES WITH OVERDOSE, AND EFFICACY OF SEP-BASED VACCINE CAMPAIGNS

Background/Objectives: Many drug injectors at risk for hepatitis B (HBV) are susceptible but have never been vaccinated. We designed a randomized control trial to ascertain the feasibility and cost-effectiveness of HBV vaccination services through syringe exchange programs (SEPs) in Hartford CT and Chicago IL.

Methods: Individuals interested in the study visited the exchanges where a blood sample was drawn. Participants who were eligible to receive the vaccine were randomized to either the traditional dosing schedule of six months or an accelerated dosing schedule of two months. Data from participant tracking records permitted comparison of completion rates between the study's two arms. The study collected self-report data concerning risk behaviors and overdose (OD).

Results: HBV screening indicated that 19.8% of Hartford participants were eligible for vaccination as compared with a 54.7% rate in Chicago. This disparity may be due to Chicago's targeted recruitment of new injectors. Overall, 75% of those eligible for vaccination were males. Chicago participants had significantly higher monthly incomes than those in Hartford; the homeless rate in Hartford (66.7%) was double that of Chicago (31.8%). Reported rates of sharing drugs did not differ between cities, but the rates of using another's syringe to inject or to mix drugs were significantly higher in Hartford; rates of sharing cookers or drug-mixing water did not differ. Roughly 35% participants screened for vaccination reported at least one OD episode and relied upon fellow injectors for recovery. The likelihood of OD varied by race/ethnicity, but not by gender or city. Those who usually inject alone are no more likely to have overdosed than those who inject with others.

Conclusions: HBV vaccine and OD prevention campaigns by SEPs appear to be acceptable to program customers. The prevalence of injection-associated disease, risk behaviors, and ODs suggest that innovative interventions need to be expanded.

2PM - 3.30PM – ORAL POSTER SESSIONS

SESSION TITLE: QUALITATIVE RESEARCH

664 Zhong Jian

GUANGXI RAR FINDINGS AND RESPONSES

This presentation will outline progress of the Asia Regional HIV/AIDS Project (ARHP) in Guangxi, with particular focus on RAR findings and responses.

From the outset, the provincial Government and leadership have provided commitment and support for the project. The rapid assessment was carried out based on specified guidelines developed by World Health Organization with the aim to describe the HIV related risk behaviours of drug users and to develop appropriate interventions aimed at reducing drug use related harms in the six locations of Baise, Hepu, Lingshan, Liuzhou, Nanning and Wuzhou in Guangxi Province

Key findings included that most of the drug users have injected drugs in Guangxi and heroin is the commonly injected first as well as the current drug. The mean and median frequency of injections per week is sixteen and fourteen respectively. Sharing of syringes and needles is prevalent and lending of syringes was reported by more than a fourth of drug users. More than a half of the drug users are currently sexually active and about one in a nine drug user reported sex with sex workers in the past month. The majority of drug users have never used condoms in marital and regular relationships. Even with sex workers considerable proportion of drug users never use condoms. Drug users are subjected to discrimination, marginalisation and are accorded a low social status in the community.

In response to these findings, ARHP in Guangxi plan to: increase the capacity of the project staff in harm reduction services; create a supportive environment; promote safer sexual behaviours among IDUS and their sexual partners; promote safer injecting behaviours among IDes; promote increased access to primary health care by IDUs; facilitate entry of IDUS and their sexual partners to care and support services. At site level, the main activities proposed are: training for the staff, outreach, provision of clean injecting equipment, peer education, condom distribution, primary medical care including abscess management, and referral services.

460 Natalia Bobrova, Robert Power, Elena Neifeld, Svetlana Maximova, Sviatoslav Grigoriev, Nicholai Krasukov, Natalia Latyshevskaya, Ron Alcorn, Tim Rhodes

FACTORS INFLUENCING ACCESS TO DRUG TREATMENT: A QUALITATIVE STUDY AMONG DRUG INJECTORS IN TWO CITIES IN RUSSIA

Research goal: This study assessed factors influencing access to drug treatment

and barriers to treatment entry for injecting drug users in two Russian cities

Methods: 86 qualitative interviews were undertaken with drug injectors in Volgograd and Barnaul in 2003. Drug injectors were recruited through local drug treatment services, needle exchanges and drug user networks. The majority (66%) of the sample were injectors of heroin, with 31% currently in drug treatment, and 50% with previous experience of drug treatment.

Results: Although most drug injectors were aware of drug treatment services in their cities, local experiences of drug treatment services was varied. Three main barriers to treatment access were identified. First, financial difficulty. Drug treatment services in these cities are not covered by insurance. Most drug injectors were unemployed and were unable to pay for their treatment without assistance. Second, fear of registration. All drug injectors in Russia accessing drug treatment facilities are registered centrally for a period of five years. This registration limits access to employment, and was also perceived to be associated with social discrimination. Third, low treatment efficacy. Most drug injectors we interviewed perceived currently available drug treatment to be of limited effectiveness, envisaging such treatment either to be inappropriate to their needs or simply ineffective in moderating or reducing drug use.

Conclusions: In addition to understanding individual behavioural factors shaping help-seeking and treatment decisions, it is important to study the social and structural factors shaping treatment access and use. There is an urgent need to improve access to drug treatment services in Russia, including: improving the structure of service delivery; creating financial mechanisms to cover impoverished users who are willing to get treatment; and increasing the range of available services to meet a variety of treatment need among drug injectors.

468 Peter Miller

SELF REPORT BIAS IN RESEARCH AND MORAL ODIUM

Whilst some previous research has found that self reports of drug using behaviour are reliable, such findings fail to consider the responses in the social context in which they occur. This paper explores the reliability of self reported behaviour and proposes that this reliability decreases as the behaviour becomes more morally unacceptable. Concepts of moral odium, cognitive dissonance and social desirability are used to investigate possible motivations behind giving inaccurate responses in the research setting. Data is drawn from in-depth interviews conducted with 60 heroin users in Geelong, Australia. A number of different types of data were collected, including personal self reports, observations of friends, responses to vignettes and qualitative narratives were recorded. It was found that the types of responses given changed as behaviours became more morally unacceptable. These findings hold substantial consequences for both the validity of research and the conclusions which can be drawn in clinical interactions which discuss topics that are subject to moral odium.

208 Ignatius Praptoraharjo, Very Kamil and Wayne Wiebel

USING ETHNOGRAPHIC ANALYSIS TO ENHANCE THE EFFECTIVENESS OF INTERVENTION SERVICES

Issues: IDUs targeted for intervention services differ significantly based upon culture, subculture, social class, race, gender, age and drug use patterns. Yet most strategies promoted to address this population are generic in nature requiring implementing agencies to adapt them to fit local profiles. A failure to take specific target population characteristics into account may result in interventions having only limited impact.

Setting: Indonesia has experienced major outbreaks of HIV infection among its more than 100,000 estimated IDUs. Family Health International has supported the implementation of 12 HIV intervention programs targeting IDU in Indonesia over the past 2 years, the largest such initiative in Asia.

Project: To provide a systematic means of collecting information needed to tailor intervention programs to address local situation and circumstance, ethnographic analysis has been incorporated within program designs. Staff ethnographers follow a common protocol in focusing inquiry on characteristics of target populations, analysis of social networks, description of high-risk practices and assessment of factors influencing high-risk behavior as well as behavior change. Ethnographers regularly accompany outreach staff on community rounds, participate in weekly staff meetings and present quarterly reports on their findings to date. This feedback loop serves to ensure that findings are considered in light of their implications on intervention strategy. As appropriate, strategies are modified or refined to better achieve desired aims.

Outcomes: This approach has helped intervention staff to look at their services more critically and to be more receptive to making changes in the strategies being followed. Intervention service delivery becomes a dynamic process that continually evolves to accommodate changing circumstance and understandings.

Other intervention programs may also benefit from incorporating ethnographic analysis within their implementation designs.

981 Dorinda Welle; Michael Clatts

A MULTI-METHOD APPROACH TO SUBSTANCE USE INQUIRY WITH LESBIAN, GAY, BISEXUAL, TRANSGENDER AND 'QUESTIONING' YOUTH

Youth identifying as gay, bisexual, transgender, or 'questioning' their sexual or gender orientation are subject to multiple sources of stigma that present challenges in collecting data on substance use practices. The disclosure of substance use can become burdened with tensions attendant to the management of identity disclosures. Disclosure of substance use, even in the context of a research interview, can intensify fears of being identified as delinquent and losing tenuous sources of economic and social support. Others fear more broadly that research may misrepresent LGBTQ youth through substance use data.

Reporting on a longitudinal ethnographic study of the developmental challenges of LGBTQ youth growing up in the AIDS epidemic in New York City, we found that LGBTQ youth were more likely to disclose substance use in the context of life history interviewing during the first 8 months of the study. In this period, youth utilized the drug event and situational questions to elaborate their residential and urban environments, conflicts with sexual partners, and efforts to cope with stigma and identity formation at school, at home, and on the streets. Once individual youth felt they had established for the ethnographers an adequate understanding of the social challenges they faced as LGBTQ youth, lifetime substance use questions could be pursued in survey format.

Responding to young people's demands to be understood first as youth grappling with sexual and gender identity formation, social stigma, and harassment, the ongoing use of life history and event-level questions provided a solid platform for establishing adequate rapport. Only then could substance use inquiry proceed in a more 'systematic' fashion without compromising research relationships. By employing a multi-method, staged approach to substance use inquiry, ethnographic research can first gain a thorough understanding of the contexts—geographic, social, and developmental—in which substance use occurs among LGBTQ youth.

2PM - 3.30PM – ORAL POSTER SESSIONS

SESSION TITLE: HEALTH EDUCATION PREVENTION

348 Gu Yi, Wang Lan

ANALYSIS OF HIV BEHAVIOR SURVEILLANCE SURVEY FOR INJECTING DRUG USERS IN SICHUAN PROVINCE

Objective: To find out the status and trends of high-risk behavior related to AIDS epidemic in injecting drug users and to compare behavior from different sites. This behavioral information can help us to find out AIDS/STD epidemic situation and to evaluate the impact of different HIV/STD prevention and control activities. This research can provide the information base for government policy-makers in developing and improving HIV/STD prevention and control strategies. **Method:** We have conducted the comprehensive proposal, questionnaire and behavior surveillance guideline according to behavior surveillance method of UNAIDS, WHO and FHI. Behavioral surveillance has been implemented in Sichuan in 2002. All the activities in pilot sites were conducted according to the proposal, with strict quality control.

Result:

- The target populations have improved knowledge of HIV/AIDS through health education but different target groups still lack comprehensive knowledge (for example an average of 40% believe HIV can not be transmitted by mosquito bites).
- However, levels of safe behavior remain low. For example only 29.64% of IDUs used condoms in last sex with commercial sex partners and always use condoms with commercial sex partners; 28.70% of IDUs shared a needle at last injecting drug use.
- Risk awareness, as reflected in VCT data, has improved appreciably but coverage is still limited.

Conclusions:

- Health education must focus on key points and use appropriate strategies and methods, focusing on knowledge weaknesses and approaches that are acceptable to the target group.
- Needle sharing remained prevalent and IDUs remain a key target group for prevention interventions.

- We should not ignore potential bridge populations such as long distance drivers.
- The quality of STD service and availability of VCT must be improved.
- More priority should be given to behavioral interventions such as condom promotion and needle exchange.

119 Pajongsil Perngmark, David D. Celenatano, Suphak Vanichseni
SEXUAL BEHAVIORS, PERCEIVED RISKS, AND HIV/AIDS PREVENTION AMONG
SOUTHERN THAI CLINIC-BASED YOUTH METHAMPHETAMINE-ABUSED CLIENTS

Objectives: To explore sexual behaviors, perceived risks, and HIV/AIDS prevention among youth methamphetamine-abused clients (YMA) at a drug-treatment clinic in Songkla Province, southern Thailand.

Methods: Qualitative methods were used for gathering data, including: in-depth interviews with 7 former YMA (the target number is 12); in-depth interviews with 2 health care providers; participant observation; reviewing YMA's file documents; and validation after interview completion to ensure data triangulation. A comparative content analysis was used for data analysis.

Results: Most of YMA were sexually active and engaged in risky sexual behaviors: had sex debut at young age, frequently changed sex partners, had unprotected sex, and had negative attitudes towards condom use. Most were unaware of their risks for HIV infection and held misconceptions about asymptomatic HIV-infected sexual partners.

Conclusions: Public health campaigns should convey messages tailored to fit with YMA's interest, increase risk awareness, correct misconceptions, and alter attitudes towards condom use. AIDS prevention efforts should also address access to HIV voluntary counseling/testing and condom promotion to sexually active YMA.

**4PM - 5.30PM – SESSION TITLE: INNOVATIVE APPROACHES TO
PSYCHO-STIMULANT USERS**

247 Caitlin Padgett; Jennifer Vornbrock

CRYSTAL CLEAR: A PEER TO PEER METHAMPHETAMINE HARM REDUCTION PROJECT

Issue: A coalition of community agencies established a peer training program. It empowers street-entrenched youth using methamphetamine to make safer, healthier choices, and address drug-related issues such as trauma, abuse, poverty, homelessness, depression and other linked mental health concerns.

Setting: According to anecdotal evidence, methamphetamine predominates as the drug of choice for the 700 to 1000 street youth in Vancouver's Downtown South, a community of about 80,000 residents. In preliminary results from a survey of street youth in Vancouver's south downtown, over 70% reported trying the drug, while 47% of that group reported using methamphetamine within the last seven days. This evidence suggests youth who are afflicted by poverty and homelessness are some of Vancouver's most vulnerable residents. **Project:** Nine participants, age 17-24, were selected to pursue the goal of street level outreach, harm reduction and support, and advocacy, as well as increasing the awareness of the larger community about the needs of street-involved youth that use methamphetamine. Their 12-week training involved extensive skills-building, development of a training curriculum, training in harm reduction methodologies and practices, training in crisis intervention, emergency response, peer support and advocacy, and development of peer-driven resources stemming from a community mapping exercise. **Outcomes:** The peer networks developed the youth's capacity to act as peer educators within the informal social networks that already exist within their community. The peer education developed each individual's ability to minimize harm related to methamphetamine use, to examine beliefs and knowledge of methamphetamine use for themselves and their peers, and to develop an analysis of the impact of methamphetamine use on their peers and the community at large. The youths' peer advocacy and referrals increase access to support groups for youth that are HIV or Hepatitis C positive, and increase access to community detox and other youth services.

158 David Moore; Paul Dietze; Lisa Maher; Gabriele Bammer; Michael Clatts

DEVELOPING AN ETHNO-EPIDEMIOLOGY OF PSYCHOSTIMULANT USE IN AUSTRALIA

Background/objectives: Australian drug surveillance systems have noted recent increases in psychostimulant use and associated morbidity (eg, increased

injecting and sexual risk behaviour) amongst young people. However, little is known about the cultural and social contexts of psychostimulant use in Australia and how related harms manifest themselves in different networks of young drug users. This paper outlines an ethno-epidemiological framework that builds on and extends recent US drug ethno-epidemiology.

Methods: The research will identify and access social networks of young psychostimulant users in three Australian sites: (i) street-based IDUs in Sydney; (ii) club drug users in Melbourne; and (iii) home-based, recreational drug users in Perth. In each site, field researchers will conduct targeted direct observation of, and in-depth interviews with, psychostimulant users and administer three epidemiological surveys. The two types of data will be integrated using concept mapping and system-dynamics modelling.

Results: This strategy will allow for iterative feedback between the two forms of data collection, meaning that the limitations of the two forms of data collection are minimised and their interactive potential is maximised. It will also produce recommendations for appropriate interventions, and develop and apply an enhanced ethno-epidemiology framework to the Australian context.

Conclusions: The research design will produce individual, social and cultural data on psychostimulant-related harms. It will also establish a framework for collaborations amongst disciplines involved in drug research that will emphasise the synthesis of diverse data types in order to generate new knowledge relevant to the reduction of psychostimulant-related harms.

520 Axel Klein

KHAT USE IN THE DIASPORA: NAVIGATING BETWEEN TRADITIONAL AND PROBLEMATIC USE

Every week, 7 - 10 tons of khat are imported into the UK. Some of it leaves for Scandinavia and North America, but most stays here to feed the demand of a sizeable community of khat chewers. With very few exceptions these khat chewers originate from Somalia, Ethiopia, Kenya and Yemen. Most have acquired the habit in their countries of origin. Some use khat to self medicate emotional trauma. The use of khat has become a contested issue, with calls from within the Somali community to have the substance prohibited. The reasons for such a ban are primarily of a social nature - it is said to be destroying families. Not all khat use is problematic, however, and there are a number of options for improving the health and safety. Raising awareness among habitual chewers of the potential problems of habitual use by outreach work is the first step. At the same time, services in areas with large communities of khat users need to be prepared for working with new clients. The profile of problem khat use is strongly associated with employment, migration status, and family status. Underlying structural factors determine problematic use far more than the substance itself. Social measures aimed at supporting the affected communities therefore promises good results in the long term. In the short term, a moderate, harm reduction oriented approach promises to retain the communal benefits of khat use, and avoids the stigmatisation that follows from criminalisation. The experience of Sweden and the US is that khat prohibition will involve some members of the community in the criminal justice system. Khat is confined to immigrants who came to the UK as adults, few UK born Somalis report use. Khat use, then seems set to be a transitory phenomenon in the UK and other European countries. The best approach therefore, are education and outreach measures, set in a wider social engagement programme with these migrant communities.

827 Carl A. Latkin & Karin Tobin

STRATEGIES FOR CONTROLLING AND CONTROLLED DRUG USE AMONG OPIATE AND COCAINE USERS

Background: For the last several decades there has been a debate among alcohol researchers about the feasibility and wisdom of controlled drinking among individuals who formerly or currently misused alcohol. The debate about controlled substance use has been less prominent in the literature on opiates and cocaine use. The current study examined opiate and cocaine users' natural approaches to controlling drug use.

Methods: Interviewers administered face-to-face surveys to 511 current injectors, heroin sniffers, and crack users. Participants were asked about the frequency and methods of controlling drug use. Open ended questions were also used to assess a range of methods to control drug use.

Results: The vast majority of drug users reported thinking about and utilizing methods of controlling drug use. Most (66%) reported that their drug use was not currently under control, that they worked hard to keep it under control (71%), and they thought a lot about how to keep use under control (86%). Some reported using drug treatment programs (24%) and NA groups (14%) to

control drug use. In response to open-ended question on control of drug use, participants reported cutting back to reduce size of habit (31%), buying less drugs (9%), staying away from people and places related to drug use (22%), visiting family and friends (9%), attempting to get into drug treatment (7%), substituting other drugs (5%), and isolating self (5%).

Conclusion: The results of this study suggest that controlling drug use is a major concern among many drug user. Users employ a variety of strategies to control use. We do not know which of these methods are most effective and the individual differences in effectiveness. Future studies need to examine effective approaches to control drug use and integrate these strategies in harm reduction interventions.

234 Sophie Lee, Karen Chandler, Paul Wells

CRACK USE AS SEXUAL PLEASURE - AN AUTONOMOUS CHOICE FOR SEX WORKERS - IMPLICATIONS FOR HARM REDUCTION PRACTICE.

Emerging from a detailed needs assessment questionnaire and outreach/drop in sessions undertaken during the spring of 2004 and ongoing we found that a significantly high proportion of female sex workers identified their crack use as an autonomous choice that gave them similar feelings to sexual pleasure, something they no longer or rarely felt with partners due to either past trauma/abuse and thus possible female sexual dysfunction or the de-sensitisation occurring due to the nature of their work. These initial findings challenge not only common assumptions that prolific crack users are out of control, with little or no autonomous choice, but also the prevalent view that securing abstinence is the engaging driver for individuals using crack cocaine.

This paper will look at implications for harm reduction and also implications for service delivery. It is hoped the paper will identify a comprehensive range of tools, resources and support structures which can be implemented to reduce the harm caused by crack use as a tool to achieve a specific aim i.e. as a substitute for sexual pleasure/release.

There is without doubt an absence of research linking female sexual dysfunction to prolific crack use and indeed crack use as a positive choice by the individual. Its relevance is also to increase awareness and to meet the specific needs of a high risk socially excluded group. Providing appropriate services to meet the demands of this client group and tailoring intervention appropriately will have not only a positive impact upon the service user but also upon their perception of services and workers within it. In turn workers themselves will experience positive benefits by working within the client's frame of reference one of positive choice and not unachievable abstinence.

66 Linnell, Michael and Smith, Zoe

TALES FROM THE ROBBER'S DOG.

Issue: A relatively new localised outbreak of crack use amongst career criminals was studied with the findings revealing low levels of knowledge and a belief that the drug was far less problematic and without any of the stigma associated with heroin use. This project aimed to influence the sub-cultural norms of young criminals a realistic picture of crack use based on the experience of slightly older criminals, who have gone from 'recreational' cocaine users to cocaine smoking heroin users.

Setting: Set in the city of Salford, Greater Manchester.

Project: Several methods of communication were tried (including the use of stand-up comics). A method of communicating within the criminal community was devised using a "very funny, but obscene" illustrated ballad "The Two Charlie's". This is only available to those who have been arrested. It is designed to be read inside the cell and out loud in the pub.

Outcomes: The difficulties of accessing and communicating with virtually closed criminal communities and then getting something with such graphic sex and violence that is crammed full of obscene language, past commissioners, police, politicians etc will be discussed, together with the under researched issue of making changes from within communities.

78 Louisa Degenhardt, Carolyn Day, Elizabeth Conroy, Don Weatherburn

EXAMINING LINKS BETWEEN INJECTING COCAINE USE AND STREET BASED SEX WORK IN NSW, AUSTRALIA

Aims: To examine potential links between cocaine use and street-based sex work in New South Wales (NSW), Australia, following reports of increased cocaine use among injecting drug users.

Method: Police incident data on possession/use of cocaine and of prostitution

offences was analysed using time series analysis. Semi-structured, audio taped interviews with key informants from NSW law enforcement and health agencies (n = 71) and heroin users (n=53) were conducted, and covered a range of areas including changes in drug use and sex work.

Results: A clear increase in cocaine use among injecting drug users (IDU) was accompanied by increased police incidents of cocaine possession/use offences, and increased prostitution offences. Key informants reported increased numbers of IDU engaging in street-based sex work, along with increased visibility of such workers, and decreases in their health and exacerbation of risky behaviour that were primarily linked by KI to the increases in cocaine use among this group. Apparent reductions in cocaine availability led to decreased cocaine use and possession offences, along with reductions in prostitution offences, back to levels seen prior to the increase in such use.

Conclusions: Injecting cocaine use was linked to increased visibility and frequency of street-based sex work among a marginalised group of injecting drug users. A reduction in cocaine availability was probably responsible for the subsequent decline in such incidents, and given that cocaine supply may well return in future, further work is required to develop effective strategies to reduce cocaine-related risks among this group.

411 Matthew Toomey

IT'S AS CLEAR AS CRYSTAL - ITS ALL IN VEIN

Review and evaluation of 'Trashy Inner City Speed Queens' ACON Tribes Project (2001-03) and NUAA Tribes Trashy2 Project (2004).

Both projects targeted gay men in the inner city of Sydney who inject Amphetamines i.e. speed, crystal, ice, base and meth. During 2000/1 Sydney was knee deep in 'Crystal' or 'Ice' a new amphetamine derivative that cost half the price of the old powder speed and provided consumers with a long lasting effect and an horrendous comedown.

Gay men in the inner city of Sydney embraced this new look speed with open arms at the ready to wack it, blast it and bang it up. This project uncovered alarming levels of inattention to hepatitis C transmission and general blood borne virus information, the cause and effect of sex drive overload and encountered frequent occurrences of mild to chronic amphetamine psychosis.

A series of 9 peer education workshops facilitated an uptake of safer injecting practices and premises and camaraderie within the inner city gay networks. Workshop attendees developed a realistic peer approach in identifying and supporting friends in speed psychosis and for the first time were part of a health education project.

987 Donald McViney

CRYSTAL METHAMPHETAMINE USE AMONG GAY AND BISEXUAL MEN (MSM) IN THE UNITED STATES: ANALYSIS OF A SOCIAL PROBLEM FROM A HARM REDUCTION PERSPECTIVE

This educational workshop will begin with an overview of the scope of the problem of crystal methamphetamine use among gay and bisexual men (MSM) in the United States, including a discussion about some problems in measuring the extent of this problem. The epidemiology of crystal methamphetamine use will be presented against the backdrop of rising rates of HIV infection among gay and bisexual male crystal users. We will explore the perceived beneficial effects of crystal use as cited by gay and bisexual men in the U.S., identify the social environments where crystal is used, such as dance clubs, circuit parties and bathhouses, and examine the role of internet 'Party and Play' ('PNP') chat room hook-ups. The pharmacology of crystal and "tweaking" (intoxication) will be presented, as will the effects of crystal: physiologically (health issues), psychologically (depression; sleep disorder) and behaviorally (sexual compulsivity). An analysis of social marketing campaigns and interventions targeting HIV + and HIV - gay and bisexual men in the U.S. who may use crystal for different reasons will be offered from a harm reduction perspective.

4PM - 5.30PM – SESSION TITLE: HARM REDUCTION IN IRAN

336 S.Ramin Radfar - Amir Hasan Rafiey - Hooman Narenjiha - Ali Soltanolkotaby

STUDY OF PATTERN AND METHOD OF DRUG USING IN ISFAHAN(IRAN)

Background: Such as many countries HIV/AIDS are rising in Iran and unfortunately the valid data For finding behavioral pattern and method of using in drug users in Iran is very little. So for finding the answers of these questions

in Isfahan city this descriptive study performed.

Methods: 300 Addict selected by snowballing sampling in 3 major group:

1. Recently arrested drug users in prison (25 persons)
2. Recently drug users in process of detoxification and rehabilitation (25persons)
3. Street drug users (ever) (250 persons)

For each drug user a structured questionnaire filled by an expert and trained questioner. After data entry and analyzing of data, questionnaires categorized in 4 categories:

Drug Dependent, Drug Abuser, Drug Misuser and one time use and for this main groups the pattern and method of use and their sexual habits and for those who are Injecting drug users their parameters such as age, gender, ethnicity, marital status, educational status, monthly income will be analyzed. For IDU's age at first injection, location and situation of their first injection, type of syringe and needle, co injectors and will be reported.

Results and Conclusions: Results will be published in main article(The Research is in analyzing phase)

296 Masoud Mohamadi

ATTITUDE TOWARD HARM REDUCTION PROGRAMS

Abstract: In the last tow decades several countries admitted to implement harm reduction programs and integrated this strategy in the activities related to substance abuse. Successful results reported following evaluations, and other countries encouraged trying these programs also. Having common boundaries with Afghanistan as a main producer of substances, has made Iran as a transit site of substances, and at risk for epidemic of substance abuse. According to statistics about tow million people are using substances and 1.2 million are daily users. In the field of treatment, like other countries, relapse is a common phenomenon in Iran. Accordingly, policy makers and treatment planners decided to try harm reduction programs, but in the first view there are some social and cultural barriers for implementing these programs. From the needs assessment point of view this study aimed to have a scientific glance on these barriers in order to keep these in mind when the programs will be administer.

Objectives: This research is to study attitude toward harm reduction programs in tow groups: (1), general population, and (2), medical staff. Attitudes will be assessed in the four main categories: (A) meaning; (B) feasibility; (C), effectiveness; and (D) general population participation.

Method: This is a descriptive - cross sectional study and its results can be use in policy making and planning for harm reduction programs. Sample was chosen with a method of random cluster sampling in tow groups. A valid and reliable($r=0.85$) attitude-assessing questionnaire is applying to about 650 people in tow groups had been selected and the work is in progress and will be over until 15th November.

958 Saeid Sefatian,Kamiar Alaei,Arash Alaei

THE HARM REDUCTION POLICY TO HELP DRUG USERS IN IRAN

Issue: The increasing rate of IDUs among general population, the growing trend of HIV infection through dirty syringes, weak system of health and care inside and outside of prisons caused to perform Harm Reduction programs in national level.

Setting: To reduce Drug related Harms among IDUs by multisectorial approach; Coordinating between demand and delivery reduction, Law enforcement in high level decision makers, priority to Harm Reduction, advocacy for policy makers, establishment Harm Reduction centers, implementation Outreach, MMT, NSEP, Condom distribution, inside and outside of prisons, counseling and social support, provincial and national Harm Reduction committees, Triangular clinics, involvement of NGOs in the programs.

Outcomes: primary evaluation shows successful results in the program such as; increasing the interest of DU to submit to the Harm Reduction centers, acceptance of Harm Reduction services by the community and police, cost benefit of the services, the increasing interest of NGOs, change the law, argument of policy makers, decreasing the mortality and morbidity of using Drugs and decline change of the method of using Drugs, increasing the budget of Harm Reduction.

Lesson Learnt: the Iran experience shows the importance of qualitative and quantitative improvement of Harm Reduction program in national level to control of HIV and drug related harms.

Key words: Harm Reduction-Iran-Drug policy

650 Mohsen Vazirian

EXTENSION OF HARM REDUCTION PROGRAMS IN IRAN

Issue: Over recent years, health and drug authorities in Iran have supported harm reduction programs mainly in response to outbreak of HIV/AIDS among drug users. In spite of rather widespread voluntary counseling and testing (VCT) centers that offer limited harm reduction services to injecting drug users and people living with HIV/AIDS, the other settings like outreach programs and drop-in centers (DICs) have remained mainly as discrete pilot projects.

Setting: The most important setting to implement harm reduction activities are addiction clinics that could be reinforces by methadone maintenance treatment (MMT). The other important approach is to take the services inside the affected districts by means of establishing DICs and HIV outreach activities for street drug users; as they suffer from high-risk behaviors the most and their access to clinic based services is the least.

Project: A comprehensive program to upscale harm reduction activities is now on desktop of Ministry of Health, medical universities, Welfare Organization and Prison Organization and is backed by Drug Control Headquarters (DCHQ), the highest rank policy making organization for drug control in Iran. It's planned to increase the number of MMT clinics in different settings in public and private sectors, and to increase control over them to avoid diversion of methadone supply at the same time. The other important component of the program is to establish DICs with capability of outreach activities in affected areas in major cities.

Outcome: It's substantially the matter of time to see the results. As experience has shown the relatively slow process of activities in public sector, the outcome of the program mainly depends on how much the government has been successful to engage private sector and non-governmental organizations (NGOs) in the activities. The other important outcome factor is the level of advocacy for harm reduction both in policy makers and general public, which could guaranty the sustainability of the program.

957 Saeid Sefatian; Kamiar Alaei; Arash Alaei

THE HARM REDUCTION POLICY TO HELP DRUG USERS IN IRAN

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Key words: Harm Reduction-Iran-Drug policy

464 Bijan Nassirimanesh

JUMPING FROM PILOT PROJECT TO NATIONAL COVERAGE: ADVOCACY AS A STRONG TOOL TO FILL THE GAP

Objective: To reach national coverage of basic harm reduction (HR) services after a short period of pilot project

Rationale: After starting the first outreach/Drop-in-center pilot project in Tehran capital, we tested 100 clients who visit our DIC. We found 32 cases among them are HIV positive & 87 are HCV positive. This alarming sign proved us that we have lost 15 years of HR activities in Iran & now are in a verge of HIV explosion among IDUs & their sexual partners. Thus we must jump to a national policy of HR service delivery in all provinces that there are evidence based data of rise in IDUs & unsafe injection behaviors.

Method: Usually for implementation a new national policy it needs lot of infrastructures for its implementation including financial & human resource. Iran with 25 years history of placing drug problem in law enforcement setting & very few demand reduction activities have lot to do for implementing national HR services in more than 28 provinces. Lack of sufficient number of well established NGO & CBOs to be able to implement this national HR services place government in more serious situation. Persepolis NGO started to make: a news

group list of agencies & experts to be informed about the progress of the program, attending more than 100 advocacy meetings range from DCHQ to CBOs in small cities, national coverage of HR topics for the first time for 4 governmental sectors (police, drug court, security service & prison), inviting international experts around the world, hosting delegates from countries like Indonesia/Afghanistan/Syria, inviting several national & international journalists around the world, & O

Result: DCHQ is the main legal body in Iran for budget & policy for drug. They have established HR office, allocated main budget in treatment section for HR in their programs, ministry of health started HR centers for 5 provinces & allocated budget for 10 centers in Tehran only in the following year.

4PM - 5.30PM – SESSION TITLE: ADVOCACY

443 Andriy Tolopilo

IMPROVEMENT OF HUMAN RIGHT POLICY TOWARDS IDU AND PLWHA IN THE FRAMEWORK OF HARM REDUCTION PROGRAMS IN UKRAINE

Improvement of human right policy towards IDU and PLWHA in the framework of harm reduction programs in Ukraine

Author: Andriy Tolopilo, Ukrainian Harm Reduction Association. To address complexity of the situation in Ukraine, Ukrainian Harm Reduction Association (UHRA) with support of Open Society Institute and International Harm Reduction Development Program implemented project "Improvement of human right policy towards IDUs and PLWHA in the framework of harm reduction programs" in 2003-2004. Project was of national scope (20 NGOs from different regions participated); carried out for interests of IDU, PLWHA and SW; aimed at increasing level of their legal protection. Among goals of the project:

- Improvement of legal conditions for implementation of harm reduction programs
- Improvement of current legislation on non-medical use of drugs and rights of HIV-positive people, as well as practice of its application;
- Developing mechanisms to ensure implementation of laws
- Creation of agencies (working on regular-basis) for legal protection and provision of legal support to drug users and HIV-positive people on the basis of harm reduction network
- Building positive public opinion towards target groups' problems.

Complex analysis of national legislation on HIV/AIDS and drug use prevention was carried out in accordance with UN agencies' recommendations. The results were introduced to the Parliament of Ukraine at parliament hearings, which were to big extent initiated by UHRA. The analysis became a basis of progressive decree on social-economical aspects of HIV/AIDS, drug abuse and alcohol abuse in Ukraine. Broad surveys were conducted on observing human rights of PLWHA, IDU and SW; their results were introduced to big range of stakeholders. Multi-legal services were provided to IDU, PLWHA and SW through harm reduction programs. Methodological handbook for lawyers and social workers that work with IDUs, PLWHA and SW, as well information materials for those social groups were published.

796 Andrey Rylkov

ACTIONS AS AN EFFECTIVE WAY TO ADVOCATE IDUS' COMMUNITY PROBLEMS

In Russia IDUs aren't involved in decision-making related to drug and HIV policies. Being stigmatized and regarded by health professionals and politicians as unstable and asocial, they are denied ARV treatment, no MMT is available, and in general their human rights are violated.

To raise public awareness, Charity Fund "Kolodetz" organized 4 public actions in Moscow: Day of solidarity with Thai drug users; World AIDS Day 2003; Million Marihuana March 2003/2004; blocking the entrance of State Drug Control Committee against planting up drugs; and blocking city hall of Kaliningrad to decrease prices of ARVs (starting point of the movement "FrontAIDS"). In total, 8 NGOs (main partner radical movement "Khranitel'ny Radugi") were organizers, around 650 people participated, 79 people arrested, and more than 100 articles, TV and radio news appeared.

In Russia ideas of civil society are new, and actions are on the one hand usually prohibited by authorities, but on the other hand draw a lot of attention. Our radical actions not only attract media attention to the problems of repressive drug policy and critical situation with access to ARVs, but also serve as a good strategy of community mobilization. Being involved into the planning of actions, IDUs and PLWHA determine their civil position, practice in advocacy, and raise their self-esteem. Contacts with journalists during actions of public disobedience led to further interviews with "Kolodetz" staff and volunteers on

different HIV and drug policy issues. Court cases against participants helped us to build working partnership with human rights activists.

It's hard to measure impact of public actions on decision-making. After the action in Kaliningrad city administration declared that budget for AIDS treatment would be increased, but it's necessary to monitor their further actions. We are going to involve in monitoring drug users, human rights and harm reduction activists.

242 A Kamarulzaman on behalf of the Harm Reduction Working Group, Malaysian AIDS Council

THE ROAD TO CHANGE: ADVOCATING FOR HARM REDUCTION POLICIES IN MALAYSIA

Issue: The HIV/AIDS epidemic in Malaysia has continued to spread with total reported cumulative HIV infections of over 60 000 cases with 75% of infections reported from injecting drug users (IDUs). Amongst IDUs, reported HIV prevalence range from 10-27%. Current approach to the problem of drug use relies heavily on the criminal justice system with severe punishments imposed for drug use. Needle sharing remains common with current legislations prohibiting establishment of needle syringe exchange programs. Drug substitution treatment has recently been introduced but access to treatment is limited by cost, inadequate training of HCWs and opposition from abstinence-based policy makers and public. Other barriers to the implementation of harm reduction measures include perceived religious objections and fears about negative and unintended consequences from these programs.

Project: The HRWG was established to advocate for policies for harm reduction in Malaysia rising from a concern about the escalating HIV/AIDS epidemic. The group has been advocating for change through dialogues with relevant government agencies, workshops and meetings examining religious and legal barriers that currently exist, and dissemination of policy papers and information to policy makers. We are also embarking on research based harm reduction projects to provide local data and to act as pilot wider projects for these measures.

Outcomes: Better understanding about the concept of harm reduction is taking place, however opposition to measures such as needle exchange and drug substitution remains strong. Discussions based on scientific evidence alone are inadequate to convince policy makers, religious leaders and the community about the need for harm reduction in Malaysia. Developing key opinion leaders outside the scientific community including religious leaders, law makers and members of the drug using and HIV community themselves coupled with local evidence of benefits may be the key to advancing the advocacy process.

345 Zhou Jiushun; Wang Ping

BUILDING GOVERNMENT CAPACITY TO CO-OPERATE WITH HARM REDUCTION APPROACHES IN YUNNAN AND SICHUAN PROVINCES, CHINA

ISSUE: Working in two provinces with a growing HIV/AIDS epidemic among IDUs, we identified a need to build the capacity of public security and justice departments to engage with harm reduction approaches

SETTING: Sichuan and Yunnan provinces in China. The main means of transmission of growing HIV/AIDS epidemics in both provinces is unsafe injecting. Harm reduction is a new approach in China and there was a need for more cooperation among government departments, especially public security and justice department.

PROJECT: These training activities are part of the China UK HIV/AIDS Prevention and Care project and began 3 years ago. We carried out the training project as follows:

- Training needs assessment for policeman in government departments
- Making the training plan and discuss with government departments
- Training trainers for trainees
- Facilitate the training in different departments
- Training assessment

We have used different training strategies in two pilot sites. In Yunnan we conducted training through the Yunnan Police Academy and in Sichuan we implemented our project through the government's Party school. Over three years we have trained almost 10,000 decision makers and policemen at different levels in two provinces. We have trained the policemen including laws and regulations about HIV, prevention knowledge, the harm reduction strategies and discrimination reduction in these training courses. Many methods had been used such as role-play, games, discussion and video.

OUTCOMES: In Sichuan the Party school integrated harm reduction strategy in different approaches and it became the base center for decision makers from provincial level to county level. The Police Academy of Yunnan became a

resource center for police training in Yunnan province. We have developed different training models and materials for different target groups. The justice department in Sichuan made the training course part of their routine evaluation system.

917 Ryan J. & Voon D

HARM REDUCTION AND PRIMARY HEALTH: THE VOICE OF NEEDLE AND SYRINGE PROGRAMS IN AUSTRALIA

Issues: Needle and Syringe Programs (NSPs) in Australia were established during the mid 1980s and there are now more than 850 programs across all Australian states and territories with approximately 1 million occasions of service per year. Opportunities for information exchange and discussion of issues of significance for the Australian NSP workforce have been extremely limited as has therefore its capacity to inform policy development.

There is generally a poor understanding (including amongst government and researchers) of the diversity of the current role and potential of the Australian NSP to improve the health of people who inject drugs.

Setting & Project: Since 2001, Anex has been delivering a number of projects focussing on the Australian NSP sector. This includes the provision of annual conferencing and networking opportunities, mechanisms for information exchange and dissemination, and mechanisms for consultation with the NSP sector to better inform policy development.

These activities culminated in 2004 with the second National Meeting of NSP Workers in Australia. Delegates were selected from across Australia, reflecting the geographic and service delivery diversity in the sector. Delegates in attendance came from metropolitan, regional, rural and remote settings; and worked in diverse NSP settings such as hospitals, community health centres, youth agencies, drug user peer and other community-based organisations.

Outcomes: The National Meeting of NSP Workers 2004 articulated a consolidated position and framework for understanding and implementing NSP service delivery. Specific recommendations include the adoption of a harm reduction and primary health framework for NSP service delivery; articulation of best practice protocols to be applied across the country; standardisation of training and workforce development for the sector; and a re-conceptualising of the Program to better reflect its philosophies and practice. The meeting provides the framework for future advocacy in relation to NSPs and harm reduction in Australia.

4PM- 5.30PM – SESSION TITLE: PRISON POLICY AND HARM REDUCTION

49 Rick Lines (Irish Penal Reform Trust); Ralf Jurgens, Glenn Betteridge & Thomas Kerr (Canadian HIV/AIDS Legal Network); Heino Stover; Dumitru Laticevski; Joachim Nelles

PRISON SYRINGE EXCHANGE: LESSONS FROM A COMPREHENSIVE REVIEW OF INTERNATIONAL EVIDENCE AND EXPERIENCE

Objective: To undertake the first comprehensive review of prison needle exchange programs (PNEPs) worldwide.

Methods: (1) A review of existing international literature was undertaken, including published reports, journal articles, conference presentations, government publications, and prison service reports.

(2) Site visits to PNEPs were undertaken to Moldova, Switzerland, Germany, Spain, and included interviews with prison medical staff and management, external professionals working in drug policy and/or harm reduction, prisoners, government officials, and NGO staff. (3) Personal communications with staff and funders of PNEPs in Kyrgyzstan and Belarus.

Results: We produced a comprehensive review of (1) what is known about HIV/AIDS, HCV, and IDU in prisons worldwide; (2) what international law and national laws have to say about harm reduction in prisons; (3) the experiences of the six countries that have introduced PNEPs; and (4) what this means for implementation of PNEPs in other countries. This report was published in October 2004 by the Canadian HIV/AIDS Legal Network in Montreal.

Conclusions: As of 2004, PNEPs had been introduced in over 50 prisons in six countries. They are operating in well-funded prison systems and severely under-funded prison systems; in civilian prison systems and military prison systems, and in institutions with drastically different physical arrangement for the housing of prisoners; in men's and women's institutions; and in prisons of all security classifications and all sizes. They utilize various methods for distributing syringes. But the results of the programs have been remarkably consistent. Evaluations have shown improvement in the health of prisoners and reduction of syringe sharing. Feared negative consequences have not materialized: needles have not been used as weapons, and there has been no reported increase in

drug consumption. PNEPs have proven safe and effective, and there remain no valid reasons not to introduce them in other prison systems.

240 Glenn Betteridge; Ralf Jurgens; Richard Elliott

PRISONERS' HUMAN RIGHTS & HARM REDUCTION

Issues: Worldwide, rates of HIV and HCV infection in prisoner populations are much higher than in the general population. In many countries, they are closely related to: (1) the proportion of prisoners who injected drugs prior to imprisonment; (2) the rate of HIV and HCV infection among injection drug users in the community; and (3) high rates of incarceration among injection drug users. While prison systems are thus faced with serious HIV and HCV epidemics, they have generally failed to implement adequate HIV and HCV prevention strategies, including harm reduction measures, equivalent to those available in the community. In particular, bleach, sterile needles, and substitution therapy are not available in the vast majority of prison systems worldwide. When used in the community setting, such measures have been shown to reduce the transmission of HIV and HCV, and improve the health of people who inject drugs. Prisoners also lack access to other prevention measures and treatment and care services. **Approach:** A human rights analysis. Prison authorities' failure to provide harm reduction measures is analyzed in light of relevant international human rights laws and standards.

Key Points: Prison authorities' failure to provide prisoners with harm reduction measures is contrary to international norms, including prisoners' right to the highest attainable standard of health and the right to be free from cruel, inhuman or degrading treatment and punishment. Implications: Respect for prisoners' human rights in the context of the HIV and HCV epidemics involves overcoming systemic obstacles to such rights. Recommendations on priority areas for action will be made. Strategies and alliances to promote the human rights of prisoners will be proposed.

512 Kate Dolan, Emma Black and Alex Wodak

SUPPLY, DEMAND AND HARM REDUCTION STRATEGIES IN AUSTRALIAN PRISONS: IMPLEMENTATION, COST AND EVALUATION

The study aimed to document the responses to drug use in Australian prisons. All prison departments operated supply reduction strategies (drug detection dogs and urinalysis). Most prison departments operated demand reduction strategies including detoxification, methadone, counsellors or programs and drug-free units. Some prison departments operated harm reduction strategies such as HIV and hepatitis C education, hepatitis B vaccination, condoms and bleach programs.

Supply reduction strategies were relatively expensive, had not been evaluated and possibly had unintended negative consequences. Some demand reduction strategies were relatively inexpensive. Each type of demand reduction strategy had been evaluated and most evaluations were favourable. There was strong evidence that the availability of demand reduction strategies was insufficient. Three harm reduction strategies had been evaluated. There was evidence of insufficient implementation of harm reduction strategies in Australian prisons.

993 Holly Catania

TREATING DRUG USERS IN THE CRIMINAL JUSTICE SYSTEM

Issue: Conflict between law enforcement and the medical needs of drug users dependent on opiates.

Method: The author will present an overview of the challenges faced when opiate-dependent people come within the control of the criminal justice system and examine different responses by medical and legal systems in a number of countries.

Key Points: Arrest and incarceration are not infrequent events in the lives of many drug users. Treatment in prisons for those who are dependent on opiates - whether they are illegally obtained on the street or legally prescribed - is lacking worldwide, but is increasingly becoming more available, particularly in countries just beginning to provide community-based substitution treatment, e.g. in parts of Eastern Europe and Asia. And in the U.S., where there has been only one in-prison methadone maintenance program since 1987, there is momentum building for getting methadone maintenance into a number of jails. More broadly, though, what is happening to opiate-dependent people when they come under the control of the criminal justice system - those on probation and parole, in drug courts and in police lock-ups? How are the medical and criminal justice communities responding?

Implications: Not surprisingly, with few exceptions, the countries with the harshest drug laws and policies have the highest drug-related problems and infections. Despite increasing efforts at demand reduction, dependence on opiates persists - whether it be on heroin, opium, prescription opiates such as oxycodone and methadone - used illegally or legally by prescription, and demands sound public health policies that must include concerns for human rights. This means providing comparable medical care to arrestees, detainees and prisoners to that which is available in the free community. What are the ways this is being addressed and where are the gaps in understanding and action.

4PM - 5.30PM – SESSION TITLE: RISK BEHAVIOUR

649 Mohsen Vazirian, Bijan Nassirimanesh, Gerard De Kort, Arash Peyberah, Azin khazaeli

STUDY ON HIGH-RISK BEHAVIORS RELATED TO BLOOD-BORNE VIRUSES IN DRUG USERS IN TEHRAN, 2004

Background/Objective: Iran has suffered a lot from growing problem of injecting drug use in recent years. In one study it's shown that there was a 33% annual increase in the number of injecting drug use during 1987-1997. Some other studies have shown 15-24% seropositivity of HIV among injecting drug users (IDUs) in Tehran. Therefore it's crucial to have more information on high-risk behaviors related to blood borne pathogens among drug users in the country.

The Objective of the study is to investigate these high risk behaviors among drug users in Tehran, the capital.

Methods: 281 cases were recruited in the study in a consecutive convenient sampling from several places like a therapeutic community, a drug treatment center, drop-in center, and a youth correctional center in Tehran. The drug users were voluntarily participated in an interview by means of a structured questionnaire.

Results: Among 281 drug users, 185 (66%) were IDUs. The drug of choice for IDUs was heroine primarily. Only 8 percent of these people had started drug use directly by injection. The others had one or more switches which eventually fated in injection. The most important reasons for switches were: getting quicker high (80%), getting relaxation/sleep (63%), and curiosity (51%). The rate of active and passive sharing of injection paraphernalia were 70% and 76% respectively. The most important reasons for using a needle and/or syringe someone else had used before was lack of possession of own syringes, lack of money, and being desperate from withdrawal symptoms. The most important constraints to new syringes were: price, distance and being desperate of withdrawal symptoms. The prevalence of unprotected sex among drug users was 62%.

Conclusion: This study shed a new light on the wide-spread high-risk behaviors related to transmission of blood-borne viruses among drug users in Tehran. The results support the harm reduction efforts in the country, which are newly started and are focusing on behavior change.

964 Matthew Hickman, Vivian Hope, Stuart Honor, Steve Jones, Greg Holloway, Ali Judd, Peter Madden, Tamara McDonald, John Parry

HCV PREVALENCE, AND INJECTING RISK BEHAVIOUR IN FIVE SITES IN ENGLAND IN 2003

Background: To assess HCV prevalence and injecting risk behaviour in different sites in England, to enhance and corroborate routine surveillance of IDU in contact with services (UAP), and seek explanations for differences in HCV prevalence.

Methods: Cross-sectional survey of 955 injecting drug users recruited through community contacts in Bristol, Devon, Manchester, Teeside and Wigan, which used a structured questionnaire to collect data on injecting and other risk behaviour, and collected dried blood spot specimens for antibody testing of HCV, HBV and HIV.

Results: HCV prevalence varied considerably between the sites: from over 60% in Bristol, Manchester and Wigan to 44% in Devon and 27% in Teeside. These results extend the routine surveillance of HCV. Further analyses will explore the differences between the sites, IDU characteristics and behaviour and their association between HCV. For instance: -70% of IDU in Bristol and Manchester injected crack in last 4 weeks compared to < 10% in other sites; in Bristol and Teeside IDU inject 3-4 times with last syringe compared to < 2 in other sites; the median time since last sharing event was 2-3 months in Bristol, 8-9 months in Devon, Teeside and Wigan, and 24 months in Manchester; about 40% of

HCV positive IDU in Manchester, Bristol and Devon report they are aware of being HCV positive compared to < 25% in Teeside and Wigan.

Conclusions: Community recruited surveys can extend and enhance routine surveillance. Considerable variation in HCV prevalence, injecting behaviour and IDU characteristics were detected between the sites, and we will present how much of the difference in HCV prevalence can be explained and discuss what other information may need to be collected and inform prevention strategies.

628 Maksimova, S. G., Grigoryev S. I., Natalia Bobrova, Tim Rhodes, Lucy Platt

RISK BEHAVIOUR OF INJECTING DRUG USERS IN THE CONTEXT OF THE HIV/AIDS EPIDEMIC IN THE RUSSIAN FEDERATION (IN ALTAI KRAI)

Problem: Some of the highest rates of HIV transmission have been seen in the Russian Federation. At present, injecting drug users (IDUs) and commercial sex workers are the main groups at risk of transmitting HIV and sexually transmitted infections yet in many Russian cities there is an absence of research knowledge on patterns of risk behaviour.

Context: In collaboration with the DFID Knowledge for Action in HIV/AIDS in the Russian Federation, we undertook a research project in Barnaul, Altai Krai among IDUs and CSWs to assess the nature and extent of risk behaviour, and HIV prevention measures, including harm reduction and drug treatment interventions.

Project and methods: The research aim to assess the social and behavioural risks of HIV transmission related to injecting drug use and sexual behaviour, with the objective to inform interventions to reduce harm. We have carried out a survey of risk behaviour among IDUs and SWs involved in IDU (n=500), and in-depth interviews with IDUs (n=71).

Results: Preliminary analyses of quantitative and qualitative data of IDUs focused upon a number of risk behaviour patterns relevant to HIV transmission. The research carried out is significant not just at a scientific level, but also from a practical point of view since it increases awareness of IDUs' behaviour as being one of the most important indices of risk, as it reflects the potential danger of a large-scale spread of HIV/AIDS and sexually transmitted infections in society. The information obtained is significant for developing policies and carrying out effective preventative treatment intervention, and also for the programme for harm reduction.

187 Diana Rossi; Victoria Ranguigni; Marià Pla Pawlowicz; Dhan Zunino Singh; Pablo Cymerman; Paula Goltzman; Graciela TouzÉ.

CHANGES IN RISK PRACTICES OF IDUS FROM BUENOS AIRES, ARGENTINA (1998 -2003).

Background: A Rapid Situation Assessment and Response on changes between years 1998 and 2003 in risk practices for HIV transmission in injection drug users (IDUs) from Buenos Aires City was supported by UNODC and UNAIDS. The overall aims of the study were to update and analyze information regarding changes in IDU and community based interventions in order to inform the impact of harm reduction programs.

Methods: The research compiled primary data between July 2003 and January 2004, through 140 surveys and 18 in-depth interviews to IDUs, ethnographic observations and 2 focus groups. Subjects were recruited through key informants. 51.4% of the sample of IDUs were in contact with needle exchange programs (NEPs) and 48.6% were not in contact with NEPs.

Results: Most of the IDUs interviewed used cocaine. 87% of the interviewees had friends or family members dead of AIDS related problems. This fact influenced changes in the IDU pattern, which is now more isolated and less frequent. Among risk practices, the shared use of syringes, cookers, water or filters was significantly less frequent among those IDUs in contact with NEPs. Regarding condom use

there was nearly no difference among the two groups, although condom use was slightly higher among IDUs in contact with NEPs. 57.1% of the total sample had access to free syringes and 76.4% to free condoms. During the 2001 - 2002 crisis period in Argentina, NEPs experienced greater economic difficulties than usual in paying for syringes and condoms. The proportion of IDUs with access to sterile syringes and to condoms went down during this time.

Conclusions: Injection drug use has become more hidden and less frequent since 1998. IDUs more often inject alone, and their networks have decreased in size. NEPs interventions didn't have the desired impact on condom use, but the effects of NEPs interventions on IDU risk practices were clearly observed, both being important issues regarding HIV prevention.

Issue: In 2001 the Department of Health's establishment of The National Treatment Agency was widely heralded in the UK, its main being to ensure that

all service design and delivery was evidence based. However, as a Government Agency, working within a political climate that thrives on targets and the achievement of 'outputs' over 'outcomes', we will argue that the role and focus of the NTA has been compromised.

Approach: We will present evidence that in the UK, the commissioning of drug treatment is founded without an understanding of harm reduction principles, and that evidence-based practice is commonly undermined by attitudinal limitations of many politicians, commissioners and practitioners.

Further, we use local case studies to show how strategic and commissioning bodies provide a Pavlovian response to central Government expectations, due to limited awareness and confidence at a planning level to tailor provision to meet demographic and geographic variations in drug using patterns.

Key Points: We will draw on significant personal experience in Drug Service Management, Commissioning and DAT Coordination and reflect on recently published national epidemiological studies and research, revealing how under-investment in harm reduction based service provision is linked to an increase in risk behaviours, and how, for the foreseeable future, resources will continue to be focused on establishing cost-intensive criminal justice interventions, rather than expanding and improving long established, evidence-based harm reduction interventions.

Implications: This presentation will explore opportunities that enable commissioners, providers and users to work creatively to redress this imbalance and attend to this shift in focus in UK drug policy. We will present examples of effective interventions generated by such partnerships that are endorsed and financially supported at a strategic level and discuss ways in which the decision making process can better utilise, and benefit from, the skills inherent within its local drug-using communities. .

33 J.Keene, S.Ahmed, S.Fenley, M.Walker

A QUALITATIVE STUDY OF A SUCCESSFUL SHARED CARE PROJECT FOR HEROIN USERS: THE BERKSHIRE FOUR WAY AGREEMENT.

1) A qualitative study of a successful shared care project for heroin users: the Berkshire Four Way Agreement.

Issue: The "four way agreement" project demonstrates the benefits of shared care for heroin users and is seen as an example of best practice by the Department of Health and cited as one of the best in England. The study examines how and why it was successful and so inform policy and practice in other areas wishing to develop similar schemes.

Setting: A county-wide community primary care initiative in South East England

Project: The Berkshire 4 Way Agreement (4WA) is a programme to deliver shared care to drug misusers who are prescribed methadone. GPs, pharmacists, drug agencies and clients undertake it through collaboration. The programme integrates elements of treatment and harm minimisation. It is a practical response both to the health needs of clients and the need for support for a range of different professionals in primary and specialist care. Interviews were conducted with 37 clients and professionals within Berkshire and were analysed using an interpretive perspective.

Outcomes: All participants stated that the scheme improved the care and quality of life for clients and improved client-professional relationships and interprofessional relationships. However, a need for additional specialist and generic services was identified; the aims were thought to be unclear; problems and practical issues and their solution were detailed.

4PM - 5.30PM – ORAL POSTER SESSIONS SESSION TITLE: OUTREACH

605 Anna Lyubenova

FROM PILOT TO PROFESSIONAL

In 2002 there were four outreach harm reduction programs in Bulgaria, operating separately in the cities Sofia, Plovdiv, Bourgas and Pleven. Their capacity was limited and OSI was the only sustainable donor of their activities.

The project From Pilot to Professional united their efforts in a network, together with the Dutch organizations Foundation Mainline " Amsterdam and Addiction Research Institute IVO " Rotterdam. It was funded for 21 months under the Drug Demand Reduction section of the European Commission's PHARE program. The project aimed to enlarge and sustain harm reduction in Bulgaria through scaling-up of operational and methodological capacity of Bulgarian organizations with the support of their Dutch partners.

During the project new outreach teams were added to the programs and

trained by Mainline in Amsterdam, drop-in centers were established in four cities, two vans were equipped for mobile health care and blood testing. A research on profile and risk behavior of IDU was conducted, unique for the country and led by IVO " Rotterdam. A practical manual for outreach work with injecting drug users was written and published as a natural product of 5 year experience of Bulgarian harm reduction.

Two years after the project start four Bulgarian organizations have clear view on the profile and behavior of their clients. Drop-in centers and mobile services, being an innovation, present a model for six new harm reduction programs, started 2004. A common electronic database allows quick and broad overview of the trends in the reached populations. Scaling-up helped the attraction of multiple donors, including governmental funding.

618 Md. Abu Taher

APPLICATION OF ILOM (INDIGENOUS LEADER OUTREACH MODEL) AND COMPREHENSIVE ACTIVITIES IN HARM REDUCTION PROGRAM

Issue: HIV Risk Reduction for Drug Users (HRRD) Project, CARE Bangladesh

Co-author: Dr. Munir Ahmed, TC-DUI, CARE Bangladesh

Objective: To reduce the risk of HIV/AIDS transmission among Drug Users at some vulnerable district in Bangladesh.

Strategies:

1. Increase program capacity to reach Drug Users under operation area and their surrounding communities.
2. Improve knowledge and understanding about HIV/AIDS/STI transmission and prevention among Drug Users to build their skills to reduce their risk vulnerability.
3. Operate community based Detoxification Camps for Drug Users and increases the rate of drug abstinence among users participating in the program.
4. Advocate for the creation of a supportive environment programming and change the definition of socially appropriate behaviors to incorporate risk reduction measures.

Lesson learnt:

- Advocacy, awareness campaign, stakeholder meeting & networking in inevitable for enabling environment and sustainability.
- Capacity building of Drug Users & program staff through a series of training, as these lead the Drug Users to reduce the harm after self risk assessment and reduction plan.
- Community based detoxification camp conduction is a significant component in Harm Reduction Program, as it helps the DUs to regain their lost life.
- Rehab and reintegration activities are more importance to stop the relapse case.
- Risk reduction activities like- Needle/Syringe exchange, condom promotion, medical service helps Drug Users including their partners to reduce the risk of HIV/AIDS transmission.

Conclusion: Drug Users are not an isolated population. They are also clients of sex workers and have strong drug sharing behaviors, the possibility exists for HIV infection to occur from the former to latter. Based on assumed sexual and drug sharing network dynamics of DUs, the eventual spread of HIV infection to the general population is predicted after originating from within the infected DU population. The HRRD Project of CARE Bangladesh is the perfect response to address the upcoming epidemic.

463 Bijan Nassirimanesh

HARM REDUCTION BASIC PRINCIPLES: COMPREHENSIVE APPROACH AS A STANDARD PACKAGE

Objective: To find most comprehensive package for service delivery in a outreach/drop-in-centre setting

Rationale: People living in street mainly heroin injectors have a diverse set of requirements started from food to safe injection. Concept of offering NSEP & condom & the refer to other services for further delivery of interventions usually is a well accepted notion regardless of evaluation of referral services in offering the suitable & requested demand of the client. This is true especially in poor resource setting countries that have not enough facility for cover the medical & social needs of street drug users like in Middle East or SE-Asian region.

Method: We used Peer Driven Model (PDM) to offer lateral services that usually will offer in specialized setting. These include voluntary testing & testing (VCT), wound & abscess management, methadone maintenance treatment (MMT), social services. Most staff is ADS patients on ARV & MMT. They have not been

trained before for offering such kind of services & have been mainly homeless street IDUs.

Result: Instead of skeptic view regarding the ability of this model (PDM) first time in Iran in street setting in a spot known as the worst place in south of Tehran (Iran capital) we have been able to cover & register 1800 clients in a year & deliver more services than estimated first like implementing other services in a research setting (limited dental services, first oral HIV testing). Presentation is in 60 power point slides mainly with real pictures of the services & the results.

4PM - 5.30PM – ORAL POSTER SESSIONS

SESSION TITLE: OVERDOSE

189 Dietze, P., Jolley, D., Fry, C. & Bammer, G.

CIRCUMSTANCES OF RECENT HEROIN OVERDOSE AND LINKS TO KNOWLEDGE OF OVERDOSE RISK FACTORS

Objectives: To describe the circumstances surrounding a recent heroin overdose among a sample of heroin overdose survivors and the links to their knowledge of overdose risk.

Method: Descriptive examination of overdose circumstances and knowledge of overdose risk among a sample of 257 overdose survivors recruited through ambulance attendance at overdose in Melbourne, Australia.

Results: The majority (78%) of the overdoses occurred in public spaces. The majority (56%) of heroin use resulting in overdose occurred within 5 minutes of purchasing the drug and 30% of this use occurred with no-one else present. Benzodiazepines were reported as being used in the 12 hours prior to overdose in 26% of cases and alcohol in 18% of cases. The majority (86%) of the sample reported knowledge of at least one of the four major strategies of overdose risk reduction with knowledge of 'not using alone' (46%) and 'not mixing drugs' cited most commonly (45%) followed by 'testing/tasting first' (35%) and 'monitoring tolerance' (28%). A variety of other strategies for overdose risk reduction were nominated by participants. Nevertheless, the majority (59%) of participants who reported benzodiazepine consumption and the majority (65%) of those who reported alcohol consumption, in the 12 hours prior to overdose also reported knowledge of 'not mixing drugs'. Further, a majority (55%) of those who reported using alone in their recent overdose also reported knowledge of the 'not using alone' strategy.

Conclusions: Heroin overdose prevention has focused on a series of common educational messages around the putative individual risk factors for heroin overdose. While there is evidence that some of these messages are now known among heroin users, they continue to be commonly ignored by heroin users. These findings highlight the importance of developing overdose prevention strategies beyond the provision of education about overdose risk.

73 Mike Blank. Mike Ward

HARM REDUCTION AND DRUG DEATHS. DEVELOPING AND IMPLEMENTING DRUG DEATH REVIEWS.

Issue: A drug related death occurs when a person dies from the direct ingestion of a drug, overdose for example. Or it can mean indirect deaths such as death from illness related to drug use. Parts of the United Kingdom have recently seen increases in the rates of drug deaths

Setting: In Surrey, a large UK county bordering London, practitioners and policy-makers noticed an increase in drug related deaths, notably from overdose. Some forty individuals were known to have died in an 18-month period in 2001-2. Many of these people were thought to have been in contact with helping services.

Project: The local drug action team established a confidential drug death review process charged with enquiring into the circumstances surrounding a number of deaths - particularly the role of various services thought to have been in contact with the deceased during their life and in the time preceding the death. The review process' aim was to bring together the strands of the individual's life, to identify indicators of likely drugs death and to pinpoint practice, which could be enhanced or developed in an attempt to prevent future deaths. Review teams were established and six deaths in the following 18 months were reviewed.

Outcomes: This paper describes the successful outcomes of the review process as well as some of the problems encountered. Many common themes emerged from the reviews both in the individual lives examined and in the interventions or lack of them - leading to numerous recommendations on changes in practice for both policy makers and practitioners. The recommendations crossed agency boundaries including treatment, enforcement and education. Barriers to the dissemination and implementation of recommendations are also discussed. The

authors consider whether such inquiries can enhance harm-reduction and contribute, with other interventions to a reduction in drug deaths.

4PM - 5.30PM – ORAL POSTER SESSIONS

SESSION TITLE: HIV/AIDS PREVENTION AND SUPPORT

47 Henminlun Gangte

MIGRANT / HOMELESS IDU ALSO NEEDS TREATMENT

Migrant / homeless IDU also needs treatment

Issue:

419 Wang Xiaoguang; Yang Maobin

EVERGREEN TREE: A SUPPORT GROUP FOR EX-DRUG USERS LIVING WITH HIV/AIDS IN KUNMING, CHINA

Issues: People who test positive for HIV/AIDS in China have limited access to care and support services. This poster presents experiences of a support group among former drug users with HIV/AIDS formed under the auspices of the Daytop Voluntary Detoxification Centre, Kunming. Evergreen provides its members with access and referral to care and support services. HIV positive members do outreach with newly diagnosed people, improving their self-esteem at the same time as supporting others. Mutual support is valued but issues of access to treatment remain problematic. The voluntary detox centre is a good entry point for such an activity, but remains unusual in China.

Setting: Kunming is the capital of Yunnan, a province, with a concentration of IDUs and high prevalence of HIV/AIDS. The Daytop Voluntary Detoxification Centre provides residential and outreach services to drug users.

Project: Convenient, confidential and affordable voluntary HIV counselling and testing were made available to clients of Daytop's detoxification and rehabilitation services. The support group was led and managed by PLWHA supported by Daytop staff. The group was able to offer psychological support, basic care and referral to other services. Members did outreach with newly diagnosed people and inmates of government compulsory detoxification centres. At the same time public awareness activities were carried out around Kunming to reduce discrimination, which can be doubly severe for PLWHA who are current or former drug users. Partners and families of PLWHA also received counselling, advice on care and free condoms. This project was supported by China-UK HIV/AIDS Prevention and Care Project.

Outcomes: The PLWHA in the Evergreen team showed their talent and commitment in organising the group, and gained skills in the process. A voluntary detoxification centre was a good entry point but is not typical of the environment of most PLWHA in China. The model piloted by Daytop should be adapted for use with drug users in communities.

901 Mahalingam.P, Kalai Arasi.K, Jacob Koshy

HOME BASED CARE - AN EMERGING NEED FOR HIV POSITIVE INJECTING DRUG USERS IN CHENNAI,INDIA

Issue: In Chennai, India HIV infected injecting drug users (IDUs) are becoming symptomatic. Many of them face dual discrimination within the family and the society. This affects access for them to get medical services.

Setting: In Chennai, India 30 % of the married injecting drug users are HIV infected and 16 % of the non- injecting spouses are also infected with HIV. Many of them face difficulty in accessing to health care. This could be attributed to the poor health seeking behaviour amongst them. They also face dual discrimination in the health care set up. Economically also they are not able to meet the expenses in the hospital.

Project: Sahai Trust in Chennai is working on a project for HIV /AIDS prevention among Injecting Drug Users and their spouses, funded by Family Health International from September 2003. Sahai Trust had identified the need for home- based care for the HIV infected IDUs. Two community health nurse (CHN) -one male and one female were trained in basic health care, counseling, identification and management of minor opportunistic infections. The CHNs on an average meet 4-5 clients per day at their home. The physician at the drop-in center visits the clients at their home, if necessary. The CHNs are also given the responsibility of providing DOTS for TB infection. The other activities of the CHNs include -need based counseling, safer sex advice and accompanied referral.

Outcome: The IDUs are comfortable -physically, mentally and economically, when they receive treatment at home. There was also proper compliance to drugs. Effective home- based counseling reduces the risk of HIV transmission to

their spouses. There is an increase in the number of clients who are progressing to AIDS and who need home-based care. So NGOs working for them should focus more on home based care activities.

841 Artur Ovsepyan

UNITING EFFORTS OF PLWHA AND HARM REDUCTION ORGANIZATIONS FOR OVERCOMING OBSTACLES IN ACCESS TO TREATMENT

Identification of the problem: In Ukraine ARV treatment is available for 2100 people and the needs are estimated to be 68 thousands people. The first experience of scaling up treatment has shown that one of the main problems is lack of people that are ready and motivated to receive to treatment. This is caused mainly by stigma and discrimination in the medical institutions, marginalization of the drug users that present 80% of PLWHAs in the country. The other problem is no coverage with drug treatment services for the IDU patients located in specialized medical institutions (TB, HIV etc.)

Approaches: In order to ensure equal access to ARV treatment for all those who need it the following approaches should be undertaken: a) intensive work on adherence support with special attention to the needs of injecting drug users living with HIV; b) building trustful relations between patients and medical professionals; c) integration of full spectrum of services for drug users including substitution treatment into TB and HIV treatment centers; d) broad information campaigns about accessibility of HIV treatment. The PLWHAs movement in Ukraine has gained certain experience in implementing programs on home-based care, adherence support and treatment education however IDU category was not fully covered by these activities because of lack of collaboration between PLWHAs and harm reduction organizations.

Conclusions: Collaboration between PLWHAs organizations and harm reduction programs is critical for effective advocacy in the area of access to treatment, implementation of the programs targeted on support for people living with HIV and those co-infected with TB and quick integration of the harm reduction programs into care and treatment. This complicated process is in process in Ukraine.

5.45PM - 6.45PM – CONCURRENT SESSIONS

612 Alex Stevens and other partners in the QCT Europe project.

LEGALLY COERCED DRUG TREATMENT IN EUROPE: INTAKE AND EARLY RESULTS

Partners in the QCT Europe project, will present intake and 6-month follow-up data from our 6 country study of quasi-compulsory treatment for drug dependent offenders. In this study, we are combining quantitative and qualitative methods, with a sample of over 850 people.

We will present:

- the similarities and differences between arrangements for QCT in England, Austria, Netherlands, Switzerland, Italy and Germany.
- the characteristics of people who enter QCT in these countries, compared to people who enter treatment without legal coercion.
- the early results of QCT (drop-out, effects on drug use, health and crime)
- how QCT works in practice (as opposed to how it is supposed to work in law, or in government guidelines).

We propose to have 4 speakers, each presenting for 20 minutes on each of these topics. These speakers are likely to be Alex Stevens (University of Kent, UK), Ambros Uchtenhagen (Institut fuer Suchtforschung, CH), Kerrie Oeuvray (Université de Fribourg, CH) and Viktoria Kersch (SPI Forschung, DE).

5.45PM - 6.45PM – SESSION TITLE: LEARNING FROM GOOD PRACTICE: MONITORING AND EVALUATION

608 Nataliya Kitsenko (ChF "Way Home, Ukraine), Aleksandr Slatvitskiy (Klaipeda Addictive Disorders Treatment Center, Lithuania), Grzegorz Wodowsky ("Monar", Poland), Pavel Smirnov (International HIV/AIDS Alliance, Ukraine), Vasiliy Bortschiov ("Starinfotek)

DATA BASE FOR MONITORING AND EVALUATION OF EFFECTIVENESS OF HARM REDUCTION PROJECTS

Issue: PC data base (DB) 'Syringe Exchange' allows applying common approach in monitoring and evaluation of HR projects and offering easy methods of data collecting, inputting, processing and analyzing. Every organization running HR project(s) could easily use this DB.

Setting: Data base created for implementation and using in HR projects running in Central and Eastern Europe.

Project: International HIV/AIDS Alliance, (Ukraine) initiated developing of DB in 2003. In data base developing participated group of technical advisors for HR projects in CEE-fSU from Lithuania, Poland and Ukraine. DB allows to collect and to analyze data in such format: Project's clients, his (her) health, social situation, information about drug using, risky behavior; Services provided by project; Epidemiological situation in region; Trainings for clients and staff; Common information about organization and HR project. DB have 8 catalogues:

"diseases", "work places of out-reach and SEP", "trainings", "list of drugs", "programs for IDUs", "materials, provided to clients", "project's staff" and "questionnaire for study of clients behavior". HR projects could expand catalogues according to their needs and specific. Two kinds of reports provides by DB - statistic and analytical. Statistic report is possible to receive for certain period activity - one day, one week, one month etc. Analytical report will be created by options which could be set by DB users.

Outcomes: HR projects staff from Kazakhstan, Russia and Ukraine (106 persons) were trained to use DB. Pilot version of DB was used for training. 81% of training participants evaluated usefulness of DB with high score (5), 12% with score 4 and 7% - with score 3. In their comments participants wrote: "PC DB will make easier work of HR projects", "DB is necessary component of HR project", "DB is the best solution for problems with data collection, monitoring and evaluation of HR projects".

983 Andrew Reynolds

PROGRAM EVALUATION AND INTERVENTION DEVELOPMENT IN HARM REDUCTION PROGRAMS

Issue: Harm reduction values "any positive change" as a measure of success. But how do we know our interventions are having a positive impact on the lives of our clients? In an environment where public health funding for harm reduction is scarce, program managers need to be sure that we are providing effective interventions. Developing a plan for program evaluation is one way to verify and increase the effectiveness of our interventions for our clients.

Setting: This presentation will focus on some of the critical evaluation methods and techniques to properly analyze the effectiveness of our work. This session is intended for directors, program coordinators and managers charged with the oversight of programs and grant writing.

Project: Employing simple evaluation tools can provide invaluable feedback on the effectiveness of harm reduction programs. Simple measures like pre-/post tests, qualitative interviews, focus groups and questionnaires can offer up information on the strengths and weaknesses of programs, as well as the needs of our clients. Developing outcomes objectives and process objectives will help programs determine the effectiveness of interventions and help to determine how and why it produces results. We will review the evaluation process on a step-by-step basis, and learn resources for further skills-building.

Outcomes: Evaluation of programs need not be a complex statistical evaluation of outcomes. Simple, qualitative techniques exist to provide program managers with the feedback necessary to maintain effective, client-centered programs. Invite you stakeholders to the table and ask for their input. Knowledge of the language and techniques of program evaluation allows one to make more effective proposals to our funders. More importantly, it allows for program and staff development to maximize our impact on the lives of our clients.

509 Dr James Rowe

TOWARDS BEST PRACTICE IN PRIMARY HEALTH CARE FOR IDU

Issue: In October 2004, the Access Health primary health care facility was opened to target the needs of 'street-based' intravenous drug users (i.e. those who inject drugs in public out of necessity). Access Health is staffed by nurses, GPs, counsellors and medical specialists (e.g. in infectious diseases). It has institutional links with domestic violence, incomes support and housing services among others. Given the complexity of client needs, and the 'one-stop-shop' model adopted by the service, an ongoing evaluation was incorporated as core operational element of the initiative.

Setting: Access Health is based in St Kilda (Melbourne, Australia), a recognised 'hotspot' of illicit drug activity. St Kilda is the site of an entrenched street-based sex trade. It is also an area frequented by significant numbers of homeless persons. These populations are disproportionately represented amongst clients of St Kilda's primary NSP, situated next door to Access Health. The location of the service ensures it is easily accessible to its target clientele.

Project: The evaluation adopted an 'action research' model. Research undertaken during the course of the evaluation identifies areas for improvement

and, following any restructuring of service delivery, subsequently evaluates the modified service in an ongoing process. The framework used employs complementary quantitative and qualitative data collection methods. Both methods rely on the involvement and knowledge of service clients, a factor essential to the evaluation's success.

Outcomes: Drug use trends (and related health issues) are constantly changing. This project demonstrated the role of an ongoing evaluation in ensuring that services remain capable of meeting the changing needs of clients (in timely fashion). The role of the clientele was the essential component in this process - whether contributing to quantitative data collection or providing qualitative insights into how services could be adapted to meet changing needs.

670 Ghauri A K, Shah S A, Memon M A, Rehman N, Azam

HOW TO IMPROVE THE OUTCOMES OF HARM REDUCTION PROJECTS - A DETAILED ANALYSIS.

Background/Objectives: First harm reduction project in Karachi, Pakistan was started in year 2000 to pilot the strategy after which an external evaluation was done to see the outcomes and to prepare recommendations for overall improvement of the program.

Methods: A cross-sectional survey among IDUs was conducted to assess KABP and sero-prevalence of HIV, HBV, HCV and Syphilis to compare with baseline. Out of 649 IDUs registered for at least 6 months, 160 were included through random sampling. Client's satisfaction was also evaluated.

Results: Very positive changes were observed in most of the indicators like knowledge and attitudes [modes of transmission (64%), preventive measures (74%), myths/ misconceptions (70%) and personalized risk of infections (60-79%), willingness to use condom (35%) etc]; patterns/practices of using syringes (sharing (45%)/re-using (88%) etc]; health-care-seeking behaviors (25%); employment status (20%), social re-integration (12%); overall physical and sexual health; besides decrease sero-prevalence of HCV and Syphilis by 5% and 6% respectively. Some negative changes were also noted like slight shift-over from inhalation to injection (6.5%) and from heroin to pharmaceuticals especially Buprinorphine/Pentazocine (59%), Restoril (51%), and Cyclizine/Promethazine (49%), increase in injection wounds/abscesses (49%), exchange of sex for money (19%), bisexuality (23%) and bestiality (8%), reported STIs (39%) etc. 84% were satisfied with the services.

Conclusion: The project seems to be beneficial in improving most of the social, economic and health indicators in addition to bringing positive changes in knowledge, attitudes, behaviors and practices of IDUs. However, needs more attention in some of the areas like provision of spirit swabs, counseling and health education, STIs management supported by promotion and provision of condoms. A comprehensive program for immunization, detoxification and rehabilitation is critically needed to link with Harm reduction activities for long-term impact on the community.

762 Paul Aylward

COLLABORATION AND PARTNERSHIP FOR THE NATIONAL SUICIDE PREVENTION STRATEGY IN SOUTH AUSTRALIA - LESSONS FROM A PAR APPROACH TO EVALUATING COMPLEX MULTI-SITE PROJECTS WHICH ADDRESS VULNERABLE TARGET GROUPS.

The National Suicide Prevention Strategy (NSPS) has involved four multifaceted community based initiatives in different localities across metropolitan and urban South Australia. The Projects have been funded over three years by the Commonwealth Department of Health and Ageing. The Spencer Gulf Rural Health School has been contracted to conduct the evaluation using a participatory action research (PAR) approach, which will help to develop community capacity for Projects in order to conduct their own evaluation of project activity, and to provide on-going regular feedback to inform the development and improvement of each Project. The evaluation will also address the approach of the State of South Australia as a whole in relation to the 'Life is for Everyone' (LIFE) framework criteria, providing a comprehensive assessment of the Community and Indigenous Initiatives against the state priorities. Given the complexity of influences and protective factors across many domains, the LIFE framework strongly advocates collaborative partnerships across a wide range of groups, communities and agencies in order to promote resilience and reduce self-harming behaviour. In South Australia, the funding body in favour of a collaborative process to encourage the development of Project partnerships rejected competitive tendering.

The PAR approach has revealed a number of issues, strengths, problems and resolutions encountered in the process of establishing and operationalising partnerships across service provider organisations. The lessons learned could inform the approach for other Projects which seek to engage stakeholders across a number of agencies that address a common vulnerable client target group.

5.45PM - 6.45PM – SESSION TITLE: SKILLS SHARING - ADVOCACY

726 Md. Hafizul Islam/Coauthor Md. Abu Taher

ROLE OF FEMALE OUTREACH WORKERS IN HARM REDUCTION PROGRAM

Issue: To reduce harm through unsafe sex with male DUs, ensure awareness among the sex partner of DUs through women outreach is effective.

Setting: In Bangladesh HIV spreading among the DUs specially on IDUs through sharing drug and injecting equipment. They have also more risky to transmit HIV because they are often involved in formal or informal sex in order to support their drug habit. High levels of unprotected sex and multiple sex partners among DUs have been documented. Most of the DUs fail to use condom during sex. They have knowledge about the importance of condom use but failure rate is high because of their drug habit.

Project: What makes women vulnerable specially in project area.

- Low/subordinate status in the family /society.
- Women are not decision makers.
- Cannot negotiate for safe sex with condom
- Inaccessibility to treatment of STI's
- Pre/extramarital relationship
- Rape/forced sex especially in young women
- Domestic violence
- Kept far away from education and development
- Low awareness about human rights.

To consider women vulnerability and risk for get HIV from their DUs sex partner, project started to reach and covered sex partner of male DUs through women to reduce harm through sexual relationship with DUs .

Activity: providing motivation , education , condom demonstration-distribution- negotiation skill , other ways of safer sex, introduce with female condom, HIV/AIDS and STD, motivated them to receive STD treatment from DIC .

Lessons learned:

- Increasing STD check and treatment among the sex partner of DUs.
- Increasing consistently/properly condom use rate .
- Increasing awareness about HIV/AIDS ,STD and fundamental and sexual rights among the sex partner of DUs

Recommendation: So, to consider our socio-economic condition and vulnerability of sex partners of DUs women outreach activity should continue for reducing harm.

926 Huong Pham; Tien Chu; Hien Le; Dong Ha; Minh Luu; Patrick Chong; Mitchell Wolfe; Mary Kamb; Richard Needle

COMMUNITY OUTREACH PROGRAM FOR PREVENTING HIV AMONG INJECTION DRUG USERS (IDU) IN VIETNAM

Issue: The Vietnam HIV epidemic is fuelled primarily by injection drug use. Community outreach (CO) programmes for HIV prevention and care, targeted at IDU, have been used since 1994. A 2000 program evaluation found program limitations such as low coverage, few HIV-infected peers, minimal referral systems, and lack of training in risk reduction skills. Based on these findings, Vietnam Ministry of Health (MOH) initiated a national CO programme for IDU in 2002.

Setting: Before programme initiation, a meeting with provincial leaders was conducted to clarify programme goals. Peer educators (PEs) were selected and trained in outreach using the WHO toolkit model adapted for Viet Nam.

Project: Major programme services included: demonstrations of cleaning needles; correct condom use; distribution of bleach and condoms; collection and disposal of used syringes/needles; and referrals to pharmacies selling sterile needles/syringes, to VCT services, and to existing community HIV prevention and care services. PEs were trained on principles of voluntary and confidential testing, respect for clients, and high quality services. Quality assurance monitoring was built into the programmes.

Outcomes: 18 provinces have CO programs in place. 320/472 persons trained are working in the programme, and have made 34,371 contacts, distributed 156,640 condoms and 21,171 bottled bleach kits, and have provided correct condom or needle cleaning demonstrations to about half of contacts. The most common referrals are to VCT services or pharmacies. Expected quality assurance goals were met in 30% of programs. Early results suggest program activities are well accepted. Based on the evaluation, IDU services were dramatically improved. Future programme goals will focus on stronger quality assurance monitoring with an emphasis on referrals and skill building for risk reduction.

270 Susan Giles, Evanna Brennan

CLINIC IN A CORNER

Issue: A recent study in the Canadian Medical Association Journal indicated that women who inject drugs in Vancouver's Downtown Eastside are 40% more likely to contract HIV than their male counterparts. Other studies have reported that female sex trade workers are especially difficult to engage in care. Given the serious health issues facing women who inject illegal drugs and sell sex, it is essential that health and social services be delivered to the population in an accessible and responsive fashion.

Method: A small team of home care nurses began a weekly "clinic in a corner" at an evening drop in center for female survival sex trade workers. Data over a five year period was analysed. Main points of the analysis:

- High percentage of women living with HIV/AIDS, hepatitis C, and heavy drug addiction to heroin/cocaine.
- Few accessing regular medical care for above problems.
- Familiar faces of home care nurses at WISH led to a trust relationship developing between the women and nurses. From that starting point, nurses were able to link women to ongoing medical care in the community.

Conclusion: Clinic in a corner provided meaningful nursing interventions both short and long term and is an effective method of connecting with a chaotic clientele.

resulting in improved injecting techniques.

In an evaluation of the MSIC's health promotion campaign 89% stated that it had improved their injecting practise in some way, anecdotal evidence by staff confirm this.

Implications: The MSIC's experience suggests

- that some safer injecting and blood awareness campaigns may have had little impact on a proportion of the Kings Cross IDU population.
- that gaining insight into why IDU's continue to practise unsafe injecting techniques is useful when developing health promotion material
- the observation of injecting first hand has enabled staff at the MSIC to educate directly.
- it has enabled staff to challenge and dispel myths at source.
- It has a role in working closely with NSP's who have contact with this client group to examine delivery and effectiveness

530 Kools, J; A. Composeragna; A. Leicht; M. MacGiob`in

HIT, HEALTH, RUSH AND RITUALS. DETERMINE AND STRENGTHEN EXISTING CONTROL STRATEGIES TO REDUCE DRUG DEMAND AND DRUG RELATED HARM

Addressing drugs and health issues is one of the vital but complicated tasks of health professionals. Long term health promotion goals are often conflicting with short term priorities of drug users. Studies indicate that individual drug users have specific drug using rituals which are part of control strategies to manage the various effects of drug use. Less is known on how to use and address these specific rituals in targeted health promotion activities.

A co-operation project in four cities in Europe explored and described the possibilities to develop and promote methods to increase impact of health promotion activities by determining and strengthening control strategies as been used in local drug using communities. The project, which started in 2002 and finished in 2004, was carried out in Rome, Berlin, Dublin and Amsterdam. The entire project was carried out in close contact with the targetgroup as they were initial source and final target of the information. The applied methods, results and conclusions are described in a handbook.

The four local assessments and campaigns are extensively described as 'models of good practice'. A working method was developed whereby outreach workers conduct an assessment to obtain an overview of health risks, individual control strategies and overall campaign suggestions.

The method led to different campaigns: on overdose prevention, injecting hygiene, abscess management and drug inhaling techniques. Finally the results were collected and evaluated. Results, conclusions, preconditions and limitations of the applied methods are being described.

An important conclusion is that health promotion campaigns can be developed to address existing control strategies. Drug users are willing to consider a healthier lifestyle especially when the aim and message is connected with their current lifestyle. Impact of health promotion efforts will increase when they target drug users' existing control strategies, and take into account actual practices and experiences.

109 Colette McGrath, Ingrid van Beek, Jake Rance

LESSONS LEARNT FROM A MEDICALLY SUPERVISED INJECTING CENTRES EXPERIENCE

Issue: The Sydney Medically Supervised Injecting Centre (MSIC) opened in May 2001. Staff observed that many Injecting Drug Users (IDU, s) using the centre practised unsafe injecting techniques and demonstrated lack of knowledge in relation to blood awareness. Some of the common practises observed were, licking the needle prior to injecting, not releasing tourniquets before pushing the plunger and missing the vein.

Approach: To address unsafe practises the MSIC embarked on delivering simple health promotion messages by use of posters demonstrating the procedure of injecting and associated risks into simple steps, thus generating discussion, dispelling myths and educating during and at the point of administration.

Key Points: The MSIC is in a unique position to:

- educate, initiate and measure improvements in injecting practises
- to alert NSP's of unsafe injecting techniques and behaviours observed.
- seek additional information, why unsafe injecting techniques were so prolific, despite purported knowledge.
- measure change and evaluate which health promotion campaigns are

Abstracts

Wednesday 23 March

9AM - 10.30AM – PLENARY SESSION TITLE: PRISONS

1050 Joris Casselman SUBSTITUTION TREATMENT IN EUROPEAN PRISONS

One of the effective harm reduction strategies for a substantial number of drug users in prison is substitution treatment. Recently H. St`ver, L. Hennebel and J. Casselman studied the policies and strategies of substitution treatment in prison in 18 European countries by order of Cranstoun Drug Services (London). The purpose of the lecture is to summarize the most important results of the study.

853 Parviz Afshar;Kamiar Alaei HARM REDUCTION POLICIES IN IRANIAN PRISONS

Issue: More than 45% of have incarcerated due to use drug crimes and 30% of them try to use drug after incarceration and 17%-23% of them are IDUs.
Objective: To prevent HIV transmission among IDUs and other risky behavior prisoners such as us safe sex and tattooing.
Project: The main activities contain; 1.National HIV prevention strategy and work plan for prisoners. 2. National Harm Reduction strategy and work plan for prisoners.3.Establishment of forty Triangular clinic in big prisons.4.private meeting room provision in each prison of the country.5.MMT provision for IDUs (500 prisoners are under MMT now ,and in the end of this year almost 4000 prisoners will be under MMT).6.Distribution of Bleach and disposable shaving Blade .7. Training package provision.8.Alternative to incarceration policies. 9. Mental Health services.
Outcomes: some of the useful results of this program consist; 1.Dicreasing HIV cases among IDUs.2.Changing the attitude of prison kippers and prisoners.3.Violence reduction and illegal drug use.4.Reduction of IDU.5.To control the percentage of HIV in prisoners(only increasing 1% in risky behavior groups during two years).
Lesson learnt: Harm Reduction is necessary of closed setting and collaboration, and close relation between prison and public health is very important. Continuation of services after release is a main part of each program.
Key Words: Harm Reduction - prison - HIV

11AM - 12.30PM – MAJOR SESSIONS SESSION TITLE: VOICES FROM THE EDGE: WOMEN DRUG USERS ACROSS THE GLOBE

218 L. Strazza, R.S. Azevedo, E Massad, H.B. Carvalho VULNERABILITY OF FEMALE BRAZILIAN PRISONERS TO HIV INFECTION

Objective: The main purpose of this study is to determine the female inmates' risks of HIV transmission before being arrested through their habits and behavior and also of their partners'.
Methods: This study was carried out in a Sao Paulo State Penitentiary. We found 299 female prisoners but only 290 accepted to participate in serological study. We interviewed and bled those 290 female prisoners from August to October 2000. Our questionnaire covered the following areas: sexual pratices, STD reference and use of illicit drugs. The subjects were asked to provide blood for serological tests for HIV, hepatitis C and syphilis. Odds ratio was calculated for each variable related to HIV positivity. It was carried out "safe sex group" after the serology results delivery aim to change risk behavior.
Results: Overall prevalence found were as follows: 13.85% for HIV (37 in 267); 22.76% for syphilis (66 in 290); 16.21% for HCV (47 in 290). Sexual risk was found to be statistically significant as demonstrated by the odds ratio obtained for variables such as HIV positive partner (OR = 7.36, P = 0.00007), casual partner (OR = 8.96, P = 0.009), injectable drug user partner (OR = 4.7, P = 0.0001), previous DST (OR = 2.07, P = 0.05). Besides, it was found a relationship with HIV infection and drug use (OR = 2.48, P = 0.04) and injecting drug use (OR = 4.2,

P=0.002). Women with only one partner presented a significant odds ratio to HIV infection (OR = 2.57, P = 0.009), showing their vulnerability due to the trust in the partner therefore not using condom.

Conclusion: Although parenteral behavior is associated with HIV infection our finds pointed to sexual behavior as the most important components in HIV infection among this population.

1005 Fariba Soltani "WOMEN DRUG USERS IN ISLAMIC SETTINGS- A GENDER PERSPECTIVE"

Issue: Women's drug use within Islamic settings would be explored through a gender perspective in this paper.
Setting: Substance use amongst Muslim women is a subject which has not received much attention. The paper will review prevalence rates and drug use trends amongst women in Islamic communities focusing on the Middle East and North Africa and South West Asia. The current paper examines the relationship between the cultural and religious factors and how these influence women's drug use in different Islamic contexts. The paper will examine the stigma associated with drug use among women as well the role that religion could play in mitigating stigma and enhancing women's perceived and real options to minimize the harm caused by drug use
Project: A comparative review will be made of the different projects and interventions implemented in different countries for reducing the drug related harm amongst women drug users in Islamic countries including Iran, Pakistan and Afghanistan.
Outcomes: Different responses have been demonstrated to deal with the problem and address the issue. Some countries have been more successful and their experience will be documented and presented through this paper. Much has been accomplished but more needs to be done with regards to policies and strategies to empower and support women in this context.

936 Sue Simon HIV PREVENTION, TREATMENT AND CARE: MEETING THE NEEDS OF WOMEN

Background: Despite the fact that HIV/AIDS infection rates among women continue to soar, the HIV prevention, treatment/care and advocacy arenas are not necessarily providing the appropriate range of services to meet their needs. Why haven't critical lessons been learned about how to best support women—particularly those struggling with additional vulnerabilities of drug use, sex work and poverty? Why has the public health infrastructure around the world failed to correct discriminatory paradigms or change systemic deficits that frequently render women's care no better than second class?
Objectives: This session will explore some of the key challenges and solutions in developing appropriate HIV prevention, treatment and care models targeting the unique needs of women. We will look at a broad range of environmental, sociological and physical determinants that impact health behaviors and outcomes to better understand how service models must be altered to maximize effectiveness. More specifically, we will analyze HIV prevention messages and the ways in which services are delivered to identify existing barriers to care.
Outcomes: Specific suggestions will be offered for creating culturally appropriate HIV prevention, treatment and care strategies that take into account women's varying opportunities to control their sexual negotiations. We will address the imperative to make the service arena "family-centric" if women are caring for childrenó especially those who may also be living with HIV. This session will identify the best ways to reach and empower women to advocate for themselves and become full partners in healthcare decision making. Caregiver issues will also be explored in hopes of helping providers implement needed changes within their own institutions.

203 Bobby Limbu ADVOCACY FOR FEMALE DRUG USERS IN NEPAL

Title: Advocacy for female drug users in Nepal

Background/Objectives: As in many places in the world, women drug users are often marginalized in programs that target drug users. Lack of women centered strategies can result in denying women much needed services and unintentionally increase their risk of HIV/AIDS and blood borne infections.

Method: NAYAGORETO "NEW TRAIL", initiated an advocacy program targeting female drug users in Nepal with the aim of creating an enabling environment for female using drugs. The current qualitative study (n=30) aims to examine specific needs of the target population.

Results: Women were primarily concerned with basic needs such as food, shelter and clothes as most are economically challenged and single bread winner of the family. Due to their socioeconomic status and drug use, they feel marginalized regarding health services and legal support. Condom use is highly based on the interest of their sexual partner and female condom is expensive and not practical to use each time.

Conclusions: Donor community and policymakers need to be more sensitized and convinced regarding the specific needs of women and development of women oriented strategy. Researches and programs needed to support evidence of high risk behavior related with HIV/AIDS on women using drugs and an strong advocacy is essential to convey the voice of voiceless. Services need to be developed for woman as well as their spouse and children for social reintegration.

11AM - 12.30PM – MAJOR SESSIONS

SESSION TITLE: WHAT GOES ON WHEN PEOPLE INJECT?

1021 Avril Taylor, Alex Fleming, Jeanne Rutherford

VIDEO RESEARCH OF DRUG INJECTING: IDENTIFYING THE UNIDENTIFIED

Identifying the precise drug injecting practices that lead to infection is essential if effective harm reductions strategies are to be developed. Yet, to date, few studies have examined the actual process of injecting drugs. Most research, on the contrary, relies on self report surveys of risk behaviours. But such research depends on the researcher having sufficient knowledge to ask the correct questions. Without a precise understanding of what actually goes on when IDUs inject, some crucial questions which may aid our understanding of infection transmission dynamics may remain unasked. This presentation will present video data from a recent ethnographic study of IDUs in Glasgow in which IDUs were filmed in their own settings. The video shows the various stages involved in the preparation, administration and post-administration of injection drugs and illustrates practices that can facilitate the transmission of infectious diseases. The social situations and environments which mitigate against safe injecting will also be illustrated. The presentation concludes with the implications for research and harm reduction.

432 John Fitzgerald, Kevin McDonald

THE DECISIVE MOMENT: INJECTING MORE THAN THE DRUG

Issue: Injecting for the first time is a moment of great excitement, transformation and risk. We appeal to young injectors to be watchful of the mechanics of the injecting scene to ensure safe injecting. The efficacy of these educational approaches is premised on new injectors being aware, interested and visually focussed on the movement of injecting equipment at this decisive moment.

Approach: The paper draws on materials from an 18-month ethnographic study of young injectors in a regional centre in Victoria Australia. Data was collected through observation, interviews, and the use of drug user visual diaries. Comparison is made with the notion of the "decisive moment" as used by documentary photographer Cartier Bresson.

Key Points: Young novice injecting drug users often reported not watching their first injection. Acuity was not visual at this decisive moment. Rather there was a heightened internal acuity and attention to the social, psychic and corporeal transformation brought about through a change in the sense of self when injecting for the first time. Novice injectors are perhaps injecting more than the drug, they are injecting the substance of social transformation.

Implications: What is "really" going on when injecting may not be in the visual realm. Rather it may be off-frame, located in what the young person brings to the injecting scene. Awareness of that which is in the form of the image and that which is "out of frame", grant the moment it's meaning. Perhaps we miss the point when we ask novice injectors to watch the scene when they are so focussed on the social transformation that is going on off-frame. An appreciation of the mechanics of the experience of injecting is needed to complement visual documentary forms if we are to produce meaningful harm reduction interventions at this decisive moment.

1048 Sarah Wadd; Avril Taylor; Sharon Hutchinson; David Goldberg

UNDERSTANDING AND PREVENTING NEEDLE/SYRINGE SHARING IN THE 21ST CENTURY

Issue: The incidence of needle/syringe (n/s) sharing increased in the UK during the late 1990s and since then has remained high with one in three IDUs reporting engaging in this behaviour in the previous month. We explore a variety of intrapersonal, environmental, social and political factors that may influence n/s sharing and discuss ways in which some of the barriers to safe injecting, which are common to most developed countries, may be broken down.

Approach: The Health Belief Model will be used as a conceptual framework to identify intrapersonal factors that may predispose an individual to share a n/s and each concept of the model will be illustrated with dialogue from qualitative interviews with injecting drug users in Glasgow. The environmental, social and political factors that we propose may be conducive to n/s sharing are shaped by our research, knowledge and experience gained working in this field.

Key Points: The barriers to safe injecting that will be discussed include IDUs' perceptions of diseases commonly transmitted by n/s sharing, homelessness, societal antipathy towards the IDU, negative portrayal of infections associated with injecting drug use in the media and the criminalisation of drug use. We argue that unless the focus moves beyond the individual to encompass the environmental, social and political influences of this behaviour, the epidemic of n/s sharing is likely to continue unabated.

Implications: Understanding the factors that influence n/s sharing will be key to developing interventions to reduce this risk behaviour and to bringing diseases transmitted by shared injecting equipment under control.

601 Grant McNally, Sandra O'Neill

INTEGRATING HEPATITIS C PRIMARY, SECONDARY AND TERTIARY HARM REDUCTION INTO PROJECTS TO ENCOURAGE TESTING.

Issue: Despite awareness of HCV, large numbers of I.D.U.'s in the UK continue to be at risk of infection as prevention information and techniques they currently practice are drawn from HIV prevention campaigns of the 1980's. Current initiatives are geared towards testing to establish a more defined number than currently known.

Setting: IDU behaviour is peer driven, observing others in an injecting environment, or initiation by a peer assisting. All these routes rely on information, from personal experience and knowledge acquired through ad hoc professional media, with this filtering down through different generations. HCV is a more virulent and robust virus than HIV, and the transmission of it, through injecting behaviours, is poorly understood by those at greatest risk. 'Inherited' injecting knowledge, lulls many current users into believing that their behaviour is or has been 'safe', whilst actually leaving them exposed to not just single incidences, but multiple exposures to other HCV geno- types. Being a user led group, we had made suggestions at the bidding stage, and negotiated that the project was designed with the additional aim of addressing this knowledge deficit.

Project: The project thus focussed on changing those behaviours, by alerting users to the differences between HIV and HCV and attempting to introduce new messages into their injecting rituals in addition to encouraging testing and alerting them to problems that HCV could cause in future. Unique project points were that all aspects were user led, that it looked at what made peer education 'active' and that it empowered the participants to become peer educators themselves.

Outcome: This project explored how the primary aim could be met, but also how a multi dynamic could be created, through adding an active peer involvement element to it, that resulted in primary, secondary and tertiary harm reduction for IDU's in that community.

SESSION TITLE: PATHWAYS TO PROBLEMS - YOUNG PEOPLE AND DRUG USE

43 Gerard de Kort, Sunil Batra, Ratna Pasaribu, Salman Ul-Hassan, Bijan Nassirimanesh

THROUGH THE EYE OF NEEDLE, A RESEARCH INTO THE ENVIRONMENTAL FACTORS THAT SHAPE THE DRUG CAREERS OF YOUNG PEOPLE IN SELECTED CITIES IN ASIA

Study objectives The research was conducted in Jakarta (Indonesia), New Delhi (India), Tehran (Iran), Peshawar, Quetta, Rawalpindi, Lahore, and Karachi (Pakistan)
Goal: To contribute to the development of evidence-based policy formulation in the field of drug use amongst young people with an emphasis on HIV/AIDS prevention
Objective 1: Insight & Knowledge: To formulate conclusions at the local and

national level on drug use, drug careers and related interventions and the role that drug use plays in the spread of HIV/AIDS

Objective 2: Policy Formulation: To formulate recommendations at the local and national and level on improvement of services and policy directions in relation to drug use and HIV/AIDS

Objective 3: Infrastructure Development: To set up and develop networks that gather and analyse drug related data on a regular basis with the aim to develop, adjust and implement policy directions

Key question: What are the characteristics of drug careers and what are environmental factors or circumstances that influence their development?

Methodology: In each country: Analysis of existing data Interviews with key informants (10-20) Focus group discussions (10-15) Open interviews with People Using Drugs (PUD) (50-80) Questionnaire (281-519; Total: 1649) Results, conclusions and recommendations are forthcoming

179 Louise Arseneault

ADOLESCENT CANNABIS USE AND ADULT PSYCHOSIS IN THE DUNEDIN COHORT: IS THERE A CAUSAL ASSOCIATION?

Background/objectives: It is already known that cannabis use can lead to psychotic episodes in some individuals, and that it can produce short-term exacerbation or recurrences of pre-existing psychotic symptoms. There is still controversy, however, about whether cannabis can actually cause psychotic illnesses in the long-term. The answer to this debate has several implications for policy, laws, education, and mental health services.

Methods: We examined a representative cohort of 759 young New Zealanders, studied prospectively from their birth in 1972 until age 26 in 1998, to test whether adolescent cannabis use increased the risk for adult psychosis.

Results: We found that young adolescents who used cannabis, and especially those who started before age 15, had more symptoms of schizophrenia in adulthood than non-users. Adolescents who began using cannabis by age 15, but not those who started at age 18, were 4 times more at risk of being diagnosed with schizophreniform disorders in adulthood compared to other members of their generation. Among individuals who used cannabis before age 15, 10% developed schizophreniform disorder by age 26, compared to 3% of the remaining cohort. Because we had followed the children from birth to adulthood, assessing psychiatric symptoms as they aged, we were able to control for any symptoms the children had before they began to use cannabis. This test showed that increased schizophrenia outcomes among young adolescent cannabis users were not limited to those young people who had psychotic symptoms in childhood before smoking cannabis. Prior childhood psychotic symptoms explained some of this risk, but not all of it.

Conclusions: Cannabis use among psychologically vulnerable young people should be strongly discouraged by parents, teachers and health practitioners. Reducing cannabis use among vulnerable young people could prevent cases of psychotic disorder, such as schizophrenia.

366 Susan McVie

ADOLESCENT ALCOHOL, TOBACCO AND ILLICIT DRUG USE: PATTERNS OF INTERDEPENDENCE AND DEVELOPMENTAL PROGRESSION IN THE EDINBURGH STUDY COHORT

Background/objectives: The Scottish government's concern about substance misuse has been highlighted through the publication of a large number of policy and consultation documents which have set out various strategic approaches to tackling substance misuse amongst the Scottish population. Particular attention has been paid to the problems caused by recreational drug use, alcohol consumption and smoking amongst the youth population. While an important strand of academic research on adolescent substance use has focused on the inter-relationships between alcohol, tobacco and illicit drugs, and several studies have found strong links between their use (Everett et al, 1998; Best et al, 2000; Wadsworth et al, 2004), Government policies have tended to focus on each form of substance use singularly rather than develop a combined strategy.

Methods: The Edinburgh Study of Youth Transitions and Crime is a prospective, longitudinal study of pathways in and out of problematic and delinquent behaviours amongst a single-age cohort of around 4,300 young people in the Scottish capital. The research began in 1998, when the cohort was on average aged 12, and six annual sweeps of data collection have been carried out to date. Data collection has involved self-completion questionnaires issued, predominantly, in a school-based setting.

Results: Data from the Edinburgh Study will be used to explore patterns of and the intricate relationships between alcohol consumption, tobacco smoking and illicit drug use. Longitudinal analysis will be used to examine the most typical temporal

sequence of substance use for youths from the age of 12 to 17. Analysis will examine the probability that one given type of substance use will be initiated before or in the absence of another. Other key predictors of substance use will also be explored.

Conclusions: The paper will conclude with a general discussion of the implications for the implementation of effective educational and harm reduction policies in light of the key findings from this research study.

349 Andrew Percy; Maeve Thornton; Patrick McCrystal & Kathryn Higgins

DRUG USE PATHWAYS IN EARLY ADOLESCENCE

Background/objectives: Drug use peaks in adolescence. While many young people will try illicit drugs, few go on to development hazardous or harmful drug consumption patterns. Using data from an ongoing longitudinal study, this paper aims to explore the inherent heterogeneity in the drug use behaviours amongst adolescents. Attempts will be made to identify common stages or sequences in drug use progressions (transitions from one drug to another, or changes in the frequency of use) that are shared by groups of young people. Of particular interest are those developmental pathways associated with more sustained or hazardous consumption patterns or with other problem behaviours, educational or health concerns.

Methods: The Belfast Youth Development Study is a school based longitudinal cohort study tracking around 4,000 young people in Northern Ireland who entered secondary school in 2000. To date, four annual data sweeps have been completed. Cohort members are now aged 15-16. Data is collected via a self-completion booklet.

Results: Analysis of the data is ongoing. Latent transition analysis (LTA) is being used to identify stage sequential progressions in drug use behaviour. Findings presented will include details of sub group differences the various drug use pathways observed (component stages, proportion of young people at each stage, likelihood of stage transition), the association between pathways and concurrent covariate outcomes (such as delinquency and educational disengagement), and the characteristics of young people involved in more hazardous pathways.

Conclusions: A better understanding of developmental progressions from drug use onset to hazardous or harmful drug use patterns will have major implications for the prevention and reduction of drug related harm amongst young people. This paper will discuss possible opportunities for early intervention with young drug users.

11AM - 12.30PM – MAJOR SESSIONS

SESSION TITLE: HUMAN RIGHTS

607 Lela Purtskhvanidze

HUMAN RIGHTS OF WOMEN AFFECTED BY HIV THROUGH THEIR DRUG-ADDICTED SPOUSES IN GEORGIA

Issue: In Georgia, discrimination disproportionately affects HIV-positive women and girls. Preconditions to the spread of HIV are dangerous and have been alarmingly increasing over last few years in Georgia. More specifically, I will focus on one case of a pregnant woman where her human rights were severely violated. I will also refer to another somewhat similar case where the woman was threatened upon by her husband in case she would file for divorce. The women in both cases received HIV-virus from their drug-addicted spouses. In fact, according to the data of HIV/AIDS Center of Georgia, in virtually all cases virus transmission happens from drug-addicted male spouse to his wife and/or children.

Approach: Comparative-historical: referring to HIV/AIDS history in Georgia from the angle of human rights, I will attempt to explain outcomes by systematic analysis of similarities between these two cases.

Key points: Denying patients' health care merely on the basis of their HIV status (discrimination based on status) poses serious health risks to individuals as well as to the society, because, if we don't care for the people living with HIV/AIDS, how can we oblige them to care for us and not to perpetrate the action, which would infect healthy others? All four key ethical principles that health care professionals have to follow (respect for autonomy, beneficence, non-maleficence, justice) were violated in the cases discussed.

Implications: Specific education of the whole society about drug related harm, HIV and STIs including the ways of their transference. The immediate reaction from the Government, NGOs, and different branches of UN organization in Georgia, as well as from Human Rights advocates, in order to draw the attention to the HIV infected women's human rights issues. Implementation of specific strategy for HIV-positive pregnant patients, who need access to special hospital facilities.

982 Corinne Carey, Jonathan Cohen**HUMAN RIGHTS AS HARM REDUCTION**

Drug users face invidious treatment in all aspects of civil, political, social, and economic life throughout much of the world. The consequences of being labeled a drug user are profound, ranging from social exclusion and restrictions on the right to housing, to loss of liberty and life.

The most basic human rights principles are rarely invoked on behalf of drug users in any consistent and meaningful way, and often seem a distant ideal. This presentation will outline a framework for using human rights law and principles to advocate for the rights of current and former drug users as integral to a harm reduction methodology. Presenters will discuss the limitations of human rights jurisprudence and suggest using harm reduction as a way to overcome them by pairing the critique of human rights abuses with practical strategies for increasing public safety.

Human Rights Watch has stepped-up its work to expose the human rights abuses of drug users in recent years in places like Kazakhstan, Russia, Bangladesh, Thailand, the United States, and Vancouver, Canada. We've focused on drug users' right to health and housing; excessive criminal sentencing; state sponsored abuses against drug users living with and at high risk of HIV/AIDS; government interference with sterile syringe exchange programs; racial discrimination, collateral consequences of criminalization; and the right to adequate housing for drug users and people with criminal records, particularly for drug offenses.

In addition to sharing their experiences in using human rights arguments to advocate for change on behalf of drug users, presenters will also lead a skills-building session to train participants how to become human rights monitors in their own communities. Participants will be trained to identify human rights abuses and perpetrators, document incidents of abuse, and formulate effective advocacy strategies using a human rights framework.

925 Ralf J. rgens; Thomas Kerr; Joanne Csete; Richard Elliott; Glenn Betteridge; Darlène Palmer; Dean Wilson**GREATER INVOLVEMENT OF DRUG USERS IN RESPONSES TO HIV/AIDS**

Issues: Injection drug users (IDUs) continue to be over-represented among people in Canada who contract HIV, and prevalence among IDUs in some areas reach levels seen in some developing countries. Yet IDUs are under-represented in, or absent from, the governance of HIV/AIDS organizations and organizations working on drug use, prisons or social justice more broadly. Tokenism in consultation by policy-makers continues to be a problem, although official documents produced by Canadian Strategy on HIV/AIDS stress the importance of involving people living with HIV/AIDS (PHAs) and vulnerable groups.

Approach: Form partnership between a research and advocacy organization working on HIV/AIDS and human rights issues, drug user organizations, a research centre with extensive experience researching the benefits of drug user involvement, and AIDS service organizations. Literature review and telephone interviews with drug user organizations provided the basis for a paper addressing: (1) what is meant by greater involvement of IDUs; (2) arguments and research on benefits of greater involvement; (3) challenges and ways to overcome them, including documenting positive experiences and lessons learned; (4) additional resources. Paper was disseminated both widely and to targeted recipients.

Key Points: Evidence, ethics, and human rights arguments favour greater involvement of IDUs, and States have unanimously called for this in the UNGASS Declaration of Commitment on HIV/AIDS (June 2001). Including IDUs in developing responses to HIV/AIDS is practical because it increases their effectiveness and reach of HIV prevention and harm reduction services.

Implications: Community organizations and governments should, and can, involve drug users more meaningfully and to a greater degree in Canada's response to HIV/AIDS. This is an ethical obligation, reflects human rights principles, is in keeping with (government's) stated commitments, and would enhance effectiveness. This document is a resource to assist governments and community take action.

985 Richard Elliott; Thomas Kerr; Joanne Csete; Evan Wood; Ralf J. rgens; Glenn Betteridge; Debbie Mankowitz**REGIME CHANGE?: DRUG CONTROL, HARM REDUCTION AND HUMAN RIGHTS IN THE AGE OF AIDS**

Issues: Many governments resist implementing HIV prevention measures proven to be effective, and drug users often lack access to care and treatment, including for HIV/AIDS. Growing evidence indicates the dominant prohibitionist approach to illicit drugs is ineffective, and even counter-productive, blocking or undermining measures shown to reduce harms to drug users and communities. Global drug control policy can play an important role in shaping national-level responses.

Where interpreted or implemented in ways that frustrate harm reduction measures, such policy also gives rise to human rights concerns.

Approach: A human rights analysis outlines the impact of prohibitionist and harm reduction policy approaches, examines international law on drug control, explores the relationship between harm reduction and human rights, and assesses strategies for reforming global policy so as to respect, protect and fulfil the human rights of drug users.

Key points: International can, if interpreted and implemented courageously by policy-makers, permit some harm reduction initiatives. Human rights and harm reduction enjoy a close, multi-dimensional kinship; each would benefit from exploring the relationship more fully. Harm reduction advocates can and should strategically deploy human rights norms in making the case for drug policy reform, and an approach to drug policy based on human rights principles allows for - indeed actively supports - harm reduction measures.

Implications: International drug control law should be reformed, as a matter of human rights, to facilitate harm reduction. Amendments to existing drug control conventions, and denunciation by individual States, are unlikely, as is adoption of a new harm reduction convention. An alternative is collective action by a critical mass of like-minded States. Such a "coalition of the willing" is unlikely without coordinated transnational civil society advocacy, including marshalling support within the UN system where feasible. Collaboration by advocates will increase our chances of effecting "regime change".

12.30PM - 2PM – LUNCHTIME SESSION**2PM - 3.30PM – CONCURRENT SESSIONS****SESSION TITLE: HARM REDUCTION ADVOCACY FOR SEX WORKERS****386 Hilary Kinnell****VIOLENCE AGAINST SEX WORKERS IN BRITAIN**

Issue: Violence against sex workers is a major concern for agencies working with sex workers.

Approach: Academic research, projects' internal systems for recording and monitoring violence against sex workers, and reports to UKNSWP's Safety, Violence & Policing Group, provide a body of knowledge about such violence, and the responses of harm reduction agencies, communities and police to it. Contradictions between public policy aims and outcomes will be noted, and suggestions made for improving harm reduction approaches in policy and legislation.

Key Points: Sex workers are subject to many kinds of violence, from verbal abuse to murder. Assaults may be clients, local residents, robbers, partners or others. At least 80 sex workers have been murdered in the UK in the past 15 years, over 75% of whom were street workers. Street workers, often drug dependent, are particularly vulnerable to attack by clients, and by local people who resent their presence. Indoor workers appear less vulnerable, but many violent robberies take place at indoor premises, saunas have been petrol-bombed, and lone indoor workers have been murdered. Anti-sex work and anti-trafficking law and enforcement strategies undermine sex workers' safety strategies, force sex workers into dangerous situations, hamper reporting of violence to the police, increase social abhorrence of sex workers, legitimize violence against sex workers. The Home Office document "Paying the Price" fails to address the connections between current law and patterns of violence against sex workers.

Implications: Sex workers' vulnerability to violence is intimately related to the criminalisation of the sex industry. UKNSWP argues for legal changes which would promote safer working locations for sex workers, both outdoors and indoors, and for a change in focus of law enforcement towards crimes committed against sex workers, rather than on public order issues or on trying to stamp out the sex industry altogether.

490 Ms.Oanh Kim Nguyen and Ms.Nguyen Thanh Huyen**SEX WORKERS WITH DRUG USE IN VIETNAM**

These our personal comments are withdrawn after attending the research "Women living with HIV/AIDS with RH: choice and opportunity" which was conducted by CCRD under the sponsorship of the Future Group in May 2004. Among 51 WLWA were interviewed in Hanoi and Ho Chi Minh city, 28 women are CSWs. Through this research I find out that drug use is really a problem for CSWs in Vietnam. Drugs treatment and after treatment for CSWs need to be addressed seriously.

Almost CSWs, especially in Hanoi, are IDUs. They started to use drugs because of different reasons. They have to use it so they can do sex work or are invited by friends. Then when they addict drugs, they have to do sex work to buy

drugs. This is a circle that many CSWs want to leave the sex work but they can not if they do not quit using drugs.

Nearly all of CSWs were in the drugs treatment camp. They could stop using drugs during the time in the camp. However, most of them reuse drugs and do sex work again. Because they can not find any job to earn a living and because they do not want to work with a low salary compared with doing sex work.

They do not care about HIV/AIDS and their RH as long as they can earn enough money to buy drugs. If they do not have spend money drugs, it is very simple for them to live like normal.

Even they know that practising unsafe sex or sharing needles and syringes can transfer HIV/AIDS and STDs to others or can not protect themselves from these diseases but still do it as they need money or do not have available separate needles and syringes.

Only after they are infected with HIV/AIDS they get to know more about ways of its infection and changed their behaviours such as using condoms or using separate needles and syringes. Before they really thought they could be infected with HIV/AIDS because of these unsafe practices.

Drug use of sex workers is really a concerning issue in Vietnam. It need more attention from government and international organizations. If it can be solved properly, the problems of sex work and HIV/AIDS will also be solve respectively.

393 Igor Vassilenko

TRAININGS: HOW POLICE AND PROJECTS GET ALONG

Sooner or later, a harm reduction project that works with sex workers or drug users will encounter the police. If projects do not take the initiative to improve their working relationship with the police, conflict is inevitable, and sometimes destructive to the project's work. Problems between the police and harm reduction projects started escalating as roughly 100 projects for sex workers and injection drug users (IDUs) came into being over the last five to seven years throughout the former Soviet Union. Problems persist with law enforcement because of negative attitudes toward sex workers and IDUs. The police simply do not understand the need for harm reduction programs. Cases have been told in Ukraine, Turkmenistan, Kazakstan and Russia about policemen arresting sex workers and then sexually abusing them.

The other side of the problem is that projects do not have the skills to establish a partnership with police. In 2003 IHRD initiated, and the Canadian International Development Agency supported, a training project to help establish good partnerships.

The first component of the program is a 4-day training for harm reduction staff to develop skills to establish relations with the police. For the second component, projects recruit staff members to work with and train the police via our 5-day training for trainers.

The final component is a 3-day training for projects and police on negotiating conflicts in project work. For project survival, projects must take the lead in working with the police to figure out ways of helping each other so that they can meet their respective work objectives. This training program helps harm reduction projects make this crucial step.

1008 Cristen Gleeson

MOVING SEX WORKER HARM REDUCTION ADVOCACY FORWARD THROUGH LEGISLATION AND LAW ENFORCEMENT

Issue: The sale of sex between consenting adults is legal in Canada. However, the "bawdy-house" provisions (sections 210 and 211), the "procuring" provision (section 212) and the "communicating" provision (section 213) in the Criminal Code make it very difficult to engage in prostitution without breaking the law. In recent years, the Canadian public has become increasingly aware of the difficult working conditions faced by sex workers under the current legal framework and, in particular, the high levels of violence.

Setting: All participants lived in Vancouver, British Columbia, Canada. 84 of the 91 sex workers interviewed lived or worked in Canada's poorest neighbourhood, the Downtown Eastside of Vancouver.

Project: In 2003, Pivot Legal Society gathered evidence from sex workers on the impact of Canada's criminal prostitution laws. Pivot asked participants to provide their opinions on the laws and to describe their experiences working under the criminal framework. The statements were recorded as affidavits. The affidavits formed the basis for a legal analysis of the constitutionality of the criminal laws. Pivot's project focused on sex workers living in poverty so as to provide an opportunity for marginalized sex workers to express their opinions on law reform.

Outcomes: All but one affiant expressed the opinion that the criminal laws increase the danger and harm that they encounter while working. The participants reported that, as a result of law enforcement, they are forced to work in isolated and remote

outdoor settings far from access to help. The participants expressed a strong need for safe and secure work spaces. The report concludes that the current criminal laws relating to prostitution violate the constitutional rights of sex workers. The report calls for the immediate repeal of sections 210, 211, 213 and portions of s. 212 and concludes that ending the criminalization of sex work is necessary to reduce the harms experienced by sex workers.

309 Alfira Khidirova, Murtazokul Khidirov

HIGH RISK OF HIV INFECTION AMONG FEMALE SEX WORKERS IN TURSUNZADE CITY OF THE REPUBLIC OF TAJIKISTAN

Objective: To assess behavioral features of female sex workers (SW) living in family dormitories in the Tursunzade city of the Republic of Tajikistan.

Methods: 142 SW were surveyed by means of questionnaires.

Results: 42% of females living in family dormitories provide sex services for a reward. SWs marital status is as following: 46,20% are single, 31,64% married, 29,11% divorced and 5,70% widows. As a result, sex services are rendered by both not-married and married females. Age of sex workers ranges between 13-17 years and 35-45 years and the highest prevalence of sex work is in the age group from 15 till 30 years (86,71%). According to the interviewed sex workers all types of sex services, including oral and anal sex, are rendered and vary in correspondence with clients' requirements. In most cases, sex services are provided for money; the cost may vary from 1 somoni (about 0,30 US dollars) for 1-2 hours up to 10-15 US dollars for a night. Alternative types of payment for sex services are also common. The services might be priced in a small amount of food goods, a bottle of vodka or a doze of heroin. Usage of condoms among sex workers is approximately 1-2%, since most of clients refuse to use it.

Conclusions: High risk level of HIV spread among SWs demands immediate response and introduction of harm reduction program in the Tursunzade city of the Republic of Tajikistan.

2PM - 3.30PM – CONCURRENT SESSIONS

SESSION TITLE: HARM REDUCTION AND DRUG POLICY

619 Lev Levinson

THE RUSSIAN DRUG LEGISLATION: EXPERIENCE OF CIVIL INTERESTS LOBBYING

Mass repressions of drug users have been taking place in Russia since the early 90s. More than 1 million of young people have suffered from punitive and undifferentiated legislation.

The task of reforming legislation related to drug amenability was posed in 1998. Current legislation was examined, law enforcement practice studied, a group of socially responsible deputies of the Parliament organized, and working contacts with state authorities established. Legislative proposals were worked out and agreed with NGOs. With UNODC assistance, international legal examination has been held. The project concept received backing from the President of Russia. In 2003 the proposals were adopted within the framework of the Criminal Code reform. Criminal responsibility for illegal actions with drugs (without aims to sell) in amount less than 10 doses has been abolished. Such actions are regarded as administrative violation (offence): the punishment does not imply imprisonment and does not lead to imposition of convictions. The second stage of the drug legislation reform has been ratification of average single doses by the Cabinet. Due to the support of the Russian ombudsman, the Commission on Human Rights under the President of the RF, mass media and public opinion, the Cabinet have supported the liberal and realistic choice.

On May, 6, 2004 the Premier Mikhail Fradkov has adopted the Resolution # 231 "On ratification of measurement of average single doses of drug and psychotropic substances". The Russian criminal legislation (including that concerning drugs) has been reformed for the most part in 2004. Rigid repressive model has given place to more rational attitude. New legal situation has appeared due to success in civil initiatives promotion, and it may serve as an example of the constructive cooperation between NGOs and authorities. Yet, further attempts are needed to secure the results achieved and to further improve the Russian drug laws.

380 Tuukka Tammi

DIFFUSION OF HARM REDUCTION VIEWS TO DRUG POLICY IN FINLAND

Background: The presentation discusses the diffusion of harm reduction techniques to drug policy and is based on a case study of launching needle exchange

programmes (NEPs) for injecting drug users in Finland between 1996-2002. The political process on the NEPs started as an open conflict between the public health and the law enforcement authorities, but quite quickly the NEPs were widely diffused in Finland, as well as became established by law.

Methods, results & conclusions: With reference to earlier studies on drug policy diffusion, two main explanations for the successful diffusion are developed in a social constructionist analysis. The first explanation concerns the situational factors of the time when the NEPs were introduced to Finland: The drug use and related public concern increased rapidly after the mid-1990s, and this led to diverse drug political mobilizations. The most important situational factor and a final breakthrough for the NEPs was the hiv epidemic among drug users in 1998-2000. The second explanation concerns the cognitive praxis of the advocacy network: in their argumentation, the advocates did not rely narrowly on public health research evidence, but utilized also arguments related to costs, public safety and ethics. The versatile combination of arguments used turned out to be effective. The NEP advocacy network also made other specific translations of the needle exchange rationale into the "language" of Finnish drug policy to make them feasible. The mobilisation due to the increased drug use and HIV epidemic created an opportunity for the formation and persistence of an advocacy network for needle exchange and other harm reduction. This professional social movement brought together the situational factors (the first explanation) and the cognitive praxis developed (the second explanation).

69 Kenneth W. Tupper

LANGUAGE, POLICY & THE SPECTRUM OF PSYCHOACTIVE SUBSTANCE USE

Issue: Language challenges policy makers as they strive to reflect, conceptualize and respond to the scope of substance use. Much drug policy discourse is constrained by a paucity of appropriate language to adequately discuss and address substance use. For example, traditional simplistic dichotomies such as drug "use" and "abuse" do not well reflect that instances and patterns of use occur along a wide spectrum of beneficial, non-problematic and harmful types.

Setting: In 2002, five regional Health Authorities of British Columbia, Canada, were mandated to deliver prevention, treatment and harm reduction services on behalf of the Ministry of Health Services. The role of the Ministry became one of setting provincial direction, monitoring progress, and course correction. In this context, the Ministry has paid careful attention to language in developing policy to guide Health Authorities as they plan effective interventions.

Project: Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction, released in May 2004, is founded on an understanding that substance use occurs along a continuum. This is represented in a diagram and accompanying text that describes beneficial, non-problematic and problematic types of use. Such a representation departs from the oversimplification of substance use patterns that have hitherto characterized BC and Canadian drug policy.

Outcomes: As yet, there has been no formal evaluation of the uptake of Every Door is the Right Door. However, the document has contributed to a broader understanding of the importance of language in fostering informed public discourse in the substance use field in BC. At a recent Health Canada round-table consultation in Vancouver, BC representatives from a number of fields agreed that developing a common language was an essential foundation on which to build viable drug policy.

874 Kirsty Hammet

BRIDGE, BOND OR BIND? HARM MINIMISATION, SOCIAL INCLUSION AND ILLICIT DRUG POLICY

Issue: "Harm Minimisation" and "Social Inclusion" operate as categories in related arenas of public health and social policy. In Australia, both use primary health care concepts as tools for understanding and managing risk in community settings. Their intersection as frameworks for addressing public policy concerns is not well understood and warrants scrutiny. **Approach:** A snapshot is provided of the drug policy community observed in the process of shaping drug policy. Emergent "Third Way" thinking about social inclusion and drug use is tracked through qualitative analysis of the 2002 South Australian Drug Summit parliamentary record. Foucaultian critiques of social capital and harm minimisation provide a theoretical framework for discussion.

Key Points: Important shifts in policy rhetoric seem to be emerging from the intersection of "Social Inclusion" with core elements of Harm Minimisation, including harm reduction, peer-based education and community capacity building. Two trends are of particular interest:

1. Forms of social capital envisaged in communities that are responding to

drug-related harm

2. Exclusion of Drug User Organisations from partnerships that are reframed under the Social Inclusion banner in terms of deficit models of drug use and local responsibility for managing drug-related risk.

Implications: "Third Way" valorising of social connectedness privileges bonding social capital strategies, expressed through primary prevention, early intervention and drug rehabilitation. Peer-based harm reduction - a central strategy of the public health approach to Blood Borne Virus prevention - is at the periphery. Yet by reinvigorating concerns about stigma and marginalisation, "Social Inclusion" may provide opportunities to progress politically sensitive harm reduction initiatives such as supervised injecting facilities. Strategic challenges exist in reclaiming values of social connectedness, self-determination and openness to difference and in ensuring that Drug User Organisations continue to figure strongly in social and health policy effort.

231 Joep Oomen

OPTIONS FOR DRUG POLICY REFORM IN EUROPE

ENCOD is a platform of European citizens' associations affected by and/or concerned with current drug policies. It is our belief that the only way to minimise all harms related to drug production, distribution and consumption is to change the basic logic of traditional drug policies: to stop thinking it is possible to reduce the use and production of drugs by force, let alone fully eradicate them.

We have been actively involved in the current policy-making process that should lead to the formulation of a new EU Drug Strategy for 2005-2012. In this process, it becomes clear that there is no such thing as a European drug policy at the moment. In theory, all countries (except Switzerland) are obliged to abide by the United Nations Conventions on Drugs. Every EU Member State is forced to criminalise production and distribution of drugs, while it is up to every country to install its own regulation on how to reduce drug consumption (this all related to non-medical and scientific purposes).

In practice, every country and even city or region has its own way to interpret these agreements. In most countries there exists a significant tension between what is written in national legislation and the way this is carried out in practice by legal or political authorities. A complex patchwork of realities in which political, historical, economic and cultural factors seem to play a decisive role, makes drug policy-making in Europe extremely complicated. The question is, will this process end with some kind of harmonisation between them which is essentially different from US drug policy?

And most of all, what are the options of the involved civil society organisations to speed up this process? The IHRC Conference in Belfast is an excellent opportunity to analyse these options.

The symposium will be accompanied by the screening of a film on the campaigns of ENCOD to reform UN Conventions on Drugs

416 Che Xueji; Shi Tianming

A BREAKTHROUGH IN POLICY SUPPORT FOR HARM REDUCTION IN YUNNAN PROVINCE, CHINA

Issues: Political leadership is essential to the promotion of harm reduction approaches. Building the momentum for such leadership, however, can be a long and delicate process. This presentation looks at recent policy developments in Yunnan Province, China around HIV/AIDS prevention, which are a milestone in terms of embracing harm reduction. It argues that Yunnan's policy breakthrough has been the culmination of a gradual process of learning from the experience of externally funded pilot programmes, testing the feasibility of multi-sectoral approaches and testing the limits of existing laws and policies.

Setting: Yunnan province has a concentration of injected drug use related to its geographical position bordering the Golden Triangle. The province has an HIV/AIDS epidemic initially associated with unsafe injecting and now also spreading through sexual transmission. In January 2004 Yunnan became the first province of China to publish a major policy on HIV/AIDS prevention and control as a government decree.

Project: In December 2003 Yunnan province enacted an HIV/AIDS policy seen as a breakthrough in the Chinese response to the epidemic. The policy liberalises the environment for condom promotion and HIV/AIDS prevention work as well as making increased provision for care and surveillance. Most notably it sanctions needle exchange and methadone maintenance programmes. The process of policy development is examined from the perspective of the China-UK HIV/AIDS Prevention and Care Project implemented by the Yunnan Provincial Centre for Disease Control. Such internationally funded projects have contributed to Yunnan's policy development through advocacy and piloting of new approaches.

Outcomes: Experience in Yunnan suggest that:

- Vigorous advocacy of new approaches is needed

- Disseminating experiences can inform policy development
- The Provincial AIDS Office and China-UK Provincial Project Management Office (PPMO) worked together to create a good policy environment for HIV/AIDS prevention and control

519 Freya Vander Laenen

THE CHANGES IN BELGIAN DRUG LAW AND THE PROSECUTION POLICY TOWARDS DRUG USERS: THE REGULATIONS ARE BEING EASED, OR SO IT SEEMS

Issue: The changes in the Belgian Drug laws and regulations in 2003 regarding the (criminal) reaction towards drug users.

Approach:

- 1 A critical and in-depth judicial analysis of legal and political (preparatory) documents
- 2 An exploratory research into the implementation of the new drug law and regulations in the public prosecutors offices in Flanders, using semi-structured interviews.

Key Points: In June 2003, the changes to the Belgian drug law and a new ministerial circular guiding the investigation and prosecution policy towards drugs users came into force. At first sight, the changes in the law allow for a more lenient criminal reaction towards cannabis users and more alternatives to sanctioning through treatment. Moreover, the new drug law explicitly recognizes that treatment for drug users can consist of harm reduction strategies. In this respect, the law on needle exchange (1998) and on substitution treatment (2002) illustrate the evolution towards the - judicial - acceptance of harm reduction strategies in Belgian drug policy. Further analysis however shows that the new law holds provisions that may well prove to be damaging to drug users coming into contact with justice.

Implications: Apart from lighter penalties for offences related to the possession of cannabis for personal use, more severe penalties are provided for all other offences. Key concepts in the new law, 'problem drug use', 'public nuisance' and '(use) in the presence of minors', can be used as a passepartout to divert from the more lenient policy. The criminal law subtly coerces treatment services into a homogeneous treatment offer. The new regulations remain mostly unimplemented in the public prosecutors offices. The classical criminal settlement remains dominant and alternatives to sanctioning exceptional. In sum, the central goal of new drug law, namely the criminal law as an ultimate response, is far from being reached.

2PM - 3.30PM – CONCURRENT SESSIONS

SESSION TITLE: HIV RISK BEHAVIOUR

910 Lisa Johnston, Pham Huong, Mai Thu Hien, Luu Thi Minh Chau, Doan Huy Hau, Nguyen Thi Thanh Thuy, Do Anh Nguyet, Keith Sabin, Mary Kamb, Mitchell Wolfe

THE PREVALENCE OF HIV AND ASSOCIATED RISK FACTORS AMONG INJECTING DRUG USERS IN HO CHI MINH CITY, VIETNAM: INITIAL RESULTS FROM A SURVEILLANCE USING RESPONDENT DRIVEN SAMPLING

The HIV/AIDS epidemic in Vietnam is concentrated in injecting drug users (IDUs). However, due to the government's strong sanction of IDU, this population has been very difficult to study. Currently, IDU HIV prevalence and risk factors are collected mostly through convenience samples from IDUs interned at government rehabilitation centers. This study used a new method called Respondent Driven Sampling (RDS). The purpose of this study was to examine IDUs' HIV high-risk factors to develop programs to reduce HIV transmission.

Methodology: With assistance from the US CDC, data were gathered by the National MOH from April-June 2004, from males/females over the age of 18, living in HCMC and who had injected drugs in the past month. Participants provided an oral sample (oraclick%) to test for HIV and answered questions about drug use, sexual and injecting behaviors and their personal networks. Upon completion, participants were provided HIV prevention information, a voucher to visit a voluntary counseling/testing site and a modest incentive.

Results: 421 IDUs participated in the study; 13% were females. Mean age was 27 years and first IDU was 24 years. Based on rapid HIV testing results, prevalence was 48% (88% among males). Women were 3 times more likely to have shared needles than men. 36% of IDUs reported ever being in a government-run drug rehabilitation center. 44% of IDUs had previously been tested for HIV (58% of women and 42% of men). 84% of IDUs reported that they thought it was unlikely that they were HIV positive.

Discussion: This study found that the drug injection behaviors of women in HCMC differ from those of men. This study also found that IDUs have a misperception of acquiring or being infected with HIV. Interventions that promote harm reduction are vital to controlling the spread of HIV in IDUs in HCMC.

341 Saman Zamani, Masahiro Kihara, Mohammad Mehdi Gouya, Mohsen Vazirian, Masako Ono-Kihara, Emran Mohammad Razzaghi, Seiichi Ichikawa

PREVALENCE OF AND FACTORS ASSOCIATED WITH HIV-1 INFECTION AMONG DRUG USERS VISITED TREATMENT CENTERS IN TEHRAN, IRAN

Objective: Iran, a Middle Eastern country, has faced a growing HIV/AIDS epidemic especially among injecting drug users. This cross-sectional study was conducted to identify the prevalence of and potential risk factors for HIV-1 infection among drug users visited drug treatment centers in Tehran, Iran.

Methods: Between October 2003 and May 2004, drug users who visited three public drug treatment centers in Tehran were interviewed about socio-demographics, drug use characteristics, incarceration history, sexual history, and HIV/AIDS knowledge and risk perception. Specimens of oral mucosal transudate were then collected from the participants to be tested for HIV-1 antibodies. Independent association of the demographic and behavioral factors with HIV-1 infection was evaluated using logistic regression analysis.

Results: Overall, 611 drug users (588 males and 23 females) participated in the study. Of 555 available specimens from the male participants, 46 (8.3%) were confirmed positive for HIV-1 antibodies. Among male injectors, a history of shared injection inside prison (adjusted OR 12.37, 95% CI 2.94-51.97) was the main associated factor with HIV-1 infection and among those reported never injected a drug, a history of never condom use for sex was significantly associated with HIV-1 infection (adjusted OR 3.42, 95% CI 1.25-9.36).

Conclusions: HIV-1 infection is already prevalent among drug users in Tehran, Iran and shared injection inside prison was revealed to be a particular risk factor for HIV-1 infection among injecting drug users. Harm reduction programs which have been started to some extent in Iran should be urgently expanded specifically in the correctional settings.

435 Robert S. Hogg, Steffanie A Strathdee, Thomas Kerr, Evan Wood, Robert Remis

POPULATION-BASED ESTIMATES OF THE NUMBER OF HIV-POSITIVE ABORIGINAL MEN AND WOMEN RESIDING IN BRITISH COLUMBIA, CANADA

BC Centre for Excellence in HIV/AIDS, UBC; Dept. of Family and Preventive Medicine, Division of International Health, UCSF, University of Toronto

Background: There has been considerable concern about the spread of HIV among aboriginal peoples in British Columbia (BC), particularly as a result of injection drug use.

Objective: To estimate the number of Aboriginal in BC aged 15 years and over infected with HIV in 2001.

Methods: A high and low growth scenarios were created. HIV prevalence for the total aboriginal population was modeled using the UNAIDS/WHO Estimation and Projection Package (EPP). Epidemic curves were fit for gay and bisexual men, injection drug users, men and women aged 15 to 49 years and persons over 65 years of age. Separate epidemic curves for these groups were then aggregated to find the best fitting curve that describes changes in HIV prevalence in the total adult aboriginal over time. Spectrum, a population-component projection software package, was then used to estimate impact of EPP-based prevalence estimates on the number of new infections, AIDS cases and deaths.

Results: A total of 170,025 Aboriginals resided in BC in 2001, of whom 69% were 15 years and older. Based on the low growth scenario, there have been over 1,500 Aboriginal persons ever infected with HIV. At the end of 2001, 1050 aboriginal HIV-positive men and women were still alive at the end of 2001. The majority of these persons were women and living in metropolitan Vancouver. The high growth scenario is approximately 45% higher than the low growth suggesting the number of Aboriginal persons infected with HIV ranges between 1,050 to 1,540 persons or 1.1 to 1.6 % of the total adult Aboriginal population aged 15 years and over.

Conclusions: 2001, on average at least 1 in every 100 aboriginal aged 15 years and over was infected with HIV. Culturally appropriate approaches are needed to tailor effective HIV interventions to this community, especially to women and youth.

854 Thomas Kerr, Kathy Li, Steffanie Strathdee, Bob Hogg, Julio Montaner, Evan Wood

THE IMPACT OF SEX PARTNERS' HIV STATUS ON HIV SEROCONVERSION IN A PROSPECTIVE COHORT OF INJECTION DRUG USERS

Background/Objectives: The identification of individuals at highest risk of HIV-infection is critical for targeting prevention strategies. We evaluated the HIV status of injection drug users' sex partners and rates of subsequent HIV-seroconversion among a prospective cohort study of injection drug users (IDUs).

Methods: We performed an analysis of the time to HIV-infection among baseline

HIV-negative IDUs enrolled in the Vancouver Injection Drug Users Study. IDUs were stratified based on whether or not they reported having an HIV-positive sex partner. Kaplan-Meier methods were used to estimate cumulative HIV-incidence rates and Cox regression was used to determine adjusted relative hazards for HIV seroconversion.

Results: Of 1013 initially HIV-negative IDUs, 4.8% reported that they had an HIV-positive partner at baseline. After 18 months, the cumulative HIV-incidence rate was significantly elevated among those who reported having an HIV-positive sex partner (31.5% vs 14.2% log-rank $p < 0.001$). In a Cox regression model that adjusted for all variables that were associated with the time to HIV-infection in univariate analyses, including drug use characteristics and syringe sharing among sexual partners, having an HIV-positive sex partner (RH: 2.42 [95% CI: 1.30 - 4.60; $p = 0.005$]) remained independently associated with time to HIV seroconversion.

Conclusions: Having an HIV-positive sex partner was strongly and independently associated with seroconversion after adjustment for risk factors related to drug use. Our findings may aid harm reduction workers in their efforts to identify IDUs who should be targeted with education and prevention efforts, and indicate the need for ongoing development of prevention interventions based on partner characteristics.

644 Chris Beyrer, Teerada Sripaipan, Sodsai Tovanabutra, Jaroon Juttiwutikarn, Myat Htoo Razak, David Celentano

MSM-IDU IN NORTHERN THAILAND: HIGH HIV, HCV, AND SEXUAL RISKS AND RATES AMONG DUAL RISK MEN SEEKING DRUG TREATMENT, 1999-2002.

Background: MSM who inject drugs (MSM-IDU) have shown high HIV risks in Europe and the US. Prevention needs of dual risk men may differ. Little is known about MSM drug users in Asia. We investigated MSM and drug user demographics, HIV sexual and drug use risks and behaviors, and HIV-1 subtypes among drug users in Chiang Mai, Thailand.

Methods: We enrolled 2005 substance using males age 12 and older at drug treatment centers from 1999-2002. HIV and HCV were assessed serologically; demographics and risks via questionnaires. Data were analyzed using Chi-squares, multiple logistic regression was used to estimate odds ratios (ORs) and 95% confidence intervals (CIs). HIV-1 typing was done with full-length genomic sequence analysis on seroconverters.

Results: Of 2005 males in drug treatment, 1752 had ever had sex, and 66/1752, 3.8%, reported ever sex with another man, of whom 46/66 were MSM-IDU. The MSM had higher HIV rates, OR 2.32 (95% CI 1.36-3.96), than men with only female sex partners and were younger ($p = 0.002$); more likely to be Thai ($p < 0.0001$); better educated ($p < 0.0001$); had more lifetime sex partners ($p < 0.0001$), more female lifetime partners ($p = 0.002$), more female paid sex partners ($p < 0.0001$), and were more likely to have been paid for sex ($p < 0.0001$). MSM were more likely to have ever injected drugs than men with only female partners ($p < 0.0001$), to have sold drugs, been in prison, injected in prison, used heroin, used opium, and had higher rates of HCV, OR 2.59 (95% CI 1.55, 4.34). In a subset of 18 MSM-IDU followed prospectively, 5 seroconverted, and HIV-1 sequence analysis showed no distinct subtype differences from other IDU.

Conclusions: Northern Thai MSM who use drugs are at very high-risk for HIV and HCV. Most are MSM-IDU. MSM have more sex with women and with sex workers than other men—which fits known Thai MSM patterns but not Western ones. Prevention for this group must take into account their high rates of substance use and multiple partner types.

995 Peggy Millson 1; Laurel Challacombe 1; Ted Myers 1; WHO Study team 1,2,3; NEP Study team 1,2; I-Track Study team 1,2,4,5,6

LONGTERM TRENDS IN HIV PREVALENCE AND RISK BEHAVIOURS AMONG INJECTION DRUG USERS IN TORONTO, CANADA

Objectives:

1. To examine trends in prevalence of HIV and associated risk behaviours in injection drug users (IDUs) in Toronto, Canada across research surveys conducted since 1992.
2. To compare correlates of HIV positivity across these studies.

Methods: This analysis compiled results of three studies conducted in Toronto between 1992-2003. HIV prevalences with 95% confidence intervals were compared for Toronto from the WHO study (1992-4, N=1309), the NEP study (1997-8, N=171), and the I-Track study (2002-3, N=221). Prevalences of needle sharing, equipment sharing, and condom use with 95% confidence intervals were also compared. Univariate analyses of correlates of HIV positivity were also examined.

Results: HIV prevalence has not changed significantly in Toronto since 1992-4, with rates of 5.5, 8.6 and 5.1 measured in the three studies. Needle sharing and equipment sharing declined significantly in Toronto over the decade studied

($p < 0.05$), while condom use has not increased. Injection of cocaine, sharing of injection paraphernalia, and longer duration of injection are associated with being HIV positive. Males in the WHO study had significantly higher rates of HIV, associated with being MSM, but this was not seen in later studies. Numbers of MSM in the later studies were small and may have resulted in inadequate sample size to detect this factor; however overall gender differences seen in the WHO study were also not seen in later studies.

Conclusions: These findings support the importance of the harm reduction work which has gone on over the past number of years in avoiding HIV outbreaks seen elsewhere. However, stable prevalence is maintained by new incident cases as others die or move away. This underlines the continuing need for prevention efforts, and the merits of looking for additional harm reduction strategies in an effort to reduce incidence further. Repeated cross-sectional surveys are valuable monitoring tools at relatively low cost, and could be valuable for other Canadian cities beyond those where they are already established.

516 Ali Judd; Matthew Hickman; Steve Jones; Greg Holloway; Tamara McDonald; Tim Rhodes; John V Parry.

BLOOD BORNE VIRUS PREVALENCE AND INJECTING RISK BEHAVIOUR AMONG HOMELESS INJECTION DRUG USERS IN LONDON

Background/objectives: Homelessness can be a key environmental factor facilitating risk behaviour in injecting drug users (IDUs). The objectives of this study were to estimate the prevalence of HIV and hepatitis C virus (HCV) and risk factors for positivity among a sample of homeless recent initiates to injecting in London, and to compare the sample to IDUs living in more stable accommodation.

Methods: A cross-sectional sample of 113 homeless injectors (the "homeless sample") was recruited from street settings and night shelters in London in 2001/2 by trained fieldworkers. In addition, 428 injectors with stable accommodation were recruited from community settings in the same time period (the "comparison group"). All were aged under 30 years and had injected drugs in the last four weeks, and the homeless sample had stayed in a night shelter or slept rough at least one night in the last seven nights. Participants completed structured questionnaires and provided oral fluid specimens, and additionally dried blood spots in some cases, for testing for antibodies to HIV and HCV.

Results: HCV prevalence in the homeless sample was 59%, compared to 44% in the comparison group ($p = 0.004$), and HIV 6.3% compared to 4.2% in the comparison group ($p = 0.359$). Homeless participants were more likely to have mainly injected two or more drugs (31% v 22%, $p = 0.045$), to have injected cocaine or crack in the last 12 months (66% v 53%, $p = 0.024$), and to have ever been in prison (47% v 36%, $p = 0.033$) than the comparison group. After adjustment for key demographic and risk behaviour characteristics, the difference in HCV positivity between the homeless and comparison sample was no longer statistically significant.

Conclusions: These results suggest that homeless injectors engage in more risky behaviour and have higher prevalence of blood borne viruses than their more stable counterparts. Further research is needed to look at the dynamics of homelessness in the injecting population, and how social and environmental factors related to homelessness shape risk production and reduction.

401 Tasnim Azim; Masud Reza; Rukhsana Gazi; Parvez S. Mallick; M. Shah Alam; Mohammed H. Kabir; Robert J. Kelly & Tobi J. Saidel

BEHAVIOURAL FACTORS ASSOCIATED WITH A LOCALISED EPIDEMIC OF HIV IN IDU IN A NEIGHBOURHOOD OF A CITY IN CENTRAL BANGLADESH

Background/objectives: During the 5th round of surveillance conducted between 2003-2004, HIV prevalence in a particular neighbourhood (area A) of Central city A was 8.9% while in the rest of the same city 0.8% of the IDU were HIV positive. The Behavioural Surveillance System (BSS) sampled IDU from the same areas of the city and comparisons of demographic features and risk behaviours of IDU between area A and IDU from the rest of the city were done to gauge whether any factors could be associated with the localised HIV epidemic.

Methods: BSS data from IDU were compared between area A and the rest of the city using χ^2 for proportions for categorical variables and F-test for continuous variables.

Results: IDU from area A were significantly less educated ($p < 0.001$), fewer were currently married ($p < 0.001$), had a lower monthly average income ($p = 0.001$) and more commonly lived on the street ($p < 0.001$) than IDU from the rest of the city. No differences were observed in injection sharing behaviour of IDU between the two areas. However, among those IDU who shared in the last week and said they had shared with different partners, the mean number of persons that shared injections were higher in area A than in the rest of the city ($p = 0.026$). Also, IDU from area A took more injections on average in the last day and in the last week

($p < 0.001$ for both). Fewer IDU in area A reported having sex with commercial or non-commercial female partners in the last year or having group sex ($p = 0.002$, $p < 0.001$ and $p = 0.009$, respectively). More IDU have a lower risk perception in area A than in the rest of the city.

Conclusions: Features that distinguish IDU from area A from the rest of the city are all factors that can fuel the spread of HIV.

615 Lucy Platt; Tim Rhodes; Evgeniya Koshkina; Daria Ocheret; Konstantin Vishinsky; Matthew Hickman

HIV PREVALENCE AND INJECTING RISK BEHAVIOUR AMONG INJECTING DRUG USERS IN MOSCOW, RUSSIAN FEDERATION

HIV prevalence and injecting risk behaviour among injecting drug users in Moscow, Russian Federation Lucy Platt¹, Tim Rhodes¹, Evgeniya Koshkina², Daria Ocheret³, Konstantin Vishinsky², Matthew Hickman¹

- 1 The Centre for Research on Drugs and Health Behaviour, and DFID Knowledge For Action Programme in HIV/AIDS, Imperial College, University of London
- 2 Department of Epidemiology, National Scientific Centre on Addiction, Russian Federation
- 3 New Drug Policy Institute, Moscow

Background/objectives: To establish the prevalence of HIV and hepatitis C (HCV), and associated risk behaviour, among injecting drug users (IDU) in Moscow, Russia

Methods: An unlinked anonymous cross sectional survey of IDUs ($n = 455$) recruited from non treatment settings with oral fluid sample collection. Participants completed a structured questionnaire administered by field workers and oral fluid samples were tested for antibodies to HIV and HCV.

Results: HIV prevalence was 13.6% (95% CI 10.3-17.0%, 55/403) and HCV 68.2% (63.8-72.6%, 296/434). In an adjusted model, the odds of HIV were higher in those reporting ever injecting with a used needle/syringe and among those registered as a drug user. No sexual risk factors were associated with HIV prevalence. In an adjusted model, the odds of HCV were also higher among registered drug users, those reporting injecting a home made drug, and those re-using the same needle or syringe more than once. In the adjusted model, neither HIV nor HCV were significantly associated with duration of injection, age, or frequency of injection. Overall 76.0% had ever been tested for HIV (346/455), of which 56.4% (31/55) did not know their positive status.

Discussion: The high prevalence of HCV and HIV and the risk factors associated with HIV/HCV suggest the need for a widespread intervention to prevent further transmission via IDU. Findings indicate that both epidemics occurred recently and suggest the importance of measuring incidence alongside prevalence for the evaluation of interventions.

2PM - 3.30PM – CONCURRENT SESSIONS

SESSION TITLE: MARGINALIZED CHILDREN AND YOUNG PEOPLE

65 Linnell, Michael

LICKIN SHOT

Issue: Manchester in Northern England has experienced several decades of gang wars related to drug dealing by young black men. Little time is ever given to thinking about reducing the harm caused to this group of young men.

Setting: Set in the city of Manchester. UK

Project: Using a story devised, illustrated and written by young gang members and former members, we produced a publication about the pathways into and out of gang culture. The publication attempts to show an understanding of the morality and issues for those involved in a style and language found acceptable by the target audience.

Outcomes: The project was launched in September 2004. The difficulties and successes of the project and the problems that arise in getting positive mass media for such an unpopular group will be highlighted, together with some of the wider issues and implications in working with drug dealers.

475 Kevin JP Craib, Patricia M Spittal, Lorna Medd, Kathy Li, Robert S Hogg, Martin T Schechter

HIV AND HCV PREVALENCE AND RISK FACTORS AMONG YOUNG ABORIGINAL DRUG USERS IN VANCOUVER AND PRINCE GEORGE, CANADA

BACKGROUND: HIV and HCV surveillance and behavioural data for Aboriginal people in Canada are limited due to lack of documentation of ethnicity. This limitation is generally acknowledged to significantly underestimate the magnitude

of these health problems in this population.

OBJECTIVES: To estimate and compare the prevalence of HIV and HCV infection among young Aboriginal drug users residing in Vancouver (VCR) and Prince George (PG), and to compare risk behaviours associated with acquisition of HIV and HCV among youth living in these two urban areas.

METHODS: The Cedar Project is a longitudinal study of Aboriginal youth living in VCR and PG. Eligibility requirements include age between 14 and 30, and self-reported use of non-injection or injection drugs at least once in the month prior to enrolment. Participants complete a questionnaire administered by a trained interviewer and HIV and HCV antibody testing is conducted. Behavioural data were obtained from the enrolment questionnaire.

RESULTS: As of 09/04, 369 Aboriginal youths were enrolled in the Cedar Project. Of these, 215 (58%) resided in VCR compared to 154 (42%) in PG. HIV prevalence was higher in VCR (10.3% vs. 5.8%; $p = 0.129$) but HCV prevalence was higher in PG (38.4% vs. 30.0%; $p = 0.139$). In VCR, 22% of participants reported using heroin on a daily basis compared to 7% in PG ($p < 0.001$). A higher percentage of PG participants reported daily use of cocaine (24% vs. 10%; $p < 0.001$). PG participants were more likely to borrow syringes (15% vs. 6%, $p = 0.001$) and encounter difficulty accessing new or clean syringes (17% vs. 9%; $p = 0.020$).

CONCLUSIONS: HIV and HCV prevalence are markedly elevated in young Aboriginal drug users residing in VCR and PG. Heterogeneity exists in these locations with respect to drug of choice and access to clean syringes. Prevention and treatment programs are urgently required in this population.

945 Beth Harvey; John Van den Dungen & Julie House

THE CONNECTION: AN INDIGENOUS IDU PEER EDUCATION MODEL

Issue: The health and well-being of Indigenous Australians continues to decline. The current gap in life expectancy is about 20 years below the non-Indigenous population. In some communities, harm reduction strategies are being introduced, in an attempt to address the increasing rates of substance misuse and related harms. This project is one example of how peer education and support can be a positive force amongst highly marginalised groups of Indigenous drug users and the value of peer driven projects to empower communities to lobby for change.

Setting: Canberra Australia, peer support information & referrals centre targeting young Indigenous drug users particularly when released from prison

Project: The Connection in Canberra is a peer driven project by Indigenous users for young Indigenous users

Outcomes: This project targets young Indigenous males who use drugs and are often dealing with issues around their drug use, incarceration, long-term unemployment and poverty. The centre is run by young Indigenous peers of the target group and facilitates contact, information and education to highly vulnerable groups of injecting and illicit drug users. This is an innovative project empowering and employing young Indigenous people, with support and training, to gain greater control over their lives and to be a catalyst for change in their communities. This project is reliant on the belief of young people that change is possible and their determination to be involved in and control that process.

944 Madeleine O'Hare; Jeff Stanton; Nick Thomson

SHAN YOUTH PEER EDUCATOR TRAINING ON HIV/AIDS

Issue: Migrant youths from Shan province in Myanmar are working in Chiang Mai. Some work for Thai companies as legal labourers on low salaries and frequently have to supplement their income through work in the sex industry. Some are illegally working in Thailand and thus have to rely on unconventional means of earning income such as the sex industry, targeting male clients. Sex work is a usual income source for illegal Shan youth. It has been determined that in over 30 establishments illegal Shan youth are servicing male clients.

Setting: The project, funded by Fogarty, is carried out in Chiang Mai and the intended audience is male Shan youth (aged 16-25) working in Chiang Mai as labourers and/or in the sex industry. It is the first projects dealing with HIV issues for Shan men.

Project: Three two-day workshops providing basic HIV/AIDS education including harm reduction and injecting drug use. The project aims to achieve behaviour change amongst this group by exposing them to relevant issues and by providing tools to maintain behaviour change through peer education and support. Four Shan youth peer educators were hired to map the Shan population of Chiang Mai. Key resource persons were then selected from the sites where Shan youth are living or working to be trained and then to educate their peers by providing both information and supplies e.g. condoms, lubricant.

Outcomes: Preliminary findings have revealed a low general standard of knowledge. One young man, recently arrived from Burma, had never seen a condom. The harm reduction approach to drug use is very new to them. The key

resource persons who have already been trained were enthusiastic and the outreach workers have quickly gained the trust of the Shan community. Further outcome measures will be available by the time of the conference.

91 Sherman, S.G.; Plitt, S.S, Hassan, S., and Zafar, T.S.

DRUG USE AMONG STREET CHILDREN IN LAHORE, PAKISTAN

Background: In Lahore, Pakistan, there are an estimated 4,000 street children. A disproportionate number of these children use drugs, engage in survival sex, and engage in a number of illegal behaviors that expose them to violence. Project SMILE is a mobile social and medical outreach program in Lahore designed to ameliorate the lives of these children.

Methods: Since August, 2003, a SMILE mobile van has provided food, medical care, and social support to street children six days a week in targeted neighborhoods. Project registration data include demographic information, drug use patterns, and sexual behaviors. The current study describes SMILE clients (n=347), compares HIV risk behaviors between drug-using and non-drug using street children, and examines correlates of drug use in a multivariate logistic model.

Results: Participants were 97% boys, their median age was 13 years, 53% had no formal education, 63% primarily sleep on the street, and participants lived on the streets an average of 18 months. "Ever" using drugs was reported by 86% of the sample: 47% reported smoking hash; 56% reported sniffing glue, and 7% reported injecting heroin. Ever exchanging sex for food or money was reported by 19% of the sample. Compared to nondrug users, drug users were significantly more likely to have reported being arrested, selling sex, and cutting themselves. In the presence of other variables, correlates of drug use were: longer time on the streets (AOR: 1.5, 95%CI: 1.01-1.35); wanting to move home (AOR: 0.48, 95%CI: 0.24-0.99); and cutting themselves (AOR: 37.6, 95%CI: 10.8-130.7).

Conclusions: Drug use and other deleterious behaviors are a major coping mechanism among street children in Lahore, and are associated with HIV risk-taking behaviors. The longer that children live on the streets, the more likely they are to initiate drug use. Targeted programs are needed to meet their special needs.

150 Natalia Gutierrez; ...lise Roy; Nancy Haley; Carole Morissette; Gaston Godin

PREVENTING INITIATION INTO INJECTION DRUG USE AMONG STREET YOUTH (SY) - PHASE 1 OF A MEDIA CAMPAIGN PROJECT

Issue: Drug injection is very frequent among Montréal street youth (SY). Due to the serious consequences of this behaviour, we are developing a communication project aimed at preventing initiation of drug injection.

Setting: Montréal, Quebec, Canada.

Project: A media campaign based on a harm reduction approach is being developed with institutional and community partners. The project involves 4 phases: 1) research; 2) development of a communication plan; 3) production and dissemination; and 4) evaluation. Phase 1 included a literature review, a synthesis of major results of our past studies on SY risk behaviours, and focus groups with SY. Results of this first phase have enabled us to identify: a) the most vulnerable youth; b) the aim and objectives of the media campaign; and c) components which the campaign should target.

Outcomes: a) SY most at risk of injecting are younger, have minimal street life experience, seek new and intense sensations through drug use, and are searching for self-worth in the street milieu. b) The goal of the media campaign is to bolster existing resistance to injection observed among SY. Objectives are to denormalize drug injection among SY and increase youth awareness of harmful consequences of injection and of their personal vulnerability. c) With regard to the content of the media campaign, focus group results show that SY resistance to injection lie mainly in the fear of developing dependence and of the negative consequences of this dependence on their personal and social lives. The campaign will also take into account important observations made in phase 1 such as adolescent magical thinking, the fact that drug use is part of SY lifestyle and gives them pleasure, and SY's perception that injection is a personal choice that should be respected.

2PM - 3.30PM – CONCURRENT SESSIONS

SESSION TITLE: PRISONS DEVELOPING HARM REDUCTION INTERVENTIONS

683 Chabib Afwan; Untung Sugiyono, Jolanda M.H. Sumual Beeby; Elisabeth Emrys

COORDINATION TO ADDRESS HIV/AIDS AND INJECTING DRUG USE IN INDONESIAN CORRECTIONAL INSTITUTIONS

Issue: Since 1999, Indonesia has seen a continued increase in HIV prevalence linked to injecting drug use (IDU), including in correctional institutions. Concentrated epidemics of HIV/AIDS are now seen in some institutions, with health and safety implications for staff and inmates alike. A coordinated, nationwide response to HIV/AIDS prevention and care in correctional settings is yet to be fully implemented.

Setting: The Republic of Indonesia maintains a correctional system of over 300 institutions, including detention, remand and correctional settings. Due to rising rates of drug-related sentencing, 13 Narcotics Correctional Institutions have been established for drug offenders with sentences longer than 5 years.

Project: In February 2004, an HIV/AIDS Working Group was established by the Department of Justice and Human Rights, to address prevention and care issues. Working Group members represent the Directorate General of Correctional Institutions, the Health and Social Service ministries, the National Narcotics Board, NGOs and donor agencies. An agreement was also signed between the chairpersons of 13 Narcotics Correctional Institutions and local government Health Units in March 2004.

The Working Group has launched a pilot MMT program in two Narcotics Correctional Institutions, with support from WHO. Results of the pilot will be used to inform policy on scale-up activities. The Working Group is also tasked with establishing Correctional Working Groups at provincial level to oversee interventions in HIV/AIDS prevention and care services, staff and inmate training, peer education and support initiatives and primary health care.

Outcomes: Timely and coordinated efforts are required to manage the impact of HIV/AIDS in correctional settings, especially in the context of injecting drug use. The newly established Working Group provides a forum for inter-departmental coordination and strengthens the relationships between the Department of Justice and Human Rights and other stakeholders.

413 Elisabeth Emrys, Joyce Djaelani Gordon, Yacintha E. Desembriarista, Ronny Ronodirdjo

HARM REDUCTION TRAINING FOR NEWLY INCARCERATED INMATES IN INDONESIA

Issue: HIV has the potential to spread rapidly in closed settings in Indonesia, particularly amongst injecting drug users. Concentrated epidemics have already developed some institutions, with HIV rates above 50% seen amongst inmates with drug-related sentences. Routine HIV and Harm Reduction education has not been available to inmates entering the Correctional system.

Setting: The Republic of Indonesia maintains a correctional system of over 300 institutions, including detention and correctional facilities. In addition, a system of 13 Narcotics Correctional Institutions was established in 2003 for drug offenders with sentences longer than 5 years.

Project: A training manual for newly incarcerated inmates was developed by the Centre for Harm Reduction, in collaboration with local partners. Designed as a routine training tool for the Department of Justice and Human Rights, the manual will be an adjunct to other routine training provided to newly incarcerated inmates. After a review of existing generic resources globally, an Indonesia-specific manual was drafted, focusing on HIV, drug use and risk behaviours in closed settings. Presented as a guide for healthy living, the manual also provides training on the prevention of other infectious diseases commonly found in Indonesian closed settings, such as TB, scabies and hepatitis. Field testing took place in five prisons in Jakarta and West Java. Five non-government organisations took part in the field testing process, including Partisan, Yakita and Bahtera (supported by ASA/FHI), PKBI and Grafik (supported by IHPCP).

Outcomes: A field-tested manual has been presented to the Department of Justice and Human Rights for use throughout the correctional system. Further advocacy and technical assistance will be provided to the department to facilitate broad uptake of the manual.

791 Peter Sarosi

DRUGS, HIV/AIDS AND HUMAN RIGHTS IN HUNGARIAN PRISONS

Issue: the prevalence of intravenous drug use in Hungarian correctional facilities is lower than in most other European Union countries. However, drug users in Hungarian prisons are exposed to serious health risks because of the lack of effective harm reduction and HIV prevention strategies. Prisoners often do not have access to drug services comparable to those available for general population, moreover health care and drug strategies implemented by prison staff often seriously violate human rights.

Approach: based on experiences in advocacy groups, visits in local prisons and consultations with experts the author attempts to point out the basic defects of the Hungarian correctional system, with special regards to its drug and HIV policy. The presentation focuses on three levels of these deficiencies: 1, general or strategic attitudes of decision makers; 2, institutional and legal background; 3, operational framework. Significant risk factors will be evaluated, applying international experiences, practices and recommendations.

Key points: a major issue of concern is the practice of segregation and stigmatization of people living with HIV/AIDS in Hungarian prisons, which contradicts not only international recommendations but the national constitution as well. Abstinence-based services include therapeutical communities and drug free wings, but syringe exchange and substitution treatment is not available. The correctional system is not prepared to fight increasing health problems caused by needle sharing. Another burning question is the low effectiveness of the HIV/AIDS and Hepatitis C screening system.

Implications: the author argues that prison drug strategy based almost only on law enforcement and supply reduction methods contributes significantly to the increased risks. There is a need to integrate drug strategy in prisons into the general public health and drug strategy. More intensive involvement of treatment facilities and NGOs is required to create new harm reduction services in prisons.

813 Kevin Irwin; Olga Borodkina; Jean-Paul Grund; Maria Baranova; Polina Girchenko; Robert Heimer

IMPRISONMENT AS RISK FOR HIV IN THE RUSSIAN FEDERATION: EVIDENCE FOR CHANGE

Background: Despite recent indications of a generalizing epidemic, injection drug users continue to bear the burden of HIV/AIDS in Russia. Punitive drug laws have been characterized by broad interpretation and aggressive, often corrupt enforcement at the street level. Relationships between imprisonment of drug users and HIV/AIDS have been described by prison data and qualitative or site-specific field research. A general sample of drug users across multiple sites is needed.

Methods: Our bi-national research team has conducted comprehensive surveys with active injection drug users in 11 Russian cities, representing all seven Federal Districts. Sample sizes range from 65-120 per city. Participants were asked detailed questions about their drug use histories, health-seeking and risk-taking behaviors, HIV status, and interactions with law enforcement. Data were statistically analyzed to explore the relationships between experiences with law enforcement authorities and risk for HIV infection.

Results: The majority of drug users in every city have been stopped (69%) and paid fines (52%) to police simply for being a drug user. We found significant statistical correlations between the incarceration of participants in both detention center (44%) and prison (48%) and HIV positive status. This sub-sample was more likely to be male and have lower levels of education. Over one third used drugs within 24 hours of their release from incarceration, and the majority used within one month.

Conclusion: These multi-regional data drawn from drug users who were un-incarcerated at the time of interview describe an official response that promotes rather than prevents the HIV/AIDS epidemic in Russia. It is unclear whether recent modifications to Russian drug laws will impact actual enforcement practices at the street level. What is clear is that the discontinuation of widespread incarceration of drug users and provision of appropriate treatment are urgently needed to stem the HIV epidemic.

456 Omar Alejandro Bravo

HARM REDUCTION POLICIES DIFFICULTIES OF IMPLEMENTATION IN THE BRAZILIAN PRISON SYSTEM

Background/objectives: This research was carried through as part of an impact evaluation of harm reduction programs implemented in some penitentiaries of the Brazilian prison system. The data was collected in 12 programs from different states and regions of the country, among adult male and females inmates, adults on probation and judiciary psychiatric asylum for adults. The main goal was to establish the factors that facilitate or difficult the implementation of harm reduction among drug user inmates.

Methods: 72 interviews were made among inmates, authorities, penitentiary agents and health professionals of the selected institutions. The methodological tools utilized for the information analysis were institutional and discourse content analysis.

Results:

- In the penitentiary system harm reduction policies still have to cope with difficulties and resistances.
- The health professionals, mainly the physicians do not support and drive on this kind of interventions.

- The inmates trained as peer multipliers frequently adopt a conservative discourse on drug use and sexual behavior. It is a consequence of the general discourse of re-socialization and moral conversion ruling these institutions.

- In general, law operators, are against harm reduction initiatives. They consider harm reduction as an illegal practice that facilitates the drug abuse increase.

Conclusions: The harm reduction policies in the prison system have to be part of a major initiative of health promotion, human rights and citizenship for the inmate population. It is necessary to define a legal landmark in order to legitimate the harm reduction interventions in these institutions. More accurate and comprehensive tools for social control must be implemented.

2PM - 3.30PM – CONCURRENT SESSIONS

SESSION TITLE: OVERDOSE

101 Madonna Devaney and Lynda Berends

EVALUATION OF A MOBILE OVERDOSE RESPONSE SERVICE

As part of the Victorian Government's 'Saving Lives' initiative, a Mobile Overdose Response Service (MORS) was established in Victoria in 2000 in order to offer individuals who have experienced a non-fatal overdose, information, support, and access to rehabilitation services. Prior to the implementation of the MORS, individuals who experienced an overdose in Melbourne, Australia were largely treated only for their acute presentation by emergency services with little provided in the way of further counselling, information regarding the prevention of overdose or safe injecting practices, or referral to other services.

The focus of the evaluation was to examine the effectiveness of the MORS, with respect to the original vision for the service and changes that have occurred over time. The evaluation involved five principal data sources: a review of data on trends in non-fatal overdose following the establishment of the MORS, a survey of services, a half-day observation at each site, focus groups for agencies operating the MORS, and an 'expert' focus group to review themes emerging from the evaluation.

The MORS began operation in a time of change in relation to overdose rates, the peak of non-fatal heroin overdoses occurred in December 1999 and a decline was evident from January 2001 onwards. The findings showed that the MORS focused solely on a crisis overdose response initially, however a combination of changes in overdose rates and shortcomings of the original service model saw the MORS develop innovative models in response to local needs. Changes to the program include the addition of overdose prevention workshops, client assessments and case management, outreach, community development, and pre and post withdrawal client support.

The recommendations from the evaluation endeavour to maintain flexibility in the MORS model to enable change according to the context of overdose rates, the drugs involved, and the needs of clients.

260 Holly Bradford

OVERDOSE PREVENTION AND NALOXONE DISTRIBUTION IN CAMBODIA

The Cambodian Harm Reduction Collaborative (CHRC) was formed in September 2004. Cambodia, one of the least developed, poorest, most land-mined countries in the world, is in the midst of an HIV pandemic and an explosive drug use crisis. The United Nations has already acknowledged that Cambodia's health care system, far from western standards, is unprepared for the upcoming public health crisis of HIV and drug use. This crisis is no longer looming on the horizon but has become a prevailing reality.

Several small studies have confirmed that injection drug use is on the rise in Cambodia. There have been NO studies conducted to demonstrate overdose rates in this small, resource strained, 3rd world country. CHRC has begun to informally survey injection drug users to attempt to discover the overdose issues that need to be addressed. What has become clear is that the HIV pandemic in Cambodia is the priority for the government and the NGO community. It is also clear that other risks associated with injection drug use, such as HCV and bacteria related infections, are not even on the radar screen at this time.

CHRC is already beginning to train injection drug users in overdose prevention techniques and to deliver Naloxone to those who participate in the training. The first CHRC initiated drug user Naloxone training took place on September 30th 2004, on a rainy night in Phnom Penh at a location along the Tonle Sap River. On October 7th 2004 CHRC held a Naloxone workshop in Siem Reap for the Thai Drug Users Network (TDN) and following the training distributed Naloxone for TDN to bring back to Bangkok. CHRC believes these two initial

exchanges of Naloxone were the first of their kind in the history of harm reduction in SE Asia.

1036 Sarz Maxwell

PREVENTING OPIATE OVERDOSE DEATH BY FACILITATING PRESCRIPTION OF NALOXONE TO ACTIVE OPIATE USERS: AN INTERNATIONAL OVERVIEW

Background/Objectives: Death by overdose is a constant risk for opiate users, particularly those actively injecting. Peers present at the time of overdose may try remedies learned through folklore, but may be reluctant to summon medical help due to (not inappropriate) fear of legal reprisal. Naloxone is a pure opiate antagonist that has been used for decades to reverse opiate overdose. Naloxone is nonaddictive, has no overdose potential, and has no adverse effects save eliciting withdrawal symptoms in persons dependent on opioids. Stigma and misunderstanding have limited the availability of naloxone to actively using opiate users.

Methods: In this session, five practitioners from four different countries will describe programs developed to make naloxone available to actively injecting opiate users. Each program will describe its inception, problems encountered and solutions developed, and the lifesaving harm reduction lessons learned. In Germany, Kerstin Dettmer from 'Fixpunkt' has found opiate users to be highly motivated. In the UK, Dr. John Strang has researched legal ramifications of naloxone prescription, and compiled useful guidelines for practitioners. In the US, Chicago Recovery Alliance has begun a naloxone prescription program coupled with harm reduction and needle exchange: over 3 years CRA has received >250 reports of effective 'saves' and seen a 30% decrease in county-wide opiate overdose deaths. In Baltimore, the city harm reduction program has partnered with the city's Department of Public Health, and has prescribed naloxone to >150 active opiate users. In Cambodia, Holly Bradford is incorporating naloxone distribution into a harm reduction program for detainees being returned to Cambodia from the United States.

Results/Conclusions: Prescription of naloxone to persons actively using opiates is effective in decreasing the mortality of opiate overdose. No reports of misuse or adverse effects have been received.

67 Sarz Maxwell MD, Dan Bigg

PRESCRIPTION OF NALOXONE TO ACTIVE OPIATE USERS ATTENDING A HARM REDUCTION SERVICE: REPORT FROM THE FIELD

Prescription of naloxone to active opiate users attending a harm reduction service: report from the field Sarz Maxwell MD, and Dan Bigg. Chicago Recovery Alliance, Chicago IL USA

Background/Objectives: In 2000, the Chicago Medical Examiner's office reported 498 opiate overdose deaths, after ten years of unremitting increase in the death toll. Opiate users and their peers are highly motivated to intervene in opiate overdose, but reluctant to summon authorities to the scene.

Methods: Beginning in 2001, Chicago Recovery Alliance developed a program to prescribe naloxone to the actively-injecting opiate users who participate in CRA's needle exchange and other harm reduction activities. The Medical Director developed a curriculum to thoroughly train all CRA outreach specialists in risk factors for opiate overdose, opiate neurophysiology, recognition of opiate overdose, rescue breathing, neuropharmacology of opiate blockade, dosage and administration of naloxone, and overdose followup care. These trained operatives do vigorous outreach to educate opiate users about opiate overdose and its treatment with naloxone. This participant education has been facilitated by a 10-minute videotape written and produced by CRA.

Results/Conclusions: To date, CRA has received >250 reports of peer 'saves' using naloxone. A 30% drop in opiate overdose deaths has been reported by the Cook County Medical Examiner since initiation of the program. Risk factors identified include use of multiple drugs, and a recent period of abstinence. Behavioral changes reported include not using alone, using less so as to watch out for using peers, and increased general interest in and commitment to personal health.

Prospects: The success of this program has exceeded expectations, and motivated CRA to continually expand the availability of naloxone to opiate users and their peers.

755 Peter Bielenso, Monique Rucker, Karin Tobin, Carl Latkin

STAYING ALIVE: A BALTIMORE CITY OPIATE OVERDOSE PREVENTION AND MANAGEMENT PROGRAM

Issue: For the past ten years, Baltimore city has ranked among the highest US cities in terms of heroin-related emergency department drug episodes. In 2002, Baltimore

had the highest overdose mortality rates of any U.S. city.

Setting: The Staying Alive Program (Staying Alive) is an opiate overdose prevention, pilot program of the Baltimore City Health Department that addresses the alarming public health problem of high incidences of opiate overdose in Baltimore City. Launched on April 28, 2004, the program combines educational awareness training on overdose prevention with instruction on practical intervention techniques for saving lives in the event of an overdose.

Project: The goals of the program are (1) to reduce the annual incidence of opiate-related overdose deaths by at least 10%; (2) to increase knowledge about overdose prevention and management among injection drug users by conducting educational trainings; and (3) to train and equip injection drug users with naloxone kits and document their effectiveness. Staying Alive uses a harm reduction approach to teach the risk factors, symptoms, and prevention options for opiate overdose. The program prescribes participants Narcan to be used to revive a person near death from an opiate overdose. Narcan is the trade name for naloxone, a drug given intravenously to reverse or prevent the effects of opiates, including respiratory depression, sedation, and low blood.

Outcome: As of October 19, 2004 the program has trained 250 individuals and 23 lives have been saved. The goal of this initial pilot program is to train at least 527 individuals and to save 53 lives.

1032 John Strang, Michael Kelleher (National Addiction Centre) and Stephanie Bown (Medical Protection Society)

"REAL AND IMAGINED OBSTACLES TO THE PROVISION OF TAKE-HOME NALOXONE TO PREVENT OPIATE OVERDOSE FATALITIES: DIFFERENT PROPOSALS, DIFFERENT TARGET POPULATIONS AND THE ASSOCIATED MEDICO-LEGAL CONSIDERATIONS"

The case has been strongly made for the provision of take-home supplies of the opiate antagonist naloxone, accompanied by relevant training in its emergency administration, in an attempt to reduce the increased opiate overdose fatality rate amongst current and former opiate injecting individuals. Differing opinions have been expressed, which have included the expression of concerns about the possible medico-legal situation. Hence we explore the different medico-legal situation for the provision of naloxone to different potential populations, and in different possible contexts. Questions that will be explored within the presentation will include the following: Who should be allowed to authorise emergency naloxone administration (doctors? Nurses independently? Pharmacists independently? Paramedical personnel? Ambulance staff? Hostel managers? etc)? In what different contexts is it appropriate for naloxone to be prescribed - to a named patient for self-administration? To a named patient for assisted self-administration or for administration by a trained carer? To a named patient for administration by an unknown other who has received instruction via the named patient? We will also consider possible future extensions of practice, and will consider the changes in legislation and practice that may be required for these - for example the possible administration of naloxone by the patient or carer to an unknown third party; the administration of naloxone by non-health care workers in emergency situations; the possible future wider availability of naloxone outside the individual treatment context (for example, even as an over-the-counter product).

899 Anne Bergenstrom; Kristen McCausland; Vu Minh Quan; David Celentano; Jonathan Zenilman; Pham Ngoc Van Giang; Le Van Nam; Vivian Go

PREVALENCE OF NON-FATAL DRUG OVERDOSE AND ASSOCIATED RISK CHARACTERISTICS AMONG IDUS IN NORTHERN VIETNAM

Background: While drug overdose is the main cause of mortality associated with heroin use, data on prevalence and risk factors are limited in Asia, including in Vietnam, where the reported number of drug users increased by 13% during 2001-2002. In this study, we describe prevalence and characteristics associated with recent non-fatal overdose among IDUs in a northern province of Vietnam.

Methods: A cross-sectional survey among 18-45 year old IDUs was conducted in two districts of Bac Ninh province from August-September 2003. Out-of-treatment IDUs were recruited through a peer referral method. Data on overdose were collected through face-to-face interviews with 309 consenting participants. Female participants (=10) were excluded from this analysis. Factors associated with self-reported history of overdose within 12 months of the survey were assessed using multivariate analysis.

Results: Of 299 participants, 296 (99.0%) injected heroin and 131 (43.8%) reported ever having overdosed on any drug. Of those who had ever overdosed, 108 (82.4%) had overdosed within 12 months prior to the interview. Risk factors associated with non-fatal overdose included younger age (< 30 vs ≥ 30, AOR = 2.2, CI = 1.2-4.1), not being full-time employed (AOR = 2.1, CI = 1.2-3.8), greater average frequency of injections per week (injected daily vs other) in

the previous six months (AOR = 2.2, CI = 1.3-3.8), larger social networks (AOR = 1.1, CI = 1.1-1.2) and having ever been to drug treatment (AOR = 1.8, CI = 1.0-3.1).

Conclusions: IDUs in Bac Ninh province reported high prevalence of lifetime and recent non-fatal overdose due to drug use. Our findings indicate that interventions to prevent overdose among IDUs should focus on younger IDUs, those who are not employed full time and those who inject more frequently.

2PM - 3.30PM – ORAL POSTER SESSIONS

SESSION TITLE: IRELAND NORTH AND SOUTH 1

774 White, E. & Comiskey, C.M.

EPIDEMIC MODELS IN DRUG USE

Introduction: Epidemiology dates back to at least the time of Hippocrates (459-377 B.C.). However, although Graunt and Petty began medical statistics in the 17th century and Bernoulli used mathematical methods to evaluate the effectiveness of smallpox variolation in 1760, it was not until the physical basis of disease was established in the late 19th century that true progress was made. Thus mathematical techniques to express the spread of disease emerged only during the last century. With the advent of HIV/AIDS, interest has focused on dynamic modelling within the drug-using population (3).

Methods: This poster presents the first Irish attempts to extend dynamic disease modelling techniques to the drug-using career. The principles of disease modelling (1, 2) will be introduced. An initial deterministic compartment model of the drug-using career will be developed; its purpose is to identify key parameters and relationships in the drug-using process and to thus direct further study.

Results: We present for the first time in Ireland estimates of key epidemiological parameters related to drug use, in particular heroin use. We provide estimates of initiation and progression rates to heroin use, and rates for progression to and relapse from treatment. We examine the influence of gender and age on these rates. Finally we present a model of the drug-using career in Ireland.

Conclusions: Results derived will provide public health and policy planners with information on key indicators and areas requiring priority funding and intervention.

1. Anderson, R.M. & May, R.M.: Infectious Diseases of Humans, Dynamics and Control. OUP, 1992.
2. Bailey, N.T.J.: The mathematical theory of infectious diseases. Griffin & Co. Ltd, 1975.
3. Comiskey, C.M., Glockner, B. & Roydhouse, R.: Modelling the transmission of HIV and its progression to AIDS in Australian heterosexuals. Proceedings of International Conference on Modelling and Simulation Vol. IV, pp. 1766-1769, 1993.

989 Mrs Eileen C Donnelly Dr Richard Barr

'CATALYST' - CREATING COMMUNITY CHANGE

Issues: This paper presents evidence of the effectiveness of 'Catalyst', a movement which is driven by the desire to create community change and confront and challenge attitudes, values and behaviours around alcohol, drugs and risk taking behaviours.

Located within the Southern Education and Library Board the initiative was initially directed at young people and their educators however our work has progressed to phases two and three which involves networking in local communities with a view to sharing the vision and supporting the practice.

The philosophy of our work is based on the personal development approach and rooted in the belief that young people and adults when supported can become emotionally intelligent, constructive and critical thinkers with well formed values and attitudes about themselves and others.

Affirmation is given to those young people who do not abuse alcohol and drugs while those who may be experimenting or abusing are supported in making better choices around their life styles.

The interactive programmes are presented in a fun and friendly way encouraging participants to look at their values around self respect and respect for others. They support the development of skills in the emotional domain as well as thinking skills around problem solving and decision making.

Early in our project we became aware that the problem of drugs is a community issues and should not be confined to the educators of young people. Hence the development of the third and final phase of the project which involves a community ownership of the problem.

Statistics from our longitudinal study of risk taking behaviours in the SELB will evidence how our model of good practice is making a difference.

279 Patrick McCrystal, Kathryn Higgins, Andrew Percy, Maeve Higgins

THE COST OF DRUGS IN ADOLESCENCE: YOUNG PEOPLE, THEIR MONEY AND DRUG USE BEHAVIOUR

Background/objectives: It is now common for young people in full-time secondary education hold part-time jobs. However, research suggests working part-time during school years to be associated with illicit substance use and delinquency. However, whilst the 1990s witnessed a rise in illicit drug use, little attention has been paid to the influence of working and the spending power of adolescents on drug use. The present paper will address this issue from data obtained in the Belfast Youth Development Study.

Method: 4308 young people participating in the Belfast Youth Development Study, a study of the onset and development of adolescent drug use, completed a questionnaire in school year 10 (aged 13/14 years). Data was collected via a self-completion questionnaire administered by the researchers in participating schools. The questionnaire included items on the young people's drug using behaviours and the money they receive.

Results: The findings from this paper suggest that the more money young people have to spend, more likely they are to use illicit drugs as well as more likely to report risk factors to drug use such low commitment to school; delinquent behaviour; contact with formal criminal justice agencies; and low parental monitoring.

Conclusions: The findings from this survey are important for a number of reasons. Firstly, it suggests the importance of money received (and its source) and how it is spent by adolescents, when studying drug use behaviour in young people. Secondly, these findings could help inform drug prevention strategies including drugs education at school and prevention initiatives developed to tackle drug use amongst young people. The content of such strategies should include advice on how to manage money and in particular educating young people on being responsible and sensible with their own money.

76 Cynthia Browne

THE BUZZ PROGRAMME

ISSUE: Limavady Borough has a population of 32,400 of which a remarkably large proportion, 27%, is under 16. This, and other significant factors, has contributed to a growing problem with drugs, alcohol and solvents.

SETTING: Limavady is situated approximately 20 miles outside County Londonderry. The BUZZ Programme is implemented throughout all 5 Post-Primary and 20 Primary schools in the area and is targeted at young people in the vulnerable Key Stages 2/3 and 4 transition years.

PROJECT: The BUZZ Programme is an arts-based education programme improving the knowledge, awareness and attitudes that young people have in relation to drugs and alcohol. The project is unique to N. Ireland in that it is comprehensive drug and alcohol education fusing artistic expression and new technology. It takes the young people on a 'creative journey' where they first learn about drugs and their effects, e.g. through the Limavady PSNI, and they then work on the issues involved in drug abuse through a variety of artistic activities such as drama, photography, modelling, painting and drawing, creative writing and IT work. The direction of each group's particular project is determined by the group themselves. Eventually, each group chooses a final project to work on which can take any of the forms aforementioned and is designed to act as an encouragement to multiple peers to remain drug-free or, at least, reduce the harm that drugs can cause.

OUTCOMES: Groups' main projects take many forms such as posters, drink spiking awareness cards, educational films, poetry anthology books, etc. This material is professionally finished and mass printed and is often accompanied by well-publicised campaign launches. Vital outcomes achieved for individual participants include thorough drugs, alcohol and solvents education with a long-term legacy, raised self-esteem and self confidence as well as encouragement in the pursuance of alternative, valuable and more fulfilling behaviour.

2PM - 3.30PM – ORAL POSTER SESSIONS

SESSION TITLE: STRENGTHENING NETWORKS IN THE FORMER SOVIET UNION

636 Vitaly Djuma

RUSSIAN HARM REDUCTION NETWORK AS EFFECTIVE ADVOCACY TOOL

The current debates in Russia on drug policy in general and on harm reduction specifically, highlight the need of advocacy tools. The establishment of the Russian Harm Reduction Network (RHRN) contributes to sustainability of harm

reduction strategy in the country. RHRN is based in Moscow, Russia, with 20 full member organizations and many more associated partners throughout the country. The goals of the RHRN are:

- advocacy for harm reduction as an effective response to HIV;
- advocacy for access to effective and affordable ART for all;
- empowerment of communities of drug users and PLWHAs;
- support to rational drug policy.

The first Network's activity was a protest campaign in response to a November 2003 anti-harm reduction statement by Russian Drug Control Service. In December 2003 and January 2004 we received 27 letters of support to harm reduction strategy from international and Russian organisations (incl. Human Rights Watch, Health Canada, Austrian Ministry of Health). As a result of the campaign, in February 2004, Drug Control Service declared it no longer plans to ban needle exchange.

RHRN representative hold regular meetings with key stakeholders in Russia, including UNAIDS, UNODC, the World Bank, Federal Service of Human Welfare (responsible for HIV/AIDS program), participates in Expanded UN Theme Group on HIV/AIDS in Russia (EUNTG), closely cooperates with the Russian National Forum of HIV/AIDS-service NGOs. RHRN is addressing the issue of financial sustainability of Russian harm reduction programs.

RHRN members participated in monitoring of human rights abuses of PLWHA, a project run by the Moscow Helsinki Group.

With RHRN's constituent membership, the New Drug Policy alliance actively works on empowerment of drug users' community. Contributing to rational discourse on drug policy, RHRN serves as co-organizer of the Russian conference on substitution therapy in October 2004.

Although a new entity, RHRN demonstrates the commitment to active advocacy.

924 Assel Janayeva

STRENGTHENING OF NGOS WORKING IN HARM REDUCTION,

The process of implementing the Harm Reduction Strategy was started in 1999. During the period of 5 years Soros Foundation Kazakhstan (SFK) provided grants for 14 different organizations on the territory of Kazakhstan. Now we could say that we developed 12 strong, self-motivated, professional, trained NGOs. In July 2004 some of projects decided to amalgamate into association. They already amalgamated in September 2004. SFK provides institutional support to this new association.

In 2003 the Global Found (GF) was coming in Kazakhstan. The Republican AIDS Center (RAIDS Center) were elected as the recipient of 22 million dollars from GF for 5 years. The main activities of RAIDS Center are: to provide support in syringes, condoms, informational materials; to introduce Anti Retro Virus therapy, MMT therapies in Kazakhstan; etc.

Regarding to changes in current situation and alignment of forces SFK decided to change our strategy. Our plans for the next years are

- Mini research to determine needs of marginal groups
- Development of remedial activities
- Institutionalization development of margin groups
- Achieve real access to medical and social service to margin population
- Development of strong NGO, accusations
- Cooperation with Global Found
- Humans Rights defence for vulnerable groups

902 Marija Rakovic

HIV PREVENTION NETWORK FOR VULNERABLE GROUPS

The HIV Prevention among Vulnerable Populations (HPVP) Initiative, started in October 2003. It is the project developed in coalition of Imperial College and Open Society Institute, funded by DFID and administrated under UNDP Serbia and Montenegro. Prior to the Initiative, there were no coordinated prevention programmes between NGO's and GO's working in the field of HIV/AIDS and harm reduction, with the exception of UNAIDS e mail network, no coalitions/networks gathering organizations/institutions.

Mission of the network addresses HIV/AIDS prevention and harm reduction among vulnerable groups and people living with HIV/AIDS on the territory of Serbia and Montenegro. The aims of the network are development of new and improvement of the existing HIV prevention and harm reduction programmes; confronting discrimination and stigmatization; linking and cooperation with institutions, non governmental and governmental organizations.

HIV Prevention Network was launched in September 2004. This is the first network of this kind in Serbia and Montenegro and it represents mutual effort in lobbying for better prevention programmes especially for groups vulnerable to

HIV. Network is open for all NGOs not only those working directly in the field of HIV/AIDS but also interested in rights of vulnerable populations (experts, PLWA, representatives of vulnerable groups, etc...).

So far the members of the network want to see the network develop as the liaison between NGOs and GOs, a forum for exchanging experiences, a starting point for raising a voice for vulnerable groups that would lead to stronger policy and advocacy initiatives.

Next step is a launch of the network web site, study tours to Romania and Macedonia where successful networks already exists, network meetings and trainings as well as publishing of a bi monthly electronic newsletters.

4PM - 5.30PM – CONCURRENT SESSIONS

SESSION TITLE: DRUG USE AND MENTAL ILLNESS

382 Dr Derek McLaughlin & Dr Anne Long

AN EXPLORATION OF THE ASPIRATIONS AND EXPERIENCES OF DUAL DIAGNOSIS WORKERS IN NORTHERN IRELAND

Dual Diagnosis Workers (DDWs) were first appointed in NI in 2003, on a three-year trial basis. These eight professionals were located in Health and Social Services Trusts across NI and came from both nursing and social work backgrounds. This qualitative study was designed to examine these DDWs' at the inception of their new post and at yearly intervals over the duration of the project. The study aimed to explore the DDWs' views, hopes, concerns and experiences as these exciting and challenging posts developed. All the eight DDWs were interviewed on a one to one basis, using a broad interview guide, to stimulate discussion around the issues. The interviews were audio taped and a tried and tested content analysis was conducted on the resultant data, to identify key themes and concepts that emerged from the transcripts. Findings from the initial interviews showed that the DDWs, had very clear ideas about what constituted and did not constitute a dual diagnosis. They expressed hopes for their service and what benefits it could bring to a person with a dual diagnosis. Further, they all expressed fears for the future, and what could potentially happen, to them personally/professionally and to the people who need their services. In addition, findings revealed that all of the DDWs aspired to carrying out a service that would provide accurate assessment and therapeutic interventions for people with a dual diagnosis from time of referral to discharge. In relation to their own needs, the DDWs stressed the importance of clinical supervision, the roles they were expected to fulfil, and where the service should be based. As this is a new and growing area of care, the findings will be of value nationally and internationally to all involved in the care and treatment of people with a dual diagnosis.

912 Roos Buntjer

SUPPORT, AN AMSTERDAM CASEMANAGEMENT PROJECT

A group of individuals, in the centre of Amsterdam with serious chronicle addiction problems and persistent mental illness or personality disorders, and co-existing problems as homelessness and involvement with the judicial system who have avoided or not responded well to traditional outpatient (mental/addiction) health care and rehabilitation services "live" on the street. For every person, housing, income, activation, medical care and entry to a safe place to use drugs should be realized. All these fields are facilitated by different organizations. To achieve result and to make the facilities more open for these people, all the different parties signed a covenant to commit themselves to the goal. A team of case managers coupled to the clients frequently contact them (assertive outreach in social shelters, using-rooms, day- activity centers) and support their clients on the daily activities: finding a bed for the night, obtaining social security, medication and treatment. A client-follow system gives information about the actual situation of the client on the level of the 5 goals (housing, income, activation, medical care and entry to a safe place to use drugs). The system used as an instrument to measure the client situation and can be used as a signal to policymakers; "not enough beds for a certain group", or certain facilitations are unavailable etc. Successes are booked in terms of keeping in contact with this group: we know where they are and we have better insight in their needs. By cooperating there is easier entry to treatment facilities, social shelters, day-activation centers etc. Special housing for the chronically addicted woman, working in prostitution and housing for the elderly addicted have been set up. The next thing we need to do is set up a process and continuously system of client satisfaction measurement.

1003 David Scott, SinÉad McGilloway and Michael Donnelly

RESPONDING TO ALCOHOL/DRUG ADDICTION AND MENTAL ILLNESS WITHIN THE CRIMINAL JUSTICE SYSTEM: A POLICE LIAISON SERVICE IN BELFAST

Background: Since the early 1990s, the UK government has promoted the diversion of Mentally Disordered Offenders (MDOs) away from the criminal justice system (CJS) into health and social care.

Aims: This paper describes a multi-agency police liaison scheme in Belfast implemented with the aim of detecting detainees with psychiatric and addiction problems and linking them to appropriate services. The 7-day-a-week service is based at an inner city police station and staffed by two mental health nurses.

Method: A mental health assessment 'pack' was devised to assess drug and alcohol abuse/dependency, psychiatric symptoms and risk of harm to self or others. Face-to-face interviews were conducted with service-users and key stakeholders to evaluate the extent to which the service provides an appropriate and inclusive approach.

Results: Sixteen per cent of all detainees (787/4917) were identified during the first 18 months as having a mental disorder. Almost half (48%) received an assessment, 91% (348/382) of whom had a mental health problem including alcohol/drug-abuse. Most detainees were single, unemployed males, approximately half of whom had a history of harming self and/or others. Sixty-eight per cent reported harmful alcohol consumption, 62% had severe psychiatric disorder; and 32% had problems with drug misuse. All detainees were referred to follow-up services. The service was valued highly by both service-users and stakeholders. It was particularly successful in developing strong multi-agency working between addiction and mental health services and the CJS as well as promoting a better understanding of the needs of offenders with addiction problems and psychiatric illness.

Conclusion: The service effectively identified, assessed and linked most MDOs to existing services. However, a substantial proportion of offenders - especially those with violent tendencies and/or a dual diagnosis involving alcohol or drugs - have complex needs which can only be met through an integrated community forensic mental health service.

32 J. Keene

A CASE LINKAGE STUDY OF CO-MORBIDITY IN MENTAL HEALTH AND SUBSTANCE MISUSE CARE POPULATIONS.

Background: The limitations of clinical and epidemiological methods have resulted in restricted and often inconsistent information about co-morbid disorders in health care populations as a whole.

Method: This study identifies the extent of (often unrecognised) shared care between two coterminous "care populations." It combines the total secondary mental health care population and all six substance misuse agency populations within one Health Authority population.

Results: It identifies shared "dual agency" co-morbid (dual diagnosis) client groups by characterising all substance misuse agency clients within mental health populations. For the total Health Authority population 3% had received mental health and 0.02% substance misuse services in a three year period. 28% of drug agency clients and 39% of alcohol agency clients had received mental health services. For a total mental health population of 19,029, 2% received drug, and 3% alcohol agency treatment. Two thirds of "dual agency co-morbid" clients were male, 40% had attended A+E and half had been mental health in-patients.

Conclusions: Shared Mental health/ drug agency populations were younger and received more mental health services than wider health populations. The results are consistent with previous studies but also provide additional information on "care populations" as a whole and the gap between need and service provision.

318 Harriet Devlin, Leanne Hides, Dan Lubman, Campbell Aitken, Margaret Hellard, Sandra Gregson

A CROSS SECTIONAL PREVALENCE STUDY OF PSYCHIATRIC SYMPTOMS OF A NSP AND PRIMARY HEALTH CENTRE (PHC)

Background: Mental health disorders are prevalent (47-86%) among people seeking treatment for opioid dependence, but the prevalence among heroin users who do not use drug treatment services is unknown. This study measured the prevalence of psychiatric symptoms among clients of a primary health care clinic (PHC) and a needle and syringe program (NSP) in Footscray, Melbourne, and documented the referrals made to other services.

Methodology: Data was collected during face-to-face interviews using a standardised drug and alcohol questionnaire (ASSIST), a structured clinical interview for DSM-IV disorders (the MINI), and a socio-demographic questionnaire.

Results: Of the 520 clients invited to participate; 77 (14.8%) agreed during 2004. The participants' mean age was 34 years, 71% were male and 60% were using opioids daily. Most participants (72%) reported symptoms indicating a current psychiatric illness (four of whom were not previously diagnosed). Mood disorders were the most common (64%, including major depression and past manic episodes), followed by anxiety disorders (57%), past psychotic episodes (40%) and finally current psychotic disorders (10%). Thirty per cent of the participants were already in contact with a variety of mental health services, but another 50% were referred to appropriate services.

Discussion: Psychiatric symptoms (notably depression and anxiety) were commonly identified among the clients, consistent with rates found in drug treatment populations. This consistency, the identification of undiagnosed psychiatric symptoms, and the high rate of referrals underscore the need for appropriate mental health assessment in NSPs and PHCs. A short, standardized assessment is recommended to guide treatment and referral decisions.

60 Ts. P. Korolenko, E.N.Zagoruyko.

ADDICTIVE DISORDERS IN THE STRUCTURE OF DUAL DIAGNOSIS

According to our observation most of the patients with chemical, including alcohol, and non-chemical addictions reveal the signs typical for some forms of personality disorders, especially borderline. Nevertheless, the diagnosis of personality disorders was established approximately only after one year after the first meeting the patient with psychiatrist. The anti-addictive treatment which included psychotherapy and psychopharmacological approaches had only very short-term effect before personality disorder was diagnosed. Personality disorders in contrast with disorders localized on the Axis I (DSM-IV-TR) are fixed on the Axis II because their stable and rigid character. The therapy of these disorders presented more difficult task than a therapy of presented on the Axis I relatively flexible and transient addictions. The treatment of personality disorder is predominantly oriented on the contemporary psychotherapeutic models which provided influence on the deep psychological mechanisms of long existed personality problems. The treatment of choice in such cases was psychoanalytic therapy oriented on Self-Object relation theory and Dialectical Behaviour Therapy. The following methods were used for the assessment of the studied states: Alcohol Use Disorders Identification Test (Audit), Millon Clinical Multiaxial Inventory (MCMI-III)

843 Raminta Stuikeyte, Anya Sarang, , Lucy Platt, Anna Alexandrova

RAISING AWARENESS FOR PRAGMATIC APPROACHES TOWARDS SEX WORK IN CEE/CA

After political, economical and social changes in 90s, Central and Eastern Europe and Central Asia (CEE/CA) experienced significant rise of sex work (SW) and drug use. State policies addressing those phenomena are often restrictive and lead to social exclusion of persons affected by SW and drug use, as well as deepening of related harms, including HIV epidemics. According to UNAIDS, 1.3 million people lived with HIV/AIDS in CEE/CA at the end of 2003; injecting drug use was dominating route of transmission, sexual HIV transmission was increasing. In 2004, Central and Eastern European Harm Reduction Network made a survey to assess current national SW policies and practices through national focal points and harm reduction programs. Responses from 22 CEE/CA countries showed that most countries directly prohibit SW or do not regulate it through normative acts; 2 countries were found to have quasi legal SW. Policies and negative attitudes towards sex workers (SWs) lead to their discrimination and violation of their rights. Harsh drug policies increase SWs vulnerability, since level of drug use is high among SWs, especially street SWs. SW policies and practices limit SWs access to services. Harm reduction programs, as well as special programs for women and MSM, provide access to basic preventive and healthcare means but their coverage remains low. SWs awareness about their rights and self-advocacy is low. HIV/AIDS, drug use and commercial SW regulations are interconnected. SW policies and practices should be analyzed more in-depth, and pragmatic approaches should be advocated. This process could be led by coalitions of harm reduction programs, organizations working with vulnerable populations (including women and trafficked persons), as well as human rights organizations. Therefore increasing their awareness about the issue, as well as empowerment and involvement of sex workers is crucial.

4PM - 5.30PM – CONCURRENT SESSIONS**SESSION TITLE: DRUG TRENDS AND DRUG MARKETS**

80 Louisa Degenhardt, Carolyn Day, Elizabeth Conroy, Stuart Gilmour, Wayne Hall

DIFFERENTIAL IMPACTS OF REDUCED DRUG SUPPLY UPON YOUTH: EFFECTS OF A "HEROIN SHORTAGE" IN NSW, AUSTRALIA

Background: There have been numerous reports of declines in the age of initiation to drug use, in particular heroin use. Early initiation has been associated with a number of harms and a number of interventions have been assessed. This paper examines age differentials in the impact of changes in drug supply on initiation to heroin use.

Method: Indicator data were examined by age group on the number of persons entering treatment for heroin and amphetamine dependence, arrests for heroin use/possession and number of drug related deaths, in NSW Australia. Data were analysed using times series analysis.

Results: There was a 41% reduction in the number of new registrations for opioid pharmacotherapy per month among 25-34 year olds, but no apparent changes among other age groups. Reductions in the number of non-pharmacological treatment episodes were most pronounced among younger age groups. There was 49% reduction in the number of heroin possession/use offences among those aged 15-24 years. Declines in heroin related deaths were greatest among 15-24 year olds. There was no change in other drug-related deaths in any age group.

Conclusions: A reduction in heroin supply was followed by greater reductions in heroin related harms among younger than older people, across a number of outcome domains.

214 Octavery Kamil, Wayne Wiebel, Ign. Praptoraharjo, Nasrun Hadi

INITIATING COMMUNITY EPIDEMIOLOGY WORKING GROUP IN INDONESIA

Issue: A decade after the first case of infection by needle use was reported in 1992, an estimated 38% of HIV infection is via needle use by Injection drug users. In 2000, the government formed a National Narcotics Board (BNN) to respond to the problem, but no good data system exists that will allow this board to effectively target resources.

Setting: Policies and programs to address HIV and IV drug use need to be based on solid information, but the socio-economic and political context of Indonesia has not been conducive to developing a good monitoring system to address drug use. However, the experiences with data collection to date, by both government and NGOs, can serve as a model for how to collect data that will support an effective response to these issues.

Project: In August 2003, a number of partners (UIC, FHI, PPK UI with support of funds from World AIDS Foundation) trained government and NGO stakeholders to develop the Community Epidemiology Working Group (CEWG), a network of monitoring sistem of drugs trends, in four of Indonesia's largest cities (Jakarta, Depasar, Medan and Surabaya). CEWG includes developing a strong data system so that programmatic and policy responses to narcotics will be effective. The training covered the goals, functions and benefits of data, and how to facilitate CEWG at the local level.

Outcome: The training helped participants understand the importance of data in developing effective programs and policies. As Indonesia decentralizes, there is an increased risk that various actors will collect data with no institutionalized coordination. Therefore, it is important to promote and distribute work done by the CEWG, and promote broad participation. External technical support may help as local experience is limited, in the form of training and facilitating the start of networks.

954 Tiggey May

DRUG MARKETS, SELLERS AND LOCAL COMMUNITIES

Background: The study examined routes into selling, the dynamics of selling and described how different dealers are to users or others in the community. It also assessed strategic responses to drug markets from treatment services, the police and other agencies.

Methods: 80 drug sellers, user dealers, runners and drug users were interviewed, alongside 130 police officers, treatment professionals, young people and community representatives. Interviews were both semi-structured and qualitative. Secondary source data were also collected.

Results: Low-level sellers and many users are overlapping groups, and local drug markets are often integrated in local licit and illicit economies. Routes into selling take a variety of forms and the early lives of many sellers mirrors that of users. The money made from selling drugs is often re-routed back into local communities. Professionals working in drug markets believe there are a growing number of young people entering drug selling, and the need to protect young people from becoming involved in drug market activity is vital.

Conclusions/Discussion: The distribution of illegal drugs from suppliers to users takes many different forms. Drug markets also take very different forms. There is no one type of seller or market. Understanding the relationship between users, sellers and markets is vital if harm reduction measures are to realise their full potential. Strategies for tackling drug markets risk failure if premised on the assumption that they are caused solely by predatory, criminal outsiders. Drug selling and using are one of a number of neighbourhood problems. On their own they are not sufficient to create neighbourhood decline. Government policy and harm reduction measures need to have a greater understanding of the relationship between drug dealing and using, and work with drug sellers and users to reduce the harms to all those involved.

757 Paul Dietze, Jonathon Caulkins, Cate Quinn & Caroline Godkin

CHANGES IN HEROIN SEIZURE PURITY IN VICTORIA, AUSTRALIA: A DESCRIPTION OF THE PURITY CHANGES ASSOCIATED WITH THE HEROIN 'DROUGHT'

Objective: In this paper we explore some of the findings for Victoria in order to describe the effects of the changes in heroin supply evident in police seizure data. **Methods:** All seizures of heroin and methamphetamines by Victoria Police are analysed and collated by the Victoria Police Forensic Services Centre. Seizure data across 1/98 - 6/03 were examined at a 'street' (<0.4g) and higher market levels (~350 gram seizures).

Results: The number of seizures in Victoria declined dramatically after the drought onset. Average and maximum seizure size in both raw and pure grams fell sharply with the drought onset. Curiously, seizure purity started to decline before the drought, falling gradually from 75% to 40% before the drought onset (Dec '00/Jan '01) before plummeting to 15% in early 2001 and rebounding to 20-25% subsequently. Despite these temporal changes, seizure purity remained consistent across different seizure sizes both before and after the drought onset. Immediately post-drought there were many instances of very low purity heroin; by 2002 both very low (<15%) and high (>35%) purity observations were rare, so variability was lower after the drought. For methamphetamine, purity rose throughout this period and numbers of seizures increased in the first year of the heroin drought, but then subsequently fell.

Conclusions: Heroin supply was unstable before the heroin drought. The drought brought reductions in heroin purity even though there appears to be little 'cutting' of heroin either before or after the drought. The heroin drought does not seem to have affected the methamphetamine market. Further research is needed linking seizure purity to price in order to better understand the extent to which the price per unit quantity changes across the spectrum of heroin supply in the state and to unpack the relationship between overdose and price per pure gram, average purity, and variability in purity.

4PM - 5.30PM – CONCURRENT SESSIONS**SESSION TITLE: PERSPECTIVES ON ALCOHOL #1****855 Inchaurreaga S. Michelli E. Hurtado G.**

HARM REDUCTION AND ALCOHOL FROM MARGINAL AREAS TO ROCK CONCERTS AND OKTOBERFEST. NEW APPROACHES IN ARGENTINA

Issue: Alcohol is associated with the majority of drugs related harms in Argentina, alone or mixed with illegal drugs. High availability, low cost, combination with other drugs specially cocaine and social acceptance are seen as key problems. Harm reduction related to alcohol use and alcohol plus drug use is a new approach that tries to face new problems as combination of substances, open scenes, driving and masive events where alcohol is the main actor.

Programme: The Argentinean Harm Reduction Association ARDA since several years are developing programmes and specific materials asociated to different substances from cocaine and marihuana, to extasis and ketamines and also alcohol. First alcohol & harm reduction campaigns were focused on marginal areas, and on open scenes and rock concerts. Also the approach was involve in the Programme "Sex, Drugs and Rock and Roll" that involves the letters of the songs to develop friendly materials. Phamplets of Rosario Harm Reduction Programme saying "If you drink, take seriously this information" include key information about risks of mixing alcohol with any other drug (marihuana, cocaine, pills, ketamines, extasis). Recently the aproach was the innovative element of the Oktoberfest, the traditional german fest that is classically developed in Villa General Belgrano in Argentina with over 50,000 persons.

Lessons learned: Even if harm reduction was initially diseminated in Argentina asociated to intravenous drug use, currently it has been expanded to different ways of consumption and legal and illegal drugs. Harm Reduction related to legal as well

as recreational drugs and harm reduction programmes in open scenes are good samples of new developments that need support and acceptance.

338 Mari Jarveland

CHALLENGES OF DEVELOPING HARM REDUCTION ALCOHOL POLICY IN ESTONIA

There is plenty of positive statistics about Estonia - The Heritage Foundation ranks Estonia fourth in the world on its list of economic freedom. Estonia's taxation policy is progressive and foreign investments grow at around 10 per cent annually.

Estonia is an example of state with liberal alcohol policy. European Comparative Alcohol Study (ECAS) evaluated the alcohol policy in EU in 2000 and the mean score was 11.4 points on 20 points scale. According to this methodology, the strictness of Estonian alcohol policy is at 8 points. In 2000, in Estonia the consumption of alcohol was 7.6 litres and in 2003, already 10.9 litres absolute alcohol per capita. Alcohol related harm in public health can be characterized as follows. Mortality due to injuries is 3 to 5 fold higher than in nordic countries. In 2001, only the cost of alcohol related injuries was tantamount to 1% of the global social product of Estonia. The life expectancy of males is 65.1 years, and it is 12.8 years less than females' life expectancy.

What can be the challenges for reduction alcohol related harm in Estonia? The main goal is to reduce alcohol related harms to both, individual and society. The most vital task is preventing alcohol-related harm among children and teenagers. Currently mean age of the first drink for boys is at age 11.1 years and for girls 11.9 years, whereas the puberty begins at age 12.2 for boys and 11.6 for girls. The same time it is momentous to protect those at higher risk, improving the effectiveness of legislation and regulatory initiatives, intervention done by professionals, diminution availableness, promoting alcohol free environments, restrict advertisement. All these activities should be accompanied by research and evaluation.

492 Shanmuganandan

ALCOHOL, TOBACCO AND DRUG DEPENDENCE IN ASIAN COUNTRIES: UNDERSTANDING THE MAJOR SOCIAL DIMENSIONS AND PLANNING STRATEGIES FOR BEHAVIOUR MODIFICATION

Most of the countries in Asia have not given alcohol the serious attention accorded to other addictive drugs such as narcotics and nicotine as in the case of tobacco consumption in various forms. Since the alcohol and tobacco problems are not given the due urgency it warrants comprehensive information on alcohol and tobacco consumption and its net effects on society are lacking in most developing and low-income countries. The reality about alcohol and tobacco consumption is that the developed countries are drinking less and, in contrast, consumption in developing countries is increasing. It is also rising in the South East Asian Region¹. The future's market is in the developing world, particularly Asia. The present study attempts to analyze the alcohol and tobacco consumption and its impact in Asian Countries particularly tobacco and alcohol related diseases and mortality status besides bringing out the major socioeconomic, psychosocial and behavioural dimensions influencing the consumption pattern and related harms with the help of analyzing the selected major variables using the multivariate statistical technique factor analysis. The study also probed into the gender and age-wise variation in the pattern and explaining the major behavioural and social factors influencing the pattern of consumption. The study was based on the secondary data and also the information collected from the review of literature. It was inferred from the study that the Alcohol use causes 3.5 per cent of all global death and disability in the world². This puts alcohol on the same level with measles, tuberculosis, and malaria and indicates that it is more than five times as significant as illegal drugs in terms of its impact on global health. The burden of alcohol use falls heaviest on developing countries. This presentation will give an overview of the impact of alcohol consumption on developing countries in Asia.

477 D.MOHAN1 , A.CHOPRA2 , H.SETHI3, A. DHAWAN4

RAPID ASSESSMENT OF ALCOHOL USE IN THRISSUR DISTRICT ,SOUTH INDIA

OBJECTIVES: The prevalence and pattern of alcohol use was estimated using a rapid assessment technique in the general population of Thrissur district in south India.

METHODS: A cross-sectional, population-based, multistage random sampling technique was used. Information on 43953 males and females above 10 years of age, both from rural and urban areas in the district was obtained. Information was obtained from the head of household/key informant. Current alcohol use (past one month) and dependence were measured by an instrument based on DSM III R

operationalised criteria .. It also inquired about the type, quantity and frequency of alcohol consumption.

RESULTS: Past one month alcohol consumption was reported by 15.6% males and negligible females. Drinkers reported consuming Only beer (locally prepared brew called toddy, 16.8%), spirits (70.4%) and both (12.8%). Based on QF measures, there were 47.3% infrequent , 33.9% hazardous and 9.8% heavy episodic(5+ more drinks) drinkers. Concomitant tobacco use was reported by 72.2% users.

CONCLUSIONS: Alcohol related harm reduction and for reducing social ,economic and health cost associated with alcohol consumption government policy needs to be targeted at spirits which are more widely consumed , rather than beer . majority of the population is alcohol abstinent in Thrissur (85%). As producers of the local beer` toddy` in the region , there are large numbers of abstainers and they can be ripe for exploitation. De- addiction programmes in the area are located mostly in urban areas with a large part of rural areas having been left untouched . Treatment facilities need to keep in mind the enhanced threat of alcohol use and should provide integrated management to individuals seeking help for alcohol problems.

764 Paul Aylward

DEVELOPING AN EVALUATION MODEL FOR AN ALCOHOL AND MIXED ALCOHOL AND OTHER DRUG CONSUMPTION EDUCATION PROJECT FOR THE VIETNAMESE COMMUNITY IN SOUTH AUSTRALIA.

This project aims to reduce the health risks associated with the consumption of alcohol and mix use of alcohol with other drugs in the South Australian Vietnamese Community through implementing a variety of educational and awareness raising strategies targeting specific groups and the whole of the community. A culturally appropriate participatory action research approach to the evaluation research has been designed which purposely enlists the collaboration of the Project team and the Hoi Sinh Committee to help identify and enact suitable strategies in order to facilitate the gathering of authentic data from clients. The approach has borrowed from the ethnographic use of sponsors as cultural guides and bridges, and engaged with Vietnamese project officers as partners in the evaluation procedure, data gathering and analysis. This work is on-going and the evaluation will seek to improve practice whilst developing a model for best practice for evaluating AOD projects for CALD groups. The multifaceted approach employed will be presented as a potential means to acquire robust and authentic accounts from culturally diverse groups which also meet the requirements of funding bodies.

620 Kevin Brain, Fiona Measham

BOOZING AND BINGEING:THE PROBLEM OF PLEASURE IN CONSUMER SOCIETY

Boozing and Bingeing: The Problem of Pleasure in Consumer Society Kevin Brain and Fiona Measham

Abstract: In this presentation we will draw on the findings from research conducted in Manchester in 2004 exploring young people's 'nights out' and patterns of alcohol consumption. In doing so the presentation focuses on four inter-related themes.

First, it explores the main trends in youth drinking in the UK, demonstrating how the alcohol market and styles of consumption have changed. These changes, it is argued, are a reflection of wider socio-economic and cultural changes in society, in particular, the move from an industrial to a post-industrial society. In post-industrial society 'night-time' and leisure economies exploit hedonistic psychoactive consumption. Second, it demonstrates how young people adopt a consumer approach to alcohol (and illegal drugs), consuming for hedonistic pleasure in a controlled decontrolling of the emotions. Two styles of contemporary consumer drinking are mapped out, "bounded" and "unbounded" hedonistic consumption. Third, it suggests that these styles of drinking are related to processes of consumerisation and individualisation affecting all western societies. Fourth, we consider how processes of inclusion and exclusion may condition the extent to which alcohol consumption becomes "unbounded".

Finally, the presentation concludes by suggesting that in post-industrial economies the potential problems generated by consumption and excess become central social concerns and may require new approaches to public policy to address the problem of pleasure.

560 Jim Murray, Brad Sellars

KEEP AN EYE OPEN: VICTORIA'S DRINK SPIKING PREVENTION CAMPAIGN

The Victorian drink spiking education and prevention campaign is an initiative funded through the Victorian Law Enforcement Drug Fund (VLEDF) 2001 grants, and managed by Crime Prevention Victoria.

A report released by the Attorney General's Department of Australia in May 2004 found that between 1 July 2002 and 30 June 2003 (i.e. over 12 months), between 3000 and 4000 incidents of drink spiking overall occurred in Australia, of which between 850 and 1300 involved sexual assault.

The programme was conceived as a public health partnership, designed to deliver a communications infrastructure to address drink spiking in Victoria (Australia). The programme was the result of positive collaboration between Crime Prevention Victoria, Convenience Advertising, CASA House, City of Melbourne, Victoria Police and the City of Greater Bendigo.

The programme utilised the Convenience Advertising narrowcast methodology of placing gender specific messages in the toilets of licensed premises. The programme targeted male and female patrons, as well as bar and security staff with prevention and harm reduction messages that sign posted relevant services.

Messages were focus tested among members of the target audiences and developed with the input of stakeholders.

In December 2002 this pilot programme was evaluated by the Australian Drug Foundation, in association with QCSR Canberra. The evaluation evidenced significant positive outcomes, and benefits to each target group.

In 2004 the programme received renewed funding. New messages were developed and the programme infrastructure extended to incorporate all major population centres in Victoria. In addition, a new resource component was developed to enable the issue of drink spiking prevention and management to be incorporated into responsible service of alcohol guidelines for workers in Victoria.

This campaign will be evaluated again in late 2004. Evaluation results will be presented at the conference.

4PM - 5.30PM – CONCURRENT SESSIONS

SESSION TITLE: PROVISION OF EQUIPMENT FOR HARM REDUCTION

415 Zhang Jianxin; Zhang Linglin; Wang Shaoping; Gu Yi; Jiang Hongyun

ACHIEVING HARM REDUCTION AND SOCIAL DEVELOPMENT IN CHINA: EVIDENCE FROM SICHUAN PROVINCE

Issue: Harm reduction approaches have been introduced in China only in the last five years, posing a challenge to existing policy and prevailing public opinion about drug use. Initially harm reduction strategies were controversial and perceived as potentially leading to increased drug use, crime and discarded needles.

Setting: In the 1980's, drug use became epidemic in areas of Southwestern China on the route from regions bordering the golden triangle to the inland, including parts of Sichuan. Since the 1990's HIV prevalence among IDUs has increased.

Project: The China-UK HIV/AIDS Prevention and Care Project, which aims at developing replicable models of HIV/AIDS prevention, treatment and care for high-risk and vulnerable groups, has been working in Sichuan and Yunnan provinces since 2001. In Sichuan the project has carried out policy advocacy, set up multisectoral participation mechanisms, built an operational team and improved its capacity, advocated for support from community and families of IDUs, integrated available resources and encouraged the active participation of IDUs. Based on the approaches above, needle exchange, bleaching, methadone maintenance, voluntary counseling and testing (VCT) were conducted among IDUs. Sichuan was the first province in China where needle exchange was piloted. The success of the intervention has encouraged other provinces to begin to adopt needle exchange and has encouraged an environment in which harm reduction approaches are increasingly accepted.

Outcomes: The project has seen drug users' recover social and family function, increased awareness of HIV risk and VCT and decreased needle sharing. More importantly, public isolation and discrimination against IDUs decreased, and support from families and communities strengthened. Participation of IDUs in response to HIV/AIDS was widely accepted. The effectiveness of harm reduction depends not only on its implementation but also on the policy, social and family environment, especially the institutional and ideological context

315 Scott Burris

NEEDLE EXCHANGE AS MICROGOVERNANCE

Issue: This presentation considers the needle exchange program as an exercise in local governance.

Approach: The presentation applies a "nodal governance" framework that has emerged from community action research in policing and security.

Key Points: Through needle exchange, the operation of drug scenes, previously governed by police, gangs or other institutions, can be influenced, often to a

considerable degree, by harm reductionists. Needle exchanges also influence the governance of disease prevention, by working in cooperation or competition with local public health authorities. Needle exchange has successfully spread across the globe, behaving as a "cultural virus" that is readily transmitted from place to place. Several essential elements have been responsible for its diffusion and its local effectiveness: it requires minimal resources to start; it deploys a simple technology for distributing health goods that requires little expensive professional involvement; and it is guided by a mentality, harm reduction, that motivates participants and organizes cooperation towards clear goals.

Implications: The presentation concludes with observations about future strategies for spreading and sustaining needle exchange programs, as well as how lessons from the diffusion of needle exchange programs can be applied to harm reduction programs among sex workers and other vulnerable populations.

85 Hammett TM, Des Jarlais DC, Johnston P, Kling R, Wei L, Yi C, Ngu D, Son NT, Van LK, Meng D

A CROSS-BORDER HIV PREVENTION PROJECT FOR IDUS IN NORTHERN VIETNAM AND SOUTHERN CHINA: 18 MONTH RESULTS

Background/Objectives: To control a growing cross-border HIV epidemic among IDUs, a harm reduction intervention was implemented in 2002 in Lang Son Province, Vietnam and Ning Ming County, Guangxi Province, China. Salaried peer educators contact IDUs in the community, provide HIV risk reduction information, distribute new needles/syringes, vouchers good for new needles/syringes in participating pharmacies, and condoms. They also collect and dispose of used needles/syringes.

Methods: This is a structural intervention That is being evaluated through cross-sectional surveys of IDUs (behavioral interviews and HIV testing with counseling) at baseline and 6 month intervals thereafter. A system of unique ID numbers allows linkage of the records of participants in multiple surveys. Process data on project activities are also being collected.

Results: Through 18 months, the interventions are reaching more than 70% of IDUs in the project sites and providing an average of 20,000-25,000 new needle/syringes per month. By the 12-month follow-up survey, self-reported HIV risk behaviors related to drug injection had been greatly reduced, particularly in China where baseline rates were higher. HIV prevalence among IDUs has stabilized in Ning Ming (at about 15%) and actually declined in Vietnam (from 46% at baseline to 37% at 18 months). In other nearby areas, HIV prevalence among IDUs continued to increase in the absence of interventions. HIV transmission has not been halted but incidence is going down.

Conclusions: The cross-border interventions have been well received and strongly supported by all stakeholders including political leaders, police, pharmacies, community members, and IDUs themselves. Coverage levels suggest an intervention surpassing pilot status and reaching public health scale. Results though 18 months are extremely promising. Such interventions appear worthy of replication and scaling up to national level.

201 Carla Treloar; Wen Cao

ACCESS TO HARM REDUCTION SERVICES AND 'HIDDEN' INJECTORS: BARRIERS TO NSP USE

Most surveillance of people who inject drugs in Australia is done with samples of participants drawn from those who attend Needle and Syringe Programs (NSP). We sought to examine the barriers and incentives to NSP access of a group of people who inject drugs (IDU) who do not or infrequently access NSP from a defined geographical area in Sydney, which has been estimated to house the highest number of IDU in Australia. A cross-sectional, interviewer-administered questionnaire was completed by 294 participants, most of whom were recruited through the personal and extended networks of peer interviewers. Infrequent NSP users were characterised as: living in the sector of the study area housing the higher number of services for people who inject drugs; being on government benefits; learning injecting from people with medical training; being known to health workers or police; injecting alone; having been tested for blood-borne viruses; being less concerned about contact with NSP staff; injecting for a longer time. Issues of stigma and anonymity were concerns for the majority of participants regardless of their access to NSP. Infrequent NSP users were more likely to report issues of convenience and NSP operation as barriers to access. Understanding the preferences of people who inject drugs beyond those who attend NSP is central to providing health services which meet their needs and in developing hepatitis C prevention programs which reach this target group.

545 Carmen Aceijas, Matthew Hickman, Anya Sarang, Roman Bykov, Lucas Wiessing and Dagmar Hedrich. On Behalf of the UN Reference Group on HIV/AIDS Prevention and Care among IDUs in Developing and Transitional Countries

COVERAGE OF NEEDLE AND SYRINGE PROGRAMS IN DEVELOPING AND TRANSITIONAL COUNTRIES

Background: The importance of injecting practices using contaminated equipment in fuelling the spread of HIV is well documented. The impact of NSP in reducing the HIV transmission has been widely reported and, nowadays they are internationally acknowledged as basic public health resources in preventing the transmission of HIV. To assess their efficacy, their coverage must be assessed. We report progress towards obtaining global, regional and national levels of coverage of NSP in developing and transitional countries.

Methods: Existing reports on availability of NSP were collected (1998-2004). Programs were approached to gather information on their activity levels (IDUs reached and syringes distributed). Two types of coverage were calculated: specific (for population in contact) and overall (for IDU population estimated in the area). Programs were classified into each of 4 categories (<5%, 5%-<15%, 15%-60% and >60%)

Results: By 2004, 66 countries were reported to have NSPs. In at least 22 countries with evidence of HIV among IDU, there were no NSP. From 1998-2004, the total NSP in developing and transitional countries ranged from 200 to 300. Information on their levels of activity was gathered for over 220 NSP. In Eastern Europe and Central Asia, 77 programs have an overall coverage <5% (eg: Tirana: 0.07%). 86 have a specific coverage over 15% (eg: Minsk: 21.52%)

Conclusions: Information on NSP activity/coverage isn't always available or reliable. Where data are available, they suggest that coverage is low. However information from other sources of safe injecting equipment (eg: Pharmacies) hasn't been included in this study and their impact therefore remains un-assessed. Other sources of bias could be the level of reliability in the estimates of the IDU population used to calculate the overall coverage. Improving routine data and measuring coverage is a step to addressing the problem i.e how can syringe availability be increased to prevent HIV infection among IDU?

165 Devi Karyadi; Elisabeth Emrys

MEDIA ADVOCACY FOR SAFE SHARPS DISPOSAL IN INDONESIA

Issue: IDUs in Indonesia lack appropriate sharps disposal services. Injecting equipment is often discarded in public places, or hidden in public amenities. Community stakeholders often have poor understanding of harm reduction, while NGOs often lack advocacy experience with the mass media and other stakeholders. A needle and syringe "Clean-Up Day" event allowed NGOs to begin working with the mass media and other stakeholders to address discarded needles, an issue of mutual concern.

Setting: "Clean-Up Day" activities were conducted in three regional cities, including Bandung, Surabaya and Bali. The Centre for Harm Reduction (ASA/FHI) provided leadership to 6 NGOs participating in the campaign, including Yayasans Bahtera, Grapiks, Metamorphosa, YKP2N, Talenta and Hati-Hati.

Project: Members of an NGO network were invited to join a "Clean-Up Day" event, with 6 groups participating. CHR provided each group with event guidelines, press kits and prepared answers to frequently asked questions. Gloves, tongs and safe disposal advice were also given. Events were held in 3 cities, with NGOs in a fourth city (Makassar) canceling due to a police anti-drug campaign. Discarded sharps were collected from public places and local clinics were invited to destroy their waste sharps at the same event. Incineration of collected waste was the focal point of "Clean-Up Day" press conferences, with senior medical, police and community leaders also attending. A total of 17 articles, 9 radio and 3 television reports were published.

Outcomes: "Clean-Up Day" helped participating NGOs to build confidence and skills in media advocacy, allowing them to interact with the media in a controlled way and portray their activity and organisation in a positive light (i.e. community protection focus). The events helped NGOs build enduring relationships with media, local clinics and disposal services. It also raised awareness of sharps disposal practices and occupational safety in NGO settings.

507 Holly Hagan, Zdravko Vassilev, Anna Lyuobenova, Nikolai Tomov, Georgi Vasilev, Dorita Krasteva, DC Des Jarlais

SUCCESSFUL HIV PREVENTION IN EASTERN EUROPE: THE CASE OF BULGARIA

Background: Lying along the "Balkan route" of heroin trafficking between central Asia and western Europe, Bulgaria experienced an outbreak of injection drug use in the 1990s. Being adjacent to countries where HIV outbreaks in drug injectors have

occurred, needle exchange began in Sofia in 1998 to prevent similar spread. However, recent increases in criminal penalties for drug use have increased stigmatization of drug use and made it more difficult to carry out needle exchange and outreach.

Methods: IDUs were recruited through needle exchanges run by a community-based organization, and through municipal and national drug treatment programs in Sofia beginning July, 2003. Eligibility criteria were age >18 and injection in the past 6 months. Risk behavior data were collected, and blood specimens tested for antibody to HIV and hepatitis C virus (HCV).

Results: Of 717 IDUs in the study, 79% are male and 12% are Roma. Median age was 24.2, and median duration of drug injection was 6 years. Powder heroin is the primary injected drug. Only three cases of HIV infection have been found (0.4%), although 73% are HCV-positive. In the 30 days prior to study enrollment, 32% of participants injected with a syringe used by another IDU, and 78% shared equipment to prepare drugs for injection. Forty-one percent had attended a needle exchange in the previous 6 months. In multivariate analysis, HCV infection was associated with duration of injection (AOR=1.4 per year of injection) and history of incarceration (AOR=2.9).

Conclusions: Low HIV, high HCV and moderate risk behavior is similar to the situation in other countries with extensive harm reduction programs, such as Australia and the UK. The influence of law enforcement policies and increased incarceration on risk of infection are not yet clear, but rapid spread of HIV throughout Eastern Europe suggests that harm reduction activities must remain accessible to this population.

245 Chris Buchner

BALANCING ACCESS AND PUBLIC SAFETY IN NEEDLE EXCHANGE PROGRAM DISTRIBUTION POLICY

ISSUE: Evidence demonstrates that needs-based distribution policies for needle exchange programs (NEP) increase access to sterile injection equipment, compared to one-for-one distribution policies. However, switching to needs-based policies may result in lower return rates of used needles at exchange sites. Many NEPs may face a policy dilemma: the choice between access, and thus improved public health outcomes, and public safety, keeping used syringes out of public areas.

SETTING: In 2002, Vancouver Coastal Health (VCH) and the province of British Columbia implemented a change in needle exchange policy. A decision was made to move from a long-standing one-for-one exchange policy to a needs-based exchange policy, while the NEP expanded and decentralized.

PROJECT: A multi-sector coordinating group was assembled in response to the anticipated increase in inappropriately discarded injection equipment associated with policy change and program expansion described above. The assembled partners include Vancouver Coastal Health, City of Vancouver, Department of Engineering and Sanitation, Vancouver School Board, Vancouver Park Board, neighbourhood associations, business associations, community policing, drug user groups, street youth employers and front-line pick-up workers. This group meets monthly to

- review data regarding location and volume of inappropriately discarded syringes,
- manage resources related to recovery of used syringes
- strategize for the placement of public sharps containers,
- coordinate peer interventions, and
- discuss emerging trends in public drug use.

Data is analyzed with the use of maps and a geographical information system.

OUTCOMES: The committee's analysis of collected data facilitated the identification of problem NEP sites and user groups, and promoted the strategic, flexible and responsive use of needle recovery resources. This program allows VCH to balance access to sterile injecting equipment with public safety and order.

788 Minjian Ni; Ji-Liang Wang; Caroline Fitzwarryne; Wei Chen; Kim Wheeler

MUSLIM COMMUNITY-BASED NEEDLE AND SYRINGE EXCHANGE PROGRAM (NSEP) FOR HIV/AIDS PREVENTION IN YINING CITY, NORTH-WEST CHINA

In 2003 there were 2900 reported HIV positive cases in Yining City (Yili Prefecture, Xinjiang-Uyghur Autonomous Region). Of these, 95% were reported as IDUs.

The project covers around 50% of IDUs in Yining City; 80% of IDUs in project street administration areas.

A harm reduction program was launched in October 2003 funded by Xinjiang HIV/AIDS Prevention and Care Project (XJHAPAC), a bilateral Project of Chinese and Australian Governments. The objective is to prevent further transmission of HIV/AIDS and reduce stigma/discrimination towards HIV+ people

and IDUs.

There is ongoing community mobilisation [targeted at government, health, law enforcement and local community (including Imam) leaders, and the general community/women's groups]. Activities include community resident conferences, Imams discussions with followers during Friday prayers, speeches by community VIPs, HIV/AIDS knowledge quizzes in local markets, and government/ community formal information-sharing discussions.

A NSEP is provided through street patrols and fixed sites. There are 17 fixed sites including pharmacies, small shops, clinics and specifically-designed NSE outlets.

Training was provided for community leaders, Imams, local police and volunteers. The 12 volunteers, who provide information, counselling and distribute N&Ss/condoms, are all locally-known ex-drug users. IDUs also have access to information about safe sex.

Significant positive changes in community involvement and support, and that of key agencies (such as local government and police) have enabled IDUs to have access to information and NSE.

Initial results from a current mid-term review show that: Over 22,400 N&S packages have been delivered and 24,400 used N&Ss have been collected and disposed of in cremation facilities; Sharing of needles among IDUs decreased by 52%, condom use increased by 38% among IDU couples, and 33.3% with CSWs; 87.7% of IDUs accessed N&S from street patrols/volunteer stations/primary health clinics/local shops, preferring them to pharmacies/hospitals.

4PM - 5.30PM – CONCURRENT SESSIONS **SESSION TITLE: SAFER INJECTING ROOMS**

696 Dagmar Hedrich

REVIEW OF EVIDENCE ON DRUG CONSUMPTION ROOMS

Issue: Since 1986, over 70 drug consumption rooms have been established in 4 European countries, mainly in cities where public drug use, especially drug injection, raised serious questions regarding public health and/or social order. How effective are they?

Setting: This paper is based on a comprehensive review of evidence from Europe and Australia on the benefits and risks of consumption rooms. The full European report is available from <http://www.emcdda.eu.int/?nodeid=1327>.

Evidence: Consumption rooms are professionally supervised health care facilities where drug users can use drugs in safe, hygienic conditions. The review found evidence to suggest that rooms reach their target groups and achieve immediate improvements through better hygiene and safe conditions, without increasing drug use. No studies have evaluated their direct impact on infectious diseases, but there is evidence that they may help reduce deaths at city level. They clearly increase drug users' access to health and social care and reduce public drug use and associated nuisance.

Outcomes: While benefits outweigh risks, consumption rooms should be seen in the wider context of drug use and responses to it. Effectiveness depends on whether they are:

- established within the framework of a public policy and network of services that aim to reduce individual and social harm arising from problem drug use;
- based on consensus and active cooperation between key local actors, especially health workers, police, local authorities and local communities;
- seen for what they are - specific services to reduce problems of health and social harm involving specific high-risk populations of problem drug users and addressing needs that other responses have failed to meet.

They do not solve wider problems of illicit drug markets and drug-related crime but nor do they aggravate them.

699 Gregory Scott, Lauretta E. Grau, Nayda de la Rosa, Clifton Sanchez, Victoria Stob, Holly Lewandowski, and Robert Heimer

UTILIZING VENIPUNCTURE AS A VENUE FOR TEACHING SAFER INJECTION: PRELIMINARY RESULTS FROM THE "10-MINUTE INTERVENTION"

BACKGROUND: Practices surrounding the intravenous injection of illicit drugs often contribute to the onset of preventable tissue pathologies (e.g., abscesses) and to the proliferation of opportunistic viral infections (e.g., hepatitis B). Efforts to train injection drug users (IDUs) on safer injection abound, but they rarely undergo rigorous evaluation. Moreover, prevailing interventions tend to require prohibitive investments of IDUs' time, making them underutilized and costly. As part of an ongoing randomized controlled trial of syringe exchange-based hepatitis B

vaccination program in Chicago, Illinois the authors collaborated with IDUs to develop a concise protocol for teaching safer injection, delivered in the context of a typical venipuncture session.

METHODS: Prior to venipuncture for hepatitis B screening purposes, study participants respond to a self-report survey regarding knowledge of injection-associated hygiene, risk for hepatitis B infection, motivation to alter injection practices, and injection behaviors. Two weeks later participants return to receive their serologic test results and to complete a post-test. Ethnographic field observations and videotaped recordings of actual injections at both visits contextualize the survey data. **RESULTS:** Preliminary analysis of 150 cases examines the degree to which tightly focused phlebotomy-based instructional efforts yield cost-effective improvements in IDUs' knowledge and practice of safe injection. The paper assesses variation in IDU knowledge and behavioral change by frequency of injection, type of drug injected, participation in syringe exchange, motivation to change, serostatus, and demographics.

CONCLUSIONS: Results of self-report surveys are compared to in situ injection practices captured through videography and fieldnotes. Significant changes in knowledge and behavior reported and actual merit critical scrutiny. Opportunities for and obstacles to practicing safe injection are discussed. The paper considers programmatic, health service, and public policy implications concerning safer injection.

109 Colette McGrath, Ingrid van Beek, Jake Rance

LESSONS LEARNT FROM A MEDICALLY SUPERVISED INJECTING CENTRES EXPERIENCE

Lessons learnt from a Medically Supervised Injecting Centres experience? Issue. The Sydney Medically Supervised Injecting Centre (MSIC) opened in May 2001. Staff observed that many Injecting Drug Users (IDU, s) using the centre practised unsafe injecting techniques and demonstrated lack of knowledge in relation to blood awareness. Some of the common practises observed were, licking the needle prior to injecting, not releasing tourniquets before pushing the plunger and missing the vein. Approach To address unsafe practises the MSIC embarked on delivering simple health promotion messages by use of posters demonstrating the procedure of injecting and associated risks into simple steps, thus generating discussion, dispelling myths and educating during and at the point of administration. Key Points The MSIC is in a unique position to i educate, initiate and measure improvements in injecting practises

- to alert NSP's of unsafe injecting techniques and behaviours observed.
- seek additional information, why unsafe injecting techniques were so prolific, despite purported knowledge.
- measure change and evaluate which health promotion campaigns are resulting in improved injecting techniques. In an evaluation of the MSIC's health promotion campaign 89% stated that it had improved their injecting practise in some way, anecdotal evidence by staff confirm this. Implications The MSIC's experience suggests i that some safer injecting and blood awareness campaigns may have had little impact on a proportion of the Kings Cross IDU population.
- that gaining insight into why IDU's continue to practise unsafe injecting techniques is useful when developing health promotion material
- the observation of injecting first hand has enabled staff at the MSIC to educate directly. i it has enabled staff to challenge and dispel myths at source.
- it has a role in working closely with NSP's who have contact with this client group to examine delivery and effectiveness

159 Jake Rance; Jo Kimber; Ingrid van Beek

WORKING THE FLOOR: THE ROLE OF THE COUNSELLOR WITHIN SYDNEY'S MEDICALLY SUPERVISED INJECTING CENTRE

Issue: This paper examines the role of the counsellor within the Sydney Medically Supervised Injecting Centre (MSIC).

Approach: Following a brief description of the counsellor's formal role, the more 'informal', less codified aspects of the job are explored. These less formal aspects of therapeutic work are commonly described as being 'intuitive' and/or 'organic' and it is these which so often underpin the effective utilisation of formal knowledge, allowing its translation into effective client work and providing form for its content.

Key Points: The MSIC provided 3,186 referrals for further assistance during the first 39 months of operation. Instructively, the most effective referrals were amongst those clients who have attended the MSIC most often. Clients develop trusting relationships, seek support, accept advice, discuss referrals and so forth, not because they are expected to do so but because the pre-conditions are made

possible by appropriate staff attitudes and behaviour; a space of possibility is opened up in which a form of 'therapeutic dance' takes place, the client leading as much as the practitioner

Implications: There is significant potential for effective, therapeutic counsellor/client relationships to develop within Supervised Injecting Facilities (SIFs). Exploring the work of the MSIC counsellors highlights the ingredients necessary for developing this potential. Nonetheless, the role of SIFs as 'gateways' for clients into drug treatment programmes needs to be contextualised. The MSIC occupies the chaotic endpoint of the harm reduction continuum, serving a notoriously challenging, marginalised and actively drug using client population; a population considered 'too hard' by many health services for drug users. The expectation that this population will readily transcend both the complexity of their daily existence and the impoverishment of their histories needs to be challenged. The efficacy of client work within SIFs needs to be framed within the pragmatic possibilities of their setting.

244 Chris Buchner, David Marsh

PEER INVOLVEMENT IN NORTH AMERICA'S FIRST SANCTIONED SUPERVISED INJECTION SITE - ACCESSIBILITY AND UPTAKE

ISSUE: The success of an intervention such as an SIS requires significant uptake from the target population. At an SIS staffed with clinicians, marginalized injection drug users (IDU) may experience barriers to accessing services. Having rules for conduct at an SIS may further alienate the target population. The challenge is to balance access with the clinical health setting.

SETTING: Vancouver Coastal Health (VCH) opened North America's first sanctioned SIS, Insite, in September, 2003. In its first year of operation, Insite registered over 3,000 IDU, and has an average of 588 injections per day.

PROJECT: VCH developed a service model for Insite based on key clinical services, nursing and addiction counselling. This model required maximum access for its target population in order to meet its goals of reducing overdose fatalities, reducing the spread of blood-borne infections, increasing uptake into health and addictions services, and increasing public order. Before opening the facility, VCH engaged peers to do a promotion and pre-registration campaign among their communities of IDU. To ensure accessibility, a peer-counselling program was built into the Insite model. Peers are individuals from the community of clients living with active addiction issues. Insite peer counsellors work primarily in the post-injection area (Chill Out Lounge), building relationships with clients, making referrals to social services, and reinforcing more positive behavioural norms.

OUTCOME: Insite peers are an active and crucial part of the staff team. Peers ensure accessibility by maintaining a familiar cultural environment, communicating site regulations to clients, and bringing client feedback to the site management. The peer program has been a key to very high satisfaction ratings among clients and successful, rapid uptake by the target population.

600 Thein HH, Day C, Kaldor J, Maher L

PUBLIC OPINION AND COMMUNITY IMPACT OF A MEDICALLY SUPERVISED INJECTING CENTRE IN SYDNEY, AUSTRALIA

Objectives: To describe public opinion towards and evaluate the community impact of a Medically Supervised Injecting Centre (MSIC) in Sydney, Australia.

Methods: Telephone interviews were conducted with residents (n=515, 540) and businesses (n=209, 207) in Kings Cross and residents in New South Wales (n=1018, 1070) in 2000 and 2002, seven to nine months before and 15 and 17 months after the MSIC opened. Differences were assessed using the chi squared statistical test. Results: Two-thirds of business respondents and half of local resident respondents identified the correct location of the MSIC in 2002. The level of support for establishment of a MSIC in Kings Cross (68% to 78%, $p < 0.001$) and in other areas of high drug use (71% to 80%, $p = 0.003$) increased significantly among local resident respondents between 2000 and 2002 and marginally among local business respondents (58% to 63%, $p = 0.5$ and 59% to 67%, $p = 0.2$). Both groups were more likely to disagree than agree that MSICs would encourage illicit drug injection. The proportion of respondents reporting advantages of MSICs and no disadvantages increased from 2000 to 2002.

Conclusions: This is the first study to undertake a pre-post survey of public opinion toward the establishment of a service of this kind. Results indicate considerable community support prior to the establishment of the MSIC, and an increase in community support after almost a year and a half of operation. High and increased levels of support for the MSIC among local residents and businesses, arguably those most sensitive to any negative impact of a service of this kind, suggest that the MSIC has had a net positive impact on the local community.

854 Thomas Kerr, Kathy Li, Steffanie Strathdee, Bob Hogg, Julio Montaner, Evan Wood

THE IMPACT OF SEX PARTNERS' HIV STATUS ON HIV SEROCONVERSION IN A PROSPECTIVE COHORT OF INJECTION DRUG USERS

Background/Objectives: The identification of individuals at highest risk of HIV-infection is critical for targeting prevention strategies. We evaluated the HIV status of injection drug users' sex partners and rates of subsequent HIV-seroconversion among a prospective cohort study of injection drug users (IDUs).

Methods: We performed an analysis of the time to HIV-infection among baseline HIV-negative IDUs enrolled in the Vancouver Injection Drug Users Study. IDUs were stratified based on whether or not they reported having an HIV-positive sex partner. Kaplan-Meier methods were used to estimate cumulative HIV-incidence rates and Cox regression was used to determine adjusted relative hazards for HIV seroconversion.

Results: Of 1013 initially HIV-negative IDUs, 4.8% reported that they had an HIV-positive partner at baseline. After 18 months, the cumulative HIV-incidence rate was significantly elevated among those who reported having an HIV-positive sex partner (31.5% vs 14.2% log-rank $p < 0.001$). In a Cox regression model that adjusted for all variables that were associated with the time to HIV-infection in univariate analyses, including drug use characteristics and syringe sharing among sexual partners, having an HIV-positive sex partner (RH: 2.42 [95% CI: 1.30 – 4.60; $p = 0.005$]) remained independently associated with time to HIV seroconversion.

Conclusions: Having an HIV-positive sex partner was strongly and independently associated with seroconversion after adjustment for risk factors related to drug use. Our findings may aid harm reduction workers in their efforts to identify IDUs who should be targeted with education and prevention efforts, and indicate the need for ongoing development of prevention interventions based on partner characteristics.

857 Thomas Kerr, Mark Tyndall, Elisa Lloyd-Smith, Will Small, Julio Montaner, Evan Wood

RESULTS FROM THE SCIENTIFIC EVALUATION OF VANCOUVER'S MEDICALLY SUPERVISED SAFER INJECTION FACILITY

Background/Objectives: In September 2003, North America's first medically supervised safer injection facility (SIF) opened in Vancouver, Canada. Our objective is to report on 18 months of evaluation results from the Vancouver SIF scientific evaluation project.

Methods: The SIF evaluation methodology involves a comprehensive database located at the SIF, a randomly selected prospective cohort of SIF users, and two pre-existing external control cohorts.

Results: In addition to reporting process data and descriptions of the SIF users, we report on data indicating that the establishment of the SIF has been independently associated with reductions in public drug use ($p < 0.001$), discarded syringes ($p < 0.001$), injecting litter ($p < 0.001$), and syringe sharing (AOR = 0.3 [95%CI: 0.1 - 0.7]; $p = 0.013$). As well, we report on data indicating that the SIF has not been associated with increased relapse into injection drug use among an external cohort of injection drug users ($p = 0.884$).

Conclusions: The Vancouver SIF has been well accepted by the target population, and while adverse events such as overdoses have occurred, these events have been successfully managed. Externally compiled data indicate that the SIF has been associated with substantial declines in public disorder associated with injection drug use, syringe sharing, and has not prompted relapse into injection drug use. Ongoing evaluation activities will involve assessing the impact of the SIF on a variety of outcomes, including infectious disease transmission, fatal overdose, and utilization of health and social services.

861 Thomas Kerr, Tomiye Ishida, Karyn Kaplan, Paisan Suwannawong, Evan Wood

THE DEVELOPMENT OF A PEER-DRIVEN HIV PREVENTION AND CARE INITIATIVE FOR INJECTION DRUG USERS IN THAILAND

ISSUE/SETTING: The HIV epidemic among injection drug users (IDUs) in Thailand has been characterized by a persistently high incidence rate. Although there has been considerable commitment to addressing HIV/AIDS in Thailand, the Thai government has not implemented an evidence-based strategy to address the HIV prevention and care needs of Thai IDUs.

PROJECT: In light of the Thai government's current policy emphasis on enforcement of drug laws, and the lack of HIV prevention and care programs for Thai IDUs, the Thai Drug Users' Network (TDN) set out to develop a national peer-driven HIV prevention and care initiative. Through a series of consultations and peer-trainings, leaders within TDN articulated a comprehensive peer-driven initiative aimed at preventing HIV infection and promoting access to HIV care among Thai IDUs. Included in the initiative are various activities related to capacity-building, outreach, education, and community-based research. Working with national and international collaborators, a proposal based on this initiative was submitted to the third-round review of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

OUTCOMES: The proposal submitted by TDN to the Global Fund was approved, despite the fact that it was not endorsed by the Thai government. The proposal included compelling rationale for this peer-driven initiative, and was supported by letters and appeals from various international supporters. Over the coming year, TDN will continue to work with national and international partners in developing peer-trainings and establishing fixed harm reduction centres in various locations throughout Thailand.

4PM - 5.30PM – CONCURRENT SESSIONS

SESSION TITLE: EMERGING HEALTH ISSUES FOR IDU'S

828 Carl A. Latkin & Amy R. Knowlton

DRUG USERS AS VICTIMS OF VIOLENT CRIME IN URBAN U.S. SETTINGS

Background: Violent crime is at epidemic levels in inner-city areas in the United States. In addition to the physical trauma and death, violence may lead to depression, post traumatic stress disorder, and other mental health conditions. The current study examined the experiences of violence among current and former cocaine and opiate users in an urban U.S. inner-city and assessed the extent to which the violence was drug related.

Methods: Interviewers administered surveys to 940 current and former injectors, heroin sniffers, and crack users. They were queried about their experiences as victims of violence and whether the violence was drug related.

Results: Of the sample, 35% reported that they had been attacked with a weapon, 21% had been shot at, and 13% had been shot. There were 54% who were victims of violence within the prior 6 years and 20% who reported being attacked with a weapon in the prior 6 years. In the prior year, 22% reported that they had been a victim of violence, including 11% who had been punched or beaten up. Of the violent acts reported in the prior year, less than half were identified as drug related. In a secondary analysis, date of the violence was linked to participants' drug use. Although some types of drug use, such as crack and heroin sniffing, were statistically associated with being a victim of violent crime, much of the violence was not directly drug related and high levels of violent crime victimization was reported among individuals who were not active users at the time of the violence.

Conclusion: The results of this study document the high levels of violence experiences by individuals within the drug using community. Harm reduction policies need to address the epidemic of violence to ameliorate structural, political, and economic factors that produce and perpetuate these harmful and dangerous environments.

114 Ricky Tombling

SWITCHING FROM NON-INJECTING TO INJECTING DRUG USE: A QUALITATIVE ASSESSMENT OF SITUATIONS AMONG STREET DWELLING DRUGS USERS IN DELHI.

Background: Most of the People Using Drugs in Delhi reportedly ever injected. Around 44.5 % of people injecting drugs from Jamuna Bazar were tested positive for HIV as reported by John Hopkin University based on their survey in 1998. Nizamuddin is one of the centres for Brown Sugar chasing community.

Methods: In order to identify the factors that leads them to using of needles and syringes while their main drug of choice is orally administered. Peer-led study was designed where 53 PUD were asked about their drug career, only 14 people who have ever injected drugs due to different situation and condition were recruited for in-dept interview.

Results: 65 % were street dweller with most of them living in the street since childhood. 36 % of them earned their livelihood by pick pocket and snatching while about 42 % of them were beggars, rickshaw-pullers, rag pickers and robbery.

When asked about any kind of harassment because of drug use, 86 % of them were reportedly harassed by policemen - 65 % were searched and snatched off their possessions mainly money and drugs. 14 % shares 50 % of their illegal earning and 21 % of them were physically abuse. As a result, 29 % of them

said that they have switched from non-injecting to injecting.

Conclusions: Most of the drug users with history of switches between injecting and non-injecting reveal that PUD as well as PID is vulnerable to HIV and other blood born infections. Agencies like police and residents welfare associations should be sensitize and linkages of drug users with legal system should be promoted to check violation of human rights among drug users.

451 Vivian D Hope; Jon Brazier; Natasha Crowcroft; Jeffrey Dennis; Androulla Efstratiou; Robert George; Angela M Kearns; Theresa L Lamagni; Jim McLauchlin; Fortune Ncube; Leah de Souza.

A GROWING PROBLEM: BACTERIAL INFECTIONS AMONG INJECTING DRUG USERS IN THE UNITED KINGDOM.

Introduction: Injecting drug users (IDUs) are vulnerable to a diverse range of infectious diseases, including viral and bacterial infections. Compared to viral infections there has been less attention to the surveillance of bacterial infections, such as tetanus and *Staphylococcus aureus*, among IDUs. These infections can however result in considerable morbidity and mortality. Some are preventable through vaccination, whilst others require rapid recognition and treatment with specific immunoglobulin and/or antimicrobials if they are to be successfully treated.

Method: Examination of data from surveillance systems, reference microbiology work, and outbreak investigation.

Results: Group A streptococci cause a diverse range of infections which include skin sepsis, bacteraemia and necrotising fasciitis. Monitoring of isolate referrals has identified a rise in referrals from IDUs, from less than ten per annum in the early to mid-1990s to over 150 in 2003. In addition, since April 2003, cases of sepsis (including bacteraemia, and skin and soft tissue infection) among IDUs attributed to community-associated MRSA have been identified. These infections are possibly associated with poor injecting related hygiene. In recent years there have also been problems with clostridial infections thought to be due to contaminated heroin. In 2000 there was an outbreak of a serious, and often fatal illness associated with *Clostridium novyi*. Since March 2000 cases of wound botulism among IDUs have been reported, and in 2003/4 outbreaks of tetanus and infections involving *Clostridium histolyticum*.

Conclusions: These findings suggest a growing problem of bacterial infections among IDUs. The increases probably reflect both problems with injection related hygiene and the ongoing environmental contamination of drug supplies with bacterial spores.

876 Elisa Lloyd-Smith, Evan Wood, Mark Tyndall, Julio Montaner & Thomas Kerr

FACTORS ASSOCIATED WITH SOFT-TISSUE INFECTIONS AMONG A COHORT OF INJECTION DRUG USERS IN VANCOUVER

Background/Objectives: The Downtown Eastside of Vancouver, Canada is a community characterized by high rates of HIV infection and fatal overdose among injection drug users (IDU), and a large open drug scene. Recent studies have indicated soft-tissue infectious such as abscesses and cellulitis account for the majority of emergency room visits and acute hospitalizations accrued by local IDU. The objective of this analysis was to examine the prevalence and correlates of soft-tissue infection among a cohort of IDU.

Methods: We examined the prevalence of soft-tissue infections among participants enrolled in the Vancouver Injection Drug Users Study (VIDUS) and also identified socio-demographic and drug use variables associated with having a soft-tissue infection at baseline. Categorical and explanatory variables were analyzed using Pearson X², normally distributed continuous variables were analyzed using t-tests for independent samples, and skewed continuous variables were analyzed using Mann-Whitney U tests.

Results: Overall, 1562 IDUs have been recruited into the cohort as of January 2004, among whom the prevalence of soft-tissue infections was 338 (21.6%). Factors associated with soft-tissue infections included: Female gender (Odds Ratio [OR]: 2.4), HIV infection (OR: 1.8), unstable housing (OR: 1.8), recent incarceration (OR: 1.7), sex-trade involvement (OR: 2.5), daily heroin injection (OR: 1.4), and daily cocaine injection (OR: 2.0).

Conclusions: Soft-tissue infections were common among IDU despite substantial harm reduction programming in this setting. Factors associated with having a soft-tissue infection at included unstable housing, HIV infection, sex-trade involvement, and high intensity injection drug use. Soft tissue infections have traditionally been under-recognized as a cause of morbidity among IDU, and the results of this study indicate the need for additional educational and structural interventions that target soft-tissue infections among IDU.

337 Robert Haemmig, Franziska Reize

SMOKING OF DRUGS INSTEAD OF INJECTING: REDUCED HARM IN TERMS OF INFECTIONS, BUT WHAT IS THE HARM FOR THE LUNG?

As a harm reduction measure, the smoking of drugs instead of injecting is advocated. This is a highly effective measure in preventing the spread of HIV and to a lesser degree of hepatitis viruses. Additionally a number of other injection related harms are prevented (e.g. skin abscesses and endocarditis due to the spread of bacteria, venous thrombosis and related lung embolia). However, there is a growing scientific literature on the damaging effects of crack smoking to the lung. There are only a few reports on the effects on the lung of heroin smoking and no data at all on the smoking of prescription medications. In order to assess the additional damage to the lung by the smoking of drugs, we compared the lung function of drug injectors (normally regular tobacco and cannabis smokers as well) to that of drug smokers (crack or free-base, heroin, prescription medications). Preliminary results will be presented.

4PM - 5.30PM – ORAL POSTER SESSIONS

SESSION TITLE: RISK BEHAVIOURS AMONG IDUS HIV RISK

449 Roman Gailevich

FACTORS AFFECTING CONDOM USE AMONG OPIOID INJECTORS IN SOLIGORSK CITY, BELARUS

OBJECTIVES: The study explored condom use practices and assessed factors that may facilitate or impede condom use among opiate injectors in Soligorsk city.

METHODS: The study was a focussed rapid assessment with inductive qualitative design (initial findings of 6 semi-structured interviews were cross-checked and expanded in the course of 2 semi-structured focus group discussions with injectors of both sexes). Non-probability purposive sampling was used to recruit subjects. The sample was limited to users of shirka (i.e., home made derivative of poppy straw) which are the dominant population of injectors in Soligorsk.

RESULTS: The study found a highly context dependent nature of condom use, wherein one and the same injector reports different condom use practices in different types of sexual encounter. Injectors reported on using condoms frequently with casual partners and on having no reservation about imposing condom use on their casual partners. Provision of condoms through the needle exchange point enables this behaviour. Injectors reported on using condoms rarely with primary partners. HIV-positive injectors that are aware of their HIV-status were willing to protect their primary sexual partners from HIV by wearing condoms. Often this intention did not translate into action due to lack of skill to impose condom use on primary partners without jeopardising the existence of the partnership. Revealing one's HIV-status to primary sexual partner did not necessarily lead to condom use. HIV-negative partners may knowingly agree to unsafe sex. The condom was not used when sexual partners were HIV-positive and knew about each other's status. Effects of shirka were found to have little influence on condom use decisions, the latter was often function of habituated behaviour specific to the type of sexual encounter.

CONCLUSIONS: The study provided several practical recommendations to inform the design of safe sex projects among opioid injectors, e.g., that "condom use during the last sexual encounter" may be misleading as measure of behaviour change.

120 Pajongsil Perngmark, David D. Celenatano, Suphak Vanichseni

SEXUAL RISKS, CONDOM USE, AND HIV/AIDS PREVENTION AMONG MALE SOUTHERN THAI DRUG INJECTORS

Objectives: To explore sexual risks, perceptions and attitudes towards condom use, and HIV/AIDS prevention among male injecting drug abusers (IDUs) at one drug-treatment clinic in Songkla Province, southern Thailand.

Methods: Qualitative research methods were used for gathering data, including: in-depth interviews with 14 actively using male IDUs (11 Buddhists and 3 Muslims); in-depth interviews with 2 health care providers; participant observation; reviewing IDUs' file documents; and validation after interview completion to ensure data triangulation. A comparative content analysis was used for data analysis.

Results: Most IDUs were sexually active and engaged in risky sexual encounters, particularly having unprotected sex with casual partners. Most were unaware of their risks; few received complete voluntary counseling/testing for HIV (VCT); almost half were HIV-seropositive. Negative attitudes towards condom use, Thai sex norms, misconceptions about asymptomatic HIV-positive partners, and ignorance of one's risks were great barriers against protected sex. Knowing one's HIV-serostatus, receiving complete VCT, and perception of "unsafe" casual/buying sex partners were

strong reasons for using condoms.

Conclusions: Our findings suggest positive aspects of VCT in reducing risky sexual behaviors. Thai government should provide convenient access to health care services/facilities, promote condom distribution, and provide nationwide VCT to reach all IDUs, their couple/regular sex partner(s), and casual partner(s) as well.

4PM - 5.30PM – ORAL POSTER SESSIONS

SESSION TITLE: LEGISLATION AND HUMAN RIGHTS

766 Regina Bueno, Daniela Piconez, Deputy Simão Pedro, Fabio Mesquita, Marcelo Bueno

WATER LAW - THE BENEFITS OF WATER AT DISPOSAL ON THE DRUG POLICY IN SAO PAULO STATE- BRAZIL

Again, Sao Paulo state is ahead in Brazil and South America in initiatives promoting a new law in a harm reduction concept - called The "Water Law". It's about to approved state law that obligate all of the night clubs, have parties to provide free water to clients, in a way that start avoiding bad consequences of the consume of "night drugs" and alcohol, by putting water filter or similar to supply the need of their clients.

A synthetic amphetamine called "Ecstasy" is a very acceptable drug nowadays. It is commonly used in nightclubs. It's important to develop new drugs for medical use in other hand these new drugs are also used in the illegal commerce. It's frightening how fast the popularity of ecstasy increase among the young people that usually go out to night clubs, have and other kinds of night parties. When it's added to that the high, but legal consume of alcohol by the youth in Brazil, some times combine to the "powering drinks", all of these drugs, legal or illegal, have a common reaction on the organism and are capable to lead to lose conscience and/or some other unexpected reaction that can make easy to overdose. Against the common sense the cost of a bottle of water at the night clubs on Sao Paulo State, is outrageous, most of times it's price is close of beer bottle. A young man in this situation (hanging out with their friends or with a girl) would rather have more beer quench one's thirst which makes his dehydration and the alcohol effect worse, instead buy water to drink. The WaterLaw project intends to preserve the Health of the young people the hang out at night on our State.

265 M. Scott Young, PhD & Holly A. Hills, PhD

IDENTIFICATION, CLASSIFICATION, AND OUTCOMES FOR PERSONS USING ONLY CANNABIS IN A STATE-WIDE ADMINISTRATIVE DATABASE

BACKGROUND: Publicly funded substance abuse treatment (SAT) providers in Florida are required to submit information to the State, including data on clients' demographics, drug use, referral sources, and treatment outcomes. Such large administrative databases afford the opportunity to classify and compare cannabis users based on their use of additional drugs.

METHODS: 1998 to 2003 SAT provider data included 1,053,864 admissions to Florida treatment facilities. Drug use patterns for each treatment admission were determined from primary and secondary diagnoses and three variables used to document specific drugs "contributing to the need for treatment." Each drug was classified as alcohol (AL), cannabis(CA), or illicit drugs other than marijuana (IL). Drug use patterns were determined by which of these three drug classes were noted.

RESULTS: The most common drug use pattern prompting treatment admission was Cannabis Only (CO; 27%), with no indication of concomitant alcohol or IL use. By comparison, 12% of admissions involved only alcohol, and 16% involving only IL.

Within the CO group, nearly half (49%) were coerced to treatment by school/work/criminal justice entities, another 33% were self-referred, and 18% were referred by a community healthcare provider. Compared to other drug use groups, CO were the most likely to be married (21%), living independently (68%), and employed full-time (42%). Additionally, the CO group evidenced the best treatment outcomes, including the highest rate of drug-free treatment completion (45%).

CONCLUSIONS: A significant portion (27%) of recent Florida SAT admissions involved cannabis use only. Though nearly half (49%) of these CO admissions were referred to treatment by an external agency (including criminal justice), a substantial portion (32%) were self-referrals. CO evidenced the best outcomes of all drug use groups. Additional results will be presented to describe similarities and differences between CO and other drug use pattern groups. Criteria for "success" will also be discussed.

Abstracts

Thursday 24 March

9AM - 10.30AM – PLENARY
SESSION TITLE: YOUNG PEOPLE

268 Lapetina, Agustin; Rado, Cecilia; Martinez, Andrea
DEVIAN IDENTITIES IN A DRUG TRAFFICKING GHETTO.

Community-based harm reduction projects faced important conceptual and practical challenges.

The real possibilities and challenges of the project "Community Kites" will be presented and critically discussed.

At a conceptual level, developing only drug-related harm reduction measures in this drug trafficking ghetto seems to be insufficient to improve the life quality of the beneficiaries. A wide range of different aspects that contribute to the constitution of a "deviant identity" must be conceptually addressed, so that the possibilities of building feasible channels for social inclusion can be improved. The definition of drug-related harm reduction strategies seems to be insufficient for understanding the complex triad violence-drug consumption-social exclusion. At a practical level, this project faces two central challenges: the need to develop integral and transversal community programmes that enable processes of differential association conducive to new positive identification sources and the need to achieve changes at individual, community and societal level so that stereotyping and social exclusion can be partly neutralized.

Developing community-based socially inclusive drug policies represents both a theoretical and practical challenge for policy makers and professionals. If we do not address the societal factors that enable effective processes of social inclusion of marginalized people, we should not expect harm reduction programmes to bring magic solutions.

In sum, community-based harm reduction projects seem to constitute an important step - but not the only one - in the generation of processes where drug users can feasibly address the reconstruction of their new and improved identities as full members of the society.

1044 Professor Ilana CROME

BEYOND GUIDELINES AND GUIDANCE - A PERSONAL VIEW OF THE DEVELOPMENT OF AN INNOVATIVE ADOLESCENT ADDICTION SERVICE OVER A DECADE (EVEN A LIFETIME)!

I shall outline my personal experiences of developing the most comprehensive service for teenage substance misusers in the UK. I shall briefly reflect on my own background and how this might have influenced my interest in addiction. The development of the service over 10 years will then be described. How the local drug scene, national picture and policies, and the international research literature predisposed us to initiate this service innovation will be explored. This service development, in parallel to the commencement of a university department of addiction psychiatry, led to growth in UK based research in the field of teenage substance misusers. This research has further shaped the expansion of the service so that it is now a robust base on which to build a research portfolio and a new university based course in adolescent addiction studies, which started in September 2004. The policy implications resulting from the combination of clinical experience, service improvements, education and training resources and research infrastructure, will be highlighted.

1051 Marsha Rosenbaum

HARM REDUCTION DRUG EDUCATION: PROGRESS, OBSTACLES AND OPPORTUNITIES

The issue of teens and drugs remains the "third rail" of drug policy reform. One of the greatest challenges faced by the harm reduction movement over the past 15 years is that of providing balanced, science-based drug education for youth. Although abstinence-only prevention programs certainly continue to dominate, the failures of "just say no," combined with a generation of more informed and experienced parents has created an opening for harm reduction. This presentation covers progress made in developing reality-based approaches to teens and drugs,

such as has been the case in Australia; as well as obstacles to the proliferation of programs and opportunities for expansion and growth of comprehensive, safety-oriented drug education that we are seeing in the US.

11.00AM - 12.30PM – MAJOR SESSIONS
SESSION TITLE: DEVELOPING AN INTEGRATED APPROACH TO HIV TREATMENT IN IDU'S PROGRESS TO DATE

797 Martin Donoghoe; Srdan Matic & Stine Nielsen

INJECTING DRUG USERS' (IDUS) ACCESS TO HIGHLY ACTIVE ANTIRETROVIRAL THERAPY IN THE WHO EUROPEAN REGION

Background/objectives: Following recent advocacy and scientific discussion about highly active antiretroviral therapy (HAART) scaling up and injecting drug users' (IDUs) access to HAART, the WHO Regional Office for Europe initiated a survey on HIV/AIDS, injecting drug users and HAART coverage in 52 countries in the European Region.

Methods: A short survey was sent to focal points in all countries in the Region in late July 2004. Follow-up with countries was conducted in August-October 2004. A similar survey, conducted in March 2003, provides baseline data and comparative data.

Results and conclusions: The survey provides: point-in-time estimates of the progress in HAART scaling up and access to HAART among IDUs; an indication of the data available in countries and identifies needs for further follow up. In the European Region IDUs represent the majority of all reported HIV cases and a large percentage of all reported AIDS cases. Increasing numbers of persons living with HIV/AIDS (PLWHA) are now receiving HAART. In March 2003 an estimated 148,209 persons were receiving HAART increasing by 53% to 226,764 in 2004. Estimated HAART coverage is good in western Europe, where 81% of those in need receive HAART, and Central (78%) and South Eastern (70%) Europe. Elsewhere coverage is poor (Baltics 14%; western NIS 4%; Caucasus 4% and Central Asia 0.35%). While IDUs in the European Region continue to have poor access to HAART, these data suggest that access for IDUs is improving. Information on the current injecting status of HAART patients is not systematically collected and these data were not available for this survey. Information collected in the 2003 survey suggests that in many countries current injectors were excluded from treatment because of concerns regarding adherence. Treatment for opioid dependence (including opioid substitution therapy) for patients receiving HAART is widely available in western, and to a lesser extent central, European countries, but not elsewhere in the Region.

1030 Susie McLean, Dr Ade Fakoya, Olga Kuzenna, Slava Kushakov, International HIV/AIDS Alliance.

ANTIRETROVIRAL DRUGS AS AN ESSENTIAL COMPONENT OF HARM REDUCTION FOR HIV POSITIVE DRUG USERS.

The international HIV/AIDS Alliance is leading a programme to provide antiretroviral (ARV) drugs to HIV positive people in Ukraine, where 70% of HIV transmission is via injecting drug use. The Alliance is leading this programme from its office in Kiev and working in partnership with the All Ukrainian Network of PHLA and the Ukrainian Ministry of Health. It is funded by the Global Fund for AIDS, TB and Malaria.

This paper will describe aspects of the national ARV programme - its six locations, initiatives to improve technical capacity for providing ARV therapy, initiatives to educate drug users about the value of ARV treatment, and the partnerships that support a comprehensive approach to addressing the needs of HIV positive IDU's. Features of comprehensive treatment and care for HIV positive drug users include the involvement of HIV positive drug users in planning and decision making, peer education and support, welfare support, advocacy for the rights of HIV positive drug users to services, access to HIV testing and counselling, access to substitution treatment and the provision of ARV therapy.

The Alliance's ARV treatment programme is informed by a human rights approach to ARV treatment for IDU's and by a harm reduction approach. It sits alongside the Alliance's other HIV prevention/harm reduction programmes that

target IDU's. An objective of this programme is to increase access to services for HIV positive drug users, including ARV treatment. Outcomes of the programme include the provision of ARV treatment to drug users, development of peer education and outreach projects and strengthening the capacity of organisations representing HIV positive drug users. Progress in this programme has been constrained by both programmatic and political challenges. This paper will describe both outcomes and challenges.

871 F-bio Mesquita, Regina Bueno, Daniela Piconez e Trigueiros

A COMPREHENSIVE INTEGRATION OF HARM REDUCTION, HIV/AIDS AND HEPATITES SERVICES FOR INJECTING DRUG USERS: THE BRAZILIAN EXPERIENCE.

Background: Quick and politically committed decisions were the key elements of the comprehensive response to the HIV/AIDS epidemic in Brazil. The response was based in Harm reduction approach developed into the HIV/AIDS services. Observed all over the world for its successful process, the response includes a range of initiatives from provision of needles and syringes, provision of HAART therapy, to the support for a foundation of a National Drug Users organization. Recently the response to the hepatitis epidemic is being organized in the same structure of the HIV/AIDS.

Methods: a revision of the history reported in papers published about the Brazilian response to the HIV/AIDS and hepatitis epidemics among and from IDUs.

Findings: Brazilian Universal Public Health System (SUS) as the framework; universal access to HAART; Harm Reduction Projects politically and financially supported by Federal Government; the improvement of outpatients services for drug treatment; and a official support to the institution of a National Drug Users Organization were being key elements for the response of the risk of blood borne viruses in that specific population.

Interpretation: Although the response to the HIV/AIDS and hepatitis epidemics among and from IDU is in the process of an intensive extension, the directions of the response connect to HRP were correct since its beginning.

991 Batista, Sandra; Rossi, Adriana; Mejia, Ines; Cavalcanti, Marcilio; Pompei, Remo; Fresco, Manuel; de Quadros, Mirian; Muller, Mariella

A LACK OF POLICIES TO IDU/DUS AND ARV IN LATIN AMERICA AND CARIBBEAN

Objective: have a "state of art" regarded IDU/DUS and ARV policies at this region.

Method: This research was made by interviews through important points in several countries of the region, especially the ones linked with the harm reduction movement. The partnership with members of the other six regional networks and the Horizontal Technical Cooperation Group was crucial for many times. In spite of this, many countries of Central America and Caribbean were not reached, where there are serious demands for this.

Results: The migration from one substance to another with possible changes in the patterns of consumption. Resistance in the countries that report not having users of injecting drugs when prioritizing the access and treatment of users. A general increase of consumption of substances linked with coca such as crack, basuco, mescla, mesclada among others with different names and presentation. Just 4 in 22 countries researched offer ARV to Drug Users and one of them have abstinence as criteria.

Conclusions: The big responsible for the access to drug users is the harm reduction programs, and the most interesting way of commitment from this population to adhere the ARV therapy is through such programs or through partnerships between these programs with other health services. Substitution therapy programs must be stimulated. The first great obstacle is political. Despite some countries report the ARVs coverage as a great priority of Latin-American countries do not consider the injecting drug use as a relevant problem when facing HIV/AIDS epidemic. The difficulty on reaching the IDUs. their condition of invisibility makes the access difficult to numbers and statistics that could be used as advocacy, especially in the prevention area. The financial crisis in most countries of the region is also alleged as one of the main obstacles.

59 Samuel R Friedman; Barbara Tempalski; Hannah Cooper; Marie Keem; Risa Friedman; Peter L Flom

STRUCTURAL FACTORS TO GUIDE STRUCTURAL INTERVENTION: PREDICTORS OF HIV PREVALENCE RATES AMONG IDUS IN MSAS

Background: Little research has been done on structural predictors of HIV prevalence rates among IDUs.

Methods: We estimated the 1998 HIV prevalence rates in IDUs for 94 large USA metropolitan areas (MSAs) by averaging two preliminary estimates: (1) A research-study-based adjustment of voluntary counseling and testing data that took account

of their inherent underestimate of HIV prevalence rates; and (2) the ratio of estimated IDUs living with HIV to number of IDUs in the MSA. Potential predictor variables included sociodemographic population data; data on public expenditures, drug arrests, and police per capita; state laws about syringe access; and AIDS cases among IDUs in 1993. Results report independent significant ($p < .05$) predictors in linear regression except where otherwise indicated.

Results: IDU HIV prevalence rates in MSAs were negatively associated with miles from the New York City epicenter and with health expenditures per capita in 1992; and positively correlated with IDUs per 10,000 population (1993), black/white residential segregation in 1990 ($p < .07$), median household income in 1990, increases in unemployment rates (1990-2000), and police per capita in 1993.

Conclusions: Both economic and policy variables earlier in the decade are related to HIV rates among IDUs in 1998. These findings have important implications for policy and interventions even though more extensive longitudinal research is needed to understand underlying causal pathways. Socioeconomic ills like unemployment and perhaps racial inequality are associated with higher HIV prevalence rates. More police per capita may lead to increased risk behavior or denser injection networks and thereby facilitate HIV spread.

481 Edna Oppenheimer; Carmen Aceijas; Gerry V Stimson & Matthew Hickman. On Behalf of the UN Reference Group on HIV/AIDS Prevention and Care among IDUs in Developing and Transitional Countries

THE PROVISION OF ANTIRETROVIRAL (ARV) MEDICATION TO IDUS LIVING WITH HIV/AIDS IN DEVELOPING AND TRANSITIONAL COUNTRIES. A BASELINE BEFORE THE 3BY5

Background: The WHO announced in December 2003 an initiative to provide 3 million HIV/AIDS patients with ARV by 2005. Evidence indicates that in Asia and the Pacific, Latin America, Eastern Europe and Central Asia IDU is a major vector for HIV/AIDS infection and that drug use is playing an increasing role in HIV/AIDS infections in North Africa and the Middle East. However, ad hoc evidence suggested that although ARV medication has ushered in a substantial reduction in morbidity and mortality among AIDS patients this is not reflected among IDUs.

We report the main findings of a review commissioned by the UN Reference Group prior to the implementation of the 3by5 strategy to provide a baseline on coverage of ARV for IDUs in developing and transitional countries.

Methods: Desk study of ARV in 154 countries. Data were obtained from a large number of sources including UN agencies (UNAIDS, WHO, UNODC, UNDP, UNICEF, World Bank), NGOs (FHI, MSF, Medicine du Monde and others) International and regional Harm Reduction Networks, Government websites, as well as personal communications. Data were collected on the overall level of provision of ARV in each country and to IDUs in particular.

Results: ARV was routinely prescribed to IDUs by the public health sector in just 14/154 countries. In them, IDUs represent a small proportion of those who are prescribed this medication. In some countries IDUs are not explicitly excluded from ARV but it is unclear whether they are actually included, or whether they are discouraged from applying. In some countries IDUs were explicitly excluded.

Conclusions: This study provides data on the ARV coverage for IDUs, and the findings show that it was poor prior the launch of the WHO 3by5 initiative. This low coverage represents a challenge for the future and makes clear that special attention must be paid to providing ARV to IDUs living with HIV/AIDS. Advocacy is needed to overcome the reluctance of medical practitioners to treat injecting drug users.

11AM - 12.30PM – SESSION TITLE: HIDDEN HARM

723 Faye Macrory

SEX, DRUGS AND THE ROLE OF THE CONSULTANT MIDWIFE

Issue: Service provision is firmly rooted in the sphere of public health and embraces all aspects of a vulnerable, excluded life-style, particularly where substance misuse is problematic.

Setting: Manchester Specialist Midwifery Service is based at the Zion Community Resource Centre.

Project: The team consists of a Consultant Midwife, four midwives, a health visitor and a personal assistant. The city-wide service has broad ranging responsibilities that include providing input to three maternity hospitals, four drug service bases, alcohol services, a sexual health project for sex workers, and the regional in-patient detoxification unit. HIV positive women identified through antenatal screening are also supported.

Collaboration and training is provided across a wide range of health and social care agencies, in addressing the complex issues associated with substance misuse,

mental health, domestic violence, sexual abuse and prostitution.

Outcomes:

- Quick referral and access to treatment and other services.
- Services now welcome women with respect and dignity.
- Babies are no longer automatically transferred to the Special Care Baby Unit but cared for by their mothers on the ward.
- Social Services referral is no longer automatic, but based on individual assessment.
- Discharge is usually within 72 hours. Pharmacological treatment is no longer the norm, and very infrequent.
- Breast-feeding is promoted.
- Strong inter-agency liaison and communication avoids duplication and ambiguity.

Great pride is taken in the service's innovative and creative style of health care delivery. With well-established links to many related agencies, it is ideally placed to make a real difference to the lives of those they try to reach. Meaningful and effective interventions have the great potential to positively impact on parenting in the long-term, reduce the need for children to be placed in care, and help to break the present cyclical nature of substance misuse, poverty and despair.

551 Susan Boyd

PREGNANCY, BIRTH AND THE LAW

This presentation provides a brief overview of the regulation of women and drugs in the context of the war on drugs and explores how women who self-medicate while pregnant are viewed as immoral and criminal while women who follow medical advice are viewed as maternal and responsible. Since the 1980s the war on drugs and the war on abortion and women's reproductive rights have converged. It is here that drug war ideology and the subordination of women's bodies intersect, culminating in a volatile mix. Several U.S. and Canadian legal cases related to maternal-state conflicts will be examined. In contrast to the criminal/medical model of health, a social model of health is advocated.

205 Fiona Reid & Jo Hodson

GROWING UP WITH HARM MINIMISED MUMS'

Issue: The impact Harm Reduction has on children of illicit drug using parents.

Approach: A critical analysis of how harm reduction strategies impact on the relationship between women with illicit substance use issues and their children, and the children's well being overall. Case examples will be drawn from the Pregnancy, Early Parenting, Illicit Substance Use (PEPISU) project, including interviews with children who participate in the project, to illustrate how harm reduction can positively influence the parent/child relationship.

These case studies will also illustrate what other strategies need to be added to harm reduction, including active engagement, advocacy and addressing social disadvantage, to enhance service delivery. Strategies which specifically identify the lived experience of marginalised women with few supports will be discussed.

Key Points:

- How Harm reduction can positively affect the children of women with illicit substance use issues and their relationship with them.
- Identify what approaches facilitate and/or enhance the implementation of Harm reduction strategies when providing services to mums' who use illicit substances.

Implications: Working with parents who use illicit substances is often cited in research as having a fundamental influence on the outcomes for their children. The PEPISU project has developed a model which incorporates harm reduction strategies into a holistic model of service delivery which has the potential to facilitate positive outcomes for both the women they work with and their children. Looking at harm minimisation through the experience of children provides a rare opportunity to add another perspective to the theory in practice.

SESSION TITLE: DIRECTORS CHOICE

178 Catriona Matheson; Christine Bond; Karen Inkster; Edwin van Teijlingen; Isobel Cameron; Granhame Cronkshaw; John Forrest

DRUG TREATMENT AND HARM REDUCTION SERVICES IN SCOTLAND: AN EXPLORATION OF NURSES' ROLE IN ASSESSMENT AND TREATMENT DECISION MAKING

Background: With increased opiate dependence, the role of the substance misuse nurse has increased dramatically. Previous research indicated nurses may be key decision makers about treatment¹. A main strand of Scottish treatment is harm reduction through maintenance prescribing, advice and needle exchange. However little is known about the role of nurses in delivering services. This research addressed these gaps.

Objectives:

- to describe the population of nurses;
- to examine their role in client assessment;
- to describe how treatment decisions are made.

Methods: Mixed quantitative and qualitative methods were used. The population of nurses working specifically with drug misusers across Scotland were identified (n=272) and posted a questionnaire covering qualifications, training, attitudes, beliefs about treatment, caseloads, services provided and relationships with other professionals. Face-to-face interviews were conducted with a sample of nurses (n=29) including a range of gender, experience, and area.

This covered nurses' assessment and decision making regarding treatment.

Results: A 79% response was achieved. 70% of nurses were grade G. Formal training in substance misuse had been received by 40% of nurses, induction training by 62%. Although 84% of nurses reported they were expected to follow a treatment protocol only 44% said they always did. Nurses consult widely with other health professionals in forming treatment plans but decisions were largely decided between nurses and client. This will be further explored at the presentation.

Conclusions: Nurses working in treatment and harm reduction services are an experienced and highly graded group. However there is a need for specialist training. Nurses are key in the decision making process about treatment and they use a client centred approach.

Reference: 1. Rae K, Matheson C and Bond CM (2001) General Practitioners' referral for In-patient Opiate Detoxification (IROD). University of Aberdeen Department of General Practice. Report to NHS Grampian.

331 Adam R Winstock

TO TEST OR NOT TO TEST, IS THERE A QUESTION? DRUGS, DRIVING, ROAD SIDE TESTING AND RISK PERCEPTION

Driving under the influence of drugs is one of a number of risk behaviours that individuals undertake and needs to be considered in the context of multiple risk taking activities that interact to increase the risk of harm to the individual and those around them. A number of studies would suggest that between 10-25% of fatal road accidents are associated with drugs (compared to about 30% for alcohol). However this does not imply causality. Whilst clear cut culpability for alcohol and benzodiazepines exists, the story is less clear for cannabis and stimulant drugs. Although acute intoxication is probably the most significant of drug related causes of driving impairment, the impact of insomnia, fatigue, withdrawal and adverse psychological experiences may also contribute.

Although drugs may lead to impairment, it is clear that intoxication per se (which exists on a spectrum) is not equivalent to impairment. Further there is little relationship between the impairing ability of a drug and its legal status (eg benzodiazepines and alcohol being the drugs associated with the greatest risk). The aim of any road safety policy must be to remove impaired drivers from the road regardless of the cause of the impairment. The decision to drug drive linked to risk perception. Most drivers consider their risk of detection of driving under the influence of alcohol as being greater than with driving under the influence of illegal drugs. Random testing (as for example with alcohol in Australia) is so effective, because it permits maximum exposure to enforcement without necessarily apprehending the individual whose decision it is to drive (or not). Test development should focus on the identification of impairment rather than the presence of drugs. There may be benefits of roadside drug testing if it puts people off drug driving through alteration of their risk perception.

1014 Carr, Annemarie; Bennett, Andrew

EVER FORGOTTEN TO TAKE THE CHICKEN OFF YOUR HEAD BEFORE YOU WENT OUT - OR JUST COULDN'T BE BOTHERED? COMMUNICATING WITH FREQUENT AND HEAVY CANNABIS USERS

Abstract: If the title of this talk makes any sense to you, the chances are you had a big spill for breakfast. As bizarre as it may seem this strap line was positively received by some heavy, frequent cannabis users in relation to the loss of motivation they had experienced at some time. Producing health messages that were meaningful and credible to this group was not as straightforward as it first appeared; hence the chicken on the head.

Cannabis is the most commonly used illegal drug in the UK. A common

misconception among cannabis smokers is that their drug of choice is relatively risk free and will have little or no negative impact upon them. However, heavy, frequent use is linked with increased susceptibility to respiratory disorders, dependency, precipitation or exacerbation of mental health problems in vulnerable people and cognitive impairment. Although little is known about the health needs of heavy and frequent cannabis users in the UK work has begun to address this. Evidence from other countries recognises the need for specifically targeted health care, health promotion and treatment services for cannabis users.

HIT have had the unique opportunity to produce an innovative information campaign communicating health messages to cannabis users across England. Commissioned by the Home Office, the Know Cannabis campaign was launched in November 2004. The development of the campaign messages and visuals built upon work done internationally and was further informed through market research conducted by HIT over the last two years and access to unpublished (grey) literature. This presentation will review the development and implementation of a number of cannabis interventions, including Know Cannabis delivered by HIT.

431 Robert Heimer, Jean-Paul Grund, Nadia Abdala, Yanis Tolstov

LABORATORY INVESTIGATIONS OF HOME-MADE OPIATE SOLUTIONS AND THE HIV-1 TRANSMISSION RISK THEY POSE

Background/Objectives: Anecdotes of the use of blood during opiate preparation in the countries of the former Soviet Union suggest that home-made opiates might play a role in the rapid spread of HIV-1 among IDUs in this region. We attempted to recover viable HIV-1 from blood included in or exposed to home-made opiate solutions.

Methods: Based on field observations, we replicated the home-made manufacture of opiates, including the addition of human blood contaminated with HIV-1. We subsequently attempted to recover viable HIV-1 from these preparations by growing the virus in culture. We also simulated the injection of opiate solutions using syringes containing HIV-1-contaminated blood and attempted to recover viable HIV-1 from the syringes.

Results: No viable HIV-1 was recovered when HIV-1 contaminated blood had been added during the manufacturing procedure. In experiments with syringes, we observed a reduction in the percentage of syringes containing infectious HIV-1. The reduction was related to how the opiate solution was manufactured: reductions were greater when poppy pods extracted for the first time (19% positive syringes) than when extracted for the second time (81% positive syringes).

Conclusion: Opiate preparation effectively inactivates HIV-1 if infected human blood is added during manufacture. HIV-1 recovery from contaminated syringes was lowered by contact with these solutions. The epidemic of HIV-1 among drug injectors in the former Soviet Union more likely resulted from long recognized risk behaviors, such as syringe sharing and syringe-mediated-drug-sharing, rather than from opiate solutions that harbor viable HIV-1. Thus, there is no reason to expect that harm reduction measures that have worked elsewhere - syringe exchange, targeted outreach and education — will not work in Russia and the other countries of the former Soviet Union.

11AM-12.30PM – SESSION TITLE: INTERNATIONAL ORGANISATIONS AND HARM REDUCTION

799 Erin Finnerty

CHALLENGES AND SUCCESSES OF REGIONAL HARM REDUCTION PROJECTS IN CENTRAL ASIA

From 2001 - 2004, the Soros foundations in Central Asia implemented a \$3 million cooperative program in conjunction with USAID for HIV prevention among vulnerable populations. This regional initiative built on the two years of work that IHRD had done to establish needle exchange in Central Asia. The initiative doubled the number of harm reduction projects in each country, to a total of 34 projects throughout all five countries of Central Asia. It also worked to enhance the quality of HIV prevention efforts through regular trainings, technical assistance, and cross-border collaboration.

This presentation will review the key findings from an assessment of the overall success of the project, and address such questions as: What is the state of harm reduction in each country? What are the implications for current large-scale regional projects, which are building on the network of projects established to date? What will be the lasting impact of this grant? Which aspects of establishing a regional HIV prevention program were successful, and which were not? What are the limitations of a regional approach to HIV prevention, particularly in an area as vast and varied as Central Asia? How do

Central Asian governmental policies on NGOs, health care, or drug trafficking present obstacles to sustainable HIV prevention efforts? To what extent has a dearth of donor resources discouraged criticism, dialogue and cooperation around problems in harm reduction? What are the lessons for future cross-regional projects?

684 Mr Bernard Gardiner

HUMANITARIAN RATIONALE EXPANDS HARM REDUCTION PROGRAMMING

Issue: The harm reduction movement risks permanent fringe status unless it finds ways to involve a broader range of organisations. By taking up harm reduction work the International Federation of Red Cross and Red Crescent Societies has added a humanitarian rationale to the harm reduction approach, and potentially made it acceptable for more organisations to take on harm reduction work. The Federation asserts that government policies and social stigma that pushes vulnerable groups to the margins of society creates a public health disaster, as well as being inconsistent with a humanitarian approach.

Setting: The Federation works globally, but its harm reduction initiatives have grown most in central and eastern Europe. The Federation has been an outspoken critic in Asia of 'social evils/vice' campaigns designed to create stigma.

Project: The Federation's Governing Board passed a policy in 2002 to promote and were appropriate facilitate harm reduction strategies, including advocating for law reform as necessary. A guideline 'Spreading the Light of Science' was produced for national Red Cross and Red Crescent Societies, but has also been welcomed more broadly as a milestone in broadening the acceptability of harm reduction approach. At the 2003 diplomatic Conference with all Government's that are signatories of the Geneva Conventions, the Federation gained unanimous endorsement of an 'Agenda for Humanitarian Action' that includes mention of expanded access to sterile injecting equipment, and harm reduction efforts related to injecting drug use.

Italian Red Cross has set up a centre of excellence, and harm reduction work has started in 12 new national societies in Eastern Europe and Central Asia, and 2 in the Baltics.

Outcomes: Even conservative organisations can be successfully engaged as key advocacy allies and programming partners in the harm reduction movement, if a humanitarian rationale is added to evidence based public health, and human rights perspectives.

814 Kevin Irwin; Robert Heimer

THE CHANGING LANDSCAPE OF DRUG POLICY AND DONOR FUNDING IN THE RUSSIAN FEDERATION

Issue: Despite the efforts of some 75 harm reduction projects, the HIV/AIDS epidemic in Russia continues to spread amidst the absence of any official response. The marshalling of prevention services for drug users now faces two significant macro-level changes: recent revisions and reinterpretations in drug laws, and the sizeable influx of money from the Global Fund.

Approach: To better understand these changes and their implications for evidence-based research in Russia we convened a conference at Yale University, USA in October, 2004. Participants included leaders from the: Russian Harm Reduction Network, CEEHRN, drug law and policy experts, Global Fund, Human Rights Watch, IHRD, and international prevention researchers with at least seven years of experience in Russia. The conference aims were to: 1) clarify drug law revisions, the status of harm reduction in Russia, and the specifics of the Global Fund implementation, 2) review past and current relevant international research efforts in Russia, and 3) strategize and prioritize research-based needs and efforts.

Key Points: Several needs for reliable targeted research were noted: younger populations, police policies versus practices, sexual behavior among drug user networks, variation in drug treatment, strategies that integrate building of civil society, and innovative surveillance and sampling. Dissemination was identified as critically important, including: the wider dissemination of existing research, the packaging and fast-tracking of research findings, and the advocacy efforts of researchers. Urgent research needs include: the integration of drug and HIV treatments and prevention, the evaluation of sector integration during ARV rollouts, and strategies for mobilizing infected and affected groups to reduce stigma. **Implications:** A review and analysis of the conference proceedings and its detailed recommendations in light of the shifting policy and risk environment in Russia can serve to guide the research design and coordination agenda and the application of scarce prevention resources.

784 AusAID

RESPONDING TO HIV/AIDS IN THE ASIA/PACIFIC REGION

In July 2004 Australia's Foreign Minister announced a substantial increase in Australia's commitment to combating HIV/AIDS in the Asia-Pacific region to

A\$600million by 2010. Australia's International HIV/AIDS Strategy recognises the urgent need for strong and visible leadership, backed up by effective partnerships. Strengthening leadership and advocacy is the first of the strategy's five priorities for action. A central priority within Australia's aid program is addressing HIV transmission through injecting drug use, this being a significant driving force for the epidemic across much of Asia. While not condoning illicit drug use, it is recognised that a pragmatic approach is required to tackle this issue.

Tackling HIV/AIDS in South East Asia: Australia has supported the introduction of appropriate and effective initiatives for reducing HIV transmission through injecting drug use in China, Indonesia, Myanmar and Vietnam. In Indonesia in November 2004 we helped support the first national injecting drug use harm reduction conference. In Bali, Australia is implementing a very successful prison pilot project that includes a comprehensive program of care, education and support for prisoners as well as training for authorities, with plans for replication across Indonesia.

Lessons Learned and Implications: There have been encouraging changes to the political climate for minimising the harm associated with injecting drug use across the Asian region. AusAID has drawn significant lessons from the effectiveness of multisectoral cooperation in supporting these approaches and will continue to pursue such cooperation. AusAID is also in the early stages of exploring partnerships for drug control activities with partner countries and UN and other agencies. To date drug control activities supported by Australia have focused on supply and demand reduction and alternate development. We anticipate strengthening the synergies with harm reduction in illicit drug control measures as AusAID explores future interventions.

2PM - 3.30PM – CONCURRENT SESSIONS

SESSION TITLE: ARV STRATEGIES AND INTERVENTION FOR DRUG USERS

487 kamiar Alaei, Arash Alaei

DRUG POLICY OF HAART FOR HIV POSITIVE INJECTING DRUG USERS IN IRAN: RESULTS OF A FOUR YEAR PROGRAM REVIEW

Issue: Providing HIV positive IDUs with medical care often meets significant discrimination by professionals and the community. As the majority of PLWHA in Middle East is from IDUs group and based on the program of 3 by 5 by WHO to expand under treatment cases, the strategy of HIV/IDUs treatment seems to be one of the first priorities in this region. The Iran experience demonstrates that comprehensive approach to HIV positive IDUs is highly effective.

Setting: Iran is located in Middle East with almost 30'000 estimated HIV infected persons among them estimated more than 65% drug injectors. Support to drug users living with HIV/AIDS was virtually absent.

Project: To prepare and provide HAART to HIV/IDUs in Triangular clinic, documented as "Best Practice" by WHO. The center's work is based on a peer approach to support drug users and their families. It embraces educational, Harm Reduction and medical and psychosocial support services. In the four years following October 2004, more than 20 AIDS cases received HAART in Kermanshah that half of them were IDUs. The criteria to enter HIV/IDUs to HAART are their adherence to one of the Harm Reduction services before starting treatment. This group showed good adherence to HAART compare to other groups of PLWHA and the group of under treatment with Post Exposure Prophylaxis.

Outcomes and lessons learned: The retention rate of patients receiving HAART in Kermanshah is 85 %, and on the average their CD4 counts increased by 94.5% (mean from 240 to 454). Likewise, prophylaxis treatment was well adhered too. No seroconversions were reported in the wife's of 60 HIV positive male patients. This small scale project demonstrates the effectiveness of comprehensive HIV/AIDS care and support for drug users.

782 Monica Malta, Francisco Inacio Bastos, Elize Massad and Maristela Monteiro

KEY ASPECTS FOR THE MANAGEMENT OF HIV-POSITIVE DRUG USERS IN LATIN AMERICA

ISSUE: Brazil was the first developing country to provide free access to antiretroviral (ARV) therapy, currently providing free ARV to

- 150,000 people living with HIV/AIDS. Brazil provides treatment to
- 50% of all people receiving ARV treatment in developing countries.

But HIV+ Drug Users (DUs) from L. America still face several barriers to access HIV treatment/care: suboptimal VCT, uneven psychosocial support and poor clinical follow-up.

LESSON LEARNED: To improve the management & care of HIV+ DUs, guidelines have been issued by developed countries and/or settings where the main drugs of

abuse are opiates. But in L. America the major drug of abuse is cocaine, and local HIV guidelines do not provide recommendations about the management of HIV+ DUs, nor do providers attending this population receive the necessary training. In spite of the Brazilian AIDS program success in halting the advance of HIV/AIDS and reducing AIDS-related morbid-mortality, key public health problems are yet to be addressed in L. America: What are the specific needs of HIV+ DUs? How should we set an agenda responsive to those needs in resource-constrained settings?

RECOMMENDATIONS: In response to such absence of guidelines tailored to local needs, PAHO sponsored a Manual targeting primary health providers, and is organizing health professional training in the region. The development of better links between health services, Needle Exchange Programs (NEPs), NGOs and Community Based Organizations (CBOs) is a key aspect on this Manual and on the local trainings. Culturally sensitive and low-threshold approaches (NEPs, NGOs, CBOs, case management, and peer education) are important strategies to reach and maintain HIV+ DUs under treatment. Since HIV+ DUs are frequently involved in high-risk social networks, by significantly reducing their HIV viral load - through effective ARV treatment - and fostering/maintain safer behaviors over time, we can reduce HIV transmission and improve HIV+ DUs quality of life.

691 Nguyen Tran Lam et al.

HARM REDUCTION IN THE TIME OF HAART: THE CASE OF VIETNAM

Background: Vietnam is undergoing two simultaneous sub-epidemics among IDUs and sex workers. The 2004 AIDS Strategy backs harm reduction but infected IDUs are excluded from antiretroviral therapy (ART). No valid data on the nature of drug use are available. Based on a rapid situation assessment (RSA), ethnography, and various sources, this paper analyses the dynamics of harm reduction in the context of ART expansion.

Methods: The 2003 RSA, based on Rapid Assessment on IDU (WHO, 1998), surveying 350 IDUs. Next, ethnography was conducted among 50 IDUs, with extensive observations at four detoxification centres and three HIV-treatment hospitals. Research questions include: scale and patterns of drug use; drug-and sex-related behaviours, social networks, addiction and HIV-related services.

Key findings: Of 350 IDUs: 71% are male; mean age 25.2; 25% on drug treatment; 87% injecting heroin; 13% injecting poly-drug (amphetamine, diazepam, seduxen, dolagan, and pipolphen); 67% shared syringe, usually in groups. Notably, sharing is more prevalent among injecting couples; 74% engaged in unsafe-penetrative sex; 69% males and 48% females reported a STD. There were no networks of PLHA/IDUs; 97% did not consult any treatment facilities; 37% reported HIV, of whom 95 % having no access to antiretroviral (barriers: ARV cost; stigma, exposed confidentiality, bureaucracy, lacking information).

Respondents desired for ART information, counselling, and social support.

Conclusion: Serious shortage of prevention and treatment facilities poses substantial barriers to harm reduction. Outreach primary care services for IDUs offering simultaneous treatment services and HIV care on-site are urgently needed, and should be conveniently located, economically affordable, and culturally feasible. Supporting networks of IDUs/PLHA should be set up. Enhancing access to antiretroviral in tandem with efficacious HIV care on-site, ongoing psychotherapeutic interventions and functionally relevant social support mechanisms targeting infected IDUs may increase harm reduction actions.

756 Jutta Engelhardt

"LIVING WITH THE DAILY DOSE": A RESEARCH STUDY ON ACCESS AND ADHERENCE OF (I)DUS TO ARV-TREATMENT

Access to treatment for all PLWHA is globally and rightfully demanded. In Europe there are more than 2 000 000 people living with HIV/AIDS and at least 400 000 of them fulfill the medical access criteria as defined today. They thus all qualify for treatment. Most of those actually treated live in Western European countries. However, when it comes to granting access and supporting patients in their daily adherence, drug users seem to be a group branded by prejudice even in Western Europe. And although drug users are proportionally more affected by the disease than other groups, little debate can be heard about overcoming access barriers and optimizing treatment regimes for them.

Investigating access and adherence of drug users to ARV-treatment in Western Europe, the study "Living with the Daily Dose" scrutinized national legislation and guidelines for granting access and ameliorating adherence. It also collected empirical data by interviewing drug users and HIV/AIDS-professionals in 12 Western European countries. Formulating "best practices" for access and adherence of DUs to ARV-treatment, the study advises the following:

-  Pre- and post-test counseling by independent institutions is crucial to generate genuine understanding and willingness to enroll in a life-long treatment

- Skill building among HIV/AIDS-specialists about drug use (the drugs used, the manner of consumption, the interaction with ARVs etc.) is necessary to bridge communication gaps, to make supportive, interactive counseling possible and to react adequately to side effects
- Information about side effects is key to avoid potential self-treatment that might jeopardize the daily treatment regime (e.g. interaction of ARVs with methadone)
- Granting access to substitution treatment and if necessary linking distribution of ARV-medication to the substitution drug heightens adherence
- Structurally linking HIV/AIDS-services to drug services (interdisciplinary teamwork) will allow for a more holistic approach to the patient receiving ARV-treatment.

339 Titin Rejeki

CASE MANAGEMENT TO RESPONSE POSITIVE-ACTIVE INJECT IDU PROBLEMS

Issue: Using outreach strategy since September 2001, 1240 IDU have been reached by peer workers. The project covers 28 sub districts of Jakarta. These crowded, poor, residential areas have an IDU population mostly under 28 years and unemployed. That inner city IDUs has little awareness of their HIV risk and still active inject. Most of them showed opportunistic diseases and they acknowledges getting access care and supporting. Case management initiated to response this IDU's problem.

Setting: Harm reduction case management held on over all district (west and Centre of Jakarta) reached by peer workers. Aspecially for IDU got HIV test trough VCT program.

Project: Case management have been active since August 2003. Main activities were intake, comprehensive assessment, individual service plan, service coordination, advocacy and monitoring service. By that activities, case manager using referral system to coordinate some services that IDUs needed such hospital services, recovery program, ARV therapy, support group, and home visit. Project also helps IDU's and family to prepare document for get access in treatment institution.

Outcomes: Kind of services that deliver to IDU are hospital services, home care, primary health services, TB therapy, easier to get government insurance, easier to get ARV therapy, and IDU get recovery program as they chosen (methadone or rehabilitation). Day by day, more IDU come to join this program because they accept benefit to solve recovery and positive problems their face.

86 Des Jarlais DC, Hammett TM, Wei L, Yi C, Ngu D, Van LK, Meng D

PROVIDING METHADONE MAINTENANCE AND ARV TREATMENT FOR PEER EDUCATORS IN HARM REDUCTION PROJECTS: EXPERIENCE FROM A CROSS-BORDER HIV PREVENTION PROJECT FOR IDUS IN NORTHERN VIETNAM AND SOUTHERN CHINA

Issue: Many HIV prevention interventions for IDUs employ peer educators (PEs). Many PEs are current drug injectors and some are HIV-positive. Although PEs perform valuable services, their salaries are usually very low. Also, their activities expose them to stimuli likely to evoke drug cravings. In many settings, IDUs in general have very limited access to substance abuse treatment and ARV treatment.

Approach: We sought to make methadone maintenance (MMT) and ARV treatment for HIV available to PEs in Lang Son Province, Vietnam and Ning Ming County, Guangxi Province, China. We worked with partners and stakeholders to clear all bureaucratic hurdles, obtain necessary approvals, and secure funding. We identified existing centers or established new venues in which to provide MMT and ARV. In China, we arranged with an HIV clinic operated by Medecins Sans Frontieres to assess and treat PEs.

Key Points: It may be arduous to obtain all necessary government approvals. Suitable partners and settings with the proper infrastructure and technical expertise for dispensing and managing MMT and ARV are essential. These programs for peer educators should be rigorously evaluated. Implications: There are important moral and practical reasons for providing MMT and ARV for PEs. It is simply right, given their low salaries and the importance of the work they do. From a practical standpoint, MMT and ARV may help to stabilize PEs' lives and allow them to work more effectively. More broadly, PEs are usually respected leaders in the IDU community. As such, successful MMT and ARV programs for PEs would help build trust and acceptance and offer points of entry for more extensive programs for IDUs, who are critical populations to reach with substance abuse treatment and HIV treatment services.

174 Dr.K.Priyokumar

EARLY TREATMENT OF HCV IN HIV/HCV CO INFECTED SUBJECTS- A BETTER CHOICE

Issue: The high prevalence of IDUs and co infection of HIV and HCV is eminent in the state of Manipur. Since treatment preparedness is in an infantile stage proper proceedings need to be maintained in response to the general interest of public health.

Objective: To highlight early treatment for HCV in HIV/HCV co infected persons in Manipur.

Method: HIV/HCV co infected patients were investigated and treated with interferon 2 Alfa with Ribavirin combinations. Patients with and without ART were exposed to the same treatment

Results: From the number of co infected patients treated in the home clinic in a limited number of cases the patients without ART gives better results than those on ART. A few cases died by cirrhosis of liver and fulminant hepatitis before any therapy could be instituted.

Conclusion: It seems the HIV/HCV co infected will do better and will live a better quality of life with early treatment of HCV in these patients. The cost of treatment which is affordable is beyond the reach of the majority of patients is a major stumbling block in the management. It is a point that needs serious consideration, as the co infection rate among the IDU community is as high as 90% as per the finding in a sample size of 250 (Churachandpur dist., 2002)

287 Mukta Sharma

THE EXPERIENCE OF ARV PROVISION TO FORMER AND CURRENT IDUS IN MANIPUR: A STOCKTAKE

Background: Manipur (India) has a generalised HIV/AIDS epidemic related to drug injecting. The state records a HIV seroprevalence of 30% among IDUs and at least 20,000 people live with HIV/AIDS (MACS, 2003). In the last year the Government of India has started the provision of ARVs. This study (work in progress) describes how the provision of ARVs to IDUs works in practice, and what impact it has on their lives (in Manipur).

Methods: The study is based on a quantitative-qualitative methodology, and uses three main sources of evidence: direct observation, analysis of treatment centre data, and exit interviews with 68 clients.

Results: The project is seen in a positive light by many IDUs, who feel 'grateful' for being able to access ARVs. Most expressed satisfaction with the improvements to their health and to their ability to undertake work. However, several issues emerged from the data which need attention. First, the project has a high threshold, requiring clients to provide (and pay for) several medical tests such as CD4 counts, liver function test, Hep B and C tests etc. prior to enrolment and during treatment. These tests are expensive and often beyond the reach of many IDUs. Second, there are infrastructural and geographical constraints. Some clients travel for several hours to access the facility. Third, the project does not have adequate counseling and referral mechanisms. Fourth, staff-client interaction is often sub-optimal; clients are very poorly advised about side-effects and how to manage them. This has implications for the emergence of drug resistance. There are also challenges imposed to the functioning of the project by the poor levels of training and orientation of the project staff.

Conclusions: While the provision of ARVs has a positive impact on the lives of IDUs, poor access and quality are compromising programme outcomes, and are likely to hinder the scaling up of ARV provision. Improvements to human resources are also crucial for the effective implementation of programmes that deliver ARVs.

2PM - 3.30PM – SESSION TITLE: BARRIERS AND ACCESS TO TREATMENT

789 Sherboto Tokombaev

HELPING DRUG USERS: MEDICAL AND LEGAL ASPECTS AND PROBLEMS ASSOCIATED WITH IMPLEMENTATION OF HARM REDUCTION PROGRAMS IN KYRGYZSTAN.

The majority of physicians strongly believe that "treatment" is nothing but relieving patients from withdrawal symptoms. Elementary detoxification measures occupy 4 days, plus 6 days for intensive "drugging" with benzodiazepines, neuroleptics and barbiturates - which makes 10 days, and costs five to ten thousand soms (which is 120 to 240 thousand US dollars). These are the prices offered by governmental establishments. Taking into account, that one heroin dose in Biskek costs about two US dollars, while 50 dollars income is considered to be "good money", it is clear that such treatment remains unavailable for many drug users.

The main way of HIV-infection transmission in Kyrgyzstan is non-sterile injection drug use. Eighty six per cent of PLWHA are injection drug users. People living with HIV face a number of problems associated with their HIV status. The most important problems are the lack of access to treatment of opportunistic and AIDS-associated infections (including hepatitis B and C), employment discrimination (demand to provide HIV test results), insufficient information concerning HIV/AIDS, the lack of professional counseling and inadequate number of self-help groups. Besides, the repressive drug policy creates problems associated with implementation of Harm Reduction programs. While the Methadone Maintenance Program operates successfully in Kyrgyzstan, there are certain difficulties, for example with return of syringes: if a person is detained with a syringe containing traces of a drug, he or she is subjected to responsibility in accordance with Article 246. The article deals with "Illegal manufacture, purchase, keeping, transportation or mailing of narcotic drugs or psychoactive substances with no intent to sell" and provides for up to 15 years imprisonment (for repetitive offence). I also wish to present the first magazine to be issued by the Kyrgyz community of PLWHA and IDU to promote interests of vulnerable groups. The magazine is called "POSITIVE LIFE"

939 Elovich, Richard

LOW THRESHOLD TREATMENT READINESS PROGRAMS IN CENTRAL ASIA: DRUG TREATMENT THAT GROWS OUT OF HARM REDUCTION

Drug treatment is often positioned as separate from or even in opposition to harm reduction, and its outcomes, processes, and goals are portrayed as fixed and universal for all individuals who are heroin involved. In Central Asia, where rates of injection of opiates have skyrocketed in the last decade, and where Soviet style detoxification, is costly, and involves registration of drug users with the police or other authorities, a new, low-threshold approach is developing. "Treatment readiness" programs see drug use and dependence as complex and varied across individuals and contexts, rather than monolithic. These programs, emerging in Tajikistan and Kyrgyzstan call into question what treatment is, where and when it can begin, where it can happen and what forms it can take, as well as who can provide it. Based on the harm reduction philosophy of reducing barriers (such as demand for abstinence, labeling, hierarchical positioning of professionals and need for services to take place in the clinic), treatment readiness builds on and expands effective outreach team to include drug counselors, indigenous social workers, and doctors who start treatment where the drug user is at, in "natural settings" where drug users gather, and operates consciously outside of the context of Soviet style narcology centers often deployed as an arm of the state. Treatment readiness represents a shift both from dominant American paradigm of addiction/abstinence and the Soviet system of narcology. As such, it offers a model not just for Central Asia, where it is being currently emerging but shows that, even in different regions, program development and implementation varies by the social context, local culture, and available resources.

62 Samuel R Friedman; Barbara Tempalski; Hannah Cooper; Marie Keem; Risa Friedman; Peter L Flom; Don C Des Jarlais

PREDICTORS OF THE DEGREE OF DRUG TREATMENT COVERAGE FOR IDUS IN 96 USA METROPOLITAN AREAS

Background: Little research has been done on the extent to which IDUs are in treatment in different localities or on what characteristics of localities are associated with higher treatment coverage.

Methods: Drug abuse treatment per IDU (treatment coverage) was estimated for the 96 largest US metropolitan areas (MSAs) by dividing the number of injectors in treatment in the MSA on October 1, 1997 (obtained from the Uniform Facility Data Set, SAMHSA) by the number of IDUs in the MSA in 1998 as estimated by Friedman et al (2004). Potential predictor variables included sociodemographic population data; data on public expenditures and public policies; and AIDS cases among IDUs in 1993. Results report independent significant ($p < .05$) predictors in linear regression except where otherwise indicated.

Results: Mean IDU treatment coverage was 10.2% (standard deviation 6.8%); median was 8.6% (interquartile range 5.7% - 13.8%); but coverage varied widely—from 1.1% to 39.3% (only 3 MSAs having coverage > 25%; and 24 had coverage of 5% or less). Independent significant predictors were AIDS incidence among IDUs in 1993; per capita expenditures on education, 1992; and absence of "right to work laws" that restrict unionization. Increases in the proportion of the MSA population in poverty (1990-2000) were associated with less coverage. **Conclusions:** Coverage varies widely, but is clearly inadequate in almost all MSAs. More extensive longitudinal research is needed to understand underlying causal pathways. Epidemiologic need for treatment for IDUs and "social democratic"

policies (support for public education and unions) were associated with greater coverage. Since increasing poverty is associated with lower coverage, current neo-liberal policy trends suggest that increasing treatment coverage may be difficult.

640 Vanlalmuana Pachuau, Mary Joy, Upendra Singh, Thangmuan and Jangkhogin

PROVIDING INTEGRATED AND COMPREHENSIVE HEALTH AND SOCIAL SERVICES TO INJECTING DRUG USERS IN CHURACHANDPUR (1995-2004): SHALOM EXPERIENCE

ISSUE: SHALOM has provided comprehensive services to Injecting Drug Users (IDUs) whose needs are often many and complex. These inter-linked services have greatly contributed to effective implementation of harm reduction program especially in the field of needle-syringe exchange. **SETTING:** Over the past ten years SHALOM has provided care and treatment services to 11,632 drug users and currently enrolled 1,800 IDUs through its RIAC project in Churachandpur, Manipur in NE India. Since 72% of People Living With HIV/AIDS admitted at SHALOM Hospice Care Centre belong to drug injecting community, provision of comprehensive care and support services to IDUs is critical to controlling HIV/AIDS. **PROJECT:** Established in 1995, SHALOM has focused on six broad areas including IDU services. The following set of comprehensive care and support services has been provided to IDUs through the various SHALOM program units. **HEALTH CARE SERVICES:** Abscess management, confidential HIV counseling & testing, residential hospice care, home based care, anti-retroviral therapy, laboratory investigations and referrals.2.

PSYCHO-SPIRITUAL SUPPORT: Spiritual counseling, emotional support, community meetings (affected families), funeral, bereavement and legal support, advocacy. 3.

HARM REDUCTION (HR): Needle-syringe exchange, condom promotion, detoxification, advocacy for drug users/HR program, peer education.4. **SOCIO-ECONOMIC SUPPORT:** AIDS/drug orphans educational and nutritional support, vocational training, day care and night shelter for female sex workers/drug users, small grants/loans to affected families/widows and crisis management.

OUTCOMES: The physical, emotional and spiritual needs of drug users living with or without HIV/AIDS have been adequately addressed. HIV Stigma and discrimination have been reduced and available services for marginalized groups made more accessible. In communities where drug injecting and HIV epidemics are closely entwined, comprehensive services should always be provided. Services to drug users and HIV positive persons always complement each other.

190 Carla Treloar; Nicky Bath; Lance Schultz, Meriel Schultz

SERVICE PROVIDERS' PERSPECTIVES ON BARRIERS TO ILLICIT DRUG TREATMENT

Drug treatment is acknowledged as one way to reduce the harms associated with illicit drug use. However, treatment can only be effective in reducing harm if users consumers of drug treatment are enabled and supported to engage with service providers and actively participate in treatment.

This study examined service providers' views on the barriers and incentives to drug treatment services. Semi-structured interviews were conducted with 33 service providers from 5 sites across Australia and included workers in agencies providing residential rehabilitation, detoxification, pharmacotherapy and counselling services as well as workers in outreach services (e.g. Needle and Syringe Programs, youth outreach, drug user organisations). Barriers and incentives to drug treatment were examined at four levels - personal, interpersonal, organisational and societal.

In general, service providers focused on the individual as the sole cause of drug problems in society and individual personal factors as the main barrier to treatment. Differing treatment philosophies and their related treatment goals were described as at the core of many barriers to treatment. Providers perceived that consumers' lack of fore-knowledge of the philosophical bases underpinning specific treatments led to people dropping out of treatments that did not match their philosophy of drug use. Alternative models, such as consumer involvement, based on the rights of individuals within treatment, were not evident in the interviews.

While national and state drug strategies state that drug treatment should be attractive to the consumer, service provider participants identified many aspects of current system as particularly unattractive and demeaning. This research poses recommendations for policy and program directions arising from the research findings.

576 Chokchai Thaptawee

A DRUG USERS' PERSPECTIVE ON DEMAND REDUCTION IN THAILAND

Though myriad drug prevention and treatment interventions are available in

Thailand, few can claim long-term success in effectively reducing the demand for drugs. Most approaches, which include therapeutic communities, Buddhist-temple-based herbal treatment, detoxification centers, and military boot camps either require total abstinence prior to admittance as the primary outcome. This paper demonstrates how non-evidence-based approaches, stemming from political or moralistic attitudes about drug use, prevail at many of these centers and preclude the majority of drug users from accessing and receiving appropriate, effective health care.

This collaborative research project, between the Thai Drug Users' Network and a professor at Chulalongkorn University, takes stock of both consumer and provider experiences in the various drug treatment settings available in Thailand's Central Province, including Bangkok. Methods include a review of relevant national policy and guidelines concerning treatment and in-depth interviews conducted at sampled treatment centers in 17 provinces.

Preliminary findings reveal these centers are reaching neither the majority of, nor the most "high-risk" drug users. Negative provider attitudes and practices promote discrimination and stigma, and mandatory HIV-testing and disclosure of confidential patient information to law enforcement authorities is common. Drug users are not given equal opportunity for employment at these centers, and disease prevention information and tools are not made available.

The integration of harm reduction approaches, such as methadone maintenance therapy and needle/syringe programs, into existing treatment programs, plus the promotion of a rights-based approach to drugs to ensure active involvement of drug users in programming, is necessary to improve Thailand's demand reduction initiatives.

2PM - 3.30PM – SESSION TITLE: HARM REDUCTION - SOCIAL, ETHICAL & ECONOMIC ISSUES

837 RADO, C. MARTINEZ, A.

HARM REDUCTION IN VULNERABLE LATINO AMERICAN COMMUNITY CONTEXTS: DOES POLICY, ETHICS AND ECONOMY HAVE ANYTHING TO CONTRIBUTE?

Harm reduction interventions in contexts of remarked vulnerability should be defined not only as a set of guidelines for practice but fundamentally as social policy in its ethical and political deepest sense. It seems crucial to discuss what type of harm reduction programmes and which POLIS and citizenship are we contributing to build.

Community-based harm reduction programmes in highly vulnerable contexts in the city of Montevideo faced crucial challenges like: 1. The way specific strategies should be designed to foster networks of social connectivity (educational, health) based on the empowerment of drug users and their social contexts. 2. The type of professional relationship that can be established, and the technical interventions delivered to beneficiaries that A. live in contexts where many basic needs are unsatisfied B. lack social inclusion networks remarked by the condition of living in "ghettos" C. Have grew up in a culture of socially assisted people frequently habituated to demand solutions from the State.

This presentation will address the following key points: 1. Harm reduction interventions in contexts of high vulnerability can easily have a counter preventive effect. These programmes should be integrated in harm reduction policies based on clear political, ethical and economic objectives of empowerment and inclusion of beneficiaries. 2. Harm reduction policies addressed to drug users that suffer multiple forms of social and cultural exclusion should be based on a deep discussion of A. The relationship between poverty-exclusion and territorial inequity to access to material and symbolic gains of society. B. Social policies aimed at empowering their beneficiaries "vs." social policies aimed at assisting them.

In sum, effective and compassionate harm reduction policies in Latin-American countries do not seem to be really possible if the multiple dimensions of political, social, economic and cultural exclusion of important segments of the population are not simultaneously addressed.

467 Peter Miller

RESEARCH FUNDING AND CENSORSHIP: ETHICAL ISSUES AND IMPLICATIONS FOR HARM REDUCTION

This paper discusses the issues associated with the right of censorship being attached to research funding. The paper reviews current policies relating to censorship and explores how some institutions, particularly some academic journals have chosen deal with censorship. The paper then proposes that censorship is primarily an ethical issue which requires attention before research is conducted.

Using ethical guidelines from both Australia and Britain, censorship raises concerns primarily in relation to the ethical concepts of beneficence and informed consent. A number of examples specific to harm reduction strategies are used to demonstrate how censorship can increase the harms associated with drug use. It is concluded that censorship is an issue which is best dealt with by ethics committees prior to research being carried out.

428 Lauretta E. Grau, Patricia A. Marshall, and Robert Heimer

ETHICAL CHALLENGES OF INFORMED CONSENT: PRELIMINARY RESULTS FROM THE HEPATITIS B VACCINE STUDY

Background/Objectives: Injection drug users are at risk for hepatitis B (HBV), yet many who are susceptible have never been vaccinated. The "Syringe Exchange-Based Hepatitis Vaccination Study" is a multisite, randomized control trial to ascertain the feasibility and cost-effectiveness of offering HBV vaccination services through syringe exchange programs (SEPs) in two U.S. cities (Hartford, Connecticut and Chicago, Illinois). An important component of this study addresses the informed consent process including comprehension and perceptions of risks and benefits.

Methods: Individuals interested in the study visited the SEP van where a blood sample was drawn and they completed a brief questionnaire. Eligibility for enrollment in the vaccination study includes: (1) over 18, (2) injected at least once in the previous 30 days, (3) competent to provide consent, (4) willing to have blood drawn three times and receive three vaccine doses, and (5) serology demonstrating susceptibility to HBV. Individuals eligible for vaccination in this ongoing study completed another questionnaire on risk behaviors at the Dose 1 visit (2 - 5 weeks post-screen) and a survey about their understanding of information addressed during the informed consent discussion.

Results: Preliminary results from over 100 participants in Chicago and Hartford indicate that individuals screened have positive attitudes about participating in the study. They also appear to have an excellent comprehension of study goals and procedures based on their informed consent discussion at the screening visit. Most participants accurately reported that they were told participation in the study is voluntary.

Conclusions: The specific findings from the survey data and methodologic issues in conducting such a study will be discussed. Challenges to informed consent in research with vulnerable populations such as injection drug users can be addressed through careful attention to communication and education.

378 Fidan Mammadova

PSYCHOLOGICAL CHANGES OF PERSONALITY FROM THE VIEWPOINT OF THEORY OF SOCIAL LEARNING

To the place of traditional, social, political and cultural style of life during a long time is coming a period of ultimate instability, crushing of superstitions and emotional stunning. As example of that processes is our country which population during the last 15 years faced with war conflict and occupation of its territory, a 1 mln of refugees, a hard economical crisis, which brought to misery and unemployed. A marginal change of social- political formation lead to dramatic changes in the sphere of ideology, national motivation and culture which have negative effects for mental health of nation. Have started a stage of imitation of all western. On scientific language it is a principle of social education- forming of social behavior through imitation and identification yourself with other people. It was felt a constant hostility and mistrust to people, social exclusion, withdrawal, weaknesses and hopelessness. As an often outcome of the constant condition of inner tension and feeling of external threat we can see the drug and alcohol abuse. In due time in Azerbaijan is marking improving of social- economical, political construction of country. It is useful to sold your brains and healthy body, are beginning to appear the growing of national awareness, are forming spiritual values. Azerbaijan is a country of secular Islam and owing to rules of our saint book Koran- using of alcohol and other psychoactive substance, making clouding of conscience is prohibited. This direction is tracking among young generation also and it is a huge support to prevention and struggle against drug and alcohol abuse. The aim of that article was to show mutual connection between transition in economical, social-political construction of country and changes that take place on psychological level of persons and of that how it reflected on them behavior.

613 E. Schatz, Dascha Orcheret

RUSSIAN SPEAKING DRUG USER IN EUROPE - A CHALLENGE TO SERVICE PROVIDERS

Political processes that take place in Europe during the last decades lead to the

increase of migration between European countries. Difference in social and economic situation, level of income and social security, and also in drug policies create strong motivation for moving abroad among drug users, especially those ones who face the worst social problems. Globally, routes of migration go from South to North and from East to West.

The European network AC COMPANY carried out different activities concerning Russian-speaking drug users - in Prague, Antwerp and Amsterdam on the spot, in Central Europe by a study.

Drug use and mobility are not regarded as complex social phenomenon in Europe. It's impossible today to find numbers (even estimated ones). There is even no information about HIV and HCV prevalence among mobile drug users, which can become a critical issue of national public health system, especially if we keep in mind that HIV prevalence among IDUs differs greatly in Eastern, Western and Central Europe.

One of the main problems to start interventions to target mobile drug users is that they are a hidden population. The most obvious reason is that these people face 'double stigma' from society, services, and law enforcement - as illegal drug users and as illegal immigrants.

This presentation gives a short overview about the problems we face and describes strategies, which can improve the situation.

374 Robert Broadhead, Valerii Volkanevsky, Tamara S. Rudanova, Marina Ryabkova, Casey Borch, Elena Sher, Yael van Hulst

THE COST, EFFECTIVENESS AND ETHICS OF PAYING FOR ACTIVE DRUG USERS' PARTICIPATION: A COMPARISON IN RUSSIA OF THREE HIV FIELD INTERVENTIONS

Issue: A controlled comparison of three HIV prevention interventions operating in Yaroslavl oblast will be described. At issue is the cost, effectiveness and ethics of paying graduated cash rewards to respondents for participating, or substituting cash with graduated vouchers redeemable at a local store for food.

Setting: Yaroslavl oblast is north of Moscow on the Volga River, and it contains many of the oldest Russian cities in "European" Russia, including Yaroslavl (Bragino), Rybinsk, and Tutaev, the sites of the present intervention. The overall project is empirically addressing a large controversy in Russia: is it ethical to pay cash rewards to drug users for their active participation in an HIV intervention; if offered non-cash rewards, will it negatively affect the efficacy of the intervention?

Project: A Standard-PDI (Peer Driven Intervention) is operating in Bragino, and being compared to a Simplified-PDI in Rybinsk and a Voucher-PDI in Tutaev. The Standard- and Simplified-PDIs have a different reward structure, but both pay graduated cash rewards to drug users, while the Voucher-PDI offers graduated food vouchers that can be redeemed.

Outcomes: After one full operating year, the Standard-PDI is substantially more effective than the Simplified-PDI in relying on drug users to recruit their peers for intervention services ($N = 493$ vs. 365), while it is less effective in having drug users educate their peers in a body of prevention information before recruitment (baseline mean score of 4.07 vs. 5.19 out of 8 possible points, ($|t| = 7.02$, $p < .001$, two-tailed test). The Voucher-PDI is starting-up in October 2004 and preliminary results will be available by the time of the conference of how it compares to the Standard- and Simplified-PDIs in terms of recruitment power and educational effectiveness.

SESSION TITLE: HARM REDUCTION & CRIMINAL JUSTICE: LEGALLY COERCED DRUG TREATMENT.

729 Ms Deirdre Murphy; Mr Alistair Sweet

OFFENDERS & TREATMENT - A NEW APPROACH!

The 'Rapid Assessment & Treatment Service for Drug & Alcohol Misusers' is a joint initiative between the Probation Board for Northern Ireland and the Northern Ireland Community Addiction Service. The service is funded by the Northern Ireland Office for three years commencing 28th March 2003.

The programme provides a fast track assessment and treatment service for both male and female offenders within the Greater Belfast area whose offences are related to their drug dependency. Referrals are made at the pre-court stage, (via PBNi) and if assessed as suitable an individual treatment programme is offered as an additional requirement of a Statutory Court Order.

The treatment programme consists of time limited structured therapeutic sessions for individuals on a one-to-one basis, using a cognitive behavioural therapy model. We also utilise motivational interviewing and relapse prevention, using a harm reduction approach.

The presentation will be of interest to all those working within the Criminal Justice field, as outcomes will provide a in-depth profile of those individuals using the service. Research findings will also demonstrate significant reductions in both alcohol and drug dependence levels based on follow-up psychometric tests. Future research elements will also be outlined.

310 Dwight Vick

DRUG COURT SUCCESS RATES IN WOODBURY CO., IOWA

Drug Court programs have existed in the United States since the mid-1980s. Widely used throughout the country, several Drug Court studies have yielded mixed reviews. Faced with growing court dockets, judge unavailability, and an increased community response to drug-related crime, Woodbury County, Iowa established a volunteer, panel-based model to work with non-violent drug offenders. Each offender meets with a three panel members who are trained by judges and parole officers on the law, drug abuse, etc. This approach, unique in the United States, and initially appears to have a higher success rate than other courts headed by a single judge. This study is a five-year follow-up study of their adult drug court program. By reviewing their files, the study tracks the progress of each client from admission to release from drug court. Secondary sources, i.e. newspapers and court documents, provide information about any client who may have re-offended during their Drug Court commitment as well as the crime committed. A randomized sample of graduates was selected for in-depth follow-up interviews. The study is designed to examine the success rates of this specific program and compare it to similar counties within the United States. Initial results and further research questions will be discussed at the conference.

663 Jianping Li

DRUG RELATED HARM REDUCTION > LAW ENFORCEMENT AND HIV PREVENTION AND CONTROL IN GUANGXI

Restrictive drug policy aims to serve as a deterrent to drug use, and intends to reduce drug-related harm (mainly through supply reduction approaches) and societal problems. Meanwhile harm reduction projects such as needles & syringes exchange programs and, Methadone Maintenance programs are proposed and are being carried out to reduce drug related harm particularly HIV transmission. This presentation examines methods employed by the Asia Regional HIV/AIDS Project (ARHP) has facilitated both Public Health and Public Security to adopt a collaborative approach to drug related harm reduction to reduce HIV transmission in Guangxi. Liuzhou, a city of one million people, is home to an estimated 6,000 drug users. ARHP RAR found that 98% drug users are using heroin, mainly through injection. The first case of HIV infection through sharing syringes was detected in 1997, and the rate of HIV infection among drug users reached 24.8% in 2000. HIV prevention and control activities led by the public health have been successful in involving public security in the ARHP advocacy and project efforts. Through the use of effective approaches workshops and train-the-trainers methods, ARHP have endeavoured to create supportive environments for harm reduction programs. Working with the ARHP, law enforcement have conducted advocacy for Liuzhou community leaders to help motivate them to care for and help drug users so as to support the implementation of ARHP harm reduction projects.

609 Foti Blaher; Edward Ogden; Kristine Mihaly; Ashley Dickinson and Robyn Fisher

VICTORIA POLICE CUSTODIAL HEALTH AND ALCOHOL AND DRUG SERVICE: A PROACTIVE APPROACH TO THE MANAGEMENT OF DRUG AND ALCOHOL TO PEOPLE IN POLICE CUSTODY.

Issue: The Victoria Police (Australia) has between 120 and 240 people lodged in custody every day. These people are detained in cells with no access to tobacco, alcohol or other drugs and may be at risk of drug withdrawal. Some people may undergo drug withdrawal for the first time in their life. People in cells with drug withdrawal would first be identified by police officers, the gaolers, who would call in medical practitioners to assess and treat the prisoner. We believed that this process resulted in many drug and alcohol problems not being identified or treated, with resulting complications. There was no emphasis on counselling or harm minimisation.

Project: In 2002 the Victoria Police, in partnership with the Department of Human Services Drug and Alcohol Policy Unit, created the Custodial Health and Alcohol and Drug nursing service, with the aim of providing drug treatment services to all people in police custody. For some prisoners this may be their first opportunity to access Drug and Alcohol (D&A) services or obtain counselling about harm minimisation.

The service consists of nurses with drug and alcohol training who offer health and D&A assessments to people who come into custody. Prisoners who are identified with a D&A problem are offered medicated withdrawal regimes, counselling and referral to D&A agencies in the community and in the prison system. Prisoners who have been on narcotic substitution therapy in the community continue this therapy in the police cells.

Outcomes: In this paper we describe the services provided, review data obtained in the first two years of the service, and outcomes for the clients.

Conclusion: Routine assessment of people entering police custody has identified a significant number of people with drug and alcohol problems who were previously not seen or treated. Early diagnosis and treatment has resulted in improved health outcomes with better short-term management of the drug and alcohol problems.

836 Simon Ruth and Rob White

COMMUNITY-BASED INVOLUNTARY TREATMENT- MAKING THE MOST OF IT.

Issue: Forensic, or justice-directed, community-based drug treatment can be a challenge for both the client and the practitioner. Forensic treatment is usually involuntary with clients often being described as pre-contemplators or 'not yet at rock bottom'. How do we make forensic drug treatment rewarding for both the client and the service?

Setting: Peninsula Drug and Alcohol Program (PenDAP) is one of Victoria, Australia's largest providers of forensic community-based drug treatment. PenDAP services the Mornington Peninsula region of Victoria, a total population of 240,000 people. PenDAP provides a range of drug treatment services for forensic clients.

Project: This paper will illustrate how PenDAP staff work with clients who are often initially uninterested in treatment except to in order to meet court order requirements. Focusing on harm reduction and drug education provides clients with a useful intervention. It develops good relations between the client and the service that increases the likelihood of the client approaching the service at some point in the future if they feel they need assistance with addressing their drug use.

Outcomes: Involuntary community-based drug treatment is not about enforcing change but rather providing drug users with information to make informed choices about their future.

625 Jennifer L. Keating

A STUDY OF THE SUCCESSFULNESS OF JUVENILE DRUG COURT PARTICIPANTS

Throughout the last century, increased drug use has not only led to personal struggles, but also to a struggle in society. As the drug problem has increased and worsened, so has the caseload in courtrooms across the nation. Within the last several years, a solution has been born and utilized in communities across the nation: Drug Court. The Woodbury County Drug Court in Sioux City, Iowa, has been one of those communities; however, their approach has been unique. Utilizing a volunteer panel-based model, the court meets with non-violent drug offenders on a monthly basis. This study focuses on the success of the volunteer panel-based model. Furthermore, this study consists of a five-year follow-up of Woodbury County's Juvenile Drug Court program. By reviewing the client's files, the study tracks the progress of each client through the duration of time they participated in Drug Court. Information about any client who may have re-offended during their Drug Court commitment as well as the crime will be sought out in secondary sources such as court documents and newspapers. A random sample of graduates was selected for in-depth follow-up interviews. The success rates of this specific program will be examined and compared to similar counties within the United States. A discussion of the initial results and further research questions will be held at the conference.

2PM - 3.30PM – SESSION TITLE: PERSPECTIVES ON ALCOHOL #2

385 Helmut Wagner; Carole Brigaudeau

ALCOHOL AWARENESS PROGRAMME: A EUROPEAN PILOT PROJECT

Binge drinking (drinking to drunkenness) among young people is a growing issue in several European countries. However, young people drinking patterns, the extent of the problem and the public perception of the problem vary greatly between countries. It is clear is that teachers consider that schools have a role in educating young people about drinking and that many teachers are not aware of appropriate, high-quality teaching resources to help them to do so.

The pilot project "European Alcohol Awareness Programme" which is being developed by The Amsterdam Group in partnership with other European and

national stakeholders is intended to help increase 11-16 year olds' understanding of alcohol and its impact on the immature body, to delay the on-set of drinking and reduce the prevalence of binge drinking.

The project strategy is to use areas of interest and concern to young people to stimulate engagement with the subject and with associated issues as they affect young people. Contact will initially be through the classroom. However, parts of the project are planned specifically for use by young people in their own time. Information and advice will also be provided for parents about how to address alcohol issues with their teenagers

271 Ernst Buning & Monica Gorgulho

ALCOHOL AND HARM REDUCTION: CHANGING PARADIGMS

Issue: The Harm Reduction movement has neglected the alcohol issue. Traditional alcohol policies can benefit from lessons learnt in the HR movement.

Approach: Since August 2000, a group of experts from the drug HR movement have successfully addressed alcohol and harm reduction. They did this by organising 2 international conferences (one in Recife, Brazil and one in Warsaw, Poland), the publication of a book on alcohol and harm reduction, by setting up websites and creating networks of experts who support the HR approach in the alcohol field.

Key point: traditional alcohol policies focus primarily on supply reduction through regulations and taxation. A reduction of overall per capita consumption is seen as an indicator of success. Harm Reduction policies however, focus on the reduction of alcohol related harm and take that as an indicator. .

Implications: Since 50% of alcohol related harm is caused by persons who are no alcoholics but 'normal' people who had too much to drink and got involved in risky behaviour (driving a car, getting into a fight, have unsafe sex), effective alcohol policies need to address these 'normal' people as well as heavy drinkers and alcoholics. This means a change of paradigm and is a major challenge for alcohol policy makers and could be a threat for numerous alcohol experts who hold traditional views.

996 Bosco Rowland

CAN WE REDUCE ALCOHOL RELATED-HARM AMONGST ADOLESCENTS: AN EXAMINATION OF PERSONALITY AND CONTEXT ON MOTIVATION TO CONSUME ALCOHOL AT RISKY LEVELS?

The risk and protective factor paradigm has limited application in harm-reduction because it does not indicate how social and psychological factors impact upon current alcohol consumption. This study draws on Cox and Klinger's (CK) Motivational Model of Alcohol Use, which purports that distal and proximal factors have a cumulative affect on motivation to consume or abstain from alcohol. Using an adolescent sample, this paper will present the findings of a study that tested two pathways described in CK's Model. Firstly, it examines: does motivation mediate the relationship between personality and risky alcohol consumption? Secondly, does motivation mediate the relationship between context and risky alcohol consumption? The implications of focussing on motivation as a harm reduction strategy will also be discussed.

440 Sharon Matthews, Susan Clemens, Susan Donath

CHANGES IN SHORT TERM RISKY DRINKING AND FACTORS THAT INFLUENCE CHANGE AMONG TWO COHORTS OF AUSTRALIAN WOMEN.

BACKGROUND: Short-term risky drinking "bingeing" is a public health concern. It's generally assumed 'bingeing' peaks in early adulthood, decreasing thereafter. This paper examines change in 'short-term risky drinking' & correlates in 2 cohorts of Australian women. Risky drinking in the short-term places individuals at high risk of acute harms with over a third of fall injuries/drownings & road injuries, & almost half of assaults attributable to alcohol consumption.

METHODS: Analysis of the Australian Longitudinal Study on Women's Health is conducted. This is a nationally representative sample. 2 female cohorts 18-23y (N=9446) & 45-50y (N=11232) at survey 1 and 22-27y and 47-52y survey 2 are compared to identify change in risky drinking. Kappa determines concordance in behaviour between the 2 surveys. Those moving in & out of risky drinking are identified. Multivariate statistics appropriate for longitudinal analysis will be used to determine influencing factors on these drinking behaviours.

RESULTS: Preliminary analysis indicate 43% of young cohort did not change their short-term harm (70% mid cohort). 26% decreased their risk while 22% increased their risk of short term harm (compared to the mid-12% decrease, 13% increase). There was more divergence among the young cohort than the mids as illustrated by a lower kappa (0.27 p<.0001 youngs , 0.53 p<.0001 mids). Results from the

multivariate analysis will be presented.

CONCLUSION: Identifying patterns of short term risky drinking & factors that contribute to changes provides valuable information that can contribute to strategies to reduce harms associated with risky alcohol consumption. Alcohol misuse is responsible for 22% of the social costs due to substance abuse in Australia. The high social & economic costs of risky short-term alcohol consumption merit increased attention. The increases in alcohol consumption among women & their increased risk of experiencing injury relative to men & engaging in risky sexual behaviour make this especially important in this population.

2PM - 3.30PM – SESSION TITLE: YOUNG PEOPLE'S SERVICES

1004 Dr. John Fagan

Adolescents on Methadone Treatment in Dublin - A Descriptive Study at the Initial Assessment.

Background: Heroin users accessing treatment in Dublin are extremely young by international standards. Teenagers with major addiction problems present particular challenges for treatment services. Better description of this group will assist in designing specialist services to meet their needs. We sought to identify characteristics of teenage heroin users seeking treatment in Dublin.

Method: Patients were included if they were aged under 19 years, reported opiate abuse as their primary problem and presented for assessment between May 2000 and October 2004. Data was obtained from the semi structured assessment interview administered to teenagers following their presentation for treatment.

Results: Seventy young people were included. Their mean age was 16.8 years (range 14-18). Exactly half the group were female. The mean age of leaving school was 14.3 years. The median age for first use of an illicit drug was 12 years (inter-quartile range [IQR], 11 - 14 years). Twenty-one (31%) had been in care. Homelessness was reported by 51%. There was a history of opiate abuse by a sibling in 37 (55%) cases and a parental history of alcohol abuse in 38 (60%) cases. The main opiate of abuse was heroin in 49 cases, methadone in one case and a combination of both methadone and heroin in 20 cases. Forty-one (59%) reported injecting drugs. Forty-two (60%) reported regular use of other substances. The median period of regular opiate abuse was 12 months (IQR, 6 - 24 months). Thirty-six (52%) had previous convictions and 24 (35%) had been in prison. Thirty-seven (54%) had previously seen a psychiatrist and nine (13%) had received past inpatient psychiatric treatment.

Conclusion: This study highlights the multiple and complex needs of teenagers abusing opiates. Services seeking to meet their needs will require a broad range of bio-psycho-social interventions.

330 Mark Young, Bridget McAloon, Paula Barassi

OUTREACH AS AN EFFECTIVE TOOL IN ENGAGING WITH YOUNG PEOPLE EXPERIENCING PROBLEMATIC DRUG USE IN RURAL AUSTRALIA.

Issue: Outreach is successful in supporting young people experiencing problematic drug use in rural Australia. The Open Family Youth Outreach A&OD Service addresses service gaps, including the increasing incidence of substance use by young people who fail to use mainstream services.

Setting: The Hume region in rural Victoria, working with young people aged 12 - 21 who have identified a drug issue.

Project: The Youth Outreach team provide quality services to young people/families/community, utilizing harm reduction, including counselling, case-management, advocacy, referrals, education and treatment.

Outreach is a process focusing on establishing a connection with a young person, and aiming to engage them in user-friendly services. The development of a client-worker relationship provides the basis for assessing needs and developing Individual Treatment Plans, and critical in the pathway to successful outcomes.

Outreach takes place in a young person's own daily environment. Workers meet clients where they feel comfortable, in coffee shops, parks, bus/train stations, homes, and travel to meet them, rather than the other way around. This is critical in rural environments, where public transport is infrequent and cost is prohibitive. Outreach also reduces stigma attached in clients visiting a centralized location, important in small communities where everyone knows everyone's business and little is kept private.

Outcomes: The service has successfully supported young people to change drug use patterns, and is the primary support for them in the Region. In 2003, the team intensively supported 146 young people, providing 4,882 episodes of support. At the end of the treatment intervention, there was a 35% reduction in the number of young people using drugs, including a 31% decrease in alcohol use, a 18% drop in

heroin use, and a 36% decrease in marijuana use.

The program has demonstrated that outreach is an indispensable link between young people experiencing problematic drug use, harm reduction strategies and the service system in rural Victoria.

470 Robert Gray

PREVENTING INJECTING DRUG USE AMONG HIGH RISK YOUTH IN CENTRAL ASIA: THE EXPERIENCE OF PSI'S 'YOUTH POWER' PROGRAM IN UZBEKISTAN, TAJIKISTAN, AND KYRGYZSTAN

Issue: Heroin use & injecting drug use (IDU) are spreading rapidly in Central Asia. Unsafe injecting is the leading cause of HIV transmission in Central Asia. With other regions of the former Soviet Union and Eastern Europe, Central Asia is part of the fastest growing HIV epidemic in the world.

Setting: PSI's intervention to deal with this problem focuses on the individuals at highest risk of adopting injecting drug use - "pre-injecting" youth. Youth already socializing with IDUs are among the most at risk of initiating injecting. PSI works with this target group in cities along Central Asia's main heroin trafficking routes, particularly in communities with high concentrations of IDUs.

Project: The project is designed to reduce the spread of HIV/AIDS in Uzbekistan, Tajikistan, and Kyrgyzstan by reducing the number of youth who adopt injecting drug use. The cornerstone of the program is a network of Youth Centers in high risk sites throughout Central Asia. Peer educators work from these Youth Centers to equip Central Asian "pre-injectors" with knowledge and skills to help them make informed, healthy choices about HIV/AIDS risk behaviors related to drug use and sex. In addition, the program also works with IDUs in target sites, encouraging them not to help pre-injectors to become IDUs (a program component based on Neil Hunt's "Break the Cycle" intervention).

Outcomes: Experience to date points to the following lessons for programs that aim to reduce levels of drug use among youth:

- Programs should focus on very specific goals, such as reducing initiation of injecting, rather than general goals such as 'reducing drug use'
- Programs must provide realistic, accurate, unexaggerated information about drugs and risks delivered by sources credible to the target group
- Programs must go beyond merely providing information about drug risks and must commit to helping youth most at risk to develop skills to cope with the complex problems that tend to lead to drug use

327 John Howard and Anthony Arcuri

HOW WELL DO INDIGENOUS AUSTRALIAN YOUNG PEOPLE FARE IN RESIDENTIAL DRUG AND ALCOHOL TREATMENT? A COMPARISON OF CLIENT OUTCOMES AND SATISFACTION BETWEEN INDIGENOUS AND NON-INDIGENOUS AUSTRALIAN YOUNG PEOPLE

Objectives: To explore post-treatment outcomes and levels of satisfaction among Indigenous Australian young people accessing residential drug and alcohol treatment, and to compare these to those for non-Indigenous Australian young people.

Methods: The Ted Noffs Foundation's Program for Adolescent Life Management (PALM) offers up to three months of residential treatment, followed by twelve months of continuing care, for substance dependent young people aged between 14 and 18 years. PALM is based on a harm reduction philosophy and relapse prevention planning, and provides 40 beds across three metropolitan and two rural locations in eastern Australia. Approximately 22% of young people who access PALM are Indigenous. Outcomes were examined for young people who had completed at least one month of residential treatment, by comparing data collected at admission with those at three-month post-PALM follow-up. In addition, levels of satisfaction were measured via a questionnaire completed upon leaving PALM.

Results: Post-PALM, there were significant reductions in the frequency and amount of substance use, severity of substance dependence, polydrug use, injecting drug use, and risk of blood-borne viral infections. In addition, there were significant reductions in criminal behaviour, and improvements in indices of mental health, including a highly significant reduction in suicidal ideation. Indigenous clients demonstrated a series of improvements comparable to, but not as strong as, those of non-Indigenous clients. Levels of satisfaction with PALM were (equally) high for Indigenous and non-Indigenous young people.

Conclusions: It appears that Indigenous Australian young people fare well in and are highly satisfied with residential drug and alcohol treatment, but do not fare quite as well as their non-Indigenous counterparts. These findings highlight the differing needs of these populations, and thus can assist programmers in the development of more effective and targeted harm reduction strategies.

544 Gavin Quinn

THE CHILL PROJECT

This abstract will give an overview of the C.H.I.L.L Project [Counselling, Help, Information on Lifestyle and Living for young people] which is a partnership approach between Opportunity Youth/Contact Youth and Community Addiction Team. Through doing so it will examine aspects of the project focusing on a number of main areas to include Partnership working, forms of interventions and offer commentary on findings from the recent External Evaluation carried out upon the Project.

4PM - 5PM

CLOSING CEREMONY

Poster Presentations

22 Albert Ohams

THE EFFECT OF DRUGS IN PUBLIC TRANSPORT

Though the government has embarked on so many measures to combat the use of hard drugs in the society, because of its devastating damages and effects on the populace, not much has been achieved in eradicating this dangerous menace totally.

In Nigeria, the effects of hard drugs in the society is such that calls for urgent attention.

Not quite long, the government enacted some laws banning smoking in public places, but of most concern is the dangerous trend of commercial transport workers taking hard drugs before the commencement of their journeys, during and after the days business.

This trend has resulted to an increasing rate of automobile accidents and loss of human lives.

These miscreants under the disguise of ROAD TRANSPORT WORKERS in Nigeria have all sorts of hide out in motor parks and bus stations where hard drugs like cocaine, nacetone, marijuana and spirits are freely sold and while their vehicles are being loaded with innocent passengers at the parks, they indulge in taking these drugs and once on the steering, they drive so recklessly on the road as if they are on a suicide mission. Today, there are so many patients at our orthopaedic hospitals as a result of this menace.

In Nigerian, most commercial vehicles are so rickety and lack adequate maintenance and associated with terrible and bad roads, any driver on drugs is surely embarking on a suicide mission.

The figures of road accidents in Nigeria is quite alarming and according to the Road safety commissions, out of 100 accidents, 90% are caused by careless and drug induced drivers.

24 James Rowe

YOUR BROTHER, OUR DAUGHTER ... SEX WORK AND STORIES FROM THE STREET

Background: In 2002, a Government inquiry in Victoria, Australia, recommended the establishment of safe houses in which sex workers could work free from the threat of prosecution and / or physical and sexual assault. In the face of community opposition, the Government withdrew its earlier support. Since then, a number of workers (the majority of whom are drug dependent) have been murdered in St Kilda, the site of Victoria's street-based sex trade.

Objective: To reintroduce the issue to the policy agenda using an alternate approach to a government sponsored expert inquiry. The research sought to document the experiences of sex workers in their own words so as to communicate the humanity of those involved in an accessible format.

Methods: A narrative-based sociological approach was used. The researcher engaged with 15 sex workers (10 women, 3 men and 2 transsexuals). Each was interviewed numerous times over six months. Interviews were unstructured and conversational, so as to elicit narratives and vignettes.

Results: The research was presented in a broadly circulated report. It noted the dangerous and violent environment within which participants worked. More importantly, it illustrated workers' humanity, drawing on their diverse backgrounds, personalities, and future plans. Participants' journeys in and out of sex work and drug use were documented, as well as the reasons for these 'journeys'.

Conclusions: The research compelled readers to look beyond the issue ('sex work') to the person involved (and the context of their involvement). In this respect, it served a political purpose. When 'morality' is involved, rational 'evidence-based' arguments are often subordinated to perceptions. Consequently, scientific rational evidence is often an insufficient vehicle for change if the purpose is to address 'moral' issues (such as drug use and sex work). In contrast, this research demonstrated the power of the 'personal' to bypass 'morality' and engender empathy.

31 Prof. M. Ismail

HARM REDUCTION THROUGH PROMOTION OF YOUTH ACTIVISM

The Issue: The use of drugs among youth is rapidly increasing in Pakistan. "Facts Finding" was conducted to know the causes of drug use among youth and

adolescents. The findings are as following:

- i. Teachers and Parents harsh attitude towards adolescents.
- ii. Easy Availability and great supply of drugs in the Province.
- iii. Smuggling of Drugs from adjacent tribal areas in the province.
- iv. Depression among youth.
- v. Use of peers for promoting demand for drugs among college and university students by drugs mafia

Geographic Location: North West Frontier Province of Pakistan

Project Description:

- i. Promotion of youth activism among young people by organizing them in the groups.
- ii. Training to the young people for playing their role as agents of change in their communities.
- iii. Access to young people using drugs through young activists.
- iv. Promoting positive activities for youth by involving young activists and Community based Organizations.
- v. Counseling through young activists.

Output:

- i. 35 Community based youth groups organized with total membership of 350 young people in seven 35 Communities.
- ii. Imparting training to 70 young male activists and 30 female activists.
- iii. 35 Community based organizations were motivated and mobilized to extend support to young activist in their communities.
- iv. 3,500 young participated in Debates, Dialogues, Sport Tournaments and Youth Tours programs.
- v. 120 Young drug users were approached
- vi. 25 % youth among the approached youth quitted the drugs
- vii. 40 % youth agreed to reduce harm by using drugs in a safely

Conclusions:

- Confidence and Trust developed among young people
- Young people enjoyed each other company
- Personal matters and Secrets were disclosed to youth activists
- Seeking advice of youth activists.
- Young activist influenced the young drug users
- Discussion and getting information on drugs and safety

37 Olawuyi Oluwafemi

THE INADEQUATE KNOWLEDGE OF SEXUALLY TRANSMITTED DISEASES[STDs] AND THE RISKY SEXUAL BEHAVIOUR: THE RISK FACTORS FOR WILD SPREAD OF STDs AMONG YOUTH IN DEVELOPING COUNTRIES

Issues: This abstract shows that the low level of knowledge and risky sexual behaviour of youth are the risk factors for the wild spread of STDs among youth in Nigeria and most developing countries in the world.

Description: A self developed validated and reliable questionnaire [$r = 0.77$] was used to collect the data needed for the study and percentage was used to analyze the data. The population of the study was made up of the resident undergraduate/graduate students in male hostels in the Obafemi Awolowo University, Ile-Ife, Osun state, Nigeria. There were two research questions used as the research instruments, and used to prepare two well planned tables. The sample size is 636 selected through simple random sampling technique. The demographic data is as followings: Out of 636 respondents, 11 were below 16 years old, 95 were between 16 and 20, 309 were between 21 and 25, and 223, between 26 years and above. Relative Risk [RR] calculated is 1.7, i.e. $RR > 1$, indicating that the factors are risk factors, and the Confidential Interval [CI] for RR at 95% Significant level is $1.61 < 1.7 < 1.79$ from the formula, $CI \text{ Lower limit } < RR < CI \text{ Upper limit}$. RR and CI are both used to validate the instruments.

Lessons learned:

39 Carmina Aquino, Leona D'Agnes, Lourdes Jereza and Ilya Tacan

IDENTIFYING PROXY INDICATORS FOR AN HIV PREVENTION AND HARM REDUCTION PROJECT IN CEBU CITY, PHILIPPINES

Issue: The link between injecting drug use and HIV epidemic in a low prevalence

country is frequently misunderstood. An identified community with prevalent IDU problem previously experienced a cerebral malaria epidemic due to injecting practices. In 1995, a harm reduction project including a limited needle exchange program was introduced by the AIDS Surveillance and Education Project. Over 1,000 IDUs were tested for HIV since 1995 with an HIV prevalence of > 1%. Behavioral studies revealed that risky sexual and injecting behaviors were practiced by IDUs. However, local executives did not provide comprehensive education programs despite the results because of low HIV rates.

Setting: Kamagayan in Cebu City, Philippines is an urban poor, depressed community identified as the hub for sex workers and drug users. Most of the community members live below the poverty line. IDUs and their partners were the beneficiaries of a harm reduction initiative.

Project: After several rounds of HIV tests with infection rates of >1%, the local health office began testing for Hepatitis C in 2002. The results showed high levels of Hepatitis C, with up to 80% of samples positive. This raised the alarm among health and community leaders because the potential for a localized epidemic was becoming real. Local leaders were mobilized to disseminate information, distribute condoms and refer STI and infectious diseases to health officials. The village leader provided space for a clinic cum needle-exchange center despite threats police threats. NGO workers served as motivating agents creating a community-based support group and liaised with the police, health officials and other government agencies.

Outcomes: In low HIV prevalence settings, other proxy measures for HIV risk are needed to convince local leaders of the health threats of risky injecting practices which help create a supportive environment for improved HIV and consequently, Hepatitis C, prevention and control.

Table 1 revealed that 36.65% responses had knowledge about the diseases. This was below average knowledge about STDs expected from higher education students.

Table 2 revealed that the higher education students in Nigeria do engage in one risky sexual behaviour or the other.

Conclusions: It is clearly seen that low level of knowledge and engagement in risky sexual behaviour are the obvious risk factors for the high occurrence of STDs, not only among Nigerian youth but also in most developing countries in the world.

42 Ishwarchandra Haobam

FAMILY PARTICIPATION IN CARE AND SUPPORT TOWARDS PEOPLE LIVING WITH HIV/AIDS IN MANIPUR

Issue: Family participation includes giving information, proper health and nursing care alongwith psychological and emotional support to the clients. Latest epidemiological report (MACS, June 2004) shows that the no. of HIV infected female and children are 3102 and 542 respectively out of the total 17616. IDUs infection rate have come down from 73% in 1992 to 53.65% at present. Though more than 50% of the HIV population in the state are from the injecting drug user(IDUs) community. Due to limited service of the government and NGOs in the state there is need for active involvement of the family in care and support work for PLWHA.

Setting: Prevention of HIV/AIDS through care and support among PLWHA, IDUs, Spouse/Widow and Children has been currently undertaking by SASO, MNP+ and Kripa Foundation in Imphal area since April 2004.

Project: Under the “prevention of HIV/AIDS through care and support among PLWHA, IDUs, Spouse/Widow and Children” project(Catholic Relief Service, April 2004 till date). SASO, MNP+ and Kripa Foundation provided free clinical services, affordable supplies of supportive drugs, doctor session input, nutritional support to HIV infected children and training for basic nursing care for the family carers.

Outcome/ Result:

1. Family participation reduce psychological and emotional problem of the clients.
 2. Provide free and homely environment for the convenient of the clients.
 3. It reduces financial and transportation problem of the clients.
 4. It reduces the workload and dependency towards the care workers.
- There is need for strengthening community sensitization program to reduce discriminating attitude of the community.

48 Russell Newcombe

CANNABIS PSYCHOSIS - MENTAL DISORDER OR MYTH? A STUDY OF TRENDS IN CANNABIS USE AND PSYCHOSIS IN ENGLAND, 1995-2003

Background: Recent literature reviews have concluded that the concept of cannabis psychosis lacks theoretical and empirical validity. This paper focuses on 'true' cannabis psychosis (CP) - a unique mental disorder arising from intoxication by cannabinoids, persisting beyond their metabolism, and occurring without predisposition to psychosis.

Methods: The hypothesis that cannabis use (CU) is a cause of general psychosis (schizophrenia) or the cause of a unique psychosis (CP) generated two testable predictions: (1) trends in CU and CP should be positively correlated; and (2) the demographic and treatment characteristics of CP cases should be different from both the profiles of both schizophrenics and other cannabis-related mental & behavioural disorders (MBDs), notably acute cannabis intoxication (ACI). Official statistics for England were examined on (a) diagnosed cases of schizophrenia and cannabis-related MBDs from 1995/96 to 2002/03; and (b) the prevalence of past-year CU among 16-59s, from 1994 to 2002/03.

Findings: The annual rate of CP among English CUs was very low, typically about one in 10,000. But although past-year CU climbed from 2.55 million (8.7%) in 1994 to 3.36 million (10.9%) in 2002/03, there were no clear trends in either schizophrenia or CP cases (280-380 annually). Both predictions were disconfirmed. First, the correlation between annual numbers of CUs and CP cases over six comparison years was non-significant. Second, the profile of CP cases was clearly different from that of schizophrenics, but very similar to the profile of ACI cases. Lastly, there were no significant changes in cannabis consumption variables over the study period.

Conclusions: There was no support for the claim that cannabis use can cause psychosis, either general or unique. Instead, CP cases were arguably misdiagnosed cases of ACI, and/or MBDs arising from other/multiple drug use. Urgent research is also needed into which ingredients of cannabis may cause MBDs, since cannabis resin has become so badly adulterated.

55 Latsin Alijev

SUPPORT GROUPS FOR HIV+ DRUG ADDICT PRISONERS

In our society prison is the most unfavourable environment for human health. Once imprisoned person is not only deprived of freedom, but also faces many dangers: violence, drug addiction and infectious diseases. The attitudes of convicts and prison staff towards HIV-positive drug addicts have been negative. The due information is nonexistent and many prejudices exist. Therefore creation of support groups for HIV infected prisoners and educating all prisoners and staff is extremely important part of work while trying to stop epidemic spreading. Now prison population total - 4571 per 1,4 mln. of national population; 600 HIV-positive prisoners per 4100 HIV-positive in the country. 90% of all HIV-positive are drug-addict.

launching of our project we had following goals in mind: formation of support groups for HIV-positive prisoners in prisons, undertaking of prophylactic work among prisoners, training of prison staff and experience exchange with similar organizations. This abstract describes our experience on the following - carrying the group work on the following themes: how to prevent an infection and its relapse, choices of treatment, safe use of intravenous substances, safeguarding of one's health, reproduction health, communication skills and human rights. From the January 1, 2004, new support-groups started working in 7 prisons (males, females, young). Nowadays created 12 support groups, which include 200 prisoners.

There is currently number of problems amongst HIV+ drug abuse inmates in Estonian prisons - increased stigmatization, not so high level of awareness of HIV/AIDS related problems amongst prison staff as well as amongst fellow prisoners and lack of information and medication.

In short period of our work, it was possible to advocate a of HIV-POSITIVE drug addicts in prisons. We attract Media, Ministry of Justice, the public to necessity programs of harm reduction, including needles exchange in prisons.

57 Rajkumar Tiken, Haobam Nanao

DRUG SUBSTITUTION THERAPY, A DIRE NEED

Issue: The ever-increasing number of injecting drug users in Imphal, which was last, estimated as 14000(UNESCO/RSA, 1999-2000) is a matter that needs serious consideration. Harm Reduction program though being taken up is still in a state of handicap as there is too much lack off in the supply of injecting equipments, which only enhance the already endangered situation in an alarming position. Follow up by previous clients and informed users keep on querying after the Buprenorphine substitution program which was undertook by SASO and has been winded up after a span of two and half years. Meanwhile the prevalence of HIV infections among IDUs has never gone down and stays stagnant as high as 60%(SASO epidemiological report June 2004).

Approach: Discussion with IDUs and queries by the clients, formal and informal discussions, follow ups, focus group and group discussions.

Key points: Substitution program is a felt need to bring about a humane response in curbing the public health system of the IDUs. The overall advantages and the productive lives of users is a well experienced in the past and the yearning for such program is well defined among the communities. The comprehensiveness of a

healthy Harm Reduction program implementation could be reinforced by a well designed substitution program.

Implications: Substitution program could look forth towards effective approaches of controlling the spread of blood borne infections and thereby reducing the drug related harms and leading productive lives for the IDUs. Substitution though has been endorsed by the state AIDS policy has never surfaced as an undertaking by the health authorities. The effectiveness of such program has been learnt around the globe and such program could only bring about a sound response in the dual epidemic of HIV and IDUs.

63 Joy Ganguly

COMPREHENSIVE COMMUNITY BASED HARM MINIMIZATION INTERVENTION FOR IDUS INFECTED

Issues: There is a need to have effective abstinence and harm minimization programmes along with vocational training and self-sustaining business enterprise projects for the IDUs infected for behavioral change, planning for the future and coping with the demands of eventual illness in order to empower them. These services are essential for reducing the risk of negative impacts such as demoralization, stigmatization, disruptive family relationships, etc. These services contribute to the social normalization of HIV/AIDS as they benefit not only those infected, but also the society as a whole.

Setting: This paper is based on Sahara's experience in the field of Drugs and AIDS where it implemented a community based Harm minimization programme for the IDUs infected in the small township of Churachandpur in Manipur state of India, where 90% of the IDUs are in high risk behavior and almost 85% are infected with HIV.

Project: Harm minimization services coupled with oral substitution, counselling on safer injecting practices & protected sex, NSEP, condom distribution, OPD facility, abscess management, pre-post test counselling, referrals, home detoxification, nutrition supplements, follow-ups, family counselling, networking, hospital care and a 24 hour help line were initiated. New strategies were planned for suitable modes of intervention. The IDUs were provided with a holistic approach to services rendered. A constant vigil was maintained to ensure sensitivity in meeting the needs of the community. Livelihood opportunities and self-sustainable business enterprise were also initiated, to make them self-reliant and economically independent.

Outcome: We found condom promotion, oral substitution & NSEP promoted behavioral change and acceptable. Progressive counselling, being available & attentive was also successful in bringing behavioral change among the IDUs. Difficulty faced were that of socio-cultural ethics of the community. It was found that, there were more issues that needed to be dealt with.

64 Joy Ganguly

PEER (TOWARDS DEFINING A METHODOLOGY FOR PEER SUPPORT FACILITATION)

Issues: Peer practice has emerged as a major strategy in support and prevention of drugs in this modern World. The peer movement has articulated important issues and problems faced by people with drug problems. Yet even after years of drug peer movement we are no clearer as to what the practice of peer support actually constitutes. At present many peer workers and programmes act on the assumption that simply being a peer is enough to provide professional support to other peers. However, peer process does not always result in the empowerment and equity of all involvement.

Setting: This paper will integrate distinct practices and philosophies of support into a model, which can be used for Drugs Peer Support Facilitation, Training and Supervision. This paper is based on personal experience as an 'ex-drug user' within a professional role as a Peer Health Worker and Counsellor with Sahara Drugs and AIDS Programme, in Churachandpur, Manipur state of India.

Project: These elements will involve an analysis of the community need for Drug peer support, role of the peer facilitator, programmes run by peer facilitator/educator, the uses of self-disclosure, active listening, loss and group work theory in peer facilitation and, user-friendly philosophy as relevant to peer counselling and group facilitation.

Outcome: The proliferation of peer based workers and projects in the Drug community have led to some clear and effective ways to access, prevent, rehabilitate, educate and support the people with drug problems. Drug using is looked down upon as deviant behavior. However, when acceptance was provided by Sahara, it proved worthwhile opening the avenue for this closed discriminated marginalized community. Proper counselling by peer educators has made it easier. This recommends that practice and appropriate models of peer facilitation and peer development be established and applied.

79 Louisa Degenhardt, Carolyn Day, Paul Dietze, Sophie Pointer, Elizabeth Conroy, Linette Collins, Wayne Hall

THE CONSEQUENCES OF A HEROIN SHORTAGE IN THREE AUSTRALIAN STATES

Background: In 2001 in Australia there was a sudden decrease in heroin availability, with marked increases in heroin price and decreases in its purity. **Aim:** To examine the impact of this change on the following: fatal and non-fatal drug overdoses; treatment for heroin dependence; injecting drug use; drug-specific offences; and general property offences (some of which were assumed to be committed to finance heroin use). The study was conducted using data from three Australian States (New South Wales (NSW), Victoria (VIC) and South Australia (SA)). **Methods:** Data were obtained on: fatal and non-fatal overdoses from hospital emergency departments (EDs), ambulance services, and coronial systems; treatment entry for heroin dependence compiled by health departments; numbers of needles and syringes distributed; and data on heroin-related police incidents and property-related crime incidents. Time series analyses were conducted where possible and supplemented with interviews with injecting drug users.

Results: After the reduction in heroin supply, fatal and non-fatal heroin overdoses decreased by between 40-85%. Despite some evidence of increased cocaine, methamphetamine and benzodiazepine use, there were no increases in non-fatal overdoses or in deaths related to these drugs. There was a sustained decline in injecting drug use in NSW and VIC, as indicated by a substantial drop in the number of needles and syringes distributed (to 1999 levels in Victoria). There was a short-lived increase in property crime in NSW followed by a sustained reduction in such offences. SA and VIC did not show any marked change in the categories of property crime examined in the study.

Implications: Reducing heroin supply reduced deaths and nonfatal overdoses related to heroin and injecting drug use, without increasing deaths related to other drugs. Crime was reduced in NSW, the State with the largest heroin market. Injecting drug use appeared to decline in NSW from levels seen in 2000. Changes were much less marked in SA, which had a small heroin market.

84 Rahim Taghizadeh Asl ; Babak Eshtrati ; Parviz Afshar: Mohammad Kamali

TO ASSESS HBM COMPONENTS AS PREDICTORS OF PREVENTING BEHAVIORS AMONG PRISONERS

Background/Objectives: In order to implementing effective counseling and health education interventions regarding harm reduction in fields of drug abuse, HIV/AIDS and high risk sexual contacts, need to find existing status and needs of target population. HBM selected as health education model and components of it have been used in existing status evaluation.

Main objective of this study was assessing HBM components among prisoners and to predict preventive behaviors according it and recommending best way for intervention.

Methods: A standardized KAB questionnaire (76 questions) adapted to HBM components have been distributed among 100 male prisoners in Rajayee Shahr prison and results analyzed.

Results: Mean of scores were as following for knowledge, attitude and preventive behaviors (mean, maximum score), (65.12,78), (49.44,104), (14.38,20). These questions analyzed according to HBM components as followings: perceived susceptibility, severity, benefits and barriers, and knowledge. The results of regression modeling for practice of preventive behavior regarding health belief model show association of perceived benefit with preventive behaviors ($p < 0.018$). Main three media, which was introduced as resource and preferred for achieving information, were staff of health office in prison, TV & Radio, Newsletters respectively in both.

Conclusion: Findings reveal that health education among these prisoners should be focused on perceived benefits more than other components.

87 Babak Eshtrati; Rahim Taghizadeh Asl; Parviz Afshar: Mohammad Kamali

AN STANDARD KAB QUESTIONNAIRE COMPATIBLE WITH HBM COMPONENTS FOR PRISONS OF IRAN

Background/Objectives: Assessing of prisoners is first step for designing any intervention regarding health promotion.

In this way a standard and unique questionnaire is a valuable instrument. Main objective of this study is providing this instrument for assessing target group's status regarding HIV/AIDS, STI, drug abuse.

Methods: A KAB questionnaire including 75 questions relevant to above

mentioned issues have been written according to HBM components. Validity and reliability of questionnaire have been checked by content validity and Chronbach's Alpha respectively. first we send it to 6 proficient in health education, infectious disease, psychologist and according their comments we edited questionnaire (content validity) and for reliability testing we distributed questionnaires among 40 prisoners whom selected randomly from all of the target group. 34 of them answered the questionnaires and we analyzed them based on HBM components and calculated Chronbach's Alpha.

Results: Finally questionnaire including questions as following:

- 1) Knowledge: 39 question, 0- 78 score
 - 2) Attitude: 26 question, 0-104 score
 - 3) Practice: 10 question , 0-20 score
- Chronbach's Alpha for these components were as following:
- 1) Perceived severity (as knowledge): 73.9%
 - 2) Perceived susceptibility (as attitude): 79%
 - 3) Perceived benefits (as attitude):86.1%
 - 4) Perceived barriers (as attitude): 84.6
 - 5) Knowledge:81%

Conclusion: now we have a standardized questionnaire, which could be used by all investigators in Iran among male prisoners and also could be used by other countries after adaptation .

88 Dick Chamla

TRANSITION TO INJECTION, SHARING OF NEEDLES/SYRINGES AND THEIR CORRELATES AMONG DRUG USERS IN CHENGDU, CHINA

Objectives: To determine the rate of needle/syringe sharing, time to first injection and their correlates among the drug users.

Methods: 266 active injecting drug users were consecutively interviewed by a structured questionnaire in a cross sectional multi-sites study.

Results: The median age of the study population was 31 years, 206 (77.44%) were male, 9 (3.38%) belonged to ethnic minorities, 113 (42.48%) were non-Chengdu permanent residents, 256 (96.24%) predominantly used heroin and 103 (38.72%) of the total subjects shared injecting materials. Ethnicity ($p < 0.05$, $OR = 0.12$) and duration of injecting drugs ($P < 0.05$, $OR = 0.98$) were the only factors associated with sharing of needles/syringes. Similarly, the median time to first injection was 6 months for those who used drugs for the duration of up to one year and it was 21 months for on to five years of drug use. In a Cox Proportional Hazard model, time to first injection varied significantly with age ($P < 0.01$, $HR = 0.91$), ethnicity ($P < 0.05$, $HR = 0.60$) and the duration of drug use ($p < 0.05$, $HR = 1.14$).

Conclusion: There is a rapid transition to injection with a high rate of sharing of injecting materials amongst drug users indicating a potential risk for HIV and other blood borne diseases. Attention to ethnic minorities and scaling up of harm reduction initiatives like needle/syringe exchange and methadone substitution might be beneficial in China.

Keywords: Injecting drug users (IDU); Human Immunodeficiency virus (HIV)

98 Dr. Kazi Faisal Mahmud; Dr. Fatema Zannat; Dr. G.U. Ahsan; Dr. Nowzia Yasmin

ADOLESCENT GIRLS AND THEIR ACCESSIBILITY TO HARM REDUCTION PROGRAM

Introduction: In Bangladesh complex relationship persists between poverty, patriarchy, geographically disaster prone vulnerability, effect of globalisation. This leads adolescent girls more vulnerability to sexual exploitation, sex work and substance abuse. A qualitative study was conducted among the adolescent Injecting drug users in Dhaka city to assess their access to harm reduction program.

Methodology: 6 Focus group discussion (FGD) was conducted. Besides case studies, Key informant interview and in depth interview was also conducted.

Results: Most of the participants feel that in Bangladesh incidence of substance abuse is increasing specially among adolescents. Due to social prejudice, fear of stigma and discrimination, the adolescent girls who are injecting drug users do not want to avail harm reduction services. All the participants felt that peer based outreach harm reduction and needle syringe exchange program is insufficient. No systematic and effective referral linkage is available for adolescent girls. The participants also felt that shyness, taboos, hiding tendency , fear of breaching confidentiality, lack of services that ensure privacy and affordability, socio-cultural myths, patriarchal norms and values refrain them from availing the services. Almost all the participants felt that there is lack of information and education about the harm reduction and consequences of injecting drug use.

Conclusion and recommendations: It is the burning need to have a comprehensive situation analysis, detailed planning and development of strategies to reach the adolescent girls through outreach programs on harm reduction. Increase the number and quality of reproductive health service including provision of laboratory

services and referral linkages are needed. Moreover, establish adolescent friendly reproductive health service centers including provision for female doctors; maintain privacy and confidentiality would be effective. Gender disaggregated information and data on Injecting drug users should be available and widely disseminated

103 Andreo C. Blanc D. Chater C. Aubert P. Simonpietri S. Spire B.

A NEW PREVENTION TOOL FOR SNORTING SAFELY: ARE SNIFFERS MORE CONCERNED ABOUT THEIR HEALTH THAN SANITARY AUTHORITIES ?

Issues: In France, the arrival of a new prevention tool called strawbag® caused a controversial debate between sanitary authorities and prevention actors. The strawbag® is a kit containing 2 straws and all the needed materials for snorting products safely and therefore reduce the risks of HCV and theoretically HIV transmission. Most of the prevention actors found it interesting but the sanitary authorities argued that it was too expensive, and may enhance drug abuse. Facing this controversy, we wanted to know the point of view of the users.

Description: Self-administrated questionnaires were given to drug users met upon interventions in rave parties, concerts and festivals between October 2002 and August 2003. 243 questionnaires were filled in.

Lessons learned: The survey shows that drug users were very interested in the strawbag® and perceived it as a tool improving hygiene when snorting, and also as a prevention tool reducing the risks of HCV transmission. The survey also shows that users were appropriating the strawbag® and then transmit prevention messages to their peers.

Recommendations: Even if the contents of the strawbag® can be improved, the distribution of this tool enable prevention actors to talk with drug users about harm reduction, health and access to care. Furthermore, strawbag® may improve peer education. However, work is still needed to make health care authorities accepting harm reduction messages aiming at reducing HCV transmission even in a country like France where injection risk reduction has been approved.

104 Andreo C. Blanc D. Cazaly V. Renaud H. Simonpietri S. Spire B.

PIERCING KIT: A HARM REDUCTION TOOL MADE BY THE USERS, FOR THE USERS

Issues: During the summer festival of Avignon in 2002, we leaded some interventions among drug users in an open air area. We noticed that people practiced piercing without any hygiene and did not care about HIV and HCV risks transmission. So, we decided to create with them a new prevention tool for piercing at less risks.

Description: three meetings with the users were organised in our centre of Avignon, "la boutik" that is aimed to help and counsel active drug users in their daily life. We started from their practices of piercing, and collectively conceived a kit containing sterile gloves and compress, a catheter, a tampon with alcohol, a dose of healing ointment and a notice. 100 kits were distributed to 37 persons practicing piercing. All of them had a talk with a member of our staff before and after have been using the kit. The 37 persons filled in a questionnaire.

Lessons learned: Kit users declare neither infection nor complication following the use of the kit. The users appropriated this tool and then passed the message on and many others came to meet us and ask for a kit. Kit users also declared that they perceived the kit as a harm reduction tool, and compared it with the needle exchange process.

Recommendations: This tool has been made with and by the users, for the users. We are now convinced that the kit should be broadly diffused, so its cost would be lower. Unfortunately, the sanitary authorities most perceive it as an expensive gadget than a real prevention tool. However, the history of harm reduction programs has showed that drug users were able to take care of themselves, whatever their practices were.

106 Inga Heyman

INNOVATIONS IN CLINICAL PRACTICE - A COLLABORATIVE MODEL OF CARE IN THE REDUCTION OF HARM TO SUBSTANCE USING PREGNANT WOMEN AND THEIR BABIES

Issue: It has been identified that many pregnant, substance using women are slipping through the net , accessing services late in their pregnancy and therefore missing out on important antenatal care. Their fear of identification and intervention contributes to their avoidance of mainstream health and welfare services. This in turn impacts on the health outcomes for both mother and baby.

This issue has been researched and documented in the relevant literature (New South Wales Child Death Review 2000 - 2001, NSW Frameworks for Maternity Services 2000) but little has been put into practice.

Setting: A Drug and Alcohol Nurse and a Midwife working in the Illawarra, New South Wales, Australia have developed an innovative, collaborative approach to

addressing this problem.

Project: A multi agency, multidisciplinary team consisting of both Government and Non Government services was established as a single unit to achieve improved identification and referral, earlier engagement, enhanced clinical services, sustained and coordinated antenatal and postnatal support providing vital continuity of care for improved health outcomes for these women and their babies.

Outcomes: Results have clearly demonstrated earlier engagement, lower rates of drug withdrawal in infants, shorter lengths of stay in the neonatal units (compared to a control group) and a reduction in the removal rates of babies into Government care.

118 Prithwish De, Ann Jolly, Joseph Cox, Carole Morissette, Jean-François Boivin

DRUG INJECTING NETWORKS IN MONTREAL, CANADA

Background: Drug use patterns among injection drug users (IDUs) can be influenced by the injecting partners who comprise the drug injecting network.

Objective: To describe the characteristics of drug injecting networks in Montreal, Canada.

Methods: IDUs were recruited between May and August 2004 from syringe exchange and methadone treatment programs. Information on each participant, the number of IDUs with whom contact had occurred in the past month, and their drug using behaviour were elicited using a structured, interviewer-administered questionnaire. Participants provided information on up to 5 people. The resulting egocentric networks were examined with respect to size, composition, and role of the network members in drug use behaviour.

Results: Preliminary results from the first 99 participants are presented. Mean age was 33 years (SD=8.7), 70% were male, 93% were Caucasian, and 88% were single. Mean age at first injection was 20 years (SD=5.6) and the drugs commonly injected were cocaine (70%) and heroine (24%). 66% self-reported that they were HCV-positive while 19% reported being HIV-positive. 72 of 99 subjects reported contact with a total of 145 IDUs. Of these participants, 39% named only one IDU in their drug using network (i.e. size=1). Remaining networks were: size=2 (37%), size=3 (12%), size=4 (6%), size=5 (6%). When injecting at the same time, 26% of participants lent and 18% borrowed syringes from a network member. 30% of network members provided sterile syringes and 23% provided other sterile injecting equipment to the subject. Results from a larger dataset and additional details about network composition will be presented.

Conclusions: The majority of IDUs in this survey belonged to drug injecting networks of various sizes in which sharing of injecting equipment was prevalent. In addition, provision of sterile equipment was frequent. These preliminary data suggest that network members can serve as an important source of sterile equipment in the prevention of bloodborne virus transmission.

122 Rachel Britton and Jenny Scott

LEVELS OF PHARMACY BASED NEEDLE EXCHANGE (PBNX) IN SOUTH WEST ENGLAND – CAUSE FOR CONCERN?

Background and Objectives: In 1995, Sheridan et al (1996) surveyed a sample of community pharmacies in England and Wales. They reported that 18.9% of pharmacies who responded participated in a needle exchange scheme. This study aims to quantify current levels of needle exchange and sales of needles and syringes in community pharmacies in the South West of England.

Method: A self completion postal questionnaire was sent to all community pharmacies in the strategic health authority areas of Avon, Gloucestershire and Wiltshire; Dorset and Somerset; and South West Peninsula (n=903). Descriptive data were collected on demography and drug misuse services provided.

Results: A response rate of 77.9% was achieved. Ninety-seven pharmacies (17.9%) who replied to the questionnaire provided PBNX to an average of 22.1 clients per week. The most common reason given for providing the service was 'harm reduction'. 52.3% of pharmacies currently sold or were willing to sell needles and syringes to drug misusers, but only 161 drug misusers had asked to buy needles and syringes in the week prior to the questionnaire being filled out.

Conclusion

It is concerning that levels of PBNX appear to have remained static since the last survey of community pharmacists was carried out and that few drug misusers seem willing to buy injecting equipment from pharmacies. The availability of a community pharmacy on 'every high street' makes them valuable resource in the fight against blood borne diseases. Further work is required to understand how pharmacists can be encouraged to provide needle exchange services.

132 Le ba Quynh

ABSTRACT: PROPOSED PROTOCOL FOR THE COST –EFFECTIVENESS ANALYSIS (CEA) OF NEEDLE SYRINGE PROGRAMS (NSPs) IN HIV/AIDS PREVENTION AMONGST INJECTION DRUG USERS (IDUS) IN VIETNAM

Background: In Vietnam HIV/AIDS prevalence is especially high amongst IDUs (33 percent). Nearly 60 percent of HIV infections are IDUs. Sharing needle and syringe is common amongst IDUs. Only pilot NSPs have been implemented. Although many studies found NSPs to be a cost-effectiveness intervention in HIV prevention, no similar studies have been carried out in Vietnam.

Objective: To find out, under the viewpoint of the Government of Vietnam, whether or not NSP is the most cost-effective way to prevent HIV transmission amongst IDUs, in comparison with HIV prevention without NSP?

Methods: A comprehensive review of NSP literatures have been performed including review of the effectiveness of NSP, and critical appraisal of NSP Cost-Effectiveness Analysis in HIV prevention using ten questions for economic evaluation of health care program from Drummond et al 2002. Given findings from NSPs literature review in Vietnam, current concepts and methods for economic evaluation of Health care programmes from Drummond have been used for designing protocol for the Cost-Effectiveness Analysis of NSPs in Vietnam.

Results: NSPs are effective in reducing HIV infection amongst IDUs. In developed countries, NSP is cost-effectiveness intervention in HIV prevention compared to no NSP. NSP not only saves lives but also saves money. However, in Vietnam, there does not have any study which investigates the cost-effectiveness of NSPs in HIV prevention.

A protocol for Cost-Effectiveness-Analysis of NSPs therefore has been developed to investigate costs and health outcomes of providing and not providing NSP for IDUs in HIV prevention in Vietnam context and under the government perspective.

Conclusion: Although NSPs appear to be cost-effective in HIV prevention in developed countries, it is important to analyse its cost- effectiveness in Vietnam, a different context. Other forms of economic evaluation should be implemented to gain further understanding about NSPs & HIV prevention.

134 Danny M. Alfaras

IN-SCHOOL YOUTHS DRUG ADDICTION: THE MICRO-ECONOMIC PERSPECTIVE

Issues: Illegal drugs, the substance mostly abused by in-school youths in the Philippines, particularly in the City of General Santos. Unfortunately, the local government agencies, academe's and civil societies addressing this issue focus mainly on prevention and control, the view on the Micro-Economic Level of drug addiction, have not given too much attention.

Description: This research presents the micro-economic side of in-school youth drug addiction in terms of age and gender. Further reveals the types of drugs being abuse, number of hours and amount of money spent on substance abuse. It determine also the relative cost of time and money spent by youths on such activity.

Lessons learned: Majority of the in-school youth drug addicts are males (91%), females (9%) and started taking drugs between the age of 16 to 19 years old. The usual drugs being taken are shabu (61%), over the counter medicines (23%), and others i.e. marijuana, rugby, Novain and Ecstasy (16%). They spend 1% to 10% hours for drug session per week. Almost 81% of their allowance were spent in taking illegal drugs. From the average number of hours spent by in-school youths on usual drug session, incur a relative cost of \$7 or equivalent to the wage if they spend this time working as food chain crew in one week. Moreover, converting the average amount of money used by the in-school youth drug addicts each week, it could be able to buy 15 notebooks or 55 pieces of pens or 23 sandwiches.

Recommendation: This research could provide baseline data on illegal drugs advocacy and prevention, considering that youths in the Philippines comprised 25% mostly, in-school youths of its growing 80 million population. Alarmed parents on properly and discreetly monitor the activities of their children. Finally, for government agencies and academic institutions to develop policies/activities keeping away the in-school youths attention from the harmful effect of drugs that might affect their health and future.

152 Carole Morissette, Pascale Leclerc, Claude Tremblay

ARE NEPS ONLY FOR IDUS?

Issue: A 29% increase was observed between 2000-2001 and 2003-2004 in the number of visits registered annually in NEPs in Montreal. However, this increase was not matched by a similar one in syringe distribution (7% increase over the same period). What happened?

Setting: A regional monitoring system was implemented in major Montreal NEPs in 1999; in April 2004, 14 NEPs collaborated to it. A data collection form, completed for each visit, covers socio-demographic characteristics of users, material distributed

and returned, and interventions conducted. These data were analysed to try to understand the observed disparity between visits and syringes.

Project: Two explanations have emerged. First, during the studied period, condoms distribution increased by 17% and the number of visits with condoms distribution only (no syringes) doubled. Second, a major increase in the number of visits related to crack use was observed, with frequent mention of interventions on how to make a pipe and, more recently, of sale of glass pipes.

Outcomes: During the studied period, escort sex workers, many of which are not injectors, and crack users seem to have started using NEPs. Even though they are not target populations of NEPs, they turned to these outreach services, opened at night seven days a week, to obtain materials that they could not easily get anywhere else. Many questions now have to be debated. Should services be developed specifically for escort sex workers and crack users or should they be deserved by existing NEPs? Are the specific needs of crack users in terms of materials and counselling met appropriately in NEPs? The possible, and likely, dual use of crack and injection drugs by the same individuals would argue in favor of addressing both problematics in NEPs. Should crack pipes, which are now sold to users, be added to the list of material provided to NEPs by Public Health authorities? In conclusion, the observed modifications in NEPs' attendance and practices show their ability to reach vulnerable populations and adjust to the rapid changes occurring on the streets.

162 Nanang A. Parwoto; Djoko Suharno; Jolanda M.H. Sumual Beeby; Elisabeth Emrys

NATIONAL STRATEGIC PLANNING FOR HIV & DRUG USE IN INDONESIA

Issue: Since 2001, Indonesia has seen a rapid rise in HIV infections amongst IDUs. The current National HIV/AIDS Strategy (2003-2007) supports Harm Reduction activities. However, challenges remain for Health, Law Enforcement, Social Welfare and other departments to plan integrated activities. A new Memorandum of Understanding (MOU) between the National AIDS Commission and the National Narcotics Board, signed on 8 December 2003, has provided the context for the development of a unified strategy on HIV and Drug Use.

Setting: Development of a National Strategic Plan on HIV and Drug Use has been undertaken by a National Implementation Team established by the MOU. The Team supervises 5 Working Groups, with multidisciplinary membership. The Team received technical and administrative support from the Centre for Harm Reduction (ASA/FHI).

Project: The National Implementation Team has established interdisciplinary communication through regular team meetings and intensive workshops on issues of concern. The Team has facilitated dialogue between senior members of the Police and People's Welfare ministries.

The Team has developed a National Strategic Plan on HIV and Drug Use, which includes specific Action Plans, covering Policy, Program Development, Capacity Building, Funding and Advocacy issues. The Strategic Plan expands upon the harm reduction provisions in the National HIV/AIDS Strategy.

The Team also supervises a pilot Needle Exchange Program, which is intended to inform national policy on the broad scale-up needle exchange services. The pilot is expected to run for three years, with sites in Jakarta and Bali.

Outcomes: The establishment of the National Implementation Team has bridged the gap between law enforcement and health-based approaches to the management of HIV and Drug Use issues in the Indonesian context. A National Strategic Plan on HIV and Drug Use has now been presented to delegates at Indonesia's first National Harm Reduction Conference, for broader comment.

163 Gary Reid, Adeeba Kamarulzaman, Sangeeta Kaur

DRUG USE AND HIV/AIDS IN MALAYSIA:

Issue: Malaysia has an estimated 350,000 - 500,000 drug users of whom up to an estimated 240,000 are IDUs. The HIV epidemic primarily affects IDUs but a potential generalised HIV epidemic in the coming years cannot be underestimated. Recent harm reduction initiatives, while chronically delayed, provide some hope for the future.

Approach: A desk based rapid situation assessment conducted in September 2004. Methods included analysis of literature and data bases, key informant interviews, review of policies and government and NGO activities.

Key points: Malaysia aims for a drug free society by 2015 but current data show a substantial rise in new and relapse drug user cases. High risk behaviour among IDUs continues therefore sustaining the HIV epidemic among this group. Drug users found in overcrowded rehabilitation facilities and prisons are currently experiencing alarmingly high co-infection of HIV and tuberculosis at some sites. Intensive campaigns to arrest and round up drug users have resulted in costly economic consequences. Drug policies influence the HIV/AIDS scenario but contribution by health officials to drug policy debate remains minor. Harm reduction programs have been consistently rejected but advocacy efforts by NGOs and medical practitioners proved instrumental in the piloting of substitution therapy programs.

Implications: Effective, wide reaching, practical programs of any kind for drug users are rare. While harm reduction programs do conflict with government policies the resounding success of piloted substitution therapy programs have postured a sense of optimism for potential further harm reduction initiatives.

166 Suzanne Fraser and kylie valentine

FRAMING ADDICTION IN METHADONE MAINTENANCE TREATMENT IN NEW SOUTH WALES

Background: To date, relatively little in-depth, qualitative social research has been conducted into methadone maintenance treatment (MMT) in Australia. A major new NHMRC-funded study addresses aspects of this gap with an examination of the contribution of takeaways to MMT in two different policy environments: New South Wales (NSW) and Victoria. In the process, it looks at a range of other important issues related to MMT. This paper introduces the new project, and presents preliminary findings on the first groups of participants: NSW healthcare workers and clients.

Method: The study as a whole uses an in-depth, semi-structured interview method. Methadone clients, prescribing doctors, dispensing pharmacists, dosing nurses and state policy makers will be interviewed in both NSW and Victoria (total n = 80-90). Interviews will be recorded, transcribed verbatim and then analysed for themes and discursive repertoires.

Topic: The nature of addiction, and the most effective and ethical responses to it, are issues inspiring intense controversy in Australia, as elsewhere. This is partly because theories or models of addiction help shape treatment design, delivery and uptake. This paper investigates the understandings and definitions of addiction deployed by healthcare workers and clients, as well as some of the issues they raise in relation to conducting and participating in MMT. A discourse analysis approach is adopted along with current science studies theory to explore how understandings of addiction frame or produce methadone clients and methadone itself. It then looks at how these understandings impact on the ways in which MMT functions in NSW.

169 Ratna Pasaribu, Gerardus deKort, Sunil Batra, Salman Ul Hassan, Bijan Nassirimanesh

INITIATION AND CONTINUING ILLICIT DRUG USE AMONGST EARLY ADOLESCENTS IN GREATER JAKARTA IN 2004

Background/Objectives: Indonesia has seen changing patterns of drug use amongst young teens, regarding initiation and patterns of behaviour. Illicit drug use is now seen in some pre-teens and injecting behaviours are increasingly common. A study of drug users in Jakarta was conducted assessing initiation, mode of intake, injecting practices, knowledge of BBVs and the role of family, peers and school.

Methods: A cross-sectional survey was administered to 128 active and 29 former drug users from the Jakarta greater metropolitan area. Funded by AHRN and UNODC

Result: Of the 157 respondents, 92 were non-injectors and 65 were injectors. 90% of illicit drug initiation was at 12-14 years, while 10% was reported between ages 9 and 11. Illicit poly drug use was reported in 10.7% cases, with the youngest age being 9 years. Of respondents reporting injecting behaviour, 3.1% reported injecting at initiation. The illicit drug type first used by respondents was most commonly cannabis (65%) or benzodiazepines (29%). Only 3.4% initially used heroin. Factors most commonly given for initial drug use included curiosity (75%), peer pressure (19%), desire to be fashionable (21%) and boredom (12%). Current knowledge of HIV prevention in injecting settings was poor, with only 16% aware needle sharing dangers and 5% aware of Hep C. Information about BBVs was gained from mass media (20%). Drug intervention by school and parents was weak. Of the 17% of respondents whose school was aware of their drug use, only 1.3 % received positive support. Of the 54% whose parents were aware of their drug use, only 1 person received positive support.

Conclusion: This survey show evidence of very early initiation of injecting drug use, and common poly drug using behavior in greater Jakarta. Respondents had poor understanding of BBV prevention. Information and support from parents and schools was also poor. Targeted, age-appropriate education on drug use and BBV prevention in primary schools is suggested to address the patterns of risk seen in this age group in urban Indonesia.

172 Danny Alfaras

"ALERTO":INFO-COMMUNICATION TECHNOLOGY ADVOCACY PROGRAM ON HARM REDUCTION

Issues: ICT is an innovative approach that provides users in the community explore issues on HARM REDUCTION through activities using Internet, e-mail, telefax ,etc.

Unfortunately, not all areas have reliable access to Internet, emails, telefax or PCs, if accessible yet very costly, and limited, thus, will not really penetrate critical users and enhance delivery of information.

Description: The proponent of "ALERTO" (Alert) took advantage of the Philippines unique market in mobile phone usage with 140 million text transmission per day and the free web-based service available on the Internet to launch this Short Message System (SMS) service as a technology-driven ICT project in Southern Philippines that utilized a free web-based SMS technology in delivering HARM REDUCTION awareness news, messages, alerts, etc. to critical information users in SOCSKARGEN and Mindanao area.

Lessons learned: This program showed that 97 % of our 1000 plus subscribers accepted the importance of offering new information service whose content are principally local, costless, wider coverage with a paradigm shift from the traditional approach where information comes from television, radio, cable and satellites. It enables the PYDI and its partner organizations to give significantly levels in its delivery of "public" information services through SHARE Approach.

Recommendation: This will contribute to the growing interest on ICT's application to HARM REDUCTION advocacy and prevention, considering that mobile telephone penetration is increasing faster than Internet connection, with its subscribers in the Philippines are expected to grow to 40 million by the year's end, up from 20 million currently. This pervasiveness of mobile devices shows the populations continued readiness to embrace e-lifestyle. Strategically, this will supplement usage of high cost mass media campaigns to inform people about the risks and prevention on HARM REDUCTION.

186 Rufat Nasibov

RAPID ASSESSMENT OF SITUATION ON DRUG ABUSE RELATED HIV/AIDS IN AZERBAIJAN.

According to official data 49% of HIV infected people in Azerbaijan are IV drug users. But until this year we did not have clear, complete and valid information on drug related HIV/AIDS situation on a national scale. Early this year we have conducted rapid assessment of situation with HIV/AIDS and IV drug use.

A. Research methodology:

1. Gathering of existing information:

- Gathering of statistical information
- Reports studying

2. Gathering of new data

- Questioning of injection drug users
- Focus-groups with IDUs
- Focus-groups with social environment.

В. Sampling:

- 4 regions of the country were covered by research

- IDU selection criteria (sample: 400 IDUs)

- Achievement methods of IDU (snow-ball method)

С. **Data processing:** Although official data shows that there are 660 HIV infected persons and 16200 drug users registered in the country, IDUs questioning and coefficient technology roughly determine the real number of drug users is about 300000.

Assessment results reveal highly risky behavior of injection drug users, both drug use related and sexual behavior. For example, only 8% (!) of drug users used condoms during last week, and just 12 % (!) of IDUs use sterile disposable syringe during last injection. Just 24% of IDUs are well informed about HIV/AIDS related risks.

Thus, we were able to disclose and compile all related data to the final report which facilitates country application to the Global Fund. Research reveal high level of behavioral risk and low level of knowledge on HIV/AIDS among IDUs. This work is continuing, because we found no data on hepatitis B, C and TB spread among IDU population. We are going to conduct research on these topics to be more informative in realizing HR programs in Azerbaijan.

192 Joe Selvaetnam

RECOVERING DRUG USERS AS PARA-LEGAL COUNSELLORS

What: Training recovering drug users working in rehabilitation and drop-in-centers to become the first line of legal support for drug user clients.

Why: There was a dependence on volunteer lawyers to assist drug users who seek assistance from DICs. Volunteer lawyers were often difficult to get over weekends and evenings and that meant DIC staff could not help clients then. This training equipped staff with enough legal information to facilitate simple interventions, which can be done by a layperson that has some relevant legal information.

The training, which was first offered in 2001 in English, has now been repeated annually and in 3 local languages as the demand for this training has increased.

The training programme is developed with the Drug Users. The trainers (lawyers) are trained to work with the community and to use the language of the recovering drug users in terms of terminology.

The recovering drug users who are trained then have to volunteer to organise the following year's programme. Their peers select who gets in the programme as the numbers are limited to 30.

Benefit: 1) The recovering drug users who service their clients provide a better quality of service and that service leads them to keep the drug user within contact to outreach for rehab including harm minimization options and HIV/AIDS information. 2) The trained Para-legal counselors are ensuring rights are protected. 3) The trained staff is from the community and hence they are likely to remain in the community. Dependence on volunteer lawyers previously resulted in very high turnover, as the lawyers tend to move on to other interests or become too busy as with seniority.

194 ZHOU Xiaohong, DING Ruimin

CHINA'S NGO IN THE PREVENTION AND INTERVENTION OF DRUG ABUSE AND HIV/AIDS

In China, about 70% of HIV cases are drug abusers. To prevent drug abuse and HIV/AIDS spread calls for efforts by all circles. This paper intends to give a general picture of NGOs in tackling drug abuse and HIV/AIDS problems in China through the work done by China Medical Foundation.

In order to help the government conducting comprehensive response to drug and HIV/AIDS prevention, China Medical Foundation established a specific sub-foundation for drug detoxification in 1999. From then on, the Foundation has been playing an important part in the prevention, intervention and care of drug abuse and HIV/AIDS through the activities of donation, popular science education, scientific conference and hot-line consultation among general population, especially among youngsters. Following are some examples:

Donation: Donated 9.6 million yuan worth of traditional Chinese medicine to 31 compulsory detoxification settings in different parts of China.

Consultation: Has opened more than 20 hotlines for detoxification consultation. 121681 calls have been responded.

Conferences: Organizes scientific conferences every year discussing drug policy and strategies with participants from all circles.

In 2000, the foundation successfully hold a detoxification workshop. Top specialists, scholars from different parts of China got together discussing the problem of drug relapse. This workshop was essential in pushing forward the research on drug dependence in China.

In 2003, associated with National Institute on Drug Dependence, the foundation called on experts in Beijing viewing and emulating "Sunflower TC" to encourage social organizations to show concern to inpatients in compulsory settings.

The most valuable work done is that the foundation always tries its all efforts to mobilize all circles and other institutions and NGOs to conduct popular science propaganda together. We are confident that through our work, more and more NGOs in China will put their efforts in the prevention and intervention of drug abuse and HIV/AIDS.

202 Sharon O'Reilly

RISKY BUSINESS; STREET SEXWORKER SAFETY IN MELBOURNE; POLICY VERSUS REALITY

Issue: Identify the health and safety needs of street sex workers (SSW) in St Kilda, the red light district in Melbourne. **Setting:** The project involved groups of SSW male, female and transgender working in St Kilda participating in the development of a 'safety kit' aimed at prevention of sexual violence. The SSW were recruited via outreach and drop in services operating from St Kilda by outreach staff from Resourcing health and Education in the sex industry (RhED). **Project:** Aimed to gather accurate, current experience of SSW on the levels of violence. The next stage was development of a resource to educate and assist sex workers and the local community in relation to violence. The goal of the project is the minimization of harm associated with street sex work. **Outcomes;** Preliminary analysis indicates that people engaging in sex work often do so because poor health, homelessness, and factors that make them ineligible for safer sex work in the legal brothel industry. Many have issues including unemployment, injecting drug use and most experience multiple barriers to participation in the life of the community. In addition street sex workers are vulnerable to abuse and physical abuse including sexual assault. The project developed a specific sex worker friendly safety kit included a functional aspect of a whistle. The final stage of the project was to conduct community forums for stakeholders including police, residents, SSW and traders to educate the groups about the product. The project was conducted in the absence of meaningful policy debate to address the safety issues for SSW who currently work illegally in Victoria.

The presentation will detail the policy context in which the project developed, the process and the outcomes for the SSW and local community.

204 Nadeem rehman

HIV OUT BREAK IN THE CITY OF LARKANA AMONG IDUs-A CASE STUDY

During a routine surveillance program, 17 drug users in Larkana, Pakistan were found to be HIV positive. To investigate the factors with this rapid transmission of HIV, the following case control study was conducted. Case were HIV sero-positive male drug dependants, while controls were drug dependants who were tested to be HIV sero-negative. A total number of 7 cases and 14 controls were recruited for the investigation at a case control ratio of 1:2. Results of the univariate logistic regression analysis showed that injection drug use in groups, re-using a syringe used by another companion, sex with commercial sex workers, having multiple sex partners, and early initiation of sexual activity were associated with HIV sero-positivity among heroin addicts. Based on our results, we recommend further research into social and sexual networks of drug users and setting up of an active Surveillance program to detect new cases of HIV among drug users. More over the negative role of electronic and print media towards HIV positive cases actually flare up the sentiments of general public against HIV positive cases. Attitude of local administration was also not very supportive. This outbreak was an eye opener for policy makers and implementer to design a strategy to tackle with such emergency situations.

207 Ashfaquul Wahab

LACK OF FINANCING FOR DRUG USERS FOR HARM REDUCTION IN BANGLADESH AND ITS FUTURE IMPLICATIONS

Issue: In October 2003, the Government of Bangladesh entered a co-operation agreement with UNICEF on the HIV/AIDS Prevention Project (HAPP) in Bangladesh. The International Development Association (IDA) and the UK Department for International Development (DFID). The US\$12 million project aims at preventing the HIV/AIDS virus from gaining a larger foothold in Bangladesh within high-risk groups and to limit its spread in the general population.

Approach: Out of total fund only one twelfth are allocated for Drug Users intervention purpose, although HIV prevalence among drug users in Bangladesh is the highest (5%). The four components of the project are not providing any additional service delivery for drug users and their harm reduction rather rationalize at same level with other risk population.

Key Points: Financing for HIV/AIDS prevention to target population like internal migrants, brothel-based, street-based, and hotel-based sex workers, and their clients with equal rationale with drug users and called as high risk to them despite very low prevalence is only losing ground for additional fund allocation to real high risk drug users population and their harm reduction.

Implications: The fund aims to support in the areas of campaigns, counseling, testing, intervention, care and support does not necessarily indicates that any additional attention has been paid to reduce 5% prevalence rate among drug users or at least keep the rate with in 5%. Unless given highest priority in a holistic way, various factors and catalysts of HIV prevention could not extend supports to drug users and their harm reduction. The eventual implication would be catastrophic and risk factor of other risk population would also significantly increased.

212 Kim Longfield; Arman Dairov; Jennifer Makin; Eric Seiber; Rob Gray and Chris Jones

AVAILABILITY, EXPERIMENTATION, AND WILLPOWER: FACTORS THAT RENDER CENTRAL ASIAN YOUTH PRONE TO HEROIN USE AND INJECTING DRUGS

Background: Despite increasing HIV/AIDS rates in Central Asia, programs targeting vulnerable youth are lacking. This study identifies individual and environmental determinants of IDU risk among youth in order to develop appropriate HIV and drug prevention strategies.

Methods: Data were collected in July 2004 from a representative sample of 2,400 youth aged 15-25 in areas of Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan where heroin/opiates are readily available or concentrations of users reside. Study questions addressed knowledge, attitudes and practices about heroin/opiate use and IDU. Multivariate analyses were conducted in SPSS and Stata.

Results: Half of youth reported heroin/opiate use in their communities and 20% knew someone with an adverse outcome related to use. Due to under-reporting of personal use, the risk category "socialization to IDU" was used as a proxy to capture youth prone to heroin/opiate use. Socialized youth were more likely than non-socialized youth to have been offered heroin; feel pressure to use; know where to buy heroin; understand HIV risk associated with IDU and needle sharing; believe that heroin experimentation is OK; and believe that youth use heroin to look cool. Among all

youth, intent to use heroin was low; willpower is thought to prevent addiction; misconceptions about HIV transmission are common; and IDU are stigmatized. Scaled data will be used to develop a more detailed profile of youth socialized to IDU.

Conclusions: Several strategies for HIV and drug demand reduction programs exist, including prioritizing vulnerable youth and enabling them to make healthy, informed choices about heroin/opiate use and risk reduction. Messages should challenge the perception that willpower protects against addiction and correct misconceptions about HIV transmission. Interventions should also: address low risk perception for addiction; target normative perceptions about experimentation; decrease stigma associated with heroin/opiate users; and foster supportive environments for non-drug-using behaviors

223 Viktoria Dollen

BURNOUT SYNDROME TRAINING SESSIONS: HOW TO PREVENT AND OVERCOME BURNOUT SYNDROME FOR OUTREACH WORKERS

Issue: In order for an outreach team to achieve maximum results, a diversified approach to organising their work and training is needed. As well as professional abilities and skills, personal qualities must also be developed.

Setting: Harm Reduction (HR) projects in Russia are carried out under repressive legislation, and IDUs are persecuted by the police. Outreach work involves interaction with people who often have various illnesses or psychological problems, such as IDUs, prisoners and PLWHA. Outreach workers are often not used to this type of social interaction. This can lead to feelings of instability, chronic fatigue, dissatisfaction, and unwillingness to work.

Project: Burnout syndrome training for outreach workers and managers was developed and carried out by the HR Training Project of AIDS Foundation East-West (AFEW). The following topics were covered: setting personal goals and tasks and fulfilling them, planning work and rest, working in stressful situations, dealing with conflicts, and psychological self-preservation in the context of face-to-face work with clients. The group of managers also discussed how to improve the staff's qualifications, learning to work as a team, recognising early signs of burnout syndrome and ways to overcome it.

Outcomes and lessons learned: This type of training was identified by a needs assessment survey as the second largest gap for outreach workers. During the past year, 20 hours of training sessions on this topic were held for project co-ordinators from 41 cities around Russia as well as separate trainings in 2 cities for outreach teams. Positive outcomes include: 75% of participants noted an increase in knowledge and skills; 62% changed their attitude to the problem, and 57% changed their attitudes about themselves; and 64% marked the importance of the training sessions on 'causes of burnout syndrome', 'self-regulation techniques' and 'communication skills'.

225 Zoran Cakic, Celine Debaulieu

FROM CAPACITY BUILDING TO A PARTNERSHIP

The Pilot Harm Reduction Program in Belgrade, Serbia, has been implemented by the French "Medecins du Monde" since 2002. Through capacity building of local team members, the plan had been to gradually hand-over the activities to a local partner organization in three years time. Regular trainings of the staff, along with dynamic and fruitful communication with the Mission Supervisor in Paris, resulted in strengthened local capacities to build an organization able to resume the activities in harm reduction field. Moreover, harm reduction as a policy has been recognized by the Ministry of Health of Serbia and will be a part of the National Strategy in Fight Against HIV/AIDS.

As an output of the Program's outreach activities, need for self-support association of drug users has emerged. "Medecins du Monde" mediated this process and the outcome is registration of the first self-support association of drug users in Serbia.

The successor local Harm Reduction organization will be the bearer of the Serbian Harm Reduction Network, to be established in 2005. The experiences from the Pilot HR program will be shared with new implementers nationwide.

229 Hurtado, Gustavo & Inchaurrega, Silvia

ARGENTINEAN NATIONAL CAMPAIGN ON DRUGS DECRIMINALISATION

Issue: During last stage Argentinean Harm Reduction Association (ARDA) developed the first and second phases of an innovative and high profile campaign: The Argentinean Campaign on Drug Users Decriminalization. ARDA#8216;s Campaign gathered a high impact in different areas. The main task of reducing harms related to health is associated with reducing social harms as criminalization, isolation, social exclusion and discrimination.

Setting: The goal of the Campaign is double: by one side is searching consensus on the need of modification of article 14 of Drug Control Law 23.737 that punishes possession of drugs even for personal use, by other side is promoting the reduction of the Drug Control Law related harms.

Project: It intends to continue to monitor, analyze and respond to the harms related to repressive drug enforcement laws in Argentina, modifying the Drug Control Law and developing HH RR interventions related to social harms as discrimination, social exclusion and prison for drug users. It was pointed out one of the key messages of the National Campaign “Say NO to the War on Drugs – Say NO to the War against drugs users”, that involves the work with judges and legislative forces as well as with media players and journalists, musicians and the drug users themselves.

Outcomes: Several materials and interventions have been implemented mainly based on human rights and harm reduction perspective. We got the possibility of installing the debate in the Argentinean society in an open and clear way, making that personalities of different parties and ideologies say their position, having an influence in the hegemonic social perception of the phenomenon of drugs and their association with crime. Without precedents in the last 30 years, opinions on favor of decriminalization of key persons of the Criminal Justice and the Penal Law, criminologists, academics of medicine and journalists were disseminated.

230 Mark O. Bigler, LCSW, PhD

HARM REDUCTION AND THE PROFESSIONAL PREPARATION OF SOCIAL WORKERS IN THE UNITED STATES

Background/Objectives: Harm reduction reflects fundamental values and beliefs of the social work profession. Unfortunately, while harm reduction principles are a natural fit with social work, academic programs training these professionals typically provide little, if any, direct instruction in this area. The subject of this presentation is a study which examined the degree to which harm reduction has been integrated, both formally and informally, into social work education in the United States.

Methods: A 20-item questionnaire was distributed to a sample of social work students (N=655) in their senior year of study in undergraduate programs throughout the U.S. This questionnaire assessed the level of harm reduction thinking, the degree of formal exposure of students to the harm reduction model in their professional training, and various demographics thought to be relevant to the study (i.e., sex, age, ethnicity, major, class standing, marital status, location of college/university, and estimated childhood and current economic status).

Results: A total of 232 students (35.9%) indicated they had received specific instruction on harm reduction in the course of their undergraduate social work studies. Of these, only 53 (22.8%) were able to provide an adequate definition of harm reduction. Overall, students tended to endorse a series of statements regarding professional practice in ways that reflect harm reduction thinking. However, those who had explicit exposure to harm reduction in their social work training did not endorse these items at greater rates than students who had not.

Conclusions: Social work students have an intuitive sense of harm reduction, but have limited exposure in their professional training. Including harm reduction as a central theme in the training of social workers would greatly strengthen the curriculum at both the undergraduate and graduate levels and prepare prospective social workers to practice in a more rational, pragmatic, and humanistic way.

239 J Cox, C Morissette, P De, R Allard, R Stephenson, JF Boivin, L Graves

USE OF AND SATISFACTION WITH STERILE DRUG PREPARATION AND INJECTION MATERIALS AMONG INJECTION DRUG USERS IN MONTREAL, CANADA

Introduction: Sharing of blood-contaminated drug preparation and injection materials, other than syringes, can increase the risk of hepatitis C virus (HCV) infection. In September 2003, the Montreal Public Health Department began distributing sterile water vials and Securicup kits as an addendum to sterile syringes.

Method: Injection drug users (IDUs) who had injected in the past six months were recruited from syringe exchange programs and methadone clinics during May to August 2004. An interviewer-administered questionnaire was used to collect information on the use of the sterile water vials and Securicup kits (container, filter, and post-injection swab). Participants were also asked about their satisfaction and whether the materials should be changed.

Results: Preliminary results for 99 participants are presented. Mean age was 33 years [standard deviation (SD)=8.7] and 70% were male. Mean age at first injection was 20 years (SD=5.6) and the drug used "most" to "every time" during the past month was cocaine (70%) followed by heroin (24%). While 80% of participants had used sterile water vials in the past six months, 54% had used Securicup kits. 55% of participants reported using sterile water vials "most" to

"every time" they injected during the past month. In contrast, similar use of containers, filters and post-injection swabs was 16%, 13% and 15%, respectively. 80% of participants were "quite" to "very satisfied" with the sterile water vial, while similar satisfaction with the other materials ranged from 29% (filter) to 38% (post-injection swab). Only 10% of participants reported they would like the water vial changed compared to 27% for filters.

Conclusions: The greater use of sterile water vials compared to Securicup materials may be explained by the high degree of satisfaction. Additional analyses of the complete study sample (n=350) will examine the role of drug of choice (cocaine vs. heroin) as drug-specific preparation practices may also explain these findings.

246 Chris Buchner

GAY MEN'S HEALTH - A HARM REDUCTINO APPROACH TO HIV PREVENTION

Issue: Recent evidence suggests that HIV prevention efforts are significantly limited by exclusive focus on drug-taking or sexual behaviours. Individuals are often alienated by prevention messages and campaigns that do not acknowledge the cultural context of risk behaviour, and do not take the whole person into account. In an effort to revitalize HIV prevention efforts targeting gay men, the notion of Gay Men's Health has been adopted to more effectively reduce drug-related and sex-related harm in this vulnerable population.

Setting: In Vancouver, British Columbia, gay men continue to experience the largest number of new HIV infections, and constitute the population with the largest prevalence. This population is also experiencing an outbreak of syphilis, and studies suggest a high level of problematic substance use.

Project: Based upon the results of community-based research, Vancouver Coastal Health is recasting its gay men's HIV prevention efforts as Gay Men's Health programming. This approach acknowledges that reducing HIV risk behaviour depends largely on other issues that affect health, including recreational and chronic drug use, income stability, housing, access to primary care, mental health and level of physical activity. A population health and harm reduction approach focuses on the many factors that influence one's ability to make healthy choices, rather than focusing exclusively on problematic behaviours that one may not have the ability to stop or change immediately.

Outcome:

Contracted programs for HIV prevention now focus on social networks and holistic approaches to improving health. A Gay Men's Health Service Plan will further inform the implementation of a harm reduction approach to this problem.

257 David Otiashvili

DRUG POLICY REFORM IN GEORGIA

According to the experts considerations in Georgia nearly 150,000 people is a drug user. Majority of them are intravenous users of heroin. According to the data of Aids and Clinical Immunology Center, among the registered HIV-infected persons 69% are the intravenous drug users.

In existing circumstances it is necessary to perform the realistic and progressive drug-strategy, which would be based on the scientifically proved facts and on the experience of advanced countries. The main priorities of this strategy should be the treatment and assistance against the persecution and punishment. Also it is necessary that in Georgia there should be the special body (the national agency of drug policy), which will be responsible for the development and accomplishment of the drug strategy in the country. The agency also will coordinate the organizations and departments involved in the same sphere.

Aim: The aim of the project reveals that in Georgia should be performed effective and realistic drug policy, which will provide the reduction of drug use and also make available to reduce the harm concerned health, economic and social problems which are caused by the drug use.

Tasks: - In national drug policy should be made the clear differentiation between the drug users and drug use on the one side, and the organized crime and drug dealers on the other

- Should be developed the relative legislative base, which will support the intravenous drug users in the prevention of the spread of HIV/AIDS infection
- The new legislation should offer changes, which will make the rehabilitation and harm reduction programs fulfillment prior in the country

This is a one year project sponsored by the OSGF and IHRD. The project has just started and by the end of March it will be on its half way of development.

262 Noreen Sheikh-Latif

THE REALITY OF PROVIDING EQUITABLE DRUG SERVICES TO BLACK

Drug services in the UK have historically not engaged with Black and minority

ethnic (BME) communities and vice versa. The author has undertaken a series of individual service evaluations amongst different areas in the UK utilising qualitative research methods to identify perceptions and attitudes about drug use and service development for Black and minority ethnic communities. This poster presentation will identify some of the key themes that have emerged from the research including community, professional and user perceptions that have been gathered through semi-structured interviews and focus groups.

Results: Results have identified barriers and obstacles such as; a lack of acknowledgement of drug use by BME communities themselves, insufficient understanding of BME culture by services, an under-representative diverse workforce, language barriers, and communities' own lack of awareness of services and function, including fear of confidentiality being breached. Numerous attempts have been made by different health and social care agencies to provide increasingly culturally competent services with mix success. What this poster presentation aims to do is provide results from the organisational reviews which will be used as prompts for discussions, surrounding some of the common mistakes made by organisations such as; producing knee-jerk initiatives, measuring success by statistics, chasing short-term funding and employing Black staff on a tokenistic basis. Solutions will address workforce development, developing practical outcomes, and designing and implementing diversity strategies.

266 Giorgia Garibotto

AIDS LINE, A QUESTION, AN ANSWER

AIDS: A QUESTION, AN ANSWER

"LINEA SIDA", from harm reduction point of view.

0800.31.31 free line

Background: This service provides population information related to HIV- AIDS.

- Transmission vies
- Prevention
- How to access to an analysis for AIDS diagnostic
- Where people can go to be assisted.
- Non Governmental Organisations and Help Centres working with AIDS who can help people.
- Where to go to get family assistance
- Help on discrimination cases
- Legal counselling
- Social Security Assistance
- Affective assistance
- Support to develop community network.

Objectives:

- Get information to community about AIDS and others STI.
- Identify issues related to prevention and health, psychological and affective assistance.
- Help people to manage anguish caused by HIV/AIDS.
- Get information about services and organisations who can help HIV Infected people
- Obtain a profile of people who takes the service.
- Carry out periodical data base analysis in order to collaborate in STI/AIDS political design.

Methods:

- This service is answered by qualified staff.
- Is an anonymous service therefore people feel free to ask questions.
- Every telephone call is confidential in order to take general information about what is needed to improve our resources.
- Health services professionals phones to take assistance related to HIV/AIDS patients.

Results:

- 6000 answered calls every year.
- 75% of inquirers are between 13 and 40 years old.
- 15% of calls are from small cities.

More frequent questions are about:

- Oral transmission.
- Places to take the analysis for diagnostic HIV/AIDS.
- "período ventana" significance.
- "Línea SIDA" offers psychological and affective support in case to be HIV+.
- Social services and Social Security for people living with HIV.

Conclusions:

We are:

- Increasing diffusion in order to more people knows the service provided.
- Getting periodic training in order to up date our knowledge.

267 Giorgia Garibotto

COCAINE USERS

Background: This a research about antibody prevalence of HIV, Hepatitis C, Hepatitis B and non treponemic antibodies for Syphilis. It was carried out among a non injection cocaine derivatives users population. Prevalence and practice of drug consumption, sexual practice and sociodemography users profile related to the risk of infection, were also researched.

Objectives: a) To study non-injection use of cocaine.

b) To determine seroprevalence of HIV,HBV, HCV, and T. Pallidum (Syphilis) infections.

c) To identify the most relevant risk factors for the infections.

Methods: An epidemiologic, quantitative, descriptive and transverse study.

Technique: A serologic study and an opinion survey were carried out simultaneously. **POPULATION:** 18 years old and up, have never used any injection drug, to have used cocaine, base paste or crack in the last 90 days, to sign a consent. **SAMPLE:** 367 individuals. The sample was made by «chain sample» technique.

Results: The starting age for drug use is 15.6 years old and for cocaine is 18.9 years old. Marijuana is the main starting drug. 26% have had a partner with an injectable drug user (IDUs) and or HIV+. 39% used condom in their last intercourse. 23% showed serologic reactivity for one or more of the researched infections. The prevalence of HIV was 9.5%, HBV was 10.4%, HCV 10.1% and VDRL 4.1%.

There is an increase in infections and co-infections related to the frequency and number of years of drugs use. Hepatitis C prevalence is the double among the ones who share the tube for intranasal inhalation.

Conclusions: Some kind of sexual practices increases the risk of acquiring infections, specially for those with an HIV+, or IDU partner; the sexual intercourse with many different partners together with the irregular use of condom. Age, as well as how long the person has been using drugs and the frequency of use, increases the risk of infection. The prison background, particularly offences related to drugs, also increase the risk of infection.

269 Patricia de Pablos; Helena Yannicelli

A HARM REDUCTION PROGRAM IN VULNERABLE POPULATIONS

Issues: The Harm Reduction Program from Instituto IDES works in the West area from Montevideo- Uruguay. It is a very poor, high density populate and without basic services place.

Settings: Drug users there, consume cocaine to be injected and Base Paste of cocaine to be smoked together with other substances, they are a population very vulnerable to HIV and B and C hepatitis infections. This programme works with young people excluded from job market and from educational institutions and with a community and family relationships damaged.

Project: Fieldwork consist in walking every week a long the neighbourhood stopping in the corners were users used to be. There they talk with them about HIV, prevention, different substances of drug abuse, gives to them leaflets, condoms and information. Simultaneously they have conversations with other neighbours and try to gives them information about drugs and use of condom in order to do not discriminate young people, on the contrary neighbours try to collaborate in the prevention and promoting the use of condom and helping the youngest to reduce the harm caused because of the abusive use of drugs. For example, the pharmaceutical's from the community try to sell them syringes, in order to avoid the share of them (before this program nobody wants sell users syringes). Another way of intervention is with problematic users trying to recuperate his rights as citizenships, this work is focalised and has as objective bring them nearby health centres, educational institution or help them to obtain a job.

Outcomes: This is a way of intervention specifically designed for drug users in a citizenship vulnerability caused because of marginality and poorness. We said that drugs are the last step form a long way of discrimination.

274 Karine Markosyan

OVERCRIMINALIZATION OF DRUGS MAY RESULT IN A GENERALIZED HIV EPIDEMIC IN ARMENIA

Issue: In Armenia, as in other countries of the former Soviet Union (FSU), injection drug use has become a driving force behind the spread of HIV. The professionals worldwide agree today that the greater part of harm attributed to drugs is engendered by inadequate drug policies rather than consumption of drugs. The purpose of this paper was to analyze the recently adopted Armenian drug law and related policies to find out whether they are able to adequately address the linkage between drug use and HIV in the country.

Approach: A comparative analytical approach was used. The drug-related policies and their possible contribution to the HIV epidemic in Armenia were compared with the ones in other countries of fSU where the relationship between the legal framework and HIV has been documented.

Key Points: The analysis indicates that the Armenian drug policies can be characterized as "zero tolerance" toward drugs. Criminal statutes require imprisonment or institutionalization for purchase and possession even for small amounts of illicit substances both "hard" and "soft", as well as for their consumption. Since it is well documented that in countries with injection-driven HIV epidemics, prisons are a powerful factor in HIV transmission and since the estimated HIV prevalence rate among Armenian prisoners is around 6% compared to 0.1% among the general population, incarceration of non-violent drug users raises serious concerns. Policy makers may disagree about the tolerance of 'immoral' behavior. From a practical public health perspective, however, hundreds of prisoners are released from the country's prisons annually. These individuals are a bridging population that poses a major threat in terms of spreading HIV to the general population.

Implications: Thus, overcriminalization of drugs threatens the effective response to HIV. In order to meet the challenge of injection-driven HIV/AIDS, Armenia has to reconsider the policy emphasis on overcriminalization of drugs.

283 Rauza Kaliyeva WOMEN AND DRUGS

Although the number of male drug abusers prevails over female ones, it has been recently emphasized that the number of female drug users is dramatically increasing worldwide (Table 1 comparative growth in female drug users in the world, Table 2 female drug users in Central Asia). According to the UNICEF data, this number depends on country's well-being and economical state.

So, why women become drug addicts?

1. Due to physiological peculiarities women easier become narcotic dependent.
2. Psychologically women depend on their partners (boyfriends).
3. Availability of drugs in Central Asia (due to increased drug trafficking) make them financially available for everybody in spite of social status
4. Lack of educational programs in remote areas. In Central Asian countries life in big cities differs from that in villages and remote sites. Usually, teenagers from remote areas have never heard about danger of drugs. I have questioned 10 teenaged drug addicts (they came to Almaty from regions), and all of them told me that they did not know that drug abuse may lead to HIV or Hepatitis.

Proposed measures:

1. Expand services of the UNICEF and UN ODC to the extent that all people knew about these organizations and their goals, especially in remote regions of “vulnerable” and politically unstable countries. Make all women familiar with the UNICEF and UN’s Human Rights programs. Make women confident that in case of violence use they will be protected and offered help. With that end in view, establish toll-free telephone lines for women whose rights have been violated.
2. Involve more women to participate in UNICEF’s programs.
3. Use Media for case study.
4. Government must help NGOs that work in the sphere of Human Rights and Drug control.
5. Attract students to participate in seminars devoted to drug control.

288 Zabransky, T CZECH DRUG LAWS: POLICY, POLITICS AND IDEOLOGIES

This presentation gives a general overview of Czech drug policy as it has evolved after the fall of communism. In its first section it gives a brief historical background; in the second part it identifies main players in the drug policy process as well as in the drug politics. Third part provides some details about the legislative procedure that eventually led to the reintroduction of punishments for the possession of illegal drugs that was abolished after the fall of the iron curtain. Recent developments in the Czech drug policy debate are addressed in the fourth section of the presentation. This account focuses on the ongoing legislative debate over whether the possession of drugs for personal use should be a criminal offense (this issue has been contested for nearly 10 years). In the final part, the conclusions drawn after the political debate and scenarios of future development are presented.

291 Qaisar Ismail HARM REDUCION AMONG YOUNG PEOPLE

Skill building Workshop for young people on harm reduction

Workshop Description: To promote and protect Rights and Responsibilities of young people by strengthening their capacity so that they can play their role as agents of change in their communities and organize positive activities for adolescents and youth in their communities. Further that to reduce high risks behavior among young people by behavioral interventions and to enable them to promote awareness among their peers using peer to peer education skills and techniques.

Objectives:

1. To promote awareness about drugs harm reduction among young people
2. To know about skills and importance of peer to peer Education among young people.
3. Knowing about peer to peer education as a tool for reduction harms in drug use among young people
4. To get awareness about body and its safety
5. To reduce high risks among young people

Methodology:

- Group Work
- Plenary Discussion
- Power point Presentations

Participants: Young people (Age 18 to 27)

Output:

- i. Shared the experience of our Organization about peer to peer education among young people.
- ii. Discussed about the ways and skills for the development of strategies and move forward the harm reduction measures.
- iii. Discussed about the skills how to foster new leadership and activism, and educate and inform the young people through awareness raising activities.
- iv. Promoting networking and coordination for sharing our experiences.

Facilitator Experience:

1. Attended the Under 18 Evaluation program of the Special session organized by Save the children-UK, Islamabad Pakistan.
2. Attended the Young Peoples Rights advocate program organized by NGO's Coalition on Child Rights in Collaboration with UNICEF- Peshawar.
3. Represented NCCR (NGOs Coalition on Child Rights) as under 18 delegate in the (UNGASS) United Nations General Assembly Special Session on Children in New York during 5-10 May 2002.

293 Mohammed Rafiqul Islam

HIV/AIDS PREVENTION PROGRAM AMONG INJECTABLE DRUG USERS (IDUS) AT CHITTAGONG CITY AREA IN BANGLADESH.

Issues: Drug abuse is a common phenomenon in the world. Many countries in the world are HIV high prevalence due to Drug abuse. Drug abusers are increasing day by day in Bangladesh. Injectable Drug Use has steadily gained in popularity in Bangladesh, since the introduction of Buprenorphine in the 1990's. Fourth Round surveillance of Bangladesh shows that, HIV rates among IDUs in Central Bangladesh are approaching concentrated epidemic levels. The increase in HIV among drug users as well as IDUs may be the first crack in the wall separating Bangladesh from HIV epidemic in neighbouring countries.

Setting: IDUs are much marginalized community in Bangladesh. YPSA has conducted a research on 2003 to involved 20 IDUs as a research guide. According to research findings, YPSA has started a long time program for IDUs since October 2003 at Chittagong City Corporation area in Bangladesh.

Project: YPSA has been providing Abscess Management, Needle & Syringe Exchange, STI treatment, conducting DICs, condom promotion, life skill training, peer education and advocacy activities to prevent HIV/AIDS among IDUs.

Outcomes: YPSA has set-up four DICs for IDUs and around 300 IDUs has been receiving services from DICs. Now they are feeling easier to visit DICs.

302 Caio Westin & Elvira Ventura Filipe

HARM REDUCION PROGRAMMES AND HIV/AIDS IN THE STATE OF SAO PAULO, BRAZIL

Issue: Harm reduction programmes (HRPs) were created in Brazil to respond to the AIDS epidemic among injecting drug users (IDUs). Since the distribution of syringes was illegal, the first HRPs were faced with law impediments. The sanction of a state law in 1998 regulated HRPs as a strategy for STD/AIDS prevention. Even with this law the establishment of HRPs has been limited in the state of São Paulo.

Approach: Field research and evaluation of HRPs has shown that some factors have limited HRPs interventions in São Paulo and in Brazil.

Key Points: Factors such as: 1) the clandestine nature of injecting drug use; 2) IDUs unstable living conditions and marginality; 3) socio-economic issues related to the periphery of the city; 4) constant migration of IDUs throughout the city; 5) fear of

stigmatisation making IDUs to report use of other drugs but not injecting; 6) the advent of crack cocaine replacing injecting; 7) high mortality rate among IDUs due to AIDS have been constraints to create or implement HRP.

Implications: Although there are currently 36 HRPs in São Paulo to establish harm reduction actions to drug users in general and an increase in coverage, the inclusion of harm reduction in health services is still a challenge. IDUs access to, and utilisation of, services has been limited due to their social and personal characteristics but also because services are not prepared to work with them. The harm reduction concept is still unknown in most health services and there is a lack of trained professionals to deal with features related to drug use. The AIDS epidemic among IDUs in São Paulo has decreased. This decrease is, however, mainly associated with introduction of crack cocaine and fear of HIV rather than by harm reduction actions.

303 Caio Westin; Marcia Giovanetti; Paula Oliveira; Gilsa Mello; Nair Brito & Elvira M V Filipe

DEVELOPMENT AND CHALLENGES IN THE ENLARGEMENT OF HIV PREVENTIVE ACTIONS TOWARDS DRUG USERS IN THE STATE OF SAO PAULO, BRAZIL

Issue: Drug and injecting drug users (IDUs) have been considered prior in the prevention policy of the State Co-ordination of STD/AIDS of São Paulo. The actions towards drug users become a great challenge due to their long-term social exclusion and because these actions require specific knowledge on vulnerability and preventive strategies besides dealing with issues related to prejudice, human rights and citizenship.

Setting: Based on epidemiological data, a planning was set with the Brazilian Programme of STD/AIDS to finance projects directed at drug users and IDUs in municipalities in the state of São Paulo.

Project: Thirty-six projects in 21 municipalities were created or implemented. For carrying out those projects, STD/AIDS managers and health professionals from governmental and non-governmental organisations (NGOs) were invited. The strategies adopted were: 1) workshops for elaboration of intervention projects; 2) training for projects implementation; 3) technical monitoring; 4) investment in the technical and political environment for assessment and discussion in harm reduction; 5) investment in partnerships with low income community organisations; 6) investment in setting partnerships and sensitisation of different segments of local governmental organisations; 7) training to elaborate a plan as a means of financing the programmatic actions towards STD/AIDS, aiming at the work continuity.

Outcomes: By sensitising managers and technicians for the importance and the specificity of drug users and IDUs vulnerability to HIV, projects directed to these populations were successfully carried out. Work planning and execution together with other segments, specially NGOs or/and the target populations are necessary in order to fulfil their demands. Changes of concepts regarding drug use and improvement of technical and political conditions are fundamental. By considering and seeking to overcome specific difficulties of such groups, preventive interventions can be implemented. Ongoing assessment and technical support of the central government are also required.

307 Jalal Shakeri; Ali Akbar Parvizi Fard; Saber Amini Zadeh; Hanieh Shakeri; Kamiar Alaei

DEMOGRAPHIC CHARACTERISTICS & EVALUATION OF MENTAL STATUS OF HIV INFECTED PATIENTS

Background: Although the Key characteristics of HIV infection is the gradual decline of the body ability in expression of the cellular immune response with the medical complications, but the neuro-psych phenomena are significantly clear.

Methods: In this study 132 HIV+ Patients (11 f.& 121m) were studied, the patients were chosen by nonprobability sampling in two stages with the cut-off Point (>5) of self-evaluation Questionnaire (SRQ-24) as screening tool (First stage) and also clinical judgement and the Psychiatrist judgement were carried out through the regulations based on DSM-IV (second stage).

Findings: The age range of the cases studied were 15 through 45 years old. 53% of the cases studied were jobless and having a non governmental job respectively. 77.27% of the infectious people had primary and high school education and only 3.78% of the them had higher education degree. Among the cases 80% were infected through shared-needle for injection of drugs, 2% through injection of infected blood productions, 2% through sexual intercourse and 16% through unknown cases. 93.18% were among the Psychiatric disorders diagnostic criteria including: 93.93% (96.64% m, 63.63% f) of disorders related to drugs, 43.18% (41.32% m, 63.63% f) mood disorders, 18.93% (19% m, 18.18% f) anxiety disorders and 11.36% (9.09% m & 36.36% f) somatoform disorders. These disorders were the most disorders seen among them. Also 74.24% of the cases were among the diagnostic criteria of personality disorders in Axis-II, in which the anti social

personality disorder (31.8%) and borderline personality disorder (18.93%) were the most common disorders seen in axisII disorders respectively.

Discussion: In addition to the necessity of mental health promotion among the HIV+ Patients, these findings specify the organizations and the specialists' duties on the public training for the social & behavioural effects of these disorders and also the necessity for the high risk personal habit changes.

Key words: mental disorders, HIV + Patients.

308 Murtazokul Khidirov, Alfira Khidirova

LEVEL OF DRUGS USE ON THE TRAFFIC OF DRUGS THROUGH THE COUNTRY.

Issue: Since second half 90th years of the twentieth century, criminal structures began to use territory of Tajikistan for the traffic of drugs from Afghanistan in republics of the former USSR and further in other countries of the world. In the same period in the country the problem of abusing drugs has seriously become aggravated.

Approach: to the Analysis were subjected: à) the given registration of dependent of drugs users by Ministry of Health with 1995 for 2003; á) the data on withdrawal of drugs from illegal circulation by law enforcement bodies of Tajikistan with 1991 for 2003; â) the data of researches according to a situation of a level of dependent of the drugs users, spent by local and international experts with 1999 for 2003.

Key points: In 2001 the amount of the withdrawn drugs in 806 times was more in comparison with 1991. In structure of withdrawn drugs opium groups a share of heroin from 02 % in 1996 has grown up to 75,9 % in 2003. Heroin now in Tajikistan is the basic, used and transit drug. The amount of the registered dependent of drugs users with 1995 (823) up to 2003 became more in 8 times (7045) of them of 83,9 % dependent from heroin, IDU 34,1 %. According to experts in the country from 55000 up to 275000 of drugs users from them IDU 69 %.

Implications: the Traffic of drugs through the country continues to grow, despite of act of terrorism of USA in Afghanistan, together with it the level of drugs use, including injecting drugs use grows. In this situation further development Harm Reduction Program and expansion of educational projects in frameworks Drug Demand Reduction Program is necessary.

316 Sarah Bowen; Tiara M. Dillworth; G. Alan Marlatt

THE MIDDLE WAY: THE ROLE OF BUDDHIST PRACTICE IN A HARM REDUCTION APPROACH TO ALCOHOL TREATMENT

There are several studies that support the role of spirituality in treatment of substance use. In the United States, 12-step programs such as Alcoholics Anonymous (AA) have become almost synonymous with spiritually-based treatment and are the most prevalent treatment modality. In the AA model, the only means of recovery from the "disease" is abstinence. AA is unwilling to accommodate moderation goals, limiting appeal for treatment seeking populations. Individuals who are not ready for or do not choose abstinence, may not benefit from or wish to attend AA. Gearing treatment to match individuals' preferences and needs may be crucial for encouraging treatment entrance and retention, as well as drinking outcomes.

There is a need for alternative approaches incorporating spiritual practice, yet supportive of a harm reduction vs. abstinence-based approach. Techniques incorporating Eastern philosophy are growing in the treatment field. In particular, a Buddhist technique called Vipassana (VM), or mindfulness meditation, teaches awareness of the present moment and observation of thoughts and sensations without reaction. VM aims to eradicate roots of craving, rather than focusing on overt behaviors. The practice includes Buddhist philosophy of lifestyle balance and the "middle way," or not going to extremes.

The current study examines data from a study by Marlatt and colleagues on effects of VM on alcohol use and related consequences in an incarcerated population. Compared to a treatment as usual control group, VM had only a trend-level effect on quantity and frequency of alcohol use. However, the effects were significant on reducing alcohol-related consequences. These results suggest a viable alternative approach to alcohol treatment that includes a spiritual component but allows for a more fluid conceptualization of treatment outcomes. Implications of the study, as well as future directions for treatment and research in this area will be discussed.

322 Karine Markosyan

CHALLENGES TO EFFECTIVE RESPONSES TO DRUG USE AND HIV IN ARMENIA

Background: Countries of the former USSR continue to experience the world's steepest HIV incidence rates. The epidemic, largely driven by injecting drug use, is

challenging national governments to implement comprehensive strategies. The purpose of this study was to identify challenges to effective national responses to drugs and HIV in Armenia.

Methods: The study was done through review and analysis of relevant materials including: legal documents, resolutions, position papers, research articles, books and mass media articles on drugs and HIV. Additional data were collected through interviews with public health professionals and staff of harm reduction projects.

Results: The study identified four major challenges to effective responses to HIV and drugs in Armenia. First, the punitive drug law, which criminalizes possession of small amounts of illicit substances both "hard" and "soft", as well as their consumption, creates environments in which drug users fear harassment, arrest and imprisonment. Second, exclusionary policies such as mandatory HIV testing, disclosure of medical information and absence of specific anti-discrimination laws designed to protect vulnerable groups further marginalize drug users and limit their access to health care. Further, harm reduction activities which could help injecting drug users (IDUs) to decrease their vulnerability to HIV are either banned (e.g. methadone substitution therapy) or allowed only on a limited basis without support from the government (e.g. needle exchange). And finally, the lack of commitment to democratization and unwillingness or inability of the state to include IDUs in policy making processes results in distrust in the state and undermines the success of prevention programs.

Conclusions: Thus, meeting the challenge of injection-driven HIV/AIDS in Armenia requires a concerted effort which would combine leadership from the highest levels of government and civil society, reconsideration of the policy emphasis on criminalization and law enforcement, and a greater willingness to reach out to IDUs.

323 Karthik Krishnan, Vijayakumari, Murali Krishnan, Kalaierasi, Venkat Thamba, Kalavathi, Gasper, Fr. Desmond Daniels

DELIVERING COMPREHENSIVE HIV PREVENTION /CARE SERVICES FOR MALE INJECTING DRUG USERS AND THEIR REGULAR SEXUAL PARTNERS AT A DROP-IN-CENTRE BY A MIXED TEAM OF PROFESSIONALS AND DRUG USERS AT CHENNAI, INDIA

Issue: Research conducted at Chennai using qualitative methods, cross-sectional behavioural survey and laboratory testing for STIs/HIV during 2002- 2003 supported by Population Council indicated the urgent need to deliver comprehensive HIV prevention and care services for the injecting drug users and their sexual partners. Such a comprehensive HIV prevention / care service has been initiated through a drop-in-centre at Central Chennai supported by the Family Health International and implemented by SAHAI Trust, Chennai.

Setting and Project: A drop in centre providing a host of prevention measures, including avoidance of risky injection and sexual practices, facilitation for HIV testing and counselling, comprehensive primary medical care, treatment for sexually transmitted infections and appropriate referrals has been established during September 2003. The programme recruits male IDUs who are often alienated from the health care system through street outreach. The male outreach team comprising of former drug users provide outreach based education, needles and syringes, condoms and accompanied referrals to the male IDUs and in addition refer them to the Drop-in-Centre for further services. The female outreach team reaches out to the wives of the injecting drug users and when required refer them to the drop-in-centre. The project targets male IDUs and their regular sexual partners and provides comprehensive care for more than 150 IDUs and their sexual partners on a regular basis for the past year.

Outcomes and lessons learned: The paper describes the process of engaging and retaining drug users in prevention/care services. The experience of delivering HIV prevention / care services for drug users and their regular sexual partners including the wives through a mixed team of male and female workers - of professionals, former drug users and current drug users is described. The opportunities as well as the challenges faced are discussed.

* Project supported by Family Health International, New Delhi, India

334 Lei Yujin; Zhang Yiwei

"WE USED TO THINK THEY WERE GARBAGE": THE IMPACT OF PILOT PEER EDUCATION IN COMPULSORY DETOXIFICATION CENTRES IN CHINA

Issues: Drug users in China are sentenced to periods in compulsory detoxification centres. They live in the centres and get clean over a period of three to six months, but the relapse rate is over 90%. The Public Security Bureau of Yunnan agreed to attempt to introduce a harm reduction element to some centres. Police who run the centres received training about HIV/AIDS and harm reduction and worked with inmates to develop peer education. It is too early to know how far peer education can impact the users' behaviour and vulnerability after release. However, the impact on officers and educators of working together has already been valuable.

Setting: Yunnan Province has one of the largest concentrations of injecting drug use and HIV prevalence in China. Efforts have been made to pilot innovative policies and interventions to address HIV/AIDS issues. Harm reduction approaches, in particular, are being piloted.

Project: Officers of six compulsory detox centres were trained and then worked with users to develop peer education. Relations between inmates and officers were initially characterised by mutual suspicion. But the experience of working together on the peer education pilot created a new dynamic. Officers expressed amazement at what drug users could do and admitted that they had previously thought of them as "garbage". More attention was paid to the holistic needs of users with the introduction of sports and cultural activities.

Outcomes: Peer education's impact on this group is still unproven but the pilot suggests that the changes it made in attitudes are valuable in themselves.

Compulsory detoxification centres are part of a systematic approach to drug use that might seem inimical to harm reduction approaches, but this innovative pilot shows the system's potential for flexibility within the law.

The pilot could be expanded in Yunnan. Advocacy for wider recognition that compulsory detox centres are an entry point for harm reduction work is needed.

340 Titin Rejeki

ASSISTING POSITIVE IDU THROUGH HOME CARE PROGRAM

Issue: Since September 2001, using harm reduction principles, Kios Atmajaya have been reached 1240 IDU in 28-sub district of Jakarta. By VCT activities, result showed from 195 IDUs who join this activity, 74 % with HIV positive and 82 % Hepatitis C. Most of them also showed opportunistic disease, and get terminal ill phase. Most of them are from low class, difficult to gain access to medical service. The other obstacle is the IDU family limited information about HIV and how care positive IDU. Using cooperation with primary health care in each district, home care team initiated to assisting positive IDU.

Setting: This project covers 28-sub district of west and Centre Jakarta, and take 10 sub-district as home care pilot project. Home care program address to IDU who living in that district.

Project: Home care program held by home care team consist of Kios Atmajaya (NGO), primary health service (Puskesmas) in each district and community leader in each district. Using advocacy strategy, Kios Atmajaya invite government health official to solve together IDU problems face in their district area. 10 Puskesmas agree to be medical referral centre, and join with team to do home visit. Home visit is to educate IDU family and care positive IDU who cannot get hospital services or who after get hospital service.

Outcomes: Puskesmas held more friendly services to positive IDU. Supported by home care team, IDU family have capacity to care positive IDU at home. Leader community active support community to more aware with positive IDU.

353 Dolf Herder, Rentray

PEEREDUCATION IN A JUDICIAL INSTITUTION IS NOT ONLY AN IMPORTANT CONTRIBUTION TO THE INDIVIDUAL TREATMENTPLAN; IT CAN ALSO BE AN EFFECTIVE METHOD IN THE REDUCATION OF DRUGUSE

My presentation on the role of peereducation within the compass of drug use consist of 4 components. I worked out these components in a separate summary.

1. a discription of Rentray: a judicial institution
2. a discription of the drugs bill from the Dutch government, the Dutch drugs policy and the drugs policy of Rentray
3. peereducation in the light above
4. the results of peereducation

1. Rentray:

Rentray is a judicial institution for boys and girls in the age of 12 to 23 with three locations in Holland.

2. Dutch Drugs Bill:

The Netherlands has a 'tolerance policy' under which the sale of softdrugs to people of age is allowed.

3. Peereducation:

Research has shown that peereducation is effective:from good survey studies it appears that young people from the same age group or peers can have a positive influence on the result of prevention of drug use and addiction.

(bolier&cuijpers2000) There are 5 important points in the project peereducation:

1. preparation/implementation
2. selection peers
3. start of the training
4. the actual information giving
5. evaluations

4. Results:

Mainresult:

- 1) increasing selfconfidence; peers
- 2) improvement skills: peers
- 3) positive contribution to force back druguse: total organisation.

It turns out that the main aim, being ego-strengthening, is achieved by all peers. Besides, the peereducators as well as the youths who are educated experience this way of drugeducation as positive and consider this as a useful way of driving back the use of drugs. Youths feel that it is better to listen to peers than to adults. Or as they put it: 'this is much more fun and when it is fun it becomes more interesting'

364 Olga Khvoinitskaya**DRUG USERS**

During last few years our country faced with a new big problem of drug addiction. We can determine a scale of this problem by these statistics below.

Working during 6 previous years in the community development project I defined that drug dependence is an essential problem of any society. Moreover, our country is located near to Afghanistan whence drugs spread all over the world. Drugs entering our country are more concentrated and dependence on them begins very soon. Drug taker becomes dependent on drugs. Many young men, who even did not suspect about consequences, very soon become dependent. When we had a survey among the dependent on drugs, 100% of them said that they knew nothing about consequences of drugs taking. They didn't have any knowledge on destructive changes proceeding due to drug keeping.

Our community and health development project is mainly dealing with health maintenance prevention. Drugs dependence, as for our observation, is one of the biggest problems, which enquires maintenance prevention as well. During 4 years we conducted preventive lectures in schools on drugs dependence issues. We are conducting these studies with the help of teachers and directors of the school. Except our lessons with children we also have lessons with teachers on conducting preventive lessons with the children. Teachers accept and use our stile of carrying out the lessons with the children. We carry out competitions for best poem or wallpaper on this issue at school. We reward children's best poem and wall paper with promotional presents.

We are working in Tacob with population 11 000, which is in the north from Dushanbe and in Hissor with population 6 000, which is located in the west from Dushanbe.

368 Rhys Ponton, Jenny Scott**THE MICROBIOLOGY OF PREPARED HEROIN INJECTIONS**

Background and Objectives: Sterility is a critical property of injections. Injecting bypasses the defences of the body, therefore any organisms either viruses, bacteria or fungi, present in injections can gain uninhibited systemic access, potentially causing complications. This work investigated the presence of bacteria and fungi in illicit heroin samples, and then identified the types of organisms that were still viable after the preparation of the drug sample for injection.

Methods: Heroin injections were prepared in the manner of illicit drug injectors as established in our previous work. Using a method adapted from McLaughlin et al. these injections were then prepared and cultured to investigate the growth of any viable organisms. Heroin samples were also spiked with cultures and the prepared injections tested for growth of these organisms.

This work was part of a greater study into the effects of using acids in the preparation of drugs for injection, therefore this method involves the use of acids in the injection preparation.

Results: Samples of the illicit drug material supplied by the UK Police showed growth of organisms after broth inoculation. The organisms were identified, and the risk of infection assessed. Changes to the preparation method, including varying amounts of acid and altering heating time assessed the ability to reduce micro-organisms within prepared injections.

Conclusions: The injection of these bacteria poses a potential risk, but the use of acids and heat during the preparation could potentially lower this risk. The effect of the acid and the heat on the injection and the injector however also need to be considered.

376 Rayna Dyankova**CHANGES IN THE ROMA COMMUNITY DRUG SCENE IN BULGARIA AFTER THE DRUG LEGISLATION CHANGE**

Roma community is the second largest ethnic minority in Bulgaria and in its capital city _ Sofia. Roma population in it consists of 70-80 000 people.

Roma_s social status is very low. Around 80% of them are unemployed, with very low health culture and lack of health and social insurance.

The heroin use in this community spreads very rapidly. Heroin is the most often used drug, and recently, amphetamines also. It is a specific that in this community drug use often starts after 20 years of age.

In the spring of 2004 changes were made in the law, concerning the possession of drugs for personal use. These led to _hiding_ of drug users in private apartments and abandoned houses, which leads to risk for infection with HIV, Hepatitis C and other blood-transmitted infections. Having in mind the low health culture, the risk is especially high in the Roma community. Initiative for Health Foundation runs a needle exchange program and has stable contacts in the Roma community. In these communities shooting houses were established, where drug users gather. They buy drugs there and could inject themselves in these houses. The outreach teams of IFH work with dealers, providing them with dean syringes, needles and condoms. This way injecting drug users can have clean equipment at any time.

This new legislation didn_t contribute in any way for the reduction of the number of drug users, neither provided alternatives for treatment. We would continue insisting for the change of this law and for finding of treatments possibilities for drug users.

377 Atanas Rusev**INJECTING DRUG USERS IN BULGARIA: PROFILE AND RISKS**

Background: With the rise of use of cocaine and amphetamines/extazy in Western Europe and situated on the main heroin routes, Bulgaria become a scene of scaling heroin epidemic. Yet, public knows only a little about IDUs and drug related risks.

No large scale research among out-treatment IDUs has been existing by the end of 2003 in Bulgaria. Four existing outreach NEP programs in Bulgaria decided to fill in this gap using their unique access to out-treatment drug users in cooperation with IVO, Rotterdam.

Method: 501 IDUs were recruited through the NEP in four Bulgarian cities, according to predetermined quotas _ 75% NEP clients and 25% non-clients. The non-clients were recruited by one-step snowball. The data was collected through face-to-face interviews using 261 items questionnaire, structured in 18 topic sections. Supplementary information was collected through on-field observations described in log books by the interviewers to be analysed later.

Results: Results show scaling use of amphetamines _ 36.4% of the respondents have used it at least once in the last month, 17.8% injected it. The median number of drugs used for the sample is 2 and 60% of the sample use heroin and one or more drugs along with it. The juxtaposition by age shows that the lower the respondent age, the earlier they start to inject and the sooner become regular users. The comparison between clients and non-clients shows that clients have more risky injecting and sexual behavior.

Conclusions: A number of negative tendencies concerning Bulgarian drug users is observed (i.e. transferring the injecting use mode to new drugs; dropping down the starting age of heroin use among the newest drug users). Yet the results show that the NEP programs have managed to cover the most risky groups among the IDUs. Thus through their interventions they have limited the impact of these more risky group both on the less risky IDUs and on the country_s population as a whole.

379 Helmut Wagner;Carole Brigaudeau**EUROPEAN GUIDEBOOK FOR DEVELOPMENT OF TRAINING FOR RESPONSIBLE SERVICE OF ALCOHOL AT NATIONAL LEVEL**

Underage drinking, drink-driving, crime and disorders, accidents and death related to alcohol show that bar, café, restaurant staff needs to think carefully about HOW they serve and sell alcohol and to WHOM.

A number of training programmes for responsible serving of alcohol have been developed in some European countries such as in Ireland, Scotland, UK and the Netherlands. Responsible Serving programmes are however not widespread across all European countries although they are recognised to be efficient in reducing alcohol related harm when combined with enforcement of licensing legislation and server liability.

In order to assist in a faster development of such programmes of consistent quality across Europe, the Amsterdam Group together with the European Association for Hotels, Restaurants & Cafés in Europe (HOTREC) has developed a "Source Book" offering guidance and reference to establish programmes where they do not exist or to expand existing ones.

The content of this Guide Book and the strategy to encourage its implementation in a growing number of countries across Europe in the coming year will be presented.

383 Gulnara Kuzibaeva**HIV/AIDS PREVENTION AMONG YOUNG DRUG USERS IN UZBEKISTAN**

Issue: Spread of HIV among injecting drug users is an emerging problem in Uzbekistan. Drug abuse is the main source for the rapid spread of HIV. 85% of HIV infected people are IDUs and 71% of them are under 25 years old.

Setting: Uzbekistan, Central Asia's most populous state, is experiencing exponential increases in HIV rate. Though official number of HIV people is 3,867, experts believe the actual number to be 10 times that figure. 50% of the HIV-infected people live in Tashkent, Central Asia's largest city.

Project: The main aim of the 3-year project implementing by NGO & #8220;Sharh va Tavsiya & #8221; is to reduce the spread of HIV among young (15-24 years) injecting drug users in Tashkent. This project is based on the following peer support principle: education on HIV prevention is provided by trained former drug users who undertake outreach work. This principle has enabled IDUs to play a decisive role in the activities of the project and shape its policies from the outset.

Outcome/output: In 2002, the first year of the program, the outreach workers focused on distributing written materials to provide information on HIV/AIDS to as many drug users as possible. 5,000 copies of 10 different health educational leaflets and booklets have been distributed. Outreach workers reached about 3,000 injecting drug users and disseminated 50,000 condoms and syringes. In 2003, the focus of the outreach work has been shifted to providing peer education on safer injecting habits and sexual behavior, and to providing lectures on HIV prevention. The number of injecting drug users reached by the team was increased by between 50 and 250 per month. The project became a model for the HIV preventive activities carried out in other cities of Uzbekistan. Its information leaflets have been copied and distributed, and experience of the project has been utilized in the training throughout Uzbekistan.

392 ESTELA VIRGALA**DRUGS AND A.I.D.S.: HARM REDUCTION IN A VIOLENT FAMILY ENVIRONMENT**

Aim: To promote harm reduction as social politics leading to decrease risk of A.I.D.S. contagious between couples in violence situation. It is necessary to highlight that many of this violent couples are drug users, whose condition increase that hazard.

Material and Methods: 30 attendant women to the self help METANOIA GROUP of Rosario City were submitted to a survey.

In order to help them to recognize themselves as individual, recuperate their estimation and in this way to take health care of them, analysis and reflection techniques were applied.

Conclusions: Power is violently exerted by a member of a couple supported by society through powered content speeches.

Due to be developed in a private scope, marital sexual violence is always denied. It is necessary to understand that sexuality must be enjoyed and based in love and respect.

Condoms use looks like an aggression and as a mistrust, instead of a sexually transmitted diseases protective method.

In our experience, we note that among violent couples contraceptive methods are used to avoid pregnancy, not to protect themselves against A.I.D.S. or S.T.D.

Programs to prevent violence in every educational Institutions must be developed, in order to offer symbolic elements since the childhood, leading to build new relationships based in love, respect and equality.

400 Chen Liang; Che Xueji; Lei Yujing; Min Xiangdong; Zhang Lichong**THE EFFECTIVENESS OF A BEHAVIOURAL INTERVENTION WITH INJECTING DRUG USERS IN GEJIU CITY, CHINA**

Background: Gejiu City has a population of 450,000 among whom 4,641 people are registered as drug users. In 1996, when HIV was first found among drug users, 7.5% were HIV positive and by 2002 prevalence had grown to 62.6%. Under China-UK HIV/AIDS Prevention and Care Project, a behavioural intervention was carried out. Activities included training to police in the compulsory detoxification centre; peer education on harm reduction and HIV/AIDS prevention; needle exchange; STI and counselling services. Yunnan's first methadone maintenance clinic opened here in early 2004 and 168 users are receiving treatment. To understand the effectiveness of the intervention, a survey was carried out and the findings analysed.

Methodology: 373 IDUs were surveyed via stratified random sampling in October 2004, including 160 from the detoxification centre, 133 from communities, 80 from those receiving methadone maintenance therapy. Previously, 378 IDUs were surveyed in October 2003. Survey data were analysed using SPSS statistical software.

Results: From 2003 – 2004 the proportion of IDUs with correct knowledge on HIV/AIDS prevention increased from 47.9% to 67.8%; the proportion with no incorrect beliefs about HIV transmission increased from 30.2% to 44.2%; the rate of needle sharing at last injection dropped from 23.8% to 15.3%; rate of needle sharing in the last six months dropped from 35.8% to 22.8%; rate of condom use increased. The most remarkable change is the improvement in all indicators of those receiving methadone maintenance therapy compared to those in detoxification centre or communities. Gejiu City has decided to set up an additional methadone maintenance therapy clinic in November 2004.

Conclusion: The proportion of IDUs covered by interventions increased significantly. Risk behaviours of IDUs reduced, especially among those on methadone. Coverage of VCT and methadone maintenance therapy will be expanded and work with users in detoxification centre and communities reinforced.

405 Mahesh Sharma**A DISGNOSTIC STUDY OF DETOXIFICATION PROGRAM IN CORRECTIONAL INSTITUTIONS IN INDIA**

The presentation is a diagnostic case study about the prevalence of drug-addiction among inmates of correctional institutions in India. The probing paper based on empirical study analyse the factors responsible for continuance of addiction within institutions. A experiment was conducted to detoxify the drug-addicted inmates in Delhi using multi-therapy approach ; accupuncture, acue-pressure, medical interventions, counselling, occupational therapy etc.. The experiment was highly successful. The paper documents outcomes of this experiment for replication of the same. The power-point presentation infact outlines the precautions and steps taken in multi therapy strategy and social work interventions for detoxification and rehabilaition of inmates languishing in govt. run statutory institutions.

417 Luo Jian; Yang Fang; Yang Guogang**PILOTING SOCIAL MARKETING OF NEEDLES AND CONDOMS WITH DRUG USERS IN YUNNAN, CHINA**

Objectives: To study the acceptibility and feasibility of social marketing of needles and condoms among drug users.

Methods: Four clinics of Yunnan Institute for Drug Abuse were selected as project sites to implement the intervention. Drug users who vivisted the clinics took part in the study, which lasted two years. After the project was completed, focus group discussion and in-depth individual interviews were arranged to evaluate the project.

Results: Drug users, their relatives and medical staff accepted the project. The project was feasible, however such a project should be based on the needs of drug users. The negative attitude and limited skills of the staff were constraints.

Conclusion: In implementing such a project it is necessary to provide a supportive environment.

420 Santosh Bagali**IMPACT OF HEALTH EDUCATION ON KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT HIV/AIDS AMONG MARRIED MEN IN A RURAL COMMUNITY – A CONTROLLED STUDY**

The present study was conducted for a period of one year, from March 2002 to February 2003 at Mastmardi and Santibastwad villages. During the study period, house-to-house visits was done and all the married men in the age group 21 to 44 in the study village and equal number of married men in control villages were interviewed individually by applying the pre-designed / pre-tested questionnaire. Participants were verbally asked the contents of the questionnaire in the local language and the observations were recorded. After collection of data a health education sessions were conducted to all the married men of the study village i.e. Mastmardi with the help of Anganawadi worker, A N M, Panchayat leaders, Health Educators. After a gap of 3 months the change in knowledge, attitude and practice of above said married men were assessed. Only 27.95% of the study population knew that HIV/AIDS can be prevented by using condoms, 61.28% knew that, it can be prevented by avoiding multiple sexual partners, 30.00% by drug addiction and 19.23% knew that HIV/AIDS can be prevented by avoiding unsterilized needles for injection. Attitude regarding HIV/AIDS was also less especially regarding sharing of utensils and food (18.21%) and also for having friendship and sympathy towards AIDS patient. The practices developed on HIV/AIDS among the study group was also poor. Our study also revealed that in the study group the knowledge attitude and practice on HIV/AIDS in married men was directly proportional to their literacy level. Similar, the knowledge, attitude and practice regarding HIV/AIDS in the control group was also poor, indicating that, there is an urgent need for health

education. The awareness level on HIV/AIDS improved by 21.14%, knowledge regarding various route of transmission increased, by 29.71%, knowledge regarding prevention of HIV/AIDS increased by 51.43%, Attitude increased by 30.58% and practice increased by 46.20% among study group.

437 Yacintha E. Desembriarista

YAYASAN MATAHATI: A COMMUNITY-BASED RESPONSE TO HIV/AIDS AND DRUG DEPENDENCE IN BALI

Issue: Drug users face many problems which affect their health, social and economic well-being. As of May 2004, 250 cases of HIV/AIDS have been reported amongst IDUs in Bali, Indonesia. There have also been as many as 30 unreported IDU deaths by overdose or disease complications within the last 3 years. In addition, more than 32% of known drug users report they have spent time in prison due to drug use and/or related criminal acts.

Setting: To address the aforementioned problems, Yayasan Matahati was established by a group of former drug users, supported by harm reduction activists. This foundation has designed and developed a comprehensive, community-based program to address the impacts of illicit drug use on drug users' health, social and economic welfare.

Project: Yayasan Matahati runs two main programs; an HIV Prevention for Drug Users and an HIV/AIDS Support Program. The program has four main divisions; Harm Reduction, Care Support and Treatment, Recovery and After-Care. These divisions work in unison, complementing each other. The HIV/AIDS Prevention Program targets active IDUs in the Gianyar and Tabanan areas with outreach, education and IEC dissemination. The Support Program targets drug users, especially IDU, who have a strong determination and commitment to stop using drugs and/or need support to remain abstinent. There is special support for IDUs living with HIV/AIDS and IDUs who are former prisoners.

Outcome: As a new organization, Yayasan Matahati faces many problems including limited funding, especially for the Support Program. However, the program has received good response from drug users, communities and local government. Yayasan Matahati has also developed a good network with other NGOs, the private sector and local government institutions in order to provide better services to the target population.

438 Fredy, Dudy Rohadi, Yacintha E. Desembriarista

RAPID SITUATION ASSESSMENT OF HIV/AIDS AND DRUG USE IN TABANAN AND GIANYAR, BALI, INDONESIA, 2004

Background/Objectives: Specific data was not available on patterns of drug use and HIV/AIDS in the regencies of Tabanan and Gianyar in Bali, Indonesia. However, contact with IDU on outreach in Denpasar suggested IDU populations in these regencies. An assessment of HIV/AIDS and drug use patterns was needed, to assess current HIV risk practices amongst IDUs and develop locally appropriate prevention strategies.

Method: In each regency, in-depth interviewing was carried out by two researchers, assisted by a key informant. Twenty-six local IDU were contacted using a snow-ball sampling technique. In-depth interviews were also conducted in each regency with key informants from health institutions, AIDS Commissions, prisons, hospitals, police departments and narcotics boards. Transcripts of interviews were then analyzed using qualitative content analysis.

Results: Illicit drug use is reported throughout the districts of both regencies. Following a familiar pattern seen in IDUs from other Balinese regencies, IDUs from Tabanan and Gianyar usually buy and inject heroin in the provincial capital, Denpasar, although extra doses are sometimes brought home. All respondents reported sharing needles, with only one reporting condom use. Each respondent reported knowing between 2 and 20 other IDUs personally. Although clean injecting equipment is available from one needle and syringe program in Denpasar, only one respondent reported accessing this service. No harm reduction intervention programs are currently available in Tabanan or Gianyar, and no health services specifically target drug users locally. Most health problems related to HIV/AIDS and drug use are referred to Denpasar.

Conclusions: The assessment shows the need for harm reduction interventions with IDU outside the provincial capital, targeting IDUs in their home towns. Appropriate interventions identified by the research include IEC material on HIV/AIDS and drugs issues, sex education, drugs treatment referrals and HIV counseling and testing.

452 Seynabou Theresa Ndiaye, PharmD

KHAT ABUSE IN VULNERABLE INDIVIDUALS

Background: Substance abuse is known in all civilizations and for long time, various substances were experienced, and then misused by mankind despite their

various health consequences. Peruvian coca, Indian hemp, Asian poppy, Mexican marijuana and American tobacco are well-known ethnopsychopharmacologic agents of great antiquity. However, there are lesser-known psychoactive plants of similar antiquity such *Catha edulis* (Khat), which is part of a local culture in East Africa and the Arabic peninsula. As the world becomes culturally and ethnically interconnected, its use has spread to England and the United States. Initially used for the prevention of fatigue and hunger; its current pattern of use within Somali migrants in England hold the characteristics of a drug of abuse; even not commonly perceived as such. This topic aimed to get the public to knowing Khat and why and how Khat could be conceive as a Drug of Abuse.

Methods: By means of Structured Interviews, Data collections, Multivariate analyses and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), we will discuss the impact of social factors on mental health and the impact of anxiety, insomnia and depression on khat addiction.

Results: There are enormous individual differences in this drug-intake between Somali migrants in England; the fact that khat-intake remains a recreational activity for some and persists in a heavy pattern of chewing in others, indicates that khat requires a certain vulnerable substrate to develop its true abuse potential. Certain individuals, due to a particular functional state of the biological substrates that interact with the drug, experience singular effects of the drug that promote a shift from use to abuse.

Conclusion: The excessive use of khat by Somali migrants and refugees in a new environment, where they are challenged by socioeconomic issues; is viewed as a pattern of substance abuse for, the major social pressure impact on their mental health, resulting in excessive Khat chewing with documented phenomenon of tolerance and dependence.

Implications: The harm reduction paradigm expansion in Brazil during the last years lets "abstinence discourse" - as a drug abuse treatment goal- loose importance. As a way of taking back importance, the "abstinence goal net" is looking for new institutional blanks to fill. As a legal and social control tool the therapeutic justice approach becomes a way of linking criminal speeches, "zero Tolerance" and strong social pressure from traditional social sectors.

454 Pablo Cymerman; Diana Rossi; Marcelo Vila; Paula Goltzman; Graciela Touze

DRUG POLICY REFORM IN A SOCIAL CONTEXT OF MORE PENAL PERSECUTION

Issue: There is discussion about drug policy in Argentina where personal possession of illegal drugs is penalised. There are three main issues in the current debate: 1- Legislation regarding penalisation. 2- Who should persecute drug law offenders in the Judicial System. 3- Legality of harm reduction programs.

Approach: The authors have analysed various forums where legislators, judges, decision makers, professionals from the judicial and health care systems, NGOs and drug users have given their viewpoint regarding this debate.

Key Points:

1- The debate related to penalisation of drug possession for personal use is seen by some of the forums' participants as a way of penalising drug consumption, therefore violating principles established by the Argentinean National Constitution. This viewpoint is expressed in several bill projects currently being discussed in Parliament. Various diverse drug policy reform initiatives have considered the harmful consequences of penalisation.

2- The government of Buenos Aires Province is seeking to give judicial power to state judges in penal processes involving drug law offenders, while until now only federal judges could deal with those issues. This position is seen by some of the forums' participants as a way to penalise not only drug possession, but also poverty in a region with high rates of unemployment.

3- After the Second National Conference on Drug Policy in September 2004, there was a penal accusation against Intercambios based on the content of harm reduction preventive messages considered as instigation to drug consumption.

Implications: Over the past two years, demands for security have grown in Argentina. There have been calls for a "hard hand" and this discourse frequently mentions drug use as a cause of increased insecurity. This situation may negatively influence the drug policy debate as well as the future development of harm reduction programs in the country.

462 Karthi Krishnan venkatraman, Chubby Rigley, Gasper Dharmaraj, Ashok, Jacob Koshy.

RECREATION – AN AID TO ABSTINENCE AMONG INJECTING DRUG USERS IN CHENNAI, INDIA

The Issue: IDUs in Chennai are living in a very risky environment
IDUs are stigmatized & discriminated by family, friends, and society
Daily drug use leaves them with no time for relaxation

Project: SahaiTrust Community Based Organization, Chennai, India past experience of 13 yrs working with drug users and their families, currently focusing on Prevention of Transmission of HIV among Injecting Drug Users & their sex partners, including street based outreach, NSEP, clinic/Drop In Center VCTC, counseling services.

Drop in Center located at Central & South Chennai, Recreational facilities include indoor board games, cable television, reading material, regular inter client tournaments, inter DIC tournaments, this in turn allows them one step closer to re-integration with society.

Lessons learnt:

- IDUs irrespective of their drug using status utilize the DIC as a day care shelter
- Marked increase of number of visits to the DIC
- Recreation facilitates the IDUs not to seek drugs
- Able to share life's experiences informally
- DIC functions as a place to implement Behavioral change initiatives
- IDUs have occasionally caused a disturbance to the surrounding environment
- Attempts to conduct small time peddling of drugs have been noticed
- Open space not available for outdoor games

Recommendations:

- DIC should have recreational facilities, indoor & out door
- Since most IDUs are located in the City, DIC also should be appropriately located so as not to disturb the environment (neighbors)
- Provision of recreational facilities will remarkably change the lifestyle of the IDU.

476 James Tigchelaar, RN; Caroline Brunt, RN; Liz James, RN; Janine Stevenson, RN; Yasmin Winsor, RN

WORKING WITH PEER OUTREACH WORKERS IN PROVIDING HIV/STI PREVENTION AND HARM REDUCTION SERVICES TO STREET INVOLVED POPULATIONS IN VANCOUVER, BRITISH COLUMBIA.

Issues: STI/HIV and Hepatitis C rates are dramatically over-represented among street involved populations in Vancouver's Downtown East Side. Since 1997 there has been a sustained syphilis outbreak among sex workers and their partners. Many of these people live on the extreme margins of society. The use of crack cocaine has risen dramatically among this population in the same period, as have concerns about disease transmission from increased risk behaviors and the use of unsafe smoking equipment. Providing health outreach and harm reduction services to this population presents many challenges. Most lack familiarity with or any trust in the mainstream health system, and so typically do not use it. Trust is hard won and confidences carefully kept.

Description: Since 2002 the British Columbia Centre for Disease Control has employed social network analysis to enhance STI/HIV surveillance in this population. One key component of this approach has been pairing street nurses with peer outreach workers ("peers") from the impacted community in order to improve contact, and enhance harm reduction and STI/HIV prevention services to these clients during street outreach. In this presentation we will explore the benefits and challenges present when professionals and peers work together in providing harm reduction based STI/HIV services to high-risk, service resistant populations.

Conclusions: While STI and HIV rates remain high among street involved populations, the BCCDC Street Nurse Programs work with peers from the community has been highly successful. This approach has greatly facilitated trust and relationship building with affected populations, while breaking down the hierarchical relationships that traditionally exist between service provider and client. Disease follow-up has dramatically improved, and with it, prevention education. In addition, a key element of this relationship has been peer participation in the broad distribution of crack pipe mouth-pieces among users.

486 kamiar Alaei, Arash Alaei

MULTILATERAL AND MULTISECTORIAL APPROACH ON HARM REDUCTION, A FOUR-YEAR REVIEW OF KERMANSHAH EXPERIENCE.

Issue: Providing HIV positive IDUs with Harm Reduction services, and medical and psychosocial supports often meets significant skepticism by professionals and the community. The Kermanshah experience demonstrates that comprehensive support to HIV positive IDUs is feasible and highly effective.

Setting: Kermanshah is a city of 2,000,000 inhabitants in the North west of Iran, among them estimated 1% drug injectors. Until 2004, the majority of HIV cases have been in drug users. Until 1999 Support to drug users living with HIV/AIDS was virtually absent. Suicide was the major cause of death in people living with HIV/AIDS.

Project: The establishment of the multilateral and multisectorial community based center followed consultations with religious leadership and other stakeholders. The Harm Reduction and HIV prevention and care works are based on a peer approach in different levels to motivate policy makers and support drug users and their families. It embraces educational, harm reduction and medical and psychosocial

support services. In the four years following October 2003, HIV counseling and testing were performed among IDUs. Of those 15% was HIV positive, taking the number of 800 new HIV positive patients. HIV/IDUs received different medical care such as TB, PCP prophylaxis and HAART. Individually and family counseling session are held. Needles & syringes exchange, Methadone Maintenance programs and condoms distribution are available for the clients in the centers and in outreach services.

Outcomes and lessons learned: Harm Reduction and ARV treatment was well adhered among HIV/IDUs. No seroconversions were reported in the wife's of 60 HIV positive male patients. Many clients were attracted that were formerly not in contact with health care centers. This small-scale project demonstrates the feasibility & effectiveness of comprehensive multilateral HIV/AIDS care and support for drug users.

496 Tjahjakaerani, Sylvia

TRAINING ON HARM REDUCTION FOR POLICE OFFICERS IN INDONESIA

Issue: The seriousness of HIV epidemics among IDU and also the risk of transmission to other population, become a focus of concern from various stakeholders. Commitment from inter sector government has been emerged recently, while Police Institution begin to commit. To speed up the process of commit, AHRN dedicate Training of Police officer about Harm Reduction to this Institution. Training of staff in this agency is a potentially effective way to increase cooperation and support for harm reduction intervention, especially in the grass root level.

Setting: AHRN, National Narcotics Board (BNN) and HR-ASA Project, works in 5 provinces in Indonesia to deliver comprehensive model of HIV/AIDS Prevention training for Law enforcement. For sustainable and duplication reasons, this training will be adopted to National Police Curriculum.

Project: The project aim to change behavior of Police officer. From suspicious with Harm Reduction's NGO activities to support and in Harm reduction activities. The project involved the following stages: conducting a need assessment for Harm Reduction training, development of training manuals, try out training, and implementation of participatory training courses

Outcomes and lessons learned: Organization commitment should represent not only by high level individual in Police Department, but it should be represent from all level in its organization. Training on Harm Reduction for Police Officers in Indonesia speed up their acceptance and support in Harm Reduction activities in Indonesia, especially in grass root level. As more people in this Institution become understand and support to Harm Reduction, this gradually become an Institutional commitment.

499 S.Grisoryan, A. Hakobyan, A.Papoyan,

ACTIVITIES ON HIV/AIDS PREVENTION AMONG IDUS ENVISAGED BY THE NATIONAL PROGRAMME ON HIV/AIDS PREVENTION IN THE REPUBLIC OF ARMENIA(RA))

Issue: From 1988 to October 1, 2004, 291 HIV carriers were registered in the RA. The main mode of HIV transmission is injecting drug use (51.8%). In recent years, a considerable increase in the number of cases of infection through injecting drug use is observed. According to the data of Second Generation HIV Surveillance conducted in 2002, HIV prevalence among IDUs is about 15%. That is why HIV/AIDS prevention among injecting drug users is a separate goal of the National Programme on HIV/AIDS prevention.

Setting: The first time in Armenia needle exchange activities were envisaged by the National Programme on HIV/AIDS Prevention in the Republic of Armenia.

Project: One of the Programme objectives is to reduce spread of HIV/AIDS among IDUs and, consequently, among general population, to combine the issues of HIV/AIDS prevention with the issues of primary drug use prevention. It includes three strategies: cutting down in drugs delivery, harm reduction of non-medical drug use and primary and advanced prevention of drug use. Activities, conducted according to the strategies are: to strengthen control over illicit drug production, transportation, storage and sale, to raise awareness of vulnerable population groups and general population, to promote safer sexual behavior, using peer education, to form self-help groups, to design and introduce pilot needle exchange projects, to develop and introduce drug use prevention issues into the education programmes, to build a rehabilitation system for drug users.

Outcomes: As a result of the Programme implementation 80% of IDUs will have access to information and exhibit safer sexual behavior; peer education will be provided, self-help group will be formed. At the end of the Programme implementation 80% of population vulnerable to drug use will have access to the information on drug use prevention. The expected impact of the Programme implementation is reducing HIV prevalence among IDUs to 7%.

503 Oscar Montenegro; John Roche

IDU HARM REDUCTION OUTREACH PROGRAM IN ROSARIO, ARGENTINA

Drug abuse is increasing in prevalence in Rosario, Argentina, particularly with the worsening economic climate. Cocaine is widely abused with injection being a popular form of administering the drug. This has become a leading cause of the transmission of HIV. Injecting equipment is often shared. Another key issue is the lack of employment or stimulation that exists in the poorest areas. With limited resources the main issues addressed are reducing the transmission of HIV and providing access to education and employment. Politically, people with drug addictions are marginalised, and this further inhibits their ability to seek healthcare and employment.

CEADS (Centro de Estudios Avanzados de Drogadependencias y SIDA – Centre of Advanced Study of Drug Addictions and AIDS) and ARDA (Asociación de Reducción de Daños de Argentina – Argentinian Association of Harm Reduction) have established projects and undertaken research in these areas. They have established open access centres located within the affected zones which provide a refuge for people affected by drug addiction and where information and equipment (injecting kits, condoms) are distributed. They also seek to empower the drug users within these areas to continue to disseminate information themselves, and by providing rudimentary employment and education in an attempt to boost self esteem and self-reliability of the service users.

The established centres have undoubtedly been successful and their growth is limited only by available resources. Feedback from the service users is positive, and as more drug users use the service, knowledge about the causes and prevention of HIV and AIDS is further widespread. By providing employment such as making and selling bread, raising plants and animals and craft work, it has improved the quality of life of the service users, many of whom face a daily battle with hunger, poor sanitation etc.

526 Russell, Brennan, Driscoll, Phillips, Keasey.

CLIENTS SUBJECTED TO COURT ORDERS FOR OFFENDING: WHAT WORKS BEST?

Background and Aim: In 2003, a nationwide study found that only 28% of offenders successfully completed their Drug Treatment and Testing Orders (DTTO) (National Treatment Agency, 2004). However, some agencies have a higher percentage of clients who successfully complete orders. For example, at the Bath and North East Somerset division of the Drugs and Homeless Initiative, 6/10 clients successfully complete their DTTOs. Given the government's goal to improve success rates to at least 35%, it is argued here that it is essential to disseminate models of intervention which elucidate what works best in assisting clients to successfully complete court orders. Notwithstanding the relatively small number of DTTO clients that enter the Drugs and Homeless Initiative, the aim of this presentation is to examine in detail what was effective in assisting clients to successfully complete their DTTOs.

Methods: The sample comprised all clients who completed their DTTOs between the years 2001-2003 (n=10). Qualitative case studies were employed as a method of analysis. Case studies were supported through the descriptive analysis of Christo Inventory for Substance-misuse Services measure data.

Results: The findings revealed core factors in client, case worker and probation reviews that were associated with successful completion of DTTOs. These factors included effective assessments of client motivation, duration of the order, observed drug testing and harm reduction strategy, and significantly, the transition from the order towards continuing support within the agency in a non-DTTO capacity.

Conclusions: Nationally, the findings have important and topical implications for policy-makers regarding 'what is effective' for the successful completion of an offender subject to treatment as part of a court order. Locally, the dissemination of the findings has been essential to facilitate dialogue in planning treatment strategies between the client, the treatment agency, Drug Action Team, and those involved in criminal justice intervention teams.

528 Phillips, Russell, Brennan.

CRIME IN THE COMMUNITY: MEETING THE NEEDS OF A HARD-TO-REACH GROUP

Background and Aim: The National Treatment Agency prioritises the development of services for hard-to-reach groups who misuse drugs and may be involved in crime (NTA, 2004). However, research about people who misuse substances and commit crime who are not known to criminal justice services is wanting despite this topical priority. This presentation argues that in order to promote effective service provision for this group, an accurate representation of the needs of this cohort is essential. Thus, the aim of this presentation is to develop profile descriptions of this cohort.

Methods: The sample comprised 59 clients who attended the Bath and North East Somerset division of the Drugs & Homeless Initiative for an assessment but did not subsequently engage in services. Criminal involvement and substance use data were collected using the Christo Inventory for Substance-misuse Services measure. Inferential statistical procedures, including t-tests and Spearman's rank correlation coefficient tests of association were employed to analyse the data.

Results: Findings revealed 2 core profiles separated by the severity of substance use and statistically significant differences in housing and health status, and, the frequency of criminal involvement. Half of these people shared a core profile that was typical of clients involved with criminal justice intervention teams. Despite this, the needs of this cohort were not being met since there was no formal identification of these people as 'offenders' and treatment services had not successfully engaged these people in services.

Conclusions: There are important implications for treatment agencies who are developing harm reduction services for these hard-to-reach groups. The presentation offers an original framework that matches services to the needs of this (little known about) cohort. It is anticipated that a flexible and inclusive strategy that bridges treatment agencies with community and criminal justice services is the first step in offering this cohort support to address problematic substance use.

549 Petra S. Meier

PREDICTING DROPOUT: THE ROLE OF TREATMENT STAFF

Background/Objectives: Retaining clients in treatment has long been recognised as the most important factor in achieving positive treatment outcomes. This study investigates which counsellor characteristics influence client retention versus dropout.

Methods: Study participants were 187 clients starting residential rehabilitation treatment and their 24 counsellors. Counsellors' qualifications, job experience, job satisfaction, ex-addict status, and gender match to client were assessed. The client-counsellor relationship (therapeutic alliance) was assessed each week during the first three weeks of treatment. Retention was defined as clients remaining in treatment for at least 3 months.

Results: There was great variation in the proportion of clients dropping out for each counsellor. The most successful counsellors retained up to 100% of their clients, whereas the least successful retained only 20%. Unexpectedly, none of the counsellor variables assessed (see above) predicted whether clients dropped out or not. However, good client-counsellor relationships as rated by the counsellor were highly predictive of retention. In multivariate models, once the alliance was controlled for, more experienced counsellors and those gender matched to their clients were more likely to retain their clients.

Conclusion: The results suggest that counsellor characteristics such as training and experience per se may be less important in helping clients stay in treatment than counsellors' capacity to develop a good relationship with their client. It appears that variables such as experience show a positive effect only if a good relationship has been established.

570 Saravanamurthy PS, Jacob Koshy, Kalaiaarasi K.

NETWORKING FOR EFFECTIVE DELIVERY OF ANTITUBERCULOSIS THERAPY FOR INJECTING DRUG USERS (IDUS) LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN CHENNAI, INDIA.

Issue: The prevalence of Tuberculosis (TB) among HIV positive people in India is more than 60%. IDUs are more prone to acquire TB due to their drug use pattern. Awareness about TB screening, proper adherence to anti TB therapy is very poor among IDUs due to their drug using habit, imprisonment, poor health seeking behaviour and their lower economic status.

Setting: In 2003, a Cross sectional study was conducted by Population Council of India and SAHAI Trust, an NGO working among IDUs in Central Chennai, India estimated that 30% of the married male IDUs have been infected by HIV and 5% of their female non injecting spouses were also infected with HIV. In this background a project supported by USAID through Family Health International, was undertaken by SAHAI Trust to provide intervention for Prevention of HIV/AIDS and care services among the injectors from September 2003.

Project: With an objective as harm minimization, services like needle syringe exchange, condom distribution, counseling, treatment for Sexually Transmitted Infections (STI), Opportunistic Infections (OIs), TB and training of people living with HIV/AIDS in self-management have been offered through drop in centres. To handle the issues related with delivery of antituberculosis treatment among IDUs the following has been practiced.

- Networking with Tuberculosis Research Centre (TRC), Chetpet and TB sanatorium, Tambaram (two government tertiary care referral centers at Chennai) was established.

- Community health workers of SAHAI Trust were trained by TRC on DOTS for TB, and they have also reached the prison for providing TB medicine.

Outcome: Hard to reach population like IDUs can be reached for delivering health related services by government effectively through networking with Non-Governmental Organizations (NGO) working among IDUs. In addition these NGO staffs would be properly trained for effective service delivery.

574 Nikitenko Peter

MONITORING HUMAN RIGHTS IN ACTIVITY OF THE FEDERAL SERVICE FOR DRUG CONTROL (FDS)

In 2003, a new force structure was established in Russia to counteract comprehensively against diffusion of drugs. This was the State Committee for Control over Narcotic Drugs and Psychoactive Substances (SDC) that was transformed into the Federal Service for Control over Drug Trafficking (FDS) in 2004. Since starting its activities, the new agency have been trying by all means to create an image of operational force subdivision, designed to put those involved in drug business in fear. In December 2003, the head office of FDS (then NNC) suggested that territorial authorities should regard programs of reduction of drug-related harm as "nothing but an explicit promotion of drugs". A system of coordination between harm reduction programs and FDS hasn't still been developed, and therefore such programs are in fact illegal as such coordination were provided for in amendments to the RF Criminal Code in 2004.

Analysis of the current situation urgently requires complex monitoring of activities of the Federal Service for Drug Control, aiming at the following:

1. To identify a legal capacity for violation of human rights and corruption in activity of FSD.
2. To Inform the public of checked and confirmed cases of human rights violation and corruption by FSD officers.
3. To Increase public sensitivity to FSD's forcible and aggressive actions that infringe civil liberties.
4. To evaluate how effective are operational and investigative activities of FSN as well as its administrative practice.

Results of the monitoring will be used for publication of two booklets, implementation of an informational media campaign, as well as for interaction with FSD – both within the process of project work (meetings, round tables) and as recommendations for FSD's performance improvement, which will be included in one of the booklets.

(By the time of the conference, a part of monitoring results will be available).

577 S.Lokabiraman

EFFECTIVE DELIVERY OF SERVICES: LESSONS FROM AN ORGANIZATION WORKING AMONG INJECTING DRUG USERS (IDUS) IN CHENNAI.

Issue: The sustainable and consistent delivery of services to IDUs greatly depends upon the organizational capacity and commitment. Organizations having adequate funds for supporting interventions have been forced to close down due to inconsistency and failure to build the capacity in terms of human resources within the organization impacting the quality of service delivery to IDUs.

Setting: SAHAI Trust is an organization working among IDUs in Chennai, capital city of Tamil nadu in south India, a high HIV prevalence setting where 30% of IDUs (mostly heroin and buprenorphine injectors) were HIV positive. A range of services from community based outreach involving needle syringe exchange to care for HIV positive injectors are offered. As one of the four organizations working among IDUs we have identified important programmatic lessons that could be shared with others in the sub continent.

Project: The intervention was based on the needs expressed by IDUs in central chennai. In spite of strong financial support and adequate man power the quality of services delivered was affected due to lack of technical capacity. Sound management practices involving team building measures were adopted. Building up a team of internal trainers initiated a effective learning system within the organization. Practices like job rotation helped in developing additional capacities for counseling and providing primary health care in addition to the roles they are expected to perform. Formation of quality circle, a multi disciplinary team comprising of outreach workers from drug using background and professionals representing all levels of the organization contributed significantly towards improving the quality of service delivery.

Lessons learnt: Harm reduction services combining good management practices enhanced the capacity to deliver services among IDUs. Adoption of these practices by the management and delivering quality services as expected by the IDUs are critical components for bringing about the desired impact of interventions.

578 Nguyen Kieu Trinh, Danielle Alford, Peter Higgs

WORKING WITH PROVINCIAL GOVERNMENTS - A MODEL OF HARM REDUCTION IN NORTHERN VIETNAM

Issue: The sharing of needles and syringes by drug users, is the principal mode of HIV transmission in Vietnam with at least 65% of notified HIV infections. The efficacy of harm reduction approaches to reduce the transmission of HIV has been proven overwhelmingly in western settings, but it is also important to develop an evidence base within the Asian social and political context.

Setting: Since 2002 The Centre for Harm Reduction has built strong relationships with government counterparts at the provincial level, by working with closely with the Provincial AIDS Standing Bureaus and the Provincial Department of Preventive Medicine. In the project sites of Bac Giang and Thanh Hoa provinces, the proportion of IDU amongst people with living with HIV/AIDS is 80% and 70% respectively. Although scaled up harm reduction programs are desperately needed in Vietnam, there are continuing tensions between social policy and public health initiatives. A number of small scale harm reduction programs are operating throughout the country, which could act as an evidence base for harm reduction interventions in Vietnam.

Project: The project currently distributes and collects needles and syringes through a peer education program, involving past or current users. A multi-sectoral project management committee oversees the project, consisting of representatives of the People's Committee, mass organizations, law enforcement and health. Despite limited external inputs, the project officials at the provincial level have shown extraordinary initiative in the implementation and development of the programs (including the addition of a youth-focused intervention in Thanh Hoa). This together with their ownership of the projects has been pivotal to the success achieved thus far.

Outcomes: The provincial governments have a certain level of autonomy that allow them to respond quickly to the urgent and unmet need to halt the HIV epidemic in Vietnam.

583 Igor Sobolev

THE EXPERIENCE OF HARM REDUCTION PROGRAMM ON NEEDLE EXCHANGE POINT IN TALLINN CITY.

Since 2000 in Estonia have been spread epidemic of HIV which spread on background drug epidemic. Absence of harm reduction programs in 2001 has led to more than 1500 HIV-INFECTION cases. From the beginning 2002 in Tallinn city started there activity needle exchange centres. At this time it has been created NGO Convictus Eesti which began to render the psychosocial help for drug addicts. We opened a stationary point of needle exchange in city centre and 2 outdoor groups. Our typical client is a drug addict, an ex-prisoner, with unfinished education, unemployed, without Estonian (state) language, HIV infected, with hepatitis B and C. Together with main principle of harm reduction, we actively consulting drug addicts, motivating them to improve quality of life. With the client works psychologist and social worker. One of main principle of our work is active involving drug addicts in activity of our organization. We adhere these principles in work of needle exchange. Among 8 workers of needle exchange centre more than half are people who has problem with drugs or/and HIV. For a year of our centre work we have positive results. Drug addicts began to trust us, that is important in this work. We have developed system of client cards which helps register more than new 1000 clients, most of them are frequently come clients.

Now days are registered 4250 cases of HIV+ person, but in this year is registered more than 500 people. We thing, that it's one of the indicator of effective work of needle exchange centers, which have risen on way of AIDS epidemic.

592 Gede, Edy Suryawan

EXPERIENCE IN DEVELOPING NEEDLE EXCHANGE PROGRAM IN BALI INDONESIA

Issues: The Province of AIDS Commission estimated that in Bali there were more than 2000 IDUs and the incidence of HIV among them has reached around 70%. Since 2001, Hati-Hati Foundation has developed Needle Exchange Program considering that NEP was the most effective strategy to stop transmitting HIV/AIDS among IDUs.

Setting: Hati-hati Foundation in Bali is one of the first NGO in Indonesia which have developed harm reduction project since 1999. The areas that were covered by this project are 79 congregations at Denpasar, Kuta, Gianyar, Tabanan, Singaraja and its vicinities.

Project: YHH with support from Indonesia HIV/AIDS Prevention and Care Project/AusAID has developed harm reduction project which involved a broad range of activities such as outreach, NEP, counseling, VCT, support group and referral to health institution. The NEP as a main program for harm reduction uses two models; first, mobile sites where the outreach workers distributed needles in their field. The

second one is the fixed site where the NEP was operated in the field station to accommodate IDUs from outside targeted areas which are not reached by the outreach workers.

Outcome:

- In the last one year, Hati-hati Foundation has reached 574 IDUs and 289 of them have been the regular participants of the NEP.
- From 547 IDUs have been reached, 88,9% of them have high awareness to use their own needles as a mean to avoid the transmission of blood borne diseases.
- The high classes IDUs that typically were very close groups also have participated in the NEP in the field station.
- Some family of the IDUs have supported the NEP as a means to motivate IDU to stop their risk behavior and to stop using drugs in the long term

598 Md. Nakib Hossain Bhuiyan, Dr. Munir Ahmed, Dr. Taslim Uddin, Anup Kumar Bosu, Mohammad Omar Faruque, Md. Shakawat Alam, Md. Shanju Miah

LOCAL AUTHORITIES ATTITUDE AND HARM REDUCTION PROGRAM IN BANGLADESH

Issue: Supportive role of local authorities is a determining factor for a successful Harm Reduction Program for IDUs in Dhaka, Bangladesh.

Setting: Due to illegal drugs uses practices and involvement in criminal offenses the drug users are faced harassment by the law enforcing agencies. Lack of positive attitude towards the IDUs and minimum level of acceptance is also absent in the society and law enforcing agencies in view of HIV/AIDS prevention. Therefore it is proved that to reduce the harm for IDUs are very difficult in Bangladesh context.

Project: The IDU Intervention is being funded by DFID since 1998 under the SHAKTI project (presently HIV program) through peer strategy. From the beginning of Intervention IDU staffs faced different type of difficulties frequently from the police, DNC, local goons, local elites and community etc. Thereafter, IDU initiated to sensitize through advocacy sessions and also developing coordination with the police station, DNC, local elites and goons etc as well as others government authorities to create the enabling environment in the drug spots to conduct outreach activities for prevention of HIV/AIDS.

Outcomes and lessons learned:

-  The positive attitude of concerned government authorities helped to enable easy access to the program supported services by the IDUs.
-  It has been found essential to involve law enforcing agencies as community advocate for the empowerment of drug users for operating the Needle Syringe Exchange Program (NEP) more smoothly through their participation in local community programs.
-  It is crucially important to ensure positive response and to have a minimum commitment from local authorities for curving HIV/AIDS pandemic.

599 Dmitry Ostrovskiy, Galina Khan

FOR THOSE WHO WANT TO SURVIVE" - "CONSORTIUM OF STATE HEALTHCARE SERVICES AND NGO FOR THE LONG-TERM FOLLOW-UP AND TREATMENT OF IDU INCLUDING HIV-POSITIVE"

HIV epidemic starting at 1999 in St.-Petersburg had mostly spreaded among IDU. The number of HIV positive IDU which turn to the AIDS stage today is permanently increasing. At the same time the main specialized services (substance abuse, infectious, TB, dermatovenerological, etc.), sporadically visited by HIV positive IDU are coordinating their work insufficiently.

1997 – "Heroin" epidemic was starting in St.-Petersburg. HR Centre for "non-motivated" IDU was opened by "Vozvrastcheniye" NGO at the Infectious Disease Hospital #30 (biggest in St.-Petersburg).

1998 – Peak of the epidemic of heroin overdoses. Counseling Psychological Centre of "Vozvrastcheniye" NGO for the patients with overdoses was opened at the Toxicological Department of City First-Aid Institute.

1999 – HIV/AIDS epidemic was starting in St.-Petersburg.

2000 - "Vozvrastcheniye" NGO together with the staff of Hepatological Centre (Infectious Disease Hospital #10) started to provide psycho-social follow-up of the IDU patients.

2001 – Peak of officially registered cases of HIV infection in St.-Petersburg. "Vozvrastcheniye" NGO organized Counseling Centres at the City Substance Abuse Hospital and at the City AIDS Centre.

2002 - "Vozvrastcheniye" NGO started close collaboration with the City Dermatovenerological Hospital and City Substance Abuse Out-patient Service.

2004 - "Vozvrastcheniye" NGO develops collaboration with the City TB hospital, creating multiprofessional team at the department for HIV positive TB patients (more 90% - IDU, ex-prisoners).

During 2003 year 5584 consultations for 1307 patients were providing by psycho-social services and 903 patients have had 1628 medical consultations (in

Consortium of trust governmental services and "Vozvrastcheniye" NGO).

Among our patients 44% were HIV positive in 2003 and 67% - in 2004 year.

610 Petra S. Meier

PREVENTING EARLY TREATMENT DROPOUT

Background: There is good evidence that retention predicts outcome in all forms of drug treatment. However, it is not yet clear whether the same factors predict immediate dropout in the first few weeks and dropout occurring once the client has successfully been engaged in treatment.

Objective: To investigate whether there are differences in the predictors of dropout early and late in treatment.

Methods: Clients (n=187) starting residential rehabilitation were interviewed at intake, covering demographics, drug use, psychosocial resources, psychological health, motivation, and treatment attitudes. Of these clients, 87 (46%) dropped out of treatment, and these were divided into two groups: early drop out (before day 21; n=37) and late drop out (on or after day 21; n=50).

Results: The early dropout group had significantly lower levels of treatment readiness and desire for help, and more negative attitudes towards treatment. The late dropout group reported feeling less external pressure to be in treatment. There were no significant differences according to demographic variables, psychological wellbeing, psychosocial resources such as coping strategies, social support, self-esteem, or treatment history.

Conclusion: The variables distinguishing clients in the early dropout group from those in the late drop out group were those associated with clients' treatment attitudes and motivation. The results thus suggest that motivation enhancing interventions are most likely to be effective in preventing disengagement if provided in the first weeks of a treatment programme.

611 Komsa Nursalam

THE SHARING INJECTION EQUIPMENT AS A CONTRIBUTING RISK FACTOR TO HIV AND HEPATITIS C TRANSMISSION AMONG IDUS.

Issue: The HIV incidence among IDU in Bali has reached almost 70%. The NEP has been developed but in some areas where NEP has been implemented, IDUs still have a potential risk which is related with their sharing drug practices. To get this fact, Hati-hati Foundation has given the assignment to outreach worker to do the observation for identifying this behavior in some of their targeted areas.

Setting: This observation conducted in some of the areas which have been reached by Hati-hati Foundation in Bali. The purpose of the observation is to get better understanding in the specific high-risk practices and behavioral norms of IDU social networks in that area in order to improve prevention strategies.

Project: Hati-hati Foundation has developed the NEP in 79 congregation areas around Denpasar. The observation was conducted by outreach worker in certain areas which have been set up for this purpose. 50 IDUs involve in this observation and all of them are the participants of the NEP.

Outcome: This observation indicated that sharing injection pattern was depended on how much money have been pooled, then they will divide it with 'the wet mode' where the drug will be mixed with the solution in the same syringe and squirt some to the same spoon to measure the portion of each IDUs. For improving the intervention, this observation has given the lessons that supporting behavior change among them it is not enough to give them the message 'don't share' alone, but it is very important to address the change of the social context and group norms where it have big influence on individual behavior like pattern of sharing drug or sharing injection equipment.

617 Sergeyev Oleg; Tsarev Sergey

HARM REDUCTION PROGRAM & EPIDEMIOLOGICAL AND BEHAVIOURAL STUDIES IN SMALL RUSSIAN TOWN, CHAPAEVSK

Issue: To investigate behavioral and social factors among drug injectors associated with sharing needles/syringes in small Russian town Chapaevsk, Samara region.

Setting: Chapaevsk, Samara region with 81,000 populations had only 2 HIV positive subjects in 1999, and 470 in 2004 (579 per 100,000).

Project: Since 2000 analytical epidemiological studies have been conducted in Chapaevsk to estimate prevalence of drug abuse and HIV, using capture-recapture methods and school surveys. Our results estimated that 3,500 – 4,000 people in Chapaevsk are intravenous drug users (1650 subjects are officially registered) and 1,606 citizens are HIV positive (capture - recapture studies, 2002-2003). Almost 95% of new HIV infections are among injecting drug users (IDUs). The harm reduction program worked in Chapaevsk since 2001, and reached 35% of drug users.

Outcomes: About 1,500 IDUs every year uses services of the program. Most of the drug injectors use “hanka”, a solution that requires lots of equipment for preparation which usually shared. Although in recent years the incidence of HIV infections decreased from 244 per 100,000 in 2001 to 62.5 per 100,000 in 2003 we still witness risky behavior among IDUs. Pilot behavioral study undertaken in 2001 indicates that 67.4% of IDUs used somebody else's needles or syringes and 58.1% gave their used syringes/needles to other IDUs, and only 13.9% of drug users reported that they always used condoms. We propose to conduct a behavioral survey among 300 IDUs and their sexual partners to study sexual and injecting behavior which might lead to HIV/HCV transmission. The survey will be conducted by local outreach team which has a good access to the target group.

621 Lily Hyde

HARM REDUCTION IEC DATABASE FOR UKRAINE AND THE REGION

Issue: IEC work in Ukraine is uncoordinated and lacks guiding principles. Although high quality materials exist they often have a small print-run and are poorly distributed, leading to needless duplication.

Setting: The International HIV/AIDS Alliance in Ukraine, within the framework of the Global Fund to fight HIV/AIDS, TB and Malaria grant to Ukraine, designed a database to provide a comprehensive overview of IEC work, create national recommendations on best practices, and make good materials widely available to harm reduction projects.

The project is based in Ukraine and is intended to cover the Russian-speaking region. **Project:** Criteria were developed to assess IEC materials for vulnerable groups (IDU, SW, PLHA, MSM, prison inmates) based on international best practice and including such indicators as language, cultural context, accuracy, relevance, consistency of message, involvement of vulnerable groups in production, accessibility, format. Existing IEC materials produced in Ukraine were surveyed, catalogued and placed in an on-line database (www.harmreduction.org.ua) where they can be downloaded and searched by category or key-word.

Ten best existing materials were selected for reprint and distribution throughout Ukraine.

Outcomes: While the survey found excellent publications, it also revealed that most IEC materials produced in Ukraine cover a limited audience and range of topics and frequently repeat. Some incorrect information is being distributed and editorial errors and misprints are common.

As a result the Alliance is supporting production of IEC materials to fill gaps (e.g. materials for prison inmates, MSM) identified by the survey. A permanent editorial board was created to provide free guidance to organisations working in IEC and review new materials. The database indicates recommended materials and includes guidelines on producing IEC.

In future the database is intended to serve as a shared interface with other IEC and harm reduction databases throughout the region.

627 Angeline MacTier

ON AVERAGE 1-2 PEOPLE DIE EVERY WEEK FROM 'SNIFFING' SOLVENTS AND GASES.

Just under two thirds of these deaths are under the age of 19, the most common age of death being 18. The youngest death ever recorded is 7 yrs, but there have been several deaths in the 9-11 age range.

A recent survey published by the Department of Health revealed that 9 percent of 13 year old's had sniffed volatile substances during 2002. This report highlighted the fact that 'sniffing' substances is now more prevalent than previously reported, peaking amongst 13/14 year olds. Note, the products sniffed are easily obtained in one's own home and can kill instantly.

Data collected between 1971-2000 shows that there have been almost 2,000 deaths in total from 'sniffing' where-as there have only been around 150 deaths during this time period from ecstasy, yet 'sniffing' is not included in our Drug & Alcohol Strategy.

Education must take into account the differences between 'sniffing' and other illegal substances as follows:

Young age of those experimenting, very much lower than other substances. Research carried out by Depart. of Health revealed that sniffing is more common amongst 11 and 12 year olds than illegal drugs.

Death can occur on the first experiment. Unlike many other drugs, 'sniffing' has the very real potential of killing with the first experiment. For those who have died from sniffing around one third of the deaths showed no evidence of previous abuse. Easily attainable products. The products that young people 'sniff' are not illegal. In fact, most of them can be found in the home, school or workplace, or purchased from shops, all of which have a legitimate purpose. Sniffing itself is not illegal. Even though 'sniffing' is not illegal it does not mean that it isn't dangerous. It is easy for young people to argue that they are doing nothing wrong.

629 Sergey Ryabenko

ADVOCACY OF THE HARM REDUCTION PROJECT STAFF AND CLIENTS IN VORONEZH, RUSSIA

Issue: The low level of legal culture of injecting drug users (IDUs), commercial sex workers (CSWs), PLWHA; lack of possibility to defend their right by themselves, lack of active attempts to rehabilitate their rights and interests violated; discrimination. Free of charge advocacy is needed.

Environment: Voronezh is the main city of the Centralno-Chernozemnyi region with population of 999,260. The prospective target group: IDUs, CSWs, PLWHA, and outreach workers.

Project: Free of charge admission room has been open since July, 1, 2002. 257 clients of the Harm Reduction program including 24 PLWHA have visited it. A collection of materials regulating rights of HIV-infected people has been prepared. Education seminars have been held for attorneys, lawyers-volunteers, "AntiAIDS Center" staff and PLWHA mutual aid groups. Brochures on legal issues for IDUs, CSWs and PLWHA have been issued.

Website has been created for constant acknowledgement of PLWHA and general community on legal issues concerning rights of HIV-infected community members. The website contains all legislative acts. 2 seminars on PLWHA advocacy have been held with the deputies of the Duma of Voronezh.

Results and knowledge obtained: Increasing of legal knowledge of HR program clients and outreach workers have stimulated HIV-positive people to take active stand in defending their rights and freedom.

Personal meetings and communication with deputies, state authorities' representatives and mass media; as well as website, brochures, and informational materials on legal policy issues have become methodological basis for working out initiatives on changing legislation with the aim to improve legal situation of IDUs, CSWs and PLWHA.

633 Sylvia Tjahjakaerani

BUILDING PARTNERSHIP AMONG NGO, GOVERNMENT AND POLICE TO DO HARM REDUCTION IN PROVINCES IN INDONESIA

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Organization: The Asian Harm Reduction Network (AHRN)

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Issue: In 2003, Indonesia adopted a national, HIV Prevention Strategy which encompasses prevention services for injecting drug users and explicitly identifies harm reduction as an appropriate methodology. This also followed by a Memorandum of Understanding between National AIDS Commission and National Narcotics Bureau (BNN) in December 8, 2003. This MOU also has its team to execute the program. Up to September 2004, this information rarely comes to the related stakeholders in Provincial level institution even in the Police institution and AIDS Committee.

Setting: Local Harm Reduction NGOs has a least support by local Government and Police in doing their program. This is not because they are not willing to help NGOs, but this because of lack of information.

Project: Since September 2004, Asian Harm Reduction Network, National AIDS Committee, supported by Harm reduction- Aksi Stop AIDS (HR-ASA Project), held Provincial coordination for Harm Reduction Socialization. This project held in 6 provinces where HR-ASA Project exist. The coordination meeting aim to socialized what has been done in national meeting, which should be done also in lower level such as in Provincial or in Municipality level.

Outcomes and lessons learned: Institution, Government organization and Police Institution are sometimes lack of information for the newest up date information about Harm Reduction (e.g: Commitment in National level). And sometimes it cause misunderstanding of the Harm Reduction program. So that it needs some extra effort to speed up the spread of information. At the end of the project, there is always some offer to help NGOs to do the activity by the Institution, Government, and Police Institution. It just about opening their mind by flowing the information they never heard before.

638 Olga Blinova

RAPID SITUATION AND RESPONSE ASSESSMENT IN VORONEZH, RUSSIA

Preconditions: Voronezh is a city in Central Russia with 999,260 population.

According to official data on 01.01.2004, there were 5,564 IDUs and 79 persons with HIV/AIDS, 37% of which were IDUs.

Goals: To define the issues for strategy planning of HIV/AIDS prevention program among the most vulnerable populations; and to ensure further work of the Harm Reduction project.

Methods: The WHO procedure and the questionnaire of the Imperial College were used. Within 1 month 150 IDUs were questioned and tested for HIV antibodies. 75 of

them were clients of the HR project in Voronezh and 75 had never turned to project services before. 21 CSW were questioned and tested. The average age of respondents was 24 years.

The survey was held by HR project outreach team and volunteers from among IDUs and CSWs. AIDS-Centre laboratories tested residual blood in syringes used by IDUs. For data capture and RSA results discussion, an Advisory Committee was created composed of public health, police and administration head experts. Focus groups with IDUs, PLWHA, CSWs and police were held.

Results: The estimated number of IDUs in Voronezh is 25,500 persons, i.e. every tenth young person 16 to 30 years old. 60% use drugs every day. HIV infection prevalence among IDUs is 5%. The estimated number of HIV-positive IDUs in Voronezh is 1,275 persons. The total estimated number of HIV-positive inhabitants of Voronezh is 3,400 to 3,600 persons. The most popular drug is the solution of homemade opiates of cooking poppy seeds (90-95%).

Conclusions: The RSA results have been discussed on 4 meetings of the municipal Council on HIV/AIDS Prevention.

Project clients have been found to be less in number in adhering to risky behavior and having suppurative and septic complications as compared to non-clients.

Findings: The official statistic data do not reflect the true situation with drug use and HIV-infection spread;

The situation with drug use and HIV-infection spread to be changed; the existing programs and the further work of the HR program in Voronezh should be amended.

642 Olga Blinova, Natalia Gayvoronskaya

ADVOCACY OF HARM REDUCTION PROJECT IN VORONEZH, RUSSIA

In order to get political and financial support to Harm Reduction, to extend services to target groups, to develop partnership with other NGOs, support of local key policy-makers is needed.

In order to get political support of the HR program there has been organized the study-visit of the administrative and health authorities to the progressive HR project in Saint Petersburg.

For half a year, there have been held 5 round tables of the municipal authorities on the issues of cooperation of governmental and public agencies on HIV/AIDS and other socially important diseases prevention among the most vulnerable population groups. 150 administration and health officials took part, besides reporters. The draft law of the Voronezh region «On social order» has been sent to the Duma deputies. Seminars on HR program have been held among narcologists, venereologists, the Interior Ministry Administration and the SDCC officials, working meetings have been held with the Duma deputies, the municipal authorities, mass media.

Results and knowledge obtained:

- The appeal to the executive and legislative authorities, mass media and public organizations has been sustained on cooperation of governmental and public agencies HIV/AIDS and other socially important diseases prevention among the most vulnerable population groups;
 - «AntiHIV/AIDS for 2004-2007 » municipal target program including Harm Reduction subprogram has been elaborated and adopted by the deputies.
 - The service of trusted doctors of the municipal dermatovenerologic dispensary has been established.
 - The agreement on cooperation with the SDCC has been concluded. The cooperative work with the Interior Ministry Administration has been established and is being supported.
 - Partnership relations with other public organizations have been established
- Due to the activities on HR advocacy we have got financial and political support of the program in the Voronezh region

645 Fernando Janer

GHETTO HIPPIES: WELLNESS PRACTICES AND HARM REDUCTION WITH HOMELESS YOUTH

Wellness practices are highly effective tools in Harm Reduction programs. Traditional Mind/Body practices such as yoga, meditation, and nutritional awareness not only provide great therapeutic benefits for participants, but are also extremely cost-effective for programs with limited funding. Furthermore these practices provide skills that can be used autonomously, and reduce the dependence of participants on institutional settings. Nevertheless, the introduction of novel disciplines to culturally marginalized communities poses specific challenges, and creativity must be used to materialize their appeal.

Supported by examples from the experience of developing wellness activities at a New York City drop-in center for homeless youth, most of whom are of African-American and Latin@ heritage, we will discuss the kinship between wellness practices and harm reduction objectives. We will report on several interventions such as workshops that compare the similarity of effects of meditation exercises and mood-

altering substances, and nutritional groups tailored to members of communities traditionally deprived of access to a variety of healthful foods. Through our examples we will explore the deeper connections between wellness practices, harm reduction, and ethnic class discrimination. Lastly, we will discuss strategies and approaches to fostering different cultures of self-care in our communities.

This session will be useful for direct service providers, and for anyone interested in developing wellness practices in culturally and developmentally appropriate ways to more effectively achieve harm reduction.

657 Gillian Maxwell (presenter); Michael Mancinelli; Irene Goldstone; Stephen Smith; Warren O'Brian

THE ROLES OF CIVIL SOCIETY AND INFORMED PUBLIC DISCOURSE IN IMPLEMENTING HARM REDUCTION

Issue: Civil society, working in partnership with a well-informed public, has a critical role to play in responding to health and social crises at the community level. Government is ill-equipped to solve such crises in isolation.

Setting: Once a hub of social and economic activity, Vancouver's Downtown Eastside has seen alarming rates of HIV, HCV, and overdose deaths: it is now Canada's poorest neighbourhood. A community has emerged determined to deal with these challenges, using informed public discourse as a first step.

Description: In 2000, a coalition of AIDS organisations, community agencies, government, and policy researchers organized a symposium on the role of harm reduction in achieving health and social justice outcomes for people living with HIV, addictions, and mental illness. This event attracted over 2000 participants from health, social services, enforcement, corrections, and education. Support from drug consumers, elected officials, media, and the public, made the event a powerful tool in mobilizing the community to advocate for changes in the approach to health and social services.

Based on this experience, the coalition has offered annual, topic-focused symposia. Each had a carefully crafted communications strategy designed to maximize public education. Topics have included the legal and ethical imperatives to provide safe consumption facilities; the economic burden of the problems associated with drug use and the need for balanced investment among prevention, treatment, harm reduction and enforcement; and, an examination of best practices for opiate substitution.

Lessons Learned: These events successfully fostered the broad participation of key stakeholders: business leaders; elected officials; police; drug consumers; affected families; health providers; researchers; educators, and the public. This suggests that a coordinated and integrated approach to drug use is critical. Broad coalitions can inspire the implementation of effective public policy. Vancouver's experience may serve as a model for other communities.

659 Edward Ellison

REDUCING THE HARM OF THE 'WAR ON DRUGS' – A L.E.A.P. (LAW ENFORCEMENT AGAINST PROHIBITION) PERSPECTIVE

Issue: The Harm Reduction movement reflects a growing recognition of the ineffectiveness and increasing conflict with the criminal justice system. When conflicts between drug policy and public health are recognized by both 'sides' of the 'war' then activities that foster increased dialogue become more valuable and contribute to faster progress.

Setting: The world identifies the 'immovable object' preventing an evolving harm reduction approach to the War on Drugs is American law enforcement policy coupled with its 'prohibition' foreign policy. LEAP (Law Enforcement Against Prohibition) concentrates its efforts within that arena whilst having an increasing presence in other countries.

Project: LEAP's mission is to reduce the harm resulting from fighting the war on drugs and to lessen the incidence of death, disease, crime and addiction by ultimately ending drug prohibition. To achieve that aim it has created a Speakers Bureau staffed with former drug warriors who articulately describe the impact of current policy on both police and the community, the personal safety of those involved, the ensuing corruption, and the financial and human costs. We are critical of prohibition and are aware of the confrontational and destructive nature of enforcement. We seek to educate the public, the media and legislators on the failure of current policy and then to explain the potential successes of ending prohibition.

Outcomes: It is said that politicians follow public opinion rather than leading it. To that end LEAP seeks to educate and inform America about the true effects of prohibition. It is impossible to overvalue the impact and effect of experienced drug warriors outlining the failure of prohibition and answering questions from the public. To end a 'war' both sides have to recognize each other's needs and effects. LEAP is the voice of caring, not confrontational, enforcement.

675 Leonid Vlasenko**DRUG USE PATTERN AND HIV SPREADING IN UKRAINE**

According to the official data, the number of registered drug users in Ukraine doubled over the past ten years and now has reached 80129 (15.1 per 10,000). More than 90% of those population are IDUs

Also from 38,632 people are diagnosed with HIV, 73% are IDUs

This qualitative study was conducted in 6 regions of Ukraine. The analysis based on data of 30 in-depth interview, 6 life histories and 6 focus groups with IDUs. Also dates from field observation of illicit drug use and distribution places was included. The main factors contributing HIV spreading among IDUs are specific features of contemporary Ukrainian narcoscene.

1) Main illicit substance is "shirka" (homemade acetylated extract of poppy straw). This substance persists on black market only in liquid form that can be used only by injection

2) Illicit producing

and distribution of "shirka" is highly monopolized that means a high risk of distribution of preliminary infected substance among large number of IDUs.

3) The common practice is joint purchase of "shirka" for 3-5 persons with posterior sharing of bought liquid.

4) Owing to law pressure IDUs avoids possessing drugs for a long period of time and seek to inject as soon as possible most often directly on place of distribution or nearby. They have no chance for safe injecting drugs in these conditions.

5) Accessibility of illicit substances in prison. In combination with lack of sterile injecting equipment and disinfectants it makes risk of HIV spreading very high.

6) Long-term substitution treatment is still unavailable for opiate dependent persons.

The results of this study give us additional evidences of ineffectiveness of punitive drug policy and barest necessity of developing realistic harm reduction approach that means needle and syringes exchange programs, information company using outreach and substitution treatment for opiate dependent persons.

682 Hermia Fardin**CULTURAL ADVOCACY IN WEST KALIMANTAN-INDONESIA**

Once of the problems in the world that related with Harm Reduction is Poorest/economic and cultural understanding.

The factors of that problem are:

- a. Lack of education level
- b. Social and economic
- c. Mother tongue

I was independently did the cultural advocacy in the remote area in West Kalimantan province. The native population called Dayak's ethnic.

The descriptions of the activities, as follow:

I was visited Sintang and Sanggau district for giving the description of how to use /using condoms and injecting. I have shown them the examples picture of traditional weapon and traditional cloth to cover their vital part of the body as the approach, which is related with the purposes and function from condom and injecting. The point is to reduce the risk of HIV/AIDS disease in two those regions.

Now days, they already understand and going through the activities to prevent HIV/AIDS. So far I am still giving the understanding and changing the society opinion related with the Harm Reduction Program. As the result this is a beginning of Harm Reduction access easily.

686 Bernard Gardiner**RENEWING OUR VOICE**

Issue: In recent years there has been growing momentum to address the global HIV/AIDS crisis, more than at any other time in the course of the pandemic.

Setting: Since the mid- to late 1990s, there has been a considerable increase in the number and range of NGOs involved in responding to these multiple challenges: NGOs undertaking HIV/AIDS work; NGOs integrating HIV/AIDS-specific interventions within other health programming, such as sexual and reproductive health and child and maternal health programmes; and NGOs mainstreaming HIV/AIDS within development, human rights and humanitarian programming. There have also been significant changes in the global funding environment, particularly in ensuring that the lessons learned over the past 20 years are used to guide the allocation of resources in scaling up responses to HIV/AIDS.

These changes both support and complicate the process of expanding the scale and impact of NGO programmes, so urgently needed. The proliferation of NGOs and programmes has, at times, occurred at the expense of accountability and quality programming and has led to fragmentation of the NGO 'voice' in the HIV/AIDS response.

Project: The purpose of the Code is to address these new challenges by:

- outlining and building wider commitment to principles and practices,

informed by evidence, that underscore successful NGO responses to HIV/AIDS

- assisting 'Supporting NGOs' to improve the quality and cohesiveness of our work and our accountability to our partners and beneficiary communities
- fostering greater collaboration between the variety of 'Supporting NGOs' now actively engaged in responding to the HIV/AIDS pandemic, and
- renewing the 'voice' of NGOs responding to HIV/AIDS by enabling us to commit to a shared vision of good practice in our programming and advocacy.

Outcomes: A range of NGO's have endorsed the Code principles. A phase 2 is planned to support utilization of the Code.

689 Dony Agustinus**ADVOCATING FOR HARM REDUCTION IN THE COMMUNITY IN EAST JAVA**

Issue: Harm Reduction practices are viewed with mistrust by many in the community in East Java. There are concerns that Harm Reduction is a precursor to the legalization of drug use, that it is an illegal activity and that it is against religious principles. There is concern too that outreach workers might abuse their position to sell drugs.

Setting: Most recent available estimates (2002) suggest there are approximately 14500 injecting drug users in East Java, with an HIV prevalence rate of between 20 and 35 per cent. Although Harm Reduction is supported in Indonesia's current National AIDS Strategy, there wide-scale acceptance is yet to be seen at provincial level.

Project: Continuing advocacy is required to religious and community leaders, both directly and indirectly, to improve the profile of Harm Reduction in East Java. Advocacy has taken the form of discussions that introduce these principle to leaders, press releases to mass media, and distribution of relevant IEC materials to general society. There have also been efforts to cooperate and coordinate with other sectors to enlist support for HR activities. Types of organisations involved have included rehabilitation centres, anti-drug organisations and non-government organisations. Religious leaders have also been approached to intervene or prevent crisis situations with regard to Harm Reduction activities in the community. Advocacy for police is also necessary, to ensure that they know how to handle outreach workers. It is suggested that if outreach workers are arrested then they should be freed, if their drug-free status can be confirmed by urine test.

Outcomes: Harm reduction should become accepted by the society, allowing these programs to run effectively and efficiently. Outreach workers will then be able to work without fear, and

police concerns can be addressed in a manner that satisfies the requirements of law enforcement and harm reduction practitioners alike.

701 Laxmi Bilas Acharya, PhD, Asha Basnyat, Binod Nepal, Perti J Pelto, PhD, James L. Ross, PhD, Anand Tamang**INDO-NEPAL OPEN BORDER A FACTOR BEHIND THE HIGH PREVALENCE OF HIV AMONG DRUG INJECTORS IN A BORDER TOWN OF NEPAL**

Background: Half of injecting drug users (IDUs) in Biratnagar, a border town of Nepal, are HIV+ve. The infection rates are considerably higher than in neighboring districts. This study presents factors accounting for spread of HIV in this sub-population.

Methods: Data were collected by employing qualitative tools including mapping of sites of IDUs, in-depth interviews with current users, and observation of their gathering places. **Results:** The IDUs in Biratnagar frequently cross the border into India to obtain drugs and injecting equipment. At the locations of drug dealers and other sites across the border, the IDUs usually share drugs and injecting equipment with whomever they meet, including drug users from Indian and other Nepalese towns. Unlike IDUs in other Nepalese towns, very few of the Biratnagar IDUs belong to stable "injecting groups." Sharing of contaminated injecting equipment is widespread, and their practices of cleaning the syringes are quite careless, in part because of the make-shift arrangements in which the cross-border injecting takes place. The Biratnagar injectors are quite poor, so they must very often share their small amounts of money to buy the drugs, thus further contributing to widespread sharing. Although the IDUs report lowered interest in sex, intercourse with casual partners occurs, with rather inconsistent condom use. Condom use is low with their wives and regular partners. **Conclusion:** Open border has enhanced access to unsafe injecting behaviors particularly needle sharing with casually encountered IDUs in Biratnagar area. This poses specific challenges because effective intervention would require complex cross-border collaborative efforts.

Learning Objectives: At the end of the session, the participants will be able to: Identify HIV risk behaviors among injecting drug users; Explain factors underlying rapid spread of HIV among IDUs in a setting where drug use pattern extends beyond the border; Outline special cross-border collaborative strategies to prevent HIV epidemic among IDUs in border towns.

702 K.Basanta Kumar**WORKFORCE DEVELOPMENT FOR HARM REDUCTION IN THE NORTH EASTERN REGION OF INDIA****Author:** K.Basanta Kumar

Issue: The North East region of India has a HIV epidemic driven by injection drug use which is different from the rest of India. Drug use and HIV is a sensitive issue due to strong social values. Training on the practice of Harm Reduction for direct service providers becomes a critical issue in the scaling up of Harm Reduction activities. Targeted interventions for IDUs funded by SACS are implemented by civil societies. But actual practices at the ground level are hampered due to lack of orientation or capacity of the approach.

Setting: The region has diverse cultural ethnicity, geographical situations, drug use trends and responses within. There are conflict areas in the region where development is minimal with unpredictable law and order situation.

Project: Strengthening the North East India Harm Reduction Network (NEIHRN) for addressing drug related harm reduction – NEIHRN is advocating for scaled up harm reduction activities, sharing resources and developing workforce for Harm Reduction through capacity building.

Outcome: A more accurate ground situation of drug use and its related risks can be drawn and specific barriers identified from training of direct service providers. Field experiences from different settings when shared are often more appropriate, increasing the understanding of the approach and practice of Harm Reduction. Lesson learned and Implication: Hands on training or practice oriented training exposures are found to be more effective and valuable to trainees. There is less to learn about the actual practice of Harm reduction approaches from literatures. Sharing experiences are invaluable. More time on activities and less on theory has more mileage. Homogenous trainees have more participation and learning. More appropriate training module specifically for direct service providers can be developed through the process of participatory discussions.

724 Yerassilova Issidora**EFFECTIVE PARTNERSHIP**

Effective partnership between the state and non-governmental sectors of the Republic of Kazakhstan, and the Social Intervention Group, New York, USA, on prevention of HIV/AIDS/STD potential epidemic prevention in one of the rural areas of Kazakhstan – Shu city.

Shu city is situated on the way of drugs traffic, and is known as a place of hemp and marijuana vegetation. Traffic of these drugs increases annually.

Shu population is 34 thousand people, and 600 IDUs are officially registered there. However, according to the quick situation assessment number of IDUs is about 3,5 – 4 thousand.

Due to the joint efforts of the Republican AIDS Center, local administration and Columbian University Project Group on HIV prevention among IDUs and their sexual partners, IDUs got an access to the harm reduction, condoms distribution, syringes exchange programs, as well as to the information and medical services in the trust points established under the city policlinic. A seminar on HIV/AIDS problems took place for the administrations, medical workers and the representatives of police and education system. NGO "Renaissance" was established, and volunteers were trained.

Thirty one IDUs among those who visited harm reduction program, passed a preliminary tests on HIV, hepatitis-C and syphilis. There was no HIV infection among them; 26 out of 31 (84%) were hepatitis-C-positive; 6 out of 31 (20%) were syphilis-positive, and therefore got treatment. So, the program does really work.

730 Halina Kaminska**SECONDARY NEEDLES EXCHANGE**

Charity non governmental fund "Social and psychological information "All together" (Ukraine, Lviv and Chervonograd) realize Harm Reduction project's since 2000. Research of drug users community and conditions of drug using allow concluding that in Lviv and Chervonograd affect closed drug scene, street dealing doesn't exist mostly. That all defined forms and methods of Harm Reduction spreading and especially secondary needles exchange at home. During working of the project there were involved more than 1000 drug users by prevention influence on more than 40 points of secondary needles exchange. Secondary exchange at home gives opportunity to form and maintain friendly relations with injection drug users, rhythmic and regular distribution of sterile tools and means of disinfections, distribution medical help it time of problems with veins and prevention of abscesses, effective distribution of naloxon for overdose prevention, consultation and information work, involving drug users in to creation information resources. Our organization was the first to start secondary

exchange at home, now this experience use almost all organizations, which implement Harm Reduction. Besides, the only organization in Ukraine made research of open and closed drug scene, defined HIV vulnerable moments of drug using in both cases, what gives opportunity to define strategic direct of prevention influence.

740 kalavathy,vijayakumari,mahalingam**ACCESS TO FEMALE INJECTING DRUG USERS TACKLED BY EFFECTIVE OUTREACH IN CHENNAI,INDIA**

Issue: Female injecting drug users (IDUs) are a hidden population in the community. Accessing them through out reach work has been a major task.

Project: Sahai trust is an NGO working among injecting drug users in Chennai, India for the past one decade. The project funded by Family Health International focuses mainly on HIV / AIDS prevention and care among injecting drug users and their spouses. Injecting drug use pattern was most commonly seen among the male gender in India. The extensive out reach activity done by our outreach workers had brought into light the female IDUs. Though they are very few in number they are mostly a hidden population. Most of the drug use among females is by way of peer compulsion by the husband. Due to lack of awareness they share the needles used by their husband. Some take up sex work for want of money for injecting drugs. So these women are forced in to multiple risks- abscess, blood borne infections, Sexually transmitted infections (STIs), etc. Female out reach workers of our NGO identify them, explore about the risk factors and give them harm reduction messages -related to both drug and sex. Needles syringe exchange and condom promotion takes place in the field.

Lessons learnt: Delivering appropriate harm reduction message out in the field to the female IDUs by female out reach workers had created an impact as they understand their risks and follow harm reduction techniques.

Recommendations: Out reach workers working for injecting drug users in countries with conservative culture should always be in the watch out for female injectors. Appropriate delivery of messages, effective screening and treatment of blood borne infections, STIs among female IDUs will reduce the incidence of HIV infection and other drug related harm.

743 Yoshida, Elisa Megumi; Haiek, Rita de Cassia; Turienzo, Giselda; IEPAS AND THE EXPANSION OF RD IN THE METROPOLITAN AREA OF

Issue: Expand the HR philosophy offering solid resource scientif bases in the confrontation of the epidemic of HIV Hepatithes to the public net of health of the Metropolitan area of Santos.

Setting: Santos located in São Paulo State - Brazil is coastal and port city with other cities in yours spill. There is strong presence of the drug traffic in the area. The target population are IDU.

Considered the first attempt of implanting Needle Exchange in Brazil (impeded by the justice under penalty of fine to the public safes and the authors prison).

Project: The HR program in field has been accomplished with authorities of health. The objective: offer partnerships, explain methodology, transmit "know-how", train teams, accompany and motivate the public net to implant new places of Needle Exchange, promoting integral health to IDU and add efforts to combat HIV and Hepatithes.

Pioneering project in Brazil, that an NGO negotiate, foment, propose and qualify public services to implant this actions.

Outcomes and lessons learned: The negotiation is accomplished since 2001 with the local governments. Two places of change were implanted officially. The negotiation was retaken in the cities that presented larger resistance. Still today the public politic of HR being seen as incentive to the use and fear as for the opinion it publishes. In some moments, the concern with the political image was put upon to the needs of the public health. The articulation, the respect to the divergences and the persistence can break resistances.

745 Lawal, R.A., Akinhanmi, O.A., Ogunsemi, O.O., Ekpo, M.**HIV RISK BEHAVIOUR OF SEX WORKERS IN LAGOS: FINDINGS FROM A SEX-RAR STUDY****Background/Objectives:**

Nigeria has the second largest HIV infected individuals in Africa, and heterosexual HIV spread is the most common. The objective of the study is to determine the HIV risk behaviours of sex workers interviewed during a WHO sponsored sex-rar study in Lagos.

Methods: Sex-rar methodology was used. This involved secondary data gathering, FGDs in the low (LDA) and high density (HDA) areas, in-depth interviews, observations and questionnaire administration on 62 sex workers of findings.

Results: Most started alcohol use either to experiment, to feel happy and to be their

normal selves. Many of the sex workers were heavy drinkers, HDA 8 (72.7%), LDA 14 (87.5%). Many also claimed to have one primary sex partner, HDA 8 (66.7%); LDA 14 (73.7%), two-thirds of who were drinking before sex. About 50% of those who responded in the HDA and 22.2% in the LDA admitted to some/major role for alcohol in their desire and performance of sex. Majority either did not use or used condoms occasionally with their primary partners, HDA 9 (69.3%), LDA 8 (61.5%). A considerable proportion of them did not use condoms with their casual partners, HDA (22.7%); LDA (35%). No less than two-thirds of them did not know that a person can be infected with HIV and look well, HDA (70.8%), LDA (66.7%). Some adopted self medication and traditional methods to prevent infection with HIV and other STDs, thus giving them false sense of security and encouraging more HIV risk behaviours. **Conclusion:** Nigerian sex workers indulge in HIV and other STI high risk behaviours. Knowledge about HIV and its mode of infection was generally low. **Recommendations:** Condom use should be encouraged among sex workers. Sex workers should be encouraged to go for safer and more gainful vocations. Harm reduction needed to be employed to ensure a significant decline in the spread of HIV among sex workers

753 Regina Bueno, Daniela Piconez, Fábio Mesquita

RISK AND BENEFITS. HOW TO REDUCE NEW USERS AND/OR AVOID BECAME STEROID ADDICTED?

Concern about body image or self defense may be leading teens and adult man and woman, to use anabolic steroids despite any consequence bad or good of these drugs.

Anabolic steroids common name for synthetic substances related to testosterone the male hormone.

Objective: Present the risk and benefits of anabolic steroid use, reduce new steroid users and avoid became addicted; **Methods:** To implement strategies, highlighted, peer education in school sport team, gym academy provide knowledge and discuss about what are anabolic steroids, what and why people use, about oral and injectable steroids, steroid abusers who share syringes/needles or nonsteril are at risk to infected by HIV/AIDS and hepatitis and other parenteral diseases.

Results: Help them how to build body by strength training and nutrition alternatives for teenagers and adults to prevent new users' anabolic steroid among teenagers and adults male and female.

Implication: Prevent side effects consequences, overdoses and death among teenagers, adults and addict anabolic steroid users.

761 Claudine Degraeve/Dr Geoff Robinson

LEAVING METHADONE MAINTENANCE

Abstract: PATIENTS LEAVING METHADONE MAINTENANCE TREATMENT: AN AUDIT OF THE WELLINGTON CLINIC

Degraeve C., Robinson G.M.

Opioid Treatment Service, Wellington

The indications, reasons and modes of withdrawing from methadone maintenance treatment (MMT) are poorly defined despite nearly 40 years of the provision of this treatment.

A retrospective survey of patients leaving MMT was undertaken from January 2002 to April 2003, using the discharge database of the Wellington Clinic which is funded for 410 patients.

Results found 90 discharged patients of whom 20 transferred to another clinic. One died during methadone induction (day 7) of overdose. There were 33 patients involuntarily discharged of whom 14 were imprisoned and withdrawn, and 19 who were discharged for breach of programme conditions/safety reasons. Data on these patients' withdrawal regimes and detoxification programmes will be presented.

Data from the group of 36 patients completing voluntary withdrawal programmes will be presented, including stated reasons for withdrawing, support of treaters for this decision, duration of current MMT period mode(s) of managed withdrawal, and after-care treatments. This group will be compared to suggested operational criteria for patients deemed suitable for leaving MMT (1).

(1) Lenne M., Lintzeris N., Breen C., et al withdrawal from methadone maintenance treatment: prognosis and participant perspectives. Aust NZ J Public Health 2001;25:121-5.

Could be oral presentation or poster.

780 M. Scott Young, Ph.D., Holly A. Hills, Ph.D., & Nancy Lemrow, M.S.

USING AN ADMINISTRATIVE DATABASE TO ASSESS THE RELATIVE DEGREE OF PROBLEMS ASSOCIATED WITH USE OF DIFFERENT DRUGS

Background: Publicly funded substance abuse treatment (SAT) providers in Florida are required to submit information to the State, including information on clients' drug use

and diagnoses. Such large clinical administrative databases afford an opportunity to assess the relative degree of problems associated with using different drugs.

Methods: FY 2001-2003 data included information on 165,809 admissions to Florida SAT facilities. Each admission record includes 3 fields for documenting up to 3 drugs "contributing to the need for treatment." Each record also contains 2 additional fields to document ICD-9 primary and secondary diagnoses (DX), including substance-related DX.

The frequencies with which various drugs were listed in admission records were calculated to determine the most common drugs. Simply listing a drug (i.e., cannabis) does not necessarily indicate problematic use. However, having a DX related to the drug (i.e., cannabis abuse) does suggest problematic use. The relative degree of problems associated with using different drugs was examined by comparing the proportion of admissions listing each drug that contained a DX specific to the drug.

Results: Alcohol was the drug most commonly reported, appearing on 63% of admission records. The next most common drugs were cannabis (41%), cocaine (30%), and opiates (13%).

For admissions listing these substances, the proportion including an accompanying DX specific to the drug was next computed. Higher proportions suggest a greater degree of problems. Over half (63%) of admissions listing an opiate drug had an accompanying opiate-related DX. The next most problematic drugs included alcohol (62%) and cocaine (57%); under half (46%) of admissions noting cannabis use had a cannabis-related DX.

Conclusions: Though cannabis use was associated with a substantial proportion (41%) of SAT admissions, under half of these admissions had an accompanying cannabis-related DX. Relative to use of alcohol, cocaine, and opiates, results suggest that cannabis use is associated with a lower degree of problems.

783 Susan Clemens, Alison Ritter, Eric Tyssen

A MULTIPLIER METHOD TO DETERMINE PREVALENCE OF PROBLEMATIC ALCOHOL USE AND TREATMENT UTILISATION

Drug treatment is a component of harm reduction by functioning as a demand reduction strategy. Therefore, constructing reliable substance use prevalence estimates and ensuring adequate treatment allocation is necessary. This study used a multiplier method based on a treatment multiplier rather than the traditional mortality multiplier. An alcohol and drug telephone helpline in Victoria, Australia was the source of the multiplier rate. This multiplier was applied to the number of clients receiving government-funded treatment for alcohol in Victoria from a national dataset. Callers to the helpline that listed a drug of concern of alcohol were asked whether they had received any treatment for alcohol in the past year. Participants were asked for the name of the treatment agency and results were compared back to the national dataset. The multiplier was constructed based on agencies known to report to this dataset, however, responses including self-help or other non-government funded treatment options were also recorded. Preliminary results indicate that 26.4% of callers received treatment from a government-funded treatment agency in the past year. There were approximately 9,800 clients recorded in the national dataset, which results in an estimate of 37,200 problematic alcohol users in Victoria. This is well below state estimates of 351,400 individuals consuming alcohol at risky levels. There are several explanations for the disparity in results. First, the rate of treatment observed among helpline callers was two to four times higher than estimates from population surveys. Second, government-funded treatment is a finite resource, and supply ceilings may have reduced these estimates below optimal demand levels. Both of these conditions would deflate estimates using a multiplier technique. A better interpretation of these data may be that the multiplier is estimating treatment demand rather than substance use prevalence. Final results will be available for presentation at the conference.

807 Simon Azariah

INTRODUCTION OF HARM REDUCTION AS A PUBLIC POLICY AND PRACTICE IN PAKISTAN

Issue: Introduction and acceptance of Harm Reduction (HR) as a legitimate public policy, approach and practice in Pakistan.

Setting: The 'HIV/AIDS Prevention with Drug Harm Reduction in Pakistan (HAPDHRP) Project' is a part of national Enhanced HIV/AIDS Control Programme and also its forerunner.

HR Services are being provided through Non-Government partners for extremely marginalized Street (Injecting) Drug Users. The project scope is:

- Street outreach, motivation and referral
- Registration
- Basic medical services
- Management of STIs
- Social services

- Behaviour change communication
- Syringe exchange programme
- Condom provision and promotion
- VCT
- Referral for detoxification and rehabilitation.

Project:

Futures Group manages the project. With intensive advocacy and a formula for power sharing within government counterparts the initial intense resistance has evolved into high ownership, support and involvement from the government. All decisions are made by a Steering Committee comprised of Government and International stakeholders.

The project is testing formal NGO Contract-based public-private partnership for the first time in Pakistan, where NGOs implement Government's agenda.

The selection of NGOs was done based on rigorous criteria. Six NGOs were contracted based on the World Bank Brazil NGO Contract model to provide services in five cities in Pakistan. It was estimated that there were about 16,000 – 20,000 IDUs in Pakistan despite exaggerated projections of up to 60,000 IDUs. The contracted NGOs reach approximately 14,000 IDUs.

Intensive NGO capacity building and performance monitoring has been done by project managers and government counterparts.

Outcomes:

1. Formal NGO Contracts in the ambit of Public Private Partnership.
2. Acceptance and full support of Harm Reduction Policy and Practice by government.
3. HR Service Provision (through static and mobile HR Units) in provincial headquarters and a small town.
4. Improved NGO Capacity on HR.
5. Approx. 14,000 IDUs accessing effective HR Services.

808 Simon Azariah**CONTRACTING NGOS FOR HIV/AIDS PREVENTION WITH DRUG HARM REDUCTION (HR) IN PAKISTAN**

Issues: This abstract presents the experience of DFID funded HIV/AIDS Prevention with Drug Harm Reduction in Pakistan (HAPDHRP) Project in contracting NGOs for HR service provision and developing coordination among government stakeholders. The project, managed by Futures Group Europe, is a component of Enhanced HIV/AIDS Control Program of Pakistan. Description: Service provision to marginalised populations is not possible for government due to access and experience issues, so the government has reverted to contracting NGOs as the best way of using grant money by not allowing profit making from development activities. Lessons learned: Government has an inherent tendency to treat NGOs as subservient employees instead of acknowledging their independence and rights. Prescribing detailed TORs and asking NGOs to deliver on precise dates (as part of contracting) without having sufficient rational and research evidence appears obstructive to NGOs. NGOs operate very differently from the government which needs to be acknowledged and respected, however NGO capacity building and monitoring is mandatory. Government seems to mistrust NGOs on their probity and competence while the government itself has neither technical capacity nor prior experience of working with NGOs, and this conflict generates resentment in NGOs. Collaborative action alleviates such apprehensions and generates bilateral support. Ensuring intensive participation of government in a clear and standardised contracting process has increased confidence and trust within government in contracting NGOs. This has also resulted in good intersectoral co-ordination among government stakeholders with effective and efficient decision-making and support from government, providing sustained political will and support needed for effective NGO Contracting. Recommendations: A participatory approach based on trust, clarity of purpose and process makes effective NGO contracting possible.

810 Lamabam Birendrajit**ADDRESSING THE MARGINALIZED FEMALE IDUS IN IMPHAL**

Issue: Amidst the scarcity of service availability in terms of drug treatment in Imphal, Manipur state, India it's a pathetic for the female IDUs who are disposed in a serious state of disadvantages. The gender inequality that prevails in the society often drives the female IDUs more underground reciprocating the risk associated spreading the infections. Limited service coverage for the female drug users shows that the public health is compromised for this population. 90% of the female IDUs are involved in sex work, as it is a means to serve their needs. They are well exposed to the risk of unsafe sexual practice or injecting behavioral. Taking up the challenge the recent undertaking of the project "SASO/Alliance HIV/AIDS Intervention among female IDUs" launched during the month of July 2004 has drawn attraction to a good number of female IDUs.

Approach: Data based survey in Imphal city spotted about 75 female IDUs,

Questionnaire Interviews, FGD, Interacting & SHG meetings

Key points: 63 subjects have started seeking drug treatment and health-oriented services, as they seem to respond in creating an enabling environment. The behavioral aspects could be addressed after assessing the risk they are exposed too. This is a breakthrough and bringing about an ownership in the program is a major challenge, as it has to be replicated and sustained. Targeting the most sensitive and underprivileged section is a major point of interest as the Organisation serves as a payback to the society.

Implication: Lessons learnt from this project undertaking could be shared in forms of best practices and consider over sustainability as the female genders influenced by these habits needs to be redesigned reassessed which could be compounded and reinforced by a sound Harm Reduction undertaking. The already alarmed situation of this dual epidemic could be responded only when programs are designed so as to suit the subjects in proper orders and there lies the backbone of public health.

811 Zhubaibek Baurzhan**PEER-TO-PEER**

Working experience of the NGO "Youth against AIDS" of the Republic of Kazakhstan under the "peer-to-peer" program.

I am a student. 3 years I have been working as a volunteer together with the specialists from the international non-governmental organization PSI.

I established the NGO "Youth against AIDS". I am a member of the AIDS Servicing Organizations Association in Kazakhstan, and work under the peer-to-peer program among schoolchildren, students of colleges and universities in Almaty City.

Together with the PSI Group I visit rural areas to carry out training on HIV/AIDS/STI prophylaxis, as my coevals need the information on prevention measures against HIV and STI, their diagnostics and testing with further relevant consultation.

According to the conducted questionnaire, knowledge of STI (syphilis, gonorrhea, trichomoniasis) and their symptoms is in the range of 34 % - 78 % of the respondents; knowledge of HIV prevention matters is 54,1 % (1385 respondents). It turned out that education, place of residence (city or village) and nationality influenced on the level of knowledge of HIV and STI.

I established the group of leaders in four universities in Almaty city, who themselves conduct lessons on HIV infection and STI under the peer-to-peer program in their own universities and in one rural school. My coevals do not regularly watch and read official information. Peer-to-peer programs are more effective.

816 Dmitry Samoylov**ACCESS TO ANTIRETROVIRAL THERAPY AMONG DRUG USERS IN RUSSIAN FEDERATION**

Issue: By WHO assessments about 1 million people live with HIV/AIDS in Russian. Injecting drug users (IDUs), who have contacted virus through used syringes and needles, make up about 75 % of them. Discrimination is the most acute issues for people living with HIV/AIDS (PLWHA). HIV-positive IDUs are often refused medical care, employment, entering educational institutions. We face zero tolerance from the society, caused by poor knowledge or ignorance.

Approach: Our statements are based on the experience and continuous feed back from the community.

Key points: IDUs are chopped off the medical care and support services. Medical professionals refuse to prescribe antiretroviral therapy (ARV) to them, being based on their incapability to keep the regime. In spite of the scientific evidence that IDUs can be adherent to ARV, this is the usual argument for many countries worldwide. WHO protocols ratify the equal access to treatment. At the same time the head of the Moscow AIDS-centre, M.D. Mazus postulates: « Only those drug users, who has saved from their disastrous habit, should be treated». Discrimination of PLWHA is direct violation of human rights. By the Federal Law each citizen of the country has equal rights for access to medical care, regardless drug using habits.

Implication: We need to strive for access to quality medical care for all PLWHA ARV is not accessible for the majority of positive people: the needs are covered for 10% only and IDUs are insignificant part of people taking the treatment. Our community organization of HIV-positive people advocates for access to treatment. We organize mass campaigns, negotiate with pharmaceutical companies, and support interests of PLWHA. We hope that by the joint efforts of Russian and international organization we will obtain significant changes in the situation with access to treatment for positive people in our country.

822 Celentano, Andrea; Inchaurreaga, Silvia

DRUGS - VULNERABILITY - POVERTY. RISKS ASSOCIATED TO THE DRUG CONSUMPTION IN POVERTY CONTEXTS.

Background: This study was made by the CEADS in the city of Rosario with the primary target to study conducts and attitudes of risk associated to the drug use, beginning and transition to the injectable use, in poverty contexts and this way to contribute to the prevention and reduction of identified damages taking care of the particularities of this population.

Method: Focal groups were made, interviews with drug users. In addition, a questionnaire to 200 drug users was applied in poverty situation.

Results: The rank of ages of the interviewed people oscillates between the 11 and 30 years, with a medium one of 18 years. 64% pass most of the day in the street, of these 22% consumes inhalants (glues, reliable) because they like their effects, 15% because it is obtained easy. 26% of the interviewed people argued to live on the robbery, to take care of cars, to clean glasses, "to rescue" drugs, 11% exerts prostitution. Like risk context, it is possible to indicate that 59% were in prison and of these 94% injected some drug. 57% of the interviewed people began in the alcohol consumption between the 6 and 13 years. In average they begin in the consumption of drugs to the 13 years. The main drug of beginning is the inhalants (29%), followed by the tranquilisers (19%). 42% consume drugs and alcohol jointly. 34% use the injectable route and they began in average to the 16 years. 45% injected other substances nonconsidered drugs. 79% shared injection equipment, of these 33% are HIV (+). and 10% are HCV (+).

Conclusions: It is necessary to reinforce the intervention in relation to the associated risks to new modalities of use and new drugs (paste bases, fungi, ketamine). The predominant roll of the alcohol use in contexts of poverty associated to the drug consumption (inhalants, cocaine, marijuana, tranquilisers) determined the management and design of specific communicational material.

829 Galina Karmanova, Martha Sickle

DRUG DEMAND REDUCTION PROGRAM (DDRP)

DDRP in Uzbekistan, Tajikistan and Ferghana Valley of Kyrgyzstan is an innovative USAID-funded five-year program which tackles the problem of increasing drug usage and spread of the HIV/AIDS epidemic in Central Asia. The program is implemented by a consortium of partners led by the AOSI including: OSI/ Network's SFG and OSI Tajikistan, Eurasia Foundation, PSI, AFEW, Accord, Internews Uzbekistan and Tajikistan. OSI's IHRD provides advisory support to DDRP.

DDRP's mission/strategic objective is "Increased utilization by select populations of quality drug demand reduction services, social support and other healthy alternatives to heroin/opiate use".

The Program represents a major contribution to the mitigation of the HIV/AIDS epidemic in Central Asia through its approach to drug demand reduction in the region. A full spectrum of drug demand reduction incorporates universal prevention, which targets non-users, selective prevention which targets at risk individuals, and indicated prevention which aims to reduce occasions of heroin/opiate use, minimize health risks associated with use, and move regular drug users towards treatment (UNODCCP, 2002). This last element of indicated prevention is sometimes called "low-threshold treatment readiness," which involves providing low-threshold, outpatient services such as counseling, stress reduction techniques, and other support to enable drug users to seek treatment. According to the International Narcotics Control Board (INCB), treatment and rehabilitation of drug abusers are also key elements of drug demand reduction strategies (INCB, 1998).

DDRP provides this spectrum of activities to a broad range of target populations, from raising awareness of the general population as to the harms of drug use to more selected and indicated services provided groups vulnerable to drug use. The program also aims to strengthen and institutionalize local professional capacity to provide services in the field of drug demand reduction.

831 Ananda Pun

INJECTION DRUG USERS AS LEADERS FOR HISTORICAL COMMUNITY MOBILIZATION AND EFFECTIVE HIV PROGRAMS

Issues: Community Support Group (CSG) is a NGO led by and for injection drug users (IDUs) in Nepal to design their own programs, which can be shared and adapted with other countries to increase IDU access to design effective programs and policies.

Description: The NGO is designed to build the capacity along with leadership and advocacy skills of IDU to participate meaningfully in policy dialogue, improve understanding of DUs and PLHAs issues and to build effective partnerships to reduce stigma and discrimination in the community. CSG believes that the multi sectoral responses are necessary to minimize the impact of HIV/AIDS epidemic. In order to mobilize a community at different levels CSG

organized a week long 'MAHAYAGYA' (religious ceremonial fire) this September by mobilizing different sectors in HIV/AIDS prevention and care activities. This is the very first of its kind nationwide. The main aims were to initiate the faith-based response in Nepal, sensitize the community and to raise a fund to establish an 'End of life care centre' for PLHA.

Conclusion: In this historical momentum in Nepal, thousands of people across all strata of Nepalese population joined their hand in hand to provide an enabling environment, raised 4.2 million Nepalese rupees for IDUs and contributed and supported entirely and effectively the issue raised by DU and PLHA. Meaningful involvement and acceptance of IDUs as leaders is essential for changing behaviour, perceptions and stigma and discrimination. Skilled and extensive support to IDUs can make them the effective partners and leaders in the fight against HIV and AIDS.

859 Paveto, R., Romero, J., Segovia, D.; Maillot, J.

CHALLENGES OF HARM REDUCTION PROGRAMS AMONG MARGINAL POPULATIONS IN BUENOS AIRES CITY

Issue: Harms related to drug use seems to be increasing in association with poverty and unemployment. In Argentina 53% of population is poor. 37% of all AIDS cases are related to intravenous drug use and HIV is spreading disproportionately in marginal populations with low access to health services and information.

Setting: Homelessness, unemployment, street children, sex work, obstacles for outreach in shanty-towns, the use of glue, free base, crack and injecting cocaine are showing new challenges for harm reduction in Buenos Aires. The Argentinean Harm Reduction Association (ARDA) is developing several programs in poor neighborhoods and shantytowns in Buenos Aires City.

Project: We will discuss the key role of outreach, education and delivering of injection kits in the context of frequency of injection, limitations on developing Needle Exchanges and adequate programs coverage and the impact of the involvement of marginal users and dealers in proper communities. Several programs and interventions will be presented. The goal is to reduce drug related harms and risks related to drug, unsafe use and risks of injection and risks associated with the law, enforcement of the law and violence ("If you use drugs, know your rights" - ARDA National Campaign of Decriminalisation)

Outcomes: In current national situations with no official harm reduction policy and where national government has gone two steps back related to drug users, the developing of programs addressed to the most disadvantaged groups, run by an Argentinean harm reduction organization must be highlighted. The partnership with drug user organizations and regional agencies are showing new alternatives of working together in difficult frameworks, with few resources but big social commitment.

869 Tyndall MW (1,2), Lai C (1), Shannon K (1), Ishida T (1), Cook D (3), Kerr T (1), British Columbia Centre for Excellence in HIV/ AIDS (1), University of British Columbia, Canada (2), British Columbia Centre for Disease Control (3)

CONTINUED HIGH RATES OF HIV TRANSMISSION AMONG A VULNERABLE COMMUNITY IN VANCOUVER: THE CHASE PROJECT

Background and Objectives: Vancouver's Downtown Eastside (DTES) has attracted international attention due to high rates of HIV in an environment of illicit drug use and serious social problems. Through a large prospective cohort study we estimated the HIV rates among the residents of this community between 1993 and 2002.

Methods: The CHASE Project is an ongoing prospective cohort study that began recruitment in January 2003 and has recruited over 3,200 residents of the DTES. In addition to the collection of self-reported information, linkages were made with the HIV provincial database at the BC Centre for Disease Control in order to determine the rates of infection using all previous test results accrued by the study participants.

Results: The CHASE cohort consists of 70% males and 30% females. The mean age is 36 years, 35% identify as Aboriginal, 71% live in unstable housing, and 45% have used injection drugs in the past 6 months. Between 1993 and 2002, the cumulative HIV prevalence has increased from 1.6% to 22.4% and the annual incidence rate remains high at 1.8 per 100 person years in 2002.

Conclusions: HIV rates remain unacceptably high among participants in the CHASE cohort. Although the introduction of new interventions and services are ongoing, the transmission of blood borne infections, along with the profound adverse health consequences of illicit drug use and poverty continue in this community.

875 Wood E, Hogg RS, Kerr T, Strathdee SA, Palepu A, Montaner JS

RATES OF INAPPROPRIATE ANTIRETROVIRAL PRESCRIPTION AMONG INJECTION DRUG USERS

Background: Since the advent of HIV antiretroviral therapy (ART), there have been growing concerns regarding access to HIV treatment among HIV-infected injection drug users (IDUs).

Methods: The Barriers to Antiretroviral Therapy (BART) cohort is a prospective study of HIV-infected injection drug using individuals who have been recruited through self-referral and street outreach from Vancouver's Downtown Eastside. We examined the rate of ART in a prospective cohort of HIV-infected injection drug users and examined the prevalence of ART prescriptions that were inappropriate given the recommendations of therapeutic guidelines at the time ART was initiated.

Results: Between May 1996 and May 2003, 431 HIV infected individuals were enrolled into the BART cohort. We noted that there were instances of inappropriate antiretroviral prescription in each Era, with 9 (53%) in Era 1, 3 (12%) in Era 2, 22 (28%) in Era 3, and 23 (15%) in Era 4. In Eras 1 and 2, all inappropriate prescriptions involved individuals being prescribed mono therapy when they should have received dual therapy based on their CD4 cell count. In Era 3, all inappropriate prescriptions involved subjects who should have received triple therapy based on their plasma HIV RNA, but received dual therapy (2 NRTIs in all cases).

Conclusion: In the present study, we documented high rates of inappropriate ART prescribing patterns among injection drug users. Since HIV therapeutic guidelines will likely continue to evolve as novel agents become available and additional information about ART benefits and toxicities arises, it is critical that mechanisms be put in place to ensure that physicians are providing ART combinations that are up to date with current knowledge.

877 Dianne Schmidtke and David Tonkin

ZONING IN ON PARTNERSHIP AND PEER EDUCATION

Issue: Young people are identified as a marginalised population within society. If you are young and identify as having substance abuse issues, you are more likely to be marginalised, therefore having limited capacity and motivation to access mainstream health and educative services and systems.

Key Point: Peer educators have direct experience of drug use and understanding of drug using practices and culture. Peer educators are therefore ideally placed to communicate information about reducing risks of alcohol and other drug-related harms, transmission of Hepatitis C and other health messages.

Approach: Our approach to education and decision making is fundamental in bringing about sustainable change to drug use practices and culture. Reinforcing harm minimisation strategies that can be integrated into their social repertoires. The Peer Education program is portable- the peer educators go to the client. Zones is client centred, young participants develop and implement the program.

Implications: Zones Alcohol and other Drug Day Program is an innovative program which provides post-withdrawal support for people aged between 12-21. Peer education provides opportunities for personal development of harm reduction strategies, along with development of public speaking skills. Peer educators are paid for presentations which may be in Juvenile Justice, school, youth residential withdrawal units and staff groups. Most recently four peer educators presented at an alcohol and other drug conference, in Warnambool Victoria, with amazing results both for the audience and the young people and their personal development. The strong collaborative partnership between Zones and the Adolescent Forensic Health Service- Peer Education is an integral part of the success of the program and the promotion of positive outcomes for young people who identify as having alcohol and other drug issues.

The presentation will demonstrate how the client group has actively participated in project development and implementation via a short multi-media presentation.

878 Jim Pasinis Cheryl Delalande

INTEGRATING INJECTING DRUG USERS IN COMMUNITY HEALTH. A PATHWAY TO BETTER HEALTH OUTCOMES

Banyule & Darebin Community Health Services (BCHS) have provided services to drug users since the mid 1970's. Traditionally one of the main deterrents for injecting drug users accessing health care has been a perception by users that they will not receive the same treatment as other clients of health services. Drug using clients access BCHS knowing that they will be treated with respect and dignity. The introduction of a best practice Needle & Syringe Program (NSP), a harm reduction Pharmacotherapy Prescribing Service (PPS) and a comprehensive Drug & Alcohol counselling service has resulted in drug using clients having access to a "one-stop-shop". Statistics show that clients who attend the PPS have accessed many other services at BCHS. These include community midwives, community health nurses, youth services, dental and medical

services, legal and financial services and emergency relief programs. This presentation will examine the primary health care model of service delivery and the highly successful integration of injecting drug users through a large community health service.

879 LIMA, HELENA; MENDES, ÁLVARO

HARM REDUCTION AMONG MESCLA USERS IN NORTH BORDER – ACRE/ BRAZIL

Background/Objectives: This research with rapid assessment, response and evaluation methods started at March, 2002 with training sponsored by centers for disease control and prevention and national program of STD/AIDS technical support.

Target-Population: Mescla users in capital Rio Branco and Border with Bolivia - important center of traffic and use of cocaine in different forms: Basic Paste, Free Base, Mescla (with Tobacco or Marijuana).

Methods: Deep interviews with 95 Mescla users, 25 Public Health Professionals and 35 others (Policeman, Policy Makers, Educational Professionals); Focus Groups with users, Health Professional and others; Observations and mapping in capital and border.

Results: All the Mescla users drink alcohol during the smoke's sessions, and believe they are doing 'Harm Reduction' because their symptoms are less. They have a lot of bureaucracy to get condoms and don't have good reception by health professional. In border, they have a lot of problems with violence, policeman and religious leaders. They started to use Mescla between 11 and 18 years old, and is common to change sex to get drugs or money - without correct protection or other care behaviours. The Bolivian are going to Brazilian health services to know about condom's access and other issues related with STD and AIDs. The level of knowledge about STD is very low, and the AIDs prevention is limited to harm reduction among injectable drug users, but don't have strategies with Mescla's users. Hepatitis has 80% of prevalence and they don't have information about vaccines and transmission by saliva.

Conclusions: It's necessary to develop a campaign to basic informations about Mescla and alcohol use: It's not 'harm reduction'. They need to get condoms without bureaucracy, and the children and teenagers' programs must start to work with orientation and prevention against drug abuse, Hepatitis and STD/AIDs.

881 Shamim Rabbani; Monica Beg; Smarajit Jana; Mobasharul Islam; Asad; Moti

A SCENARIO OF THE OPIOID/OPIATE DRUG USE IN DHAKA CITY AND PABNA DISTRICT.

Background: The needle exchange program was started in Dhaka -the capital city of Bangladesh in 1998 by CARE- Bangladesh. In 2003, after five years of intervention a study was conducted in collaboration with FHI Bangladesh. Dhaka city Harm Reduction intervention and non-intervention areas were under taken to conduct the study. The Main objectives of the study were to obtain an updated and current scenario of the opioid/opiate drug use in Dhaka city and Pabna district.

Specific Objectives: To identify the hard to reach DUs (IDUs, HSs) in Dhaka for inclusion in the existing targeted intervention., To compare the behavioral data obtained in the intervention base line study, conducted in 1997. To identify the existing gaps, Re-estimation of Drug User, Reason for non accessing services, To understand the special needs of drug users of higher socio-economic class, To have the basis for future program and scale-up.

Method: Both Qualitative and quantitative data collection methodologies were followed during conduction of the study. Current IDUs, Ex- IDUs, 20 trained research assistants and CARE staffs were took part in the study. 424 IDUs were interviewed during the conduction of the study along with FGDs and In-depth interviews with female DUs. 20 Nos of Key informant were also interviewed.

Results: IDUs and heroin smoker groups were identified in all sites, most of the heroin smokers and 424 IDUs were male. Low grade, low priced heroin is increasingly available and most commonly injecting drug is Buprenorphine. Mean age 32 for heroin smokers and 34 for IDUs. 40% HS and 30% IDUs are illiterate, condom uses during last sex 16% HS and 31% IDUs. IDUs ever had abscess 56%, STDs 8% and 10% respectively among HS and IDUs. Syringe-needle sharing in the last injecting episode is 22%, HIV/AIDS knowledge level is higher in the intervention areas but low in the Non- Intervention areas.

Conclusions: Harm Reduction targeted Intervention can make difference of vulnerable population's high risk behavior between intervention and non-intervention areas.

882 HELENA LIMA; MARIA OTILIA M O MATHIAS

WORKING PREVENTION AMONG COLLEGE STUDENTS IN BRAZIL: THE REJECTION AGAINST HARM REDUCTION AND THE SKILLS TO CHANGE IDEAS

Background/Objectives: Teach to Psychologist and Educational Students (1) What is

harm reduction, (2) How important is to future Health Professional understand their principles in a country with cultural differences and issues as Brazil and (3) Harm reduction as a national policy on drugs.

In Pontificia Universidade Catolica de Sao Paulo, they don't know about Harm Reduction and in first contact a lot of students hates and rejected the idea - and the practices.

The principal words against harm reduction are: 'Incentive', 'Improve drug abuse', 'Nothing to do with injectable drug users', 'There are no IDU in Sao Paulo. **Methods:** They have classes to learn about harm reduction principles inside the contents of graduation. After classes, official movie produced by ministry of Health, they visit internet websites about harm reduction, read books and texts, and visit STD/AIDs centers in Sao Paulo, where harm reduction is implemented since 2001. They must to finalize they classes with dramatization using Paulo Freire's methodology: Personal issues starting discussion and develop a project to be implemented in other health services. Two teachers, exercises, workshops, deep interviews and focus groups are developed during 6 months. The evaluation is in constructivism paradigma: Day by Day, Surveys before and after visits, Classes, Dialogues.

Results: Since 2001 this methodology was implemented, with 250 students by year - 2000 students from education (to be teachers) and Psychology were trained. They changed their initial harm reduction concepts after the course, and understand (1) what is harm reduction, (2) the role or harm reduction in public health (and public health services) and (3) the national policy of drugs and harm reduction's section.

Conclusions: The students don't have risk's perception and still believe in 'risk groups' and 'drugs-poison-evil'. Harm reduction must be teach in all health graduations, theory and practices, working with drug abuse and STD/AIDs prevention.

885 HELENA LIMA; PAULINA DUARTE

HARM REDUCTION IN NATIONAL POLICY OF DRUGS IN BRAZIL

ISSUE: Until 1998, there're no national policy about drugs in Brazil. The first national policy was build on 1999, in national secretary against drugs (Senad), from 15 technical specialists invited by federal government. In 2001, there was a discussion with public health professionals, teachers, policeman and other 200 people to change the format and they decided to 6 points: General goals, principles, prevention, treatment, research/evaluation, offer reduction and harm reduction. There was fundamental points to guide national programs and projects in Brazil.

Setting: Brazil - A country with 26 States and 5 507 Cities. Population in 2004 = 181.955.933 Inhabitants and 8.514.876,599 km². The national policy suppose to guide all the citizens about drugs issues, and must to be share with other public areas: mental health, human rights, justice, etc. There were a copy in a website (www.senad.gov.br) but the principal criticism was a few popular participation in different subject.

Project: In 2004, the government invited a team of technical specialists to coordinate a new step in the national policy. On June, 2004, there was an international symposium with Netherlands, Portugal, Canada, Switzerland, Italy, United Kingdom, France - They showed about their policies and strategies to work with drug issue.

During August-October, there were 6 regional forums in different parts of the largest country of Latin America to discuss about each point to national policy. There will be a national forum on November 2004 to finalize the process and work to implementation during 2005.

Outcomes: In each forum they have 400 - 750 People talking about each point of national policy, and they're representing more than 2000 Brazilian institutions. Harm reduction as a national strategie is a starting point to develop articulation with different sectors of society, working with tools to build a bridge in a health promotion perspective.

904 Dr Thiyam Bharat Singh

EVALUATION OF NGOS PERFORMANCE

Issues: The opportunity cost of resources allocated for NGOs in Imphal is very high. Anecdote evidence suggests that available physical and financial resources are not attaining optimum utilization. New clients are not availed of their fundamental requisites. Double counting of client's record, lack of skills, financial imprudence, inadequate availability of injecting paraphernalia among drug users, lack of communication and coordination between NGOs are the real cause of worry.

Approach: The objective of this work is to undertake a research for evaluating over the performances of NGOs in Imphal. The methodology will include evaluation of NGOs in terms of their proper utilization of physical and financial resources, coordination, networking between NGOs. A new effective policy option would be explored for the NGOs based on the result of the research.

Key Points: There are many NGOs operating in Imphal area to reduce harms associated with drug and alcoholic use. Many NGOs are working below par and only

a few NGOs are effective in controlling the issues. There is so far no definite mechanism for evaluating the performances of the NGOs in Imphal. There is an incidence of double counting of client's record because they shift from one NGOs to some other NGOs for their treatment. This deprives not only opportunity of new clients of HIV/AIDS patients but also prevent their entry.

Implication: There is a major implication for new clients belonging to poor socio-economic background in Imphal. They should be made availed of basic necessities. This will be possible by making the programmes of NGOs more effective, transparency and promotion of coordination, communication, networking, and financial prudence amongst the NGOs should be initiated.

905 Formankova S., Slezakova S., Klempova D., Okruhlica L.

TEN YEARS OF NEEDLE DISPENSE PROGRAMME IN BRATISLAVA

Background: The needle dispense programme in Bratislava started at the very beginning of the heroin epidemic in 1994. It is one of the five sub-programmes of the Public Health Protection Programme implemented among IVUs at the Centre for Treatment of Drug Dependencies, Bratislava: needle dispense programme, HBV vaccination program, MMTP, education of users and testing for blood-borne viruses. The Objective of the study was to monitor participation in the programme as well as risk taking behaviours among NEP clients.

Methods: The risk-taking behavior among NEP clients was surveyed by a short semi-structured interview. **Results:** By the end of September 2004, there were 2,874 intravenous drug users who ever registered in the programme during 10 years of its functioning. More than 430 000 sterile needles and syringes were provided since the beginning of the programme till the end of October 2004. The percentage of IDUs who used a sterile needle and syringe instead of a shared one increased from 52% in 1999 to 64 % in 2001 and to 73 % in 2003.

Conclusions: The results of a short survey revealed that despite of the previously mentioned comparatively good indicators of the spread of blood-borne infectious diseases among IDUs in Bratislava, there is still remaining a high, although decreasing, proportion of risk-taking behaviors among them.

906 Sebastian Saville; Katy Swaine; Niamh Eastwood and Janice Toh

DRUGS, THE LAW AND HUMAN RIGHTS: LEGAL SERVICES AND HARM REDUCTION

Issue: Legal problems arising from issues such as debt and lack of adequate housing create added pressure for those coping with drug dependency.

It can be very difficult for drug users to access the type of professional help that can be required to address legal issues.

Providing accessible assistance with these fundamental issues can therefore be key to harm reduction.

Setting: The Release legal team has successfully provided legal outreach services within drug projects in London for over 15 years.

We are currently under contract with four London drug agencies to provide free legal advice and assistance to their clients. The services is provided by the three qualified lawyers on our legal team, through weekly drop-in sessions and follow-up work back in the Release office.

Clients are also able to access us by telephone or email.

Project: Legal advice and assistance is provided to clients of the drug projects. Here are some examples of the areas in which we provide advice and assistance:

- Housing: disrepair/possession proceedings
- Homelessness
- Debt
- Benefits appeals
- Complaints about police
- Claims to the Criminal Injuries Compensation Authority
- Basic criminal matters

Our service is intended to cover situations where clients cannot obtain legally aided advice and assistance.

Outcomes: Often simple steps, such as advocacy or negotiation on behalf of a client, can solve a problem that had seemed insurmountable.

Demand for the legal outreach service is consistently high and the work is time-consuming.

We would welcome the opportunity to share our experience with colleagues worldwide and to hear about the experiences of others in relation to legal services and harm reduction.

907 Sutton AJ (HPA, CDSC, Colindale, and Imperial College, London), Edmunds WJ, Gay NJ (HPA, CDSC, Colindale)**MODELLING THE TRANSMISSION OF HEPATITIS B IN THE INJECTING DRUG USER POPULATION IN ENGLAND AND WALES**

Background: Injecting drug users (IDUs) are a core group for the transmission of hepatitis B (HBV) in England and Wales. An increased knowledge of the transmission dynamics of HBV in the IDU population will help to inform policy making, particularly for targeted vaccination strategies.

Methods: A deterministic compartmental, mathematical model was developed to describe the transmission dynamics of HBV in the injecting drug user population of England and Wales. Analysis of prevalence surveys in IDUs has shown that the risk of infection with HBV is particularly high in the first year of injecting. Therefore the model was structured by injecting career length and incorporated a heterogeneous risk of infection. The model was used to predict the impact of alternative vaccination policies including vaccinating IDUs in the community and vaccinating on reception into prison.

Results: Results suggest that prison vaccination may have a significant impact on HBV transmission within the IDU population in the community. The sensitivity of the results to model assumptions was investigated.

Conclusion: These results will assist in designing targeted vaccination and other intervention strategies.

908 Sutton AJ, Gay NJ (HPA CDSC, Colindale), Hickman M (Imperial College, London)**ESTIMATING THE INCIDENCE OF HEPATITIS B, HEPATITIS C, AND HIV INFECTION IN INJECTING DRUG USERS IN ENGLAND AND WALES**

Background: IDUs are a core group for the transmission of blood-borne viruses in England and Wales. Monitoring the rates at which susceptible IDUs acquire these infections is a key part of surveillance.

Method: Voluntary unlinked anonymous surveys have been performed on IDUs in contact with specialist agencies throughout England and Wales. Since 1990 more than 20,000 saliva samples from current IDUs have been tested for markers of infection with HBV and HIV, HCV testing has been included since 1998. The analysis here considers those IDUs tested for HBV, HCV, and HIV (n=9,508). This study derives maximum likelihood estimates of the force of infection (the rate at which susceptible IDUs acquire infection) for HBV, HCV, and HIV in the IDU population and their trends over time and injecting career length. Also considered is the presence of individual heterogeneity of risk behaviour and background hepatitis B prevalence due to routes of transmission other than injecting.

Results: Results suggest that for all three viruses, IDUs have the greatest risk from infection in their first year of injecting although independently of this there is evidence of heterogeneity of risk behaviour within the surveyed IDU population. For HCV there has been an increase in the force of infection in recent years, although no other trends over time were detected. No evidence of any HBV transmission due to routes other than injecting was detected.

Conclusions: These results are based on a survey of IDUs in contact with services and the extent to which they reflect the risk of infection in IDUs not in contact with services is unclear.

913 Lisa Johnston, Pham Huong, Mai Thu Hien, Luu Thi Minh Chau, Doan Huy Hau, Nguyen Thi Thanh Thuy, Do Anh Nguyet, Keith Sabin, Mary Kamb, Mitchell Wolfe**THE PREVALENCE OF HIV AND ASSOCIATED RISK FACTORS AMONG INJECTING DRUG USERS IN HAI PHONG, VIETNAM: INITIAL RESULTS FROM A SURVEILLANCE USING RESPONDENT DRIVEN SAMPLING**

The HIV/AIDS epidemic in Vietnam is concentrated in injecting drug users (IDUs). Currently, IDU HIV prevalence and risk factors are collected mostly through convenience samples from IDUs interned at government rehabilitation centers. This study used Respondent Driven Sampling to examine IDUs' HIV high-risk factors to develop programs to reduce HIV transmission.

Methodology: With assistance from the US CDC, the National MOH gathered data from March-May 2004, from 420 males over 18 years, living in Hai Phong and who had injected drugs in the past month. Participants provided a saliva sample (oraquick®) to test for HIV and responded to questions about drug use, sexual and injecting behaviors and personal networks. Participants received HIV prevention information, vouchers for voluntary counseling/testing and a modest incentive.

Results: Mean age was 30 years and mean age of first IDU was 26 years. Based on rapid HIV testing results, HIV prevalence was 66%. Almost 100% of IDUs reported using heroin during the past month, and 94% reported injecting "several times a day". However, only 2% reported sharing a needle in the past month. 24% of IDUs reported ever being in a government-run drug rehabilitation center. 41% had previously been tested for HIV. 10% reported that they know they had HIV, 16%

reported that it was likely, 13% reported "about 50-50", and 50% said that they thought it was unlikely.

Discussion: The small number of IDUs reporting needle sharing could indicate the effective use of a needle distribution and pharmacy-based syringe access programs, started in 1999 and 2002, respectively. Findings indicate an increase in HIV among IDUs in Hai Phong from 48% (2003 surveillance data) to 66%. Additional research about sexual and other HIV risk behaviors is needed to understand why there is a high prevalence of HIV among IDUs reporting a low prevalence of needle sharing.

919 Bhawani Shanker Kusum**INTERVENTION AMONG THE TRIBAL WOMEN INVOLVED IN SEX WORK IN RURAL INDIA**

Issue: Intervention among the tribal women IDUs involved in sex work in the rural India is a very intricate problem because of ignorance and lack of health services.

Settings: The project was implemented among the women IDUs of Tribal communities eg. Rajnats and Kanzers traditionally involved in sex work in 10 villages of district Tonk in the Rajasthan state of India.

Project: The main object of the project was to identify the Tribal women IDUs and develop intervention programme among them. Focus of the project was on awareness generation with regard to drug related harm reduction and treatment of STDs, RTIs etc. under a very specific indigenous strategy.

Generally the Tribal women intake drugs like spasmoproxyvon, opium and heroin which are within their easy approach. They mix the powder of spasmoproxyvon capsules with water and inject it. Since its effect is short lived, it is injected 4-5 times a day.

Under the project 3 fold programmes were designed eg. awareness generation, altering the models of intake of substances and continuum of treatment.

Activities carried out include focus group discussions, video films and puppet shows for awareness and education, counseling through YOGA (the Indian method of meditation) and treatment through AYURVEDIC (the Indian traditional) therapy. Over 1,000 women IDUs were benefited from the project.

Outcomes:

- Specific strategy and programme for access to the women IDUs is essential
- Indigenous strategy can be more effective
- Adequate monitoring must be ensured
- Active involvement of women IDUs in planning and implementation needs to be prioritized

929 Irina Skriabina**THE CATASTROPHIC STATE OF HIV POSITIVE IDUS IN LITHUANIA**

Situation: By the end of 2004 year it was registered 200 cases of HIV, 26 AIDS cases and 24 deaths from AIDS in Lithuania.

Activity: NGO "The Initiative of Drug Users' Mutual Support" (IDUMS) has done a survey to find out what treatment, detoxification and rehabilitation are accessible for drug users and methadone program patients. There were polled 400 drug users from 5 cities of Lithuania. The results were surprising - no one HIV positive IDU did know anything about ARV treatment, also about prophylaxis of opportunistic infections. The fact is, that there are no one drug user from 30 persons that receive ARV treatment in Lithuania, though about 80 per cent of HIV positive are drug users.

HIV positive drug users are discriminated and stigmatized, even doctors say that drug users can't get treatment, because they can't keep regular hours and ARV doesn't go well with methadone.

Some IDUMS members work in mobile syringes exchange and consultation service "The Blue bus" in Vilnius and have contacts with 100 IDUS daily. Until now we found 12 HIV positive IDUs willing to establish a self support group, get and exchange information about their disease and to advocate for their rights to proper treatment and care.

Outcomes: IDUMS having 3 year experience in advocacy and now working on organizing self - support drug user' groups in the biggest Lithuania's towns, is ready to help them to organize themselves and sooner get the life-saving treatment they need.

950 Dr. Tom O'Brien PhD**THE HEGEMONY OF BIOMEDICINE IN THE TREATMENT OF OPIATE ADDICTION**

The research was carried out in 2002 using qualitative methodologies that sought to understand the meaning of drug treatment knowledge among adolescent opiate users attending a Dublin inner city community based treatment service. In particular the research sought to understand how methadone had come to dominate the treatment culture of a service rooted in the principles of community education/development.

The study found that the young people had internalised methadone as the dominant script in the treatment process. This over reliance on methadone as a path to recovery and rehabilitation blocked the receptors of their imagination for change and discouraged them from becoming the authoritative authors of their own script, through the development of agency.

In examining the epistemology or the knowledge/power relationship of the service the research found that biomedicine dominated the treatment process. The research describes this medical dominance as a biomedical-hegemony i.e. the subtle and hidden ways power is exercised over the treatment of addiction through the practice of biomedicine.

The research highlights critically the position adopted by community education/development and its failure to challenge this medical hegemony in drug treatment. The biomedical-hegemony acts to marginalize community education/development to an ancillary service that lacks the power of influence within a dominant medical paradigm of treatment.

The research critically evaluates medical knowledge and explores critically the knowledge/power relationship that exists between evidence based medical research, the medical profession and the pharmaceutical industry and their part in the biomedical-hegemony and the promotion and marketing of methadone. Finally the research examines the policy implications of this critique and summarizes the challenge for a more equity in the power/knowledge relationships of biomedicine, psychotherapy and community education/development.

955 Dr Moudad Alamatori

DR

STI/HIV prevention in Syria: Syria is one of the middle east countries population nearly 15 Million inhibitors STI/HIV epidemic in Syria is at an early stage compared with those in other countries in Asia. And low number of AIDS cases low STI/HIV prevalence)of STD/HIV knowledge and there is coordinate between public sector health and private sector the Ministry of Health reports high rates of other sexually transmitted infections, chlamydia. There is less than 500 cases with HIV We think that is according to The role of religions in the live of society Islam prevents the sex relationship out of the family (husband or wife)A ban of homosexuality Less number of sex workers Less number of sex places The role of ministry of Health Control and Prevention HIV AIDS prevention campaign in the schools, sex education in the schools deal with infected cases treatment .an annual epidemiological studies for STI/HIV continues Laboratory investigation for the High risk group(STI cases Sex workers ..Continues study for HIV cases-Education and psycho-education for the patients psychological counseling team interviews the person concerned with the aim of helping him to deal with the social problems related to his state of health and informing him of the means for preventing the transmission of infection to other persons and the occurrence of opportunistic conditions in his own case. Free and secret Laboratory investigation for susceptible cases A ban of traveling for the HIV patients like most of centuries Coordinate between Ministry of Health and government to make a low active to deal with HIV/STI.

Conclusion: Preventing AIDS is a real challenge that requires the implementation of particular strategies less numbers of HIV in Syria let us to continue all the cases carefully And reduce the infections in the society Concentrate on high risk factor STD patients . Education to population through Media, school groups partnerships between government agencies , and the private sector make the cases under control.

969 Raquel Peyraube, Cecilia Dell'Acqua

PHARMACOLOGICAL AND BEHAVIOURAL RESOURCES ON ALCOHOL HARM REDUCTION IN URUGUAY

Background/objectives: Uruguay, a small Latin-American country with a total population of three million people, has not a global public harm reduction policy. Nevertheless, there are some few harm reduction practices and programs, which only one of them works on treatment.

Alcohol is a widely extended problem in this country and the most spread responses to it are different kinds of treatments for abstinence.

Methods: An approach designed on medicine based on evidence criteria is proposed as a possible treatment for alcohol abusers who are not already prepared to give up drinking but are planning to do so, and also for those alcohol heavy users who do not want or cannot stop drinking, but want or need to control their abuse.

Naltrexone is an opiate antagonist which has been used in abstinence treatments and well-known to prevent relapse. This work basically describes a maintenance treatment with naltrexone and neurological protection, both associated to behavioural resources. This strategy was thought for alcohol abusers in serious risk of neurological damage, or other kind of important morbidity as cardiac or related with accidents.

Results: After two years of this practice, clinical evidences are: a 63% retention rate, a

higher than 50% reduction of alcohol usual daily intake, and a decrease of at least 78% on acute intoxication episodes. Male users show a better performance than female ones. Life quality is improved mainly on health, violent behaviours, and work related problems. As far, no serious side effects were found.

Conclusions: Even though the naltrexone is a quite expensive drug to be paid by public health services users, these results, as well as users' tolerance and opinion about the treatment suggest that it could be a useful harm reduction treatment for heavy alcohol abusers.

970 Raquel Peyraube, Nairí Aharonián, Marcelo Aprile, Alejandro Antúnez, Alba Negrin

"RD CAFÉS" (HR CAFÉS): A HARM REDUCTION OPEN DEVICE

This project results from identifying needs in a Latin American developing country's touristy city with serious problems related to Drug Misuse and STD, an other context characteristics: coexistence of extremely rich and poor people, local population and tourists coming abroad, generalised and normalised legal drug misuse (high levels of alcohol consumption), even for early teenagers (either associated to other drugs or in single use pattern), use/misuse of illegal (preferably cocaine/basic paste/crack, ecstasy and cannabis), problems denial attitude and festive mood, ambivalence to face the problem, almost none specific response.

In this context a programme should: attend to the different drug misuse related harm, be flexible, versatile and culturally accepted, operate with social, clinical and preventive conditions, work either with acute or chronic problems, ease drug users' access to health network.

"RD Café" is a socio-sanitary multi-target opened low threshold approach including different interventions: condoms, leaflets and information supply, outreach and community work, 24 hours toll-free help line, chill out, acute intoxication treatment, counselling and HR measures for chronic patients.

Its objective is to promote drug users' social integration and access to the health network, taking care of socio-sanitary urgencies and drugs misuse related harm. An interdisciplinary team –including drug users– specialised in drug abuse and trained on urgency and HR measures is responsible of the intervention in a duty system. Because of the public service provided, it has gained recognition and partial support by the National Telephone Company, Tourism Ministry, and National Drug Council. During its first ten weeks, RD café received 320 assistance demands for overdose, first aids and for drug users' relatives, teachers and community people orientation. It has become a referent, and media consult the project for professional opinion and public discussion about HR strategies and drug policy. Other cities of the country are demanding us to set up this device.

988 Lorraine Barnaby; Victoria Okazawa; Barb Panter & Lorie Steer

FALLING THROUGH THE CRACKS: RESPONDING TO THE GROWING HEALTH CRISIS AMONGST CRACK SMOKERS

Issue: Front-line workers, crack users, researchers and advocates formed the Safer Crack Use Coalition (SCUC) in 2000 in response to a growing concern for the health and well-being of marginalized crack users. SCUC formed in reaction to the need for a unified response to the growing public health crisis among crack users. We provide an effective model for addressing health and social issues affecting crack users.

Setting: SCUC's primary service region is Greater Toronto, a diverse, large urban centre. Much of our work is done in areas where homeless people, sex trade workers and drug users tend to congregate. Recently, SCUC has reached out to regional and national stakeholders to provide leadership and education.

Project: Our mandate is to advocate for marginalized crack users and support the development of a comprehensive harm reduction model that addresses the health and social issues facing crack users; and to facilitate the exchange of information between crack users, service providers, researchers, and policy developers across Canada. Some of the ways in which this is achieved is through the Safer Crack Use Kit Distribution Project, educational workshops, lobbying policy makers, media relations, research and regular coalition meetings.

Outcomes: SCUC has grown in to the largest crack-specific coalition in Canada. Highlights include: the Safer Crack Use Kit Distribution Project involves over 12 agencies that provide outreach to users. Our work with Toronto Public Health has led to the initiation a research project to track the HCV rates of crack smokers. Through the provision of educational workshops and consultation throughout the region, we have increased the community's capacity to address the needs of crack users and create healthy public policy. The proposed workshop will provide participants with an overview of the development of SCUC, our current projects (including research, education, direct intervention and consultation), our challenges and successes and the role of community development and advocacy within the coalition.

1001 Sara McGrail**LOCAL DRUG STRATEGY - A BEHAVIOURAL SIMULATION**

This presentation will describe the application of behavioural simulation to the development of local drug strategy in England. This will be a report back on a project undertaken in late 2004. It is a unique project and the first time behavioural simulation has been applied to

Using a hypothetical drug market (designed in partnership with drug users among others) as the basis for the simulation we will test the impact of a number of interventions on economic and health behaviours.

Working with two groups - drug users and DAT partner agencies, OPM will plot the key transactions of the market and explore participant responses. This will include:

- How do behaviours change during specific CJ interventions (zero tolerance, targeting of prominent nominals, deployment of environmental crime reduction etc)
- How do behaviours change during specific Health/Social Interventions (establishment or changes in treatment provision, prescribing, needle exchange etc)
- How do CJ interventions impact on health interventions and vice versa.

As the DAT partner agencies structure their responses to the simulation, the users group will be able to comment on the impact of those interventions and alter the dynamics of the hypothetical markets in response.

1049 Sharon Secord, Cristine Urquhart**CHEMICAL DEPENDENCY RESOURCE TEAM INTRODUCES HARM REDUCTION FRAMEWORK IN AN ACUTE CARE HOSPITAL**

It is estimated that up to 40% of all hospital admissions are directly or indirectly related to alcohol and drug use. Research has shown that treating medical conditions in combination with brief substance abuse interventions has been successful in medical settings. Working within a Harm Reduction framework can assist health care workers in providing best practices in the treatment of chemically dependent patients.

The following will describe the development of a Chemical Dependency Resource Team (CDRT) and the implementation of Harm Reduction in an acute care setting.

Surrey Memorial Hospital (SMH) is located in Surrey, British Columbia. SMH serves a population of 340,000 of which approximately 30% are immigrants. Risk factors in the community such as poverty, homelessness, substance abuse, and crime reinforce the necessity of using Harm Reduction throughout the continuum of health care.

The (CDRT) was developed at SMH in April, 2004. The team was created in recognition of the need to improve care of chemically dependent patients and address the educational needs of staff. The CDRT consists of a social worker, nurse, physician and an administrative assistant. We see admitted patients throughout the hospital.

As consultants, our mandate includes clinical care, staff education and research. Examples of clinical interventions include methadone maintenance, withdrawal management, health education, and treatment options based on patient goals. Education initiatives include workshops on harm reduction and methadone maintenance, reference binders for staff, and resource packages for patients and families.

Throughout the process we have had numerous challenges and successes. Some of the challenges posed include resistance to change, and negative attitudes and beliefs of staff. On the other hand, the CDRT is now recognized as a support for staff and patients and has illuminated the complexity of treating a chronic condition in an acute care setting.

Abstracts

Not included in the programme

7 Philippe Lucas

MEDICINAL CANNABIS RESEARCH BY CANADIAN COMPASSION SOCIETIES; AN OVERVIEW

As a result of a prohibitive legal climate worldwide, the research and distribution of medicinal cannabis has been seriously stymied, which in turn has contributed to the potential harms associated with medicinal cannabis use. In North America, this has resulted in the implementation of medicinal cannabis dispensaries, which often work without the benefit regulatory or legal oversight or protection. The Vancouver Island Compassion Society (VICS) is a non-profit medicinal cannabis research and distribution organization located on the Canada's west coast. In addition to supplying over 400 members with a safe and standardized supply of organic, medical-grade cannabis, the VICS is currently undertaking more cannabis research than any other organization in Canada, including Health Canada. This presentation will encompass a review of our active research agenda, including a hepatitis C survey protocol with the University of California, San Francisco; a nausea and pregnancy protocol with the University of British Columbia; and the first high THC, smoked cannabis and chronic pain double-blind clinical protocol in North America. The latter is titled: A COMPARISON OF THE EFFECTS OF SMOKED WHOLE-PLANT CANNABIS OF DIFFERENT PRIMARY CONSTITUENT COMPOSITION IN SINGLE PATIENTS WITH CHRONIC PAIN USING AN "N OF 1" DESIGN

In addition, the VICS is participating in 2 research projects with the Canadian Center for Addiction and Mental Health: a) "Cannabis use and Self-Medication: A Study of Canadian Compassion Clubs and Their Clients", which is to be a multi-site interview-based evaluation of medical users and compassion club patrons, and b) a polling of 2000+ Canadians for a "Cannabis Use and Prevalence Survey", the first extensive Canadian survey of cannabis use and public opinion since 1997. It will be my pleasure to discuss the difficulties of undertaking crucial cannabis research in a prohibitive legal setting, and to present the results of many of these important harm reduction research investigations for the first time in Dublin.

8 Binod Nepal

WHY HARM REDUCTION APPROACH REMAINS CONTROVERSIAL IN ASIA: CAUSES AND IMPLICATIONS

Issue: Harm reduction approach in general and needle syringe program in particular is found to be generally effective in curbing HIV epidemic among injecting drug users (IDUs). However, most countries in Asia are reluctant to accept this approach despite evidence for major role of IDUs in driving HIV epidemic in this region. The paper discusses why the harm reduction approach remains controversial in this region and what can be possible implications.

Approach: The paper critically reviews the international and local discourses on HIV prevention policies, with specific focus on the strategies on HIV and IDUs. Building on socio-political constructionist approach, it compares the characterization of and policy towards IDUs in select countries in South, East and South-East Asia where IDUs already have significant presence in terms of size and/or HIV prevalence.

Key points: Use of (soft) drugs is not a new phenomena in Asia but the recent shifts towards use of synthetic and other drugs, especially injecting drug use at the time of expanding HIV epidemic have attracted a strong debate. International debate on drug-free versus risk-free society is heavily reflected in Asia. Socio-politically, IDU is constructed as deviant or criminal behaviour and this offers punitive measures refusing public health interventions.

Implications: Controversies on ways of dealing with IDU pose challenges to introduce full-scale harm reduction programs nationally. This indirectly provides a context for harmful drug using practices including needle sharing and hence undermines HIV prevention efforts.

14 Frederick Rotgers

ETHICS OF CLINICAL HARM REDUCTION: OPENING THE DISCUSSION

Although harm reduction methods have begun to make inroads into clinical practice in the U.S.A., there has been little discussion in the literature of the ethical basis for and issues involved in using harm reduction methods with patients in substance abuse treatment programs. This roundtable discussion will

feature a presentation on a view of the ethics of harm reduction from a bioethics perspective to be presented. Current thinking in bioethics in the U.S.A. will be shown to support, even demand, the availability of harm reduction approaches for clinical populations. Following the presentation by the Roundtable leader, discussion will then be invited from the audience in a roundtable format with the leader acting as discussion moderator.

18 Luo Dan

A SICHUAN PERSPECTIVE ON HARM REDUCTION WORK IN CHINA

Issue: To reduce HIV/AIDS and STDs sexual transmission through promoting condom use among high risk group, especially CSWs and IDUs in Sichuan by different condom social marketing Delivery Channels.

Description: China-UK HIV/AIDS Prevention and Care Project, Condom Social Marketing Section, carried out 4 pilots in Sichuan biggest province of Southwest China with SW and IDU involvement July-Oct. 2003, to test 4 different social marketing channels: PEER Support, GATEKEEPER, HUB, and 'ADD-ON', in 4 different places of Sichuan with the aim to improve the knowledge of AIDS transmission and condom use among both sex workers and IDU.

1. Lime Project: IDUs by HUB.
2. Sunflower Club Project: CSWs by Add-on
3. Mumian Project: IDUs by Peers
4. Cucuo Project: CSWs by Gatekeeper

Lessons learned:

- 4 different delivery channels can be used widely in the high-risk group as harm reduction delivery channel, which should depend on local different situation.
- The intervention based on 4 different delivery channels make percentage of condom use and acceptable for condoms all increased among high-risk group in 4 different places.

Recommendation: Harm Reduction of HIV/AIDS and STDs sexual transmission through promoting condom use among high risk group, especially CSWs and IDUs in a place as inland China would be successful by integrating related resources (channels, government, key persons, stakeholders) and apply flexible approaches (different channels under different situation)

19 AKM Ahsan Ullah

DETERMINANTS OF CHOICES: DIMENSIONS OF PROSTITUTION IN BANGLADESH

Prostitution is one of the oldest institutions in human history. Factors and dimensions of this profession vary from country to country and socio-economic situations. This paper attempts to explore the dimensions of prostitution and factors for choosing this profession; and to know how it is managed. A total of 221 respondents from three categories of prostitutes (hotel, brothel and floating) were interviewed by using both close and open-ended questionnaire. Dimensions of prostitution in Bangladesh are many. Factors influencing women to adopt prostitution vary from one category to another. Data show that the highest number of floating prostitutes (25%) admitted that they chose it for survival followed by easy-earning and husband's irresponsibility and none was found to choose it willingly. The highest number of hotel prostitutes (22%) chose this profession only for livelihood, followed by easy-earning (18%), while 11% claimed poverty that landed them into prostitution, 13% chose it willingly. The highest number of brothel prostitutes (25%) were sold out pimps or traffickers etc, while 12% showed reasons of husbands' remarriage and 11% adopted this profession as inheritance. Given the many dimensions of prostitution and various reasons, this matter should carefully be managed to mitigate their vulnerabilities to STDs/HIV/AIDS and harassment by law enforcing agencies and hooligans.

20 AKM Ahsan Ullah

THE UNKNOWN CASES: DEADLY MENACE OF HIV/AIDS

HIV/AIDS is spreading fastest in the third world countries. The number of commercial sex workers (CSW), the major sources for the spreading this pandemic in Bangladesh, are on increase to meet the high demand of sex market. This paper explores the risk behaviours and the vulnerabilities of the CSWs and their clients to

HIV/AIDS. A total of 412 randomly selected CSWs from three categories of CSWs (hotel, 147; brothel, 140 and floating 125) were interviewed using both close and open-ended questionnaire. Data was collected from April to November 2002. For data analysis, both qualitative and quantitative techniques were applied. Data shows that an overwhelming majority of the respondents (89%) do not use condom while entertaining their clients, while 71% do not know about HIV/AIDS. A significantly higher percentage ($P < 0.000$) of the CSWs uses anti-septic cream as compared to those using condom as a measure to prevent this pandemic. There is a marginally significant difference between those who use soap and those who use plain water ($P < 0.05$). A significantly higher percentage of brothel sex workers (BSW) use condom ($P < 0.004$) as compared to other two groups, while there is no significant difference in condom use between floating and hotel SWs ($P < 0.067$). A significantly higher percentage of HSWs use soap and anti-septic cream as compared to floating ones ($P < 0.000$) and again, a significantly higher percentage of BSWs know about HIV/AIDS as compared to other two groups ($P < 0.002$). Only 12% of the CSWs irrespective of all groups who claim to have knowledge on the disease. The sex workers given their poor knowledge and poor intention to use condom are spreading this pandemic, hence awareness on the danger of HIV/AIDS/STDs should be raised among them both at Government and non-governmental initiatives.

23 Linda Lane

PEERWISE

A shared interest in one of Canada's leading causes of concern has the establishment of community alliances wanting to improve the health status of Vancouver's drug users. The Health Contact Centre serves as an example of a successful partnership between Health Authorities, community network of drug users, and Police in Vancouver's Downtown Eastside.

Vision: To improve population health through increasing access to health care. The Health Contact Centre is the first point of contact that offers a safe supportive refuge for people to come in off the streets and access links to important services - shelters, food lines, emergency health services, supervised injection site, detox etc... While respecting the choices that they make we meet people where they are at.

Programs:

- Peer outreach - Low threshold employment
- Life skills
- Needle exchange
- Nursing care - wound care, assessments
- Recreational
- Support groups (Methadone, HIV, Hep C)
- Education Hep C HIV

Discussion: We will discuss the relationship building capacity to influence better health outcomes. The strength of a harm reduction approach; workers are learning a better understanding to allow the participants to utilize their own skills in influencing each other. This approach has allowed all stakeholders to make monumental changes in health promotion.

Objectives of workshop:

- Peer Initiatives
- Hands on experience
- Defined roles of all partners
- Service utilization

Conclusion: The Centre is being well utilized and on average 500 drug users ages 19-70 access the centre each day. After three years in operation; we have been able to reach many people who would have otherwise fallen through the cracks. We need to continue to make peace with people who use drugs and try to limit the damage that drugs cause.

28 Marcus Day, Joseph Meharris,

HIV RISK BEHAVIOURS AND PRIMARY HEALTH CARE NEEDS OF THE URBAN, STREET, OUT-OF-TREATMENT DRUG USING COMMUNITIES OF THE URBAN CARIBBEAN

This paper assesses access / barriers to primary health care with concurrent substance use, HIV status among a sample urban street drug using populations in the urban capitals of two Caribbean states.

This study focused on a modified targeted sample of street, out-of-treatment drug users in urban Port of Spain and Castries. The interviewers, who were harm reduction street workers known in the areas and trained in administration of the questionnaire, obtained informed written consent and used structured questionnaires to conduct anonymous and confidential interviews. Data were collected on demographic characteristics, substance use, self-reported physical and mental health status and use and satisfaction with healthcare services. All of the 74 participants (26 in St. Lucia and 48 in Trinidad) who were approached agreed to participate in the study.

The rate of self-reported HIV positive respondents was 12% in Saint Lucia and 33% in Trinidad. More than 1/3 of the amalgamated sample reported having a STI in the past 12 months. Crack cocaine usage in the 30 days was over 90% in both populations with over 92% reporting 30-day marijuana use. A majority of respondents in both countries reported using the casualty department at the Government hospital as their primary health care facility with the majority of respondents in both countries agreeing that there were not enough services for drug users. The level of dissatisfaction with the health care services was measured by 19 indicators. 61% felt that drug users were not understood and that the health care professionals had limited time to talk about their problems.

Data will be used to design and implement appropriate interventions in this high risk group of individuals, seeking to increase access to primary health care and reduce the transmission of HIV infection.

38 Korolenko T.A.; Anterejkina L.I.; Goncharova I.A.; Korolenko Ts.P.

USERS OF DRUGS AMONG TEENAGERS AND YOUTH WITH VIRAL HEPATITIS C IN NOVOSIBIRSK

Drug addictive disorder (DAD) is a serious problem, especially among young persons and teenagers in Novosibirsk. Approximately 90% of chemical addicts are using home-made opiates or heroin. The main characteristics of DAD are: tendency to rapid increase of heroin users in 1999-2002; unfavorable, aggressive development of DAD with early formation of psychological dependence. Heroin addicts have a high incidence of viral hepatitis B and C.

The aim - to reduce the harm effect of drug and alcohol among young persons, to improve the quality of life of users of drugs, including patients with viral hepatitis C (HCV). During 2002-2004 years 110 users of alcohol and drugs (aged 11-16 years, 30 girls and 70 boys) were under investigation, all patients were orphans, homeless (the 1st group). They used alcohol (100 %), marijuana (about 50%) or toxic substances like benzene, glue, organic solvents, rare crude opiates. The positive harm reducing effect was shown after treatment by physiotherapy, mild neuroleptics, hepatoprotectors, usage of psychotherapy, art-therapy. 6-9 months after treatment positive results were noted: 60% of teenagers did not use alcohol or drugs, visited school, had new friends.

The second group consisted of 260 patients with hepatitis C (HCV), parenteral opiate (home-made) users. Diagnosis of HCV was established according to raising of antibodies against HCV. "Narcotic" factor was responsible for aggravation of cholestasis development in HCV patients with opiate addiction. Disturbances of acute phase proteins were noted even after effective treatment course. We can conclude, that protection against opiate harmful effect in HCV can include restoration of their immunological reaction (usage of immunomodulators in scheme of treatment).

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40 Touko A., (1) Edwards R., (2) Mbanya J.C (3) and al.,

CONTRADICTIONS IN HEALTH PROMOTION STRATEGIES REGARDING ALCOHOL IN A DEVELOPING COUNTRY

Introduction: An epidemiological transition is occurring in Sub-Saharan African countries, with the burden of morbidity and mortality due to NCDs and the prevalence of risk factors such as alcohol high intake increasing rapidly. Hence, action is urgently needed to prevent increase in NCDs. These actions will unfortunately face some strong inconsistencies in the system.

Objectives: To identify barriers to NCDs health promotion actions in Cameroon, regarding alcohol as a risk factor.

Methods: Semi-structured interview guides were used for data collection with local Experts in alcohol domain, Government officials, Academics, Industries representatives, and Anti-alcohol activists. Relevant documents were identified and exploited. Data were tape-recorded, transcribed, and entered in an computerised information matrix. Analysis was performed using content analysis procedures.

Results: Efforts to contain alcohol high intake are in contradiction with legal framework, and economic and cultural context. The government's attitude to alcohol seems to be ambivalent. On the one hand it is creating an anti-alcohol service in the MOH and on the other hand the legislative environment strongly favours industries producing and selling alcohol. There is a licensing system restricting the number of outlets selling alcohol; however, the procedures have been relaxed with liberalization laws, making it very easy to obtain a licence, or operate without a licence. Meanwhile, there are no restrictions on advertising and promotion of alcohol drinks. Also, the continuous economic crisis has drastically reduced the purchasing power of population. Consequently, there is an increased production of traditional alcoholic drinks such as African gin, which have a very high alcohol content and are sold much more cheaper than

spirits made by modern industries.

Conclusion: Such situation can be found in many African countries. To avoid this, health promotion actions should take place within the framework of an entire strategic plan, such as national NCD program.

44 Korolenko Ts.P.; Zagoryjko E.I.; Korolenko T.A.

SPIRITUALITY IN THE PROCESS OF THE REDUCE OF ALCOHOL INDUCED HARM

The structure of alcoholism is usually presented by two levels of pathology: relatively transient (axis I in DSM IV) with signs of psychological and physical alcohol dependence, misuse of alcohol induced by it harm and more stable expressed by pathological personality organization (PPO) formed as a result of upbringing in addictive, abusive, shameful, or neglecting families. The core sign of PPO in patients was inhibition of religious feeling. The simple elimination of alcohol misuse had only short-time effect. The relapse was linked with the preservation of PPO and its addictive personality traits resulting in emotional tension, conflicts, fights, battering, destruction of property and in the end the renewal of the use of alcohol. The more effective treatment consisted in the activation of spirituality of patients. Forming a link with a Spiritual Higher Power was a natural starting point. This is emphasized in the second and third steps in AA society that created beneficial condition for recovery. In the state of existential isolation clients needed to learn how to get love and trust through healthy relationship with other people on the base of their awakened spirituality. The reduce of alcohol induced harm, tendency to eliminate the destructive behavior appeared in the course of spiritual growth. The established reduce of the spectrum of alcohol induced harm was associated with the gain of skills to identify the high-risk situations, recognizing a compulsive/destructive thought pattern on the base of optimism inherent to awakened religious feeling.

Methods: multilevel assessment (Richards, Bergin, 1997); screening and extended checklist (Josephson et al., (2000); assessment of Spiritual Dimension (Prayer, 1977). Lack of understanding of Injecting drug user and denied of appropriate treatment and care.

Setting: Sahara Michael's Care Home, established in 1998, is the first care home for people living with HIV/AIDS in North India. The care home is based in south of Delhi, it is the only care home for PLHA, where a current or ex drug user are accepted and admitted, even if their sero status is unknown. The care home caters to all kinds of people living with HIV/AIDS irrespective of how they get the infection.

Project: Sahara Michael's care home provides a short term residential care to PLHA, OI medication, diagnosis and investigation, nutrition, detoxification, counseling, recreation, referral and linkages. Clients who need ARV are referred to govt, run ART Clinic. Michael's Care Home also runs a TB DOTS center and Out Patient Service for the general population. Current Drug user clients those who comes with other medical problem are detoxified with 'Buprenorphine'. Besides detox, abscess management form the core activity as most of our client are coming with abscess resulting from unhygienic injecting practices. All the client's, drug user or non drug user, received a relevant information and counseling. On discharge clients who wants to go for abstinence Programme are refer to rehabilitation center. **Outcomes/Lesson learn:** Approximately around 400 clients were register and admitted in a year and more than 50% of our clients are homeless injecting drug user. These drug user clients when they are diagnosed TB or HIV, we couldn't start their medication as they are not eligible either for the govt. run TB DOTS Programme or ARV Therapy, since they do not have a required document 'proof of residence'. We need a fresh policy which will include & address the treatment needs of homeless IDU who are HIV and TB

46 Dr. Doug McGhee

METHAMPHETAMINE VIDEO AND ZINE

This presentation, by Dr Doug McGhee, a community physician working with inner city youth, is a screening of Reduce Speed, a 22-minute video, made with 5 experiential youth and a zine project created by and for street-involved youth. This presentation includes a survey of material from the zine, and a discussion of the theory, process and outcomes of these projects. Problematic methamphetamine (MA) use among young people in western Canada has become apparent over the past few years. MA is a synthetic, smokable stimulant known to cause paranoia, psychosis, and long lasting cognitive deficits. Very young people are using MA at high rates in the Victoria area and are often unaware of the dangers, are isolated and difficult to access.

Education, harm reduction and engagement strategies and peer support programs have been identified as urgently needed. In Reduce Speed, five youth experienced with MA were given cameras and invited to do qualitative research by creating photo novellae relating to their MA use. The video is engaging to youth and service providers and holds messages about prevention, harm reduction, and exiting. The film includes anonymously filmed interviews with youth, their photographs, research data and interviews with workers from the community.

Secondly, material collected in person or via email from high-risk youth (art, prose, poetry, photographs and messages about MA) is being periodically published in a zine. Youth were involved in project development, and are centrally involved with production, and dissemination through the streets, service sites, different cities, and on the Internet. The zine project seeks to provide valid information to the most difficult to access youth, engage them in a collaboration that may grow into a peer support group. During the process, the youth will make connections that are unlikely to otherwise occur, and learn social, organizational, computer, and Internet skills.

52 shambhu dutta joshi, naresh pandit, shyam kumar bk, binod bhatta

YOUNG PEOPLE AND COMMUNITY ATTITUDES TOWARDS HARM REDUCTION FOR IDUS IN DEVELOPING COUNTRY.

Background: There may be 40,000-50,000 Drug-Users in Nepal. Community understanding and support are essential to the success of harm-reduction interventions for HIV prevention among IDUs.

Methods: Cross-sectional population-based community-surveys were conducted by medical students and community-youth in all program sites at baseline and for a year both interview and written during year 2003. The qualitative and quantitative data were analyzed and edited by EPIinfo-software.

Results: In Rural-areas versus urban-areas the base line shows in % about Knowledge of HIV Transmitted through needle-sharing 36.8 % Vs 45.8% but Not transmitted through eating w/ HIV+ person 20.1 % Vs 67.9% .In Rural-areas versus urban-areas the base line shows in % Attitudes toward the intervention Will reduce discarded needles/syringes 22.4% Vs 76.9% and Will reduce spread of HIV 32.5% Vs and Will not increase drug use 21.6% Vs 71.4%.

After the 12 months intervention-program it shows rural versus urban-areas Knowledge of HIV Transmitted through needle-sharing 71.3 % Vs 89.9% but Not transmitted through eating w/ HIV+ person 67.2 % Vs 86.6% .and Attitudes toward the intervention Will reduce discarded needles/syringes is 59.9% Vs 96.9% and Will reduce spread of HIV 74.6% Vs 97.0% and Will not increase drug use 46.1% Vs 55.7%. Analysis showed that the rural people have very less knowledge about IDUs and HIV than urban-areas and community-outreach program can change the behavior by the mobilization of youth.

Conclusions: Continued community-education is necessary, particularly to overcome persistent misinformation about HIV transmission routes and related stigmatization will lead to increased drug use. The youth are mostly vulnerable to HIV who are already IDUs due to high instance of poverty, low awareness, lack of comprehensive behaviour-change intervention-programs, higher rate of trafficking of young-women, unsafe-injecting and sexual practices, increasing trend of commercial-sex, high migration levels and poor resources to fight against this epidemic.

53 mandeep dutta joshi, naresh pandit, shyam kumar bk, shambhu dutta joshi, binod bhatta

YOUTH AND COMMUNITY VIOLENCE DUE TO DRUG AND ALCOHOL ABUSERS.

Issue: Violence against woman in a developing countries' are due to dowry system, gender inequality, illiteracy, poverty, early forced marriage and drug and alcohol abuse. It creates fatal outcomes such as rape, suicide, homicide, HIV/AIDS, increased maternal and infant mortality, family break and negative health behavior.

Setting: Rural and urban areas people, different school-colleges students and hospital outpatients were interviewed and taken both the qualitative and quantitative survey data and was analyzed by Epi info program. the age group were 15-60 yrs. Total family group 250, respondents were 1620.

Project: A team of medical students and schools red cross students done this with the assistance of experts. To identify the root cause of drug and alcohol users and its consequences among people. Finally advocacy, awareness and education were given to all participants.

Outcomes: Due to male dominated society, poverty, gender-inequality, illiteracy and open borders with India alcohol and drug availability is easier to the abusers. It creates not only the violence against female but also transmit the HIV/AIDS due to drug injecting. We found that 68% of people takes alcohol among this 23% is IDUs. HIV positive in those group are 46%. about 60% of family are affected due to alcohol. 15% wants to stay in rehabilitation center.

Lesson learned: Educating youth and students to avoid drug and alcohol so that they can share their knowledge and skills with their family, neighborhoods and friends. Equal education and opportunity to girls and boys is important to face the violence against gender. Good caring and life-skills makes the new generation students not only for their healthy future but also to make happy family, society and nation free from drug and alcohol. Rehabilitated people can help in nation mainstream development. Last but not the least government policy, plan and programs are equally important with reference to global situation.

54 Sarz Maxwell, MD, Dan Bigg, CRADC**INTEGRATING MEDICAL SERVICES INTO PRE-EXISTING HARM REDUCTION OUTREACH**

Offering HIV prevention outreach for twelve years in Chicago created an opportunity to expand the depth and impact of this work by integrating other healthcare measures. For instance, Chicago Recovery Alliance (CRA) has integrated hepatitis and STD testing, HAV/HBV vaccination, rapid HIV testing, overdose prevention with naloxone prescription, opiate substitution therapies and some medical care into preexisting outreach.

Critical aspects of and challenges to this medical integration will be discussed including the heretofore alienation of people injecting from healthcare services in the USA and the difficulties of healthcare personal in accepting drug users and working collaboratively with them to reduce a host of harms often connected with drug use. For instance, decades of vaccination recommendations have been largely ignored. By utilizing the collaborations for improved health fostered through years of respectful needle exchange services these and other healthcare interventions were well accepted and utilized. CRA has become the leading consumer of hepatitis A/B vaccine in the City of Chicago through the commitment and cooperation of the Chicago Department of Public Health.

CRA has been utilizing the therapeutic alliance formed with people injecting to integrate a host of medical options in a culturally and economically competent way. Such methods include offering low-threshold, anonymous services, training and using lay people to administer some medical services and taking guidance from people utilizing the outreach services both in initiating these services and evaluating their effectiveness.

Some outcomes of this opportunistic integration include demonstrating hepatitis A/B vaccination completion rates of 84%, a greater than 30% drop in community opiate overdose deaths over three years, and many life or limb-saving medical procedures being performed in the context of street outreach. Experiences will be shared, discussions stimulated and hopes for the future outlined.

58 Sanghamitra Pati**HARM REDUCTION IN ALCOHOL FOR "HARD TO REACH" POPULATIONS: MOTIVATING SAFE SEXUAL BEHAVIOR (CONDOM USE PROMOTION) AMONG ALCOHOLICS IN STREET AND HOMELESS GROUP**

Alcohol is, by far, the most common drug of abuse in both urban and rural India. As per current data at least 15% of males and 2.1% of females over the age of 15 have a serious problem with alcohol abuse.

Studies suggest the association between alcohol use and sexual risks for HIV Infection. Unsafe sexual behavior is augmented by alcohol use particularly among vulnerable populations (migrant laborers, sex workers, homeless and street people). In India, the mutually reinforcement of alcohol addiction and risky sex is most evident among the street and homeless people. Although in our community alcohol abuse contributes to large proportion of heterosexual transmission of HIV, it has not been addressed so far. A harm reduction approach that focuses on problems directly associated with HIV infection (unsafe sex) while drinking would be more effective. Keeping in view of these a project was initiated in 2004 that aimed at condom use promotion among alcoholics, based on psychosocial interventions. The goal of the harm reduction program is to reduce the negative consequences of alcohol abuse related to unsafe sexual behavior and simultaneously limit the spread of HIV/AIDS through heterosexual transmission.

First step was to gather evidence to gain more insight in determinants of condom use among alcoholics in streets and homeless group. Based on these studies, methods were selected to change the most important and changeable determinants. Finally, these methods were translated in practical strategies. This program targeted condom use with casual sex partners among alcoholics ("Condoms: Go with it").

The Initial results of this pilot project indicate that HIV risk behaviors can be reduced after intervention among alcohol abusers in high risk group. It also suggests that alcohol abuse prevention and treatment programs that include HIV/STD components are more effective in reducing alcohol consumption and risky sexual practices than programs without these components.

61 David Eshkol**MULTICULTURAL HARM REDUCTION GROUPS IN OUTPATIENT METHADONE TREATMENT**

Issue: Development of a multicultural group format for harm reduction and recovery support in outpatient opiate addiction treatment.

Setting: The Haifa Drug Abuse Treatment Center (HDATC), Rambam Medical Center, Haifa, Israel. The HDATC is the largest public drug abuse treatment center in the Northern region of Israel. Patients are from the local Jewish (including recent immigrants from the former USSR), Arab Christian, Arab Muslim, and Druze populations.

Project: In 1998 the HDATC instituted preliminary half-year mandatory orientation/harm reduction groups for the majority of new and returning outpatients. These groups focus on developing personal recovery resources and reducing current harm to the individual, their family, and the surrounding community. Groups meet twice weekly. At every meeting an opportunity is offered for each participant to share personal experience, present problems, or ask for assistance. At the conclusion of the circle, the facilitator offers individual feedback and presents specific recovery and harm reduction issues. In addition, the groups provide orientation to treatment services available at HDATC. Outcomes: 23 such groups have completed this phase, each group approximately 15 patients. A demographic description and measures of treatment 'success' such as urinalyses, stabilization, and treatment retention are considered. The most salient feature of these groups is the willingness of participants from widely different cultural (and often antagonistic) backgrounds to cooperate in a common treatment and recovery process.

75 Anna Parovaya**HIV PREVENTION AND HARM REDUCTION**

As of September 2004, in Belarus there are 6000 officially registered HIV-positives; the figure is growing rapidly (in May 2004 it was 5 678, or 57,6 people for 100 000 of population); though the real number of the infected people is considered 3-5 times bigger: 11 000 - 15 000; 146 administration territories are involved in the epidemic. The most vulnerable part of the population is youth between 15 and 29 years old (80,6% of all HIV-positive in Belarus). Belarus Red Cross considers peer education to be one of very important ways of HIV prevention in the country; BRC also concentrates on harm reduction, because still the majority of the HIV-positive people (73,2%) are injection drug users; the total number of injection drug users in the country is estimated to be 50 000 - 55 000 people.

From 2001 Belarus Red Cross carries out peer education in 6 regional centers of the country and 4 smaller towns, where established teams of volunteers-students deliver educational sessions for schoolchildren and students on HIV prevention and fight with stigma and discrimination.

Harm reduction program started in 2003 and today 6 needle exchange centres render services for IDUs (needle exchange, condoms distribution, psychological consulting, information distribution, etc.). BRC experiences a lot of difficulties on its way in harm reduction: public resistance, lack of trained specialists, limited possibilities, etc.

It is expected in the terms of the Conference to have an opportunity to share Belarus Red Cross practise cases and to get to know experience of others in the sphere of harm reduction. Scholarship is required to cover all the expenditures: travel, meals/per diem, accommodation, participation fee, visa, insurance.

77 Rebecca Coleman**SAVE A MATE**

Issue: 7 out of 10 overdoses are witness and further to that immediate and effective intervention would greatly increase the rate of survival.

Save-A-Mate has been working to reduce the harm associated with substance use, particularly the unnecessary loss of life through the provision of Alcohol and Other Drug specific first-aid training.

Setting:

-  Operates in New South Wales, Queensland South Australia and Australian Capital Territory.
-  We target:
-  Youth at Risk
-  High School
-  Workers - youth, rehabs & staff in nightclubs
-  Pre-release inmates
-  Remote indigenous youth

Project: CPR Accredited courses -

-  Deliver accurate information on the risk factors for overdose to educate participants on how to prevent overdoses occurring
-  How to recognise the signs and symptoms of an AOD emergency/crises
-  How to respond with first-aid skills to reduce the harm to an overdose victim.

The key to the success and relevance of our training course is not only knowing when to call an ambulance, but what to do whilst waiting for emergency services to arrive.

Pubs, Clubs & Venues:

-  Entertainment venues are often at the frontline of the party scene
-  Patrons of these venues despite laws, are often involved in substance use.

- 61607; Staff need to know how to respond to emergencies Peer Education Program -

The team will be conducting:

- 61607; Drug workshops in schools
- 61607; Informal peer education & First-aid at nightclubs/dance parties/raves/ music/cultural festivals
- 61607; Street outreach.

We aim to have a pilot program up and running by March 2005.

Outcomes:

- 61607; Trained over 2500 people within NSW with at-risk groups a priority.
- 61607; Our courses are well targeted to those at risk groups; in 2004 69% of general participants and 87% of venue staff have previously been present at an overdose.

74 Vincenzo Ruggiero and Kazim Khan

BRITISH SOUTH ASIAN DRUG NETWORKS

This paper presents the initial findings of a research project funded by the Home Office. The research looks at drug trafficking and distribution within a number of South Asian communities based in the UK. The following issues are addressed: how drug use spreads within these communities; how intergroup prevention and treatment policies according to South Asian informants. The paper is based on interviews conducted with drug offenders serving a prison sentence, law enforcers, treatment staff, and drug users unknown to institutional agencies.

81 Charles Henderson

MOBILE EXCHANGE & ASSOCIATED SERVICE DELIVERY TO MAXIMISE NEP COVERAGE

NEP & harm reduction requires a co-ordinated strategy; underpinned by the principles of the Ottawa Charter and shaped by the concepts of primary and secondary prevention, surveillance and research. Today, in New Zealand and other developed countries alike, the use of injecting drugs has become the single most important risk factor for acquiring Hepatitis C and accounts for around 90% of infections. Optimising NEP [or NSEP] will make a significant impact upon the rate of BBV transmissions.

The IDU population consists of multiple sub-groups/ cultures, varying levels of incidence and understanding/ knowledge of these viruses, and risk factors apply differently in magnitude, types, and duration. IDU are a hidden population; IDU have unique medical needs including site infections, systemic infections, endocarditis and other secondary effects. Measured rates of sharing and re-use remain high and can only be further reduced with targeted educational efforts - focusing on those at risk of infection, and those who are already infected, to avoid further disease transmission.

Peer based services are the preferred method of service delivery by the target group [IDU]. Dedicated exchange activities become the 'frontline' in the efforts to reduce the chronic disease burden within affected individuals, and to the wider community in downstream health costs

I will discuss the efforts such as mobile exchange in rural areas with the distribution of 'harm reduction kits' that include sterile water, wheel filters & disposable tourniquets. Electronic Needle/ Syringe Dispensers for 24hour temporal availability in the major cities, national collection & destruction of used injecting equipment through designated & licensed transportation units, outreach targeted education activities and public disposal methods have all combined to provide an enhanced service to IDU clients in NZ.

Qualitative and quantitative [including HIV, HCV & HBV prevalence figures] will be provided as part of the demonstration into the overall effectiveness of the NEP in NZ.

90 Sunil Babu Pant

DRUG USE, MSM & HIV/AIDS IN NEPAL

ISSUES: According to the UNAIDS and Government statistics the HIV prevalence in Nepal is dominated by Injecting Drug Users. The statistics does not reflect the HIV prevalence through male-to-male sexual behaviour. After working 3 years on HIV/Aids response program for MSM by Blue Diamond Society, the close link Between MSM and Drug use or individuals are engaged in both risky behaviour are clearly seen in Nepal. Because of the stigma, discrimination and legal problem for individuals who are MSM or Drug users or both, these individuals or groups are in very high risk of getting HIV infection and/or passing infection to other MSM and Drug users.

DESCRIPTION: According to our outreach work report of MSM in Kathmandu, significant effeminate males have drug-using partner. Even heterosexual drug users

are engaged in Male-to-Male sex because of money or difficulty to have female sexual partner. Those MSM who are Drug Users are double or even Triple stigmatised if they are HIV positive. And there has been a little or no focus in terms of HIV/Aids program to the MSM and Drug use behavioural link in Nepal. **LESSONS LEARNED:** The MSM and Drug use behavioural link is very crucial to combat HIV/AIDS in Nepal. Only focusing in MSM or in Drug use can't address the HIV/IDS issue effectively among MSM and Drug Users as there is and will be the gap of not addressing the necessary linkage of this behaviour if the intervention is done separately. Its time to realise to those organisation who are working with MSM and Drug users to see this gap in their HIV/AIDS program.

RECOMMENDATIONS: Now its time for organisations working for MSM and Drug users, working separately, to integrate both issues within their HIV/AIDS program and also work together. Funding agency and NGOs need to start HIV intervention addressing MSM and Drug use together before its too late. To sustain risk reduction activities among MSM Drug users the HIV programme need to support multiple interventions like awareness campaigns, safer sex and harm reduction strategies, advocacy, etc.

92 rose joshi

HIV/AIDS TREATMENT & CARE IN NEPAL

Issue: In the 80's the case was regarded only an incident. But it triggered up to 2002 by the number of 60,018. And AIDS related death were estimated 2,958 in the same year. In practical HIV/AIDS is spreading higher rate in this country from distant hilly corner to the capital city.

Description: Due to the negative judgment and prejudice towards PLWHA, none wills to have clinically examined. The risk of HIV infection is one of the harm associated with injecting drug users, employees, sharing of syringe, sexual visits, and girls trafficking and in a rare case blood transfusions are responsible for alarming of this epidemic.

Approaches: Regarding incurable transmittable of HIV/AIDS, the non-governmental organization, Rehabilitation centers came forward in the 85's to help to fight this epidemic. Counseling, mitigating efforts, income generating trainings are the major teaching for the addicts. A semi-government rehabilitation centre in capital doesn't accept HIV positives. This is a proof of discrimination prevailing in the high level NGO. However hundreds of youths are detoxicated and they are spending cheerful life and contributing the peer group society to keep away the drug.

Need/Implications: Curative treatment is a must. Non-governmental organizations like, MAITI NEPAL (initiator of ARV), Nava Kiran and a government hospital Sukraraj Tropical and Infectious Disease Hospital in 2003 and 2004 made available of ARV free of cost to limited PLWHAs. A new hope is rising in the Nation. The effective measures will be setting up of diagnosis centers, treatment and care for HIV/AIDS be made handy by mobilizing PLWHAs. PLWHA must be empowered. Awareness is created, now the need is to provide treatment, care and support to PLWHA for their longevity. Because nothing is great than life. Plans and programs should come to practice in action.

95 Dr. Musaed Al-Najjar

SELF-ESTEEM AND STATE-TRAIT ANXIETY IN RELATION TO

Abstract: This study was designed to document knowledge about Kuwaiti drug users and to investigate whether or not there is an association between their poor self-concept and high level of anxiety.

One hundred and seven incarcerated drug users, 107 individuals serving prison terms for offenses other than drug use, and 107 'normal' individuals were included in this study. The Arabic version of Rosenberg's Self-esteem scale and Spielberger's State-Trait Anxiety Inventory were used to measure the subjects' self-esteem and state-trait anxiety respectively. The results documented revealed that there is a relationship between levels of self-esteem and anxiety in Kuwaiti drug use behavior.

96 Huai Yang

HOW EVERGREEN GROUP WORKING

In the past, we lost a number of people who are drug users before their time to AIDS, mainly due to a lack of appropriate treatment as well as a lack of understandin from both the patients and medical staff.

Two years ago we built a self-helping group named "evergreen". The leaders of the group are 2 ex-drugusers and also PLWH. They hold different activities for other PLWH/As and their families improve their good health. They also suggests ways to improve the quality of people with HIV and their families.

I would like to share experiences with others about how to hold such a group and discuss some issues with other participants about AIDS care among drug users.

97 Md. Shahin Al Mamun**NECESSITY TO START HIV/AIDS INTERVENTION AMONG THE DRUG USERS IN THE BORDER OF**

Author: Md. Shahin Al Mamun

Co-authors: Ms. Khaleida Begum, Professor Dr. A. Q. M. Shirajul Islam

Issue: Necessity to start HIV/AIDS intervention in the border of Bangladesh - Myanmar

Setting: CARE - Bangladesh recently completed a study among the Child, Female and Male Drug Users to assess the HIV/AIDS vulnerability at Cox's Bazar and Teknaf which are located in the south-east part of Bangladesh and very near to Myanmar.

Description: Statistics regarding HIV/AIDS prevalent of the Government of Bangladesh shows very low yet to date. But the surrounded country Myanmar and India's HIV prevalence rate is very high especially among the Sex Workers and Injecting Drug Users. A mutual harmony or relationship promoted from very ancient due to some cultural, religious, socioeconomic and political reasons also. A large number of inhabitants migrated from Myanmar to Bangladesh for searching a work or betterment of life. In addition to both legal and illegal movements along the border are very common.

Methodology: Structured interview.

Outcomes/findings:

- Lots of migrated people living in side of Bangladesh, who were came from Myanmar and practicing risky sexual behavior.
- Home based sex trade is established though it is socially unexpected.
- Injecting Drug Users are available.
- Rate of Syringe and Needle sharing is very high.
- Significant numbers of drug users are female and child.
- Lack of knowledge regarding HIV/AIDS
- The data of Positive Support Network shows, HIV + case is increasing day by day at the area.
- A number of people crossing border everyday legal-illegal way in both sides.

Lesson learned:

- More than 90% of injecting drug users don't know how to spread HIV / AIDS and how to protect.
 - They don't know syringe and needle sharing could be the cause of HIV infection,
 - A joint program could be initiating between the both countries.
- 100 Effiong Edem, Emmanuel Joshua, Babs- Fashola Abiodun Orji O
NEEDS AND PRIORITIES OF HIV POSITIVE ADOLESCENTS

Background: HIV infection has worldwide devastating effect on the youth population with an estimate of 50% of all new HIV infections and 30% of the 40 million people living with HIV/AIDS belonging in the 15-24 year age group. About 50% of Nigeria's population is made up of Adolescents aged 15 - 19 of which 5.9% are affected with HIV, their older colleagues aged 20- 24 have a slightly higher rate of 6.0%. Yet there are very few intervention programmes specifically targeted at Adolescents and young people living with HIV/AIDS. This group of people, who are both young and HIV infected have great risk both in terms of become re-infected or infecting others are very vital in the prevention and control of the continued spread of HIV.

Method: A workshop adopting different participatory tools to elicit adolescent needs from 38 adolescent and young PLWHAs from all over Nigeria aimed at Identifying information and intervention needs of Adolescent and PLWHAs, their socioeconomic and psychosocial Priorities and possibilities for their participation in ongoing prevention Programming.

Findings: Key Priority Needs of adolescent PLWHAs

- Protection and implementation of Govt. policies on HIV/AIDS
- Counseling and Psychosocial support
- Information for positive living
- Educational and Economic Opportunities

Conclusion: Adolescent PLWHAs unique and distinct, their needs and priorities differ from that of their peers due to their infection and from other PLWHAs because of their developmental stage, specific interventions need to be designed, for them based on their identified needs.

102 N. Dolzhanskaya, T. Bouzina**HARM REDUCTION METHODS IN STANDARDS OF HIV/AIDS CONSULTATION FOR NARCOLOGISTS****Background/Objectives:**

It is necessary to employ principles of harm-reduction in narcological hospitals to prevent HIV and other blood-borne infections effectively among drug-users.

In treating patients it is practical to use standards of pre- and post-test counseling as a mechanism for inculcating harm-reduction principles.

Methods: In order to develop pre- and post-test consultation standards "Unfinished

sentences" methodology has been used to analyze doctor opinion towards:

- provision of medical help to patients infected with HIV and hepatitis' B and C
- discussion with patients about safe drug use techniques
- discussion with patients about sexual behavior and sexual risk to obtain blood-borne infections
- reporting HIV test results to patients
- preserving medical confidentiality
- harm-reduction programs including needle and syringe exchanges for street users and substitution therapy

Results: A program of educational seminars about prevention of blood-borne infections has been developed with harm-reduction elements included.

Consultation protocols and standards have been developed and methods of harm-reduction have been included. A training of specialists in pre- and post-test consultation skills in narcological hospital conditions was conducted. The trained doctors gave qualified evaluations of the prevalence of various risky behaviors among patients and used harm-reduction principles for prevention.

Conclusions: One important result of the work was the "Protocol of HIV consultation", which is a consultation algorithm. It allows the doctor to conduct a complete consultation covering all necessary topics thus allowing the evaluation of individual risk. Individual patient predictions and the patient recommendations are recorded in the protocol. Work with the protocol allows the doctor to carry out dynamic observations of risky behavior and to include harm-reduction elements in prevention and to evaluate effectiveness.

107 Natalia Zhirkevich**DRUG USE AND RISK BEHAVIOUR AMONG FEMALE SEX WORKERS IN BELARUS**

Issue: Prostitution became a widely spread phenomenon in the countries in transition, because women are more vulnerable to economic and social changes in these countries. Such conditions put girls and women at risk of becoming drug users and HIV/STI infected.

Setting: Republic of Belarus is one of the countries of the former Soviet Union. Capital of the country Minsk is a big city with population about 2,000,000 people. Project activities for female sex workers are carried out in Minsk and three regional centres, two of them are located closely to the border that creates a possibility to work with sex workers travelling for job to Poland and countries of Western Europe.

Project: Belarusian Association of UNESCO Clubs carries out activities aimed for HIV/STI reduction and prevention among female sex workers (FSW). Activities include conducting behavioral study for description of this group of risk concerning different aspects of safe sexual behavior and drug use.

Outcomes: During six month of the year 2004 project staff filled in 134 questionnaires to estimate level of drug use and self-evaluation of risk of becoming HIV-infected among sex workers in Belarus. Study revealed that 13,4% of respondents tried drugs once, 14,1% use sometimes and 0,7% -constantly. Combining the data it is possible to estimate the level of drug usage among representatives of target group FSW - 32%. The survey also demonstrated prevalence of drugs types: smoking - 13,4% of respondents, tablets - 11,2% and injecting- 3,7%.

During their work only 32% of FSW always use condom, 47% use almost always, 21% use condoms sometimes. Despite of such mode of behavior, 43,3% of respondents doesn't accept risk for them to become HIV infected, and 26,1% were not sure to answer. Only 30,6% thinks they can get HIV infection.

This data shows that unsafe behavior is widely spread among representatives of this vulnerable group. Accordingly it is a great demand for special strategies and services for this group of population in Belarus.

111 Jean Paul Grund**"LANGUAGE IS A VIRUS..." EPIDEMIOLOGICAL LABELLING AND UNDERSTANDING DRUG INJECTING.**

Epidemiological labels, such as IDU, needle sharing or shooting gallery have entered the social science and public health jargon surrounding the practice of injecting drugs for non-medical or recreational purposes almost without questioning. As WS Burroughs suggested, these labels have "become images when written down, but images of words repeated in the mind and not of the image of the thing itself."

Only very few studies have examined the actual practice of injecting drugs into the body and, as with studies of other intimate, e.g. sexual, behaviours, those that have used direct observational data (participant observation or visual data, such as video) can probably be counted on one or two hands. Part of the problems is probably that 'we' do not want to know the gory details of such PG18 behaviours.

In the study of injecting-related infectious disease transmission, this has resulted in a rather narrow focus of scientific enquiry in which the physical

instruments of transmission of the syringe and needle have been fetishized, at the expense of a comprehensive understanding of the interactive process and social setting in which these instruments are used.

The few studies that do focus on such detail suggest that there is a complex reality behind such epidemiologically charged expressions as "IDU" (or "MSM," for that matter). This ethnographic presentation will "unpack" the epidemiological labelling of drug injecting behaviour, and consider its consequences for research and prevention. It will draw upon examples from across a number of drug cultures.

112 Bridie O'Reilly; Fiona Leibrick

HEALTH SERVICE UTILIZATION AND EXPERIENCES OF DRUG TREATMENT

Background: It is well established that it is essential to obtain the views of consumers (past, present and potential) for the continuing effectiveness of service provision and this is particularly important in the drug field as the majority of regular drug users are not actively engaged in drug treatment. A number of data sources indicate a decline in participation in drug treatment since the late 1990s in Australia's Northern Territory, despite no evident reductions in levels of drug use.

Method: This project interviewed 37 people who regularly injected drugs to establish recent utilization of health services, perceptions of access and availability and experiences of drug treatment options in greater Darwin in 2003.

Results: The majority of people interviewed had not tried to access a range of services but those most likely to be accessed were needle syringe programs (NSPs), general practitioners and pharmacotherapies. In terms of drug treatment interventions, the services most likely to be successfully accessed were the NSPs and counselling and the least likely were hospital and home detoxification and residential rehabilitation services. Non-Indigenous males were most likely to be unsuccessful in attempts to access services. Age of first use, length of time using the drug of concern, drug used most last month and total Severity of Dependence Scale score were not related to accessing drug treatment. Summary case studies illustrate the attitudinal/behavioural and structural barriers to drug treatment and the impact of these barriers on the individuals concerned.

Discussion, conclusions and implications: The results highlight the important role NSPs and general practitioners can play as key intervention points and gateways to accessing health information and services to address health needs, including drug-related health issues. The implications of program management, organization and composition on the experiences and outcomes of people attempting to access services are also discussed.

113 Bridie O'Reilly; Fiona Leibrick; Damian Huxtable; Richard Chenhall

THE GREY NURSE VERSUS THE DRAGON: OPIATE USERS VIEWS ON AN OPIATE MARKET DOMINATED BY PRESCRIPTION MORPHINE

Background: In the 1990s, Darwin, the capital of Australia's Northern Territory, developed an atypical opiate market whereby morphine displaced heroin as the dominant opiate. This was the only jurisdiction without opiate pharmacotherapies. This study documents opiate users views on the events surrounding this development and the forces operating to maintain this market.

Method: In 2003, sixty opiate users discussed the factors associated with heroin's decline and the emergence of morphine, benefits and drawbacks of a morphine-dominated market, likely behaviour with opiate market changes and the feasibility and impact of the re-establishment of a viable heroin market.

Results: Long-term opiate users stated heroin of a reasonable price and purity was available in the 1980s but descriptions of sources and suppliers varied, from user suppliers to organized dealers and overseas versus southern sources.

Reasons posited for heroin's decline included: effective policing; collusion between various groups and sectors; doctors introducing a de-facto pharmacotherapy program; and licit morphine out-competing heroin due to price and purity. Current heroin supplies were scarce, expensive and poor quality and most stated they would not use current supplies even if the market expanded. However, if heroin was equivalent in price and quality to southern jurisdictions, the majority said they would swap to heroin. Despite the perceived demand, opiate users held mixed views on the feasibility of a viable heroin market re-establishing but most believed a heroin-dominated market would lead to more violence, crime, organized crime and overdoses, a more hectic scene and declining health.

Conclusions: Many opiate users, particularly those with direct experience of heroin markets, discussed an array of benefits associated with a morphine-dominated opiate market, many akin to those associated with pharmacotherapy programs. The results contain important implications for drug policy, particularly the potential inverse relationship between supply control and harm reduction.

115 ...lise Roy, Carole Morissette, Natalia Gutierrez, Nancy Haley, Gaston Godin

WHAT DO STREET YOUTH (SY) THINK ABOUT INJECTION DRUG USE ?

Background/Objectives: In Montréal, Canada, a third of street youth (SY) are active injectors. During the development of a media campaign to prevent injection drug use and factors and contexts that play a role in initiation.

Method: Focus groups were conducted with SY recruited through outreach at SY agencies. Seven groups were conducted (4 IDUs, 3 non-IDUs).

Results: 37 youth aged 15-23 years participated. Although injection is highly prevalent among SY, most disapproved of it, mainly due to the negative consequences associated with excessive drug use, and especially drug dependence, rather than drug injection per se. Despite general disapproval, many youth end up starting injection believing that they will be able to control their drug consumption and avoid the negative consequences of injection. SY who are most at risk of injecting are younger; have minimal street life experience; seek new and intense sensations through drug use and are searching for self-worth in the street milieu. The influence of IDUs (peers, sexual partners, family members) appears to play an important role. While drug injection is not condoned in the SY milieu, there is a paradox, with a superior status given to injectors as long as they don't appear to be "junkies". Participants also mentioned that omnipresence of injection in their milieu, as well as ease of procuring drugs are important factors contributing to initiation of injection. Another factor youth feel leads to increased risk of injection is the tolerance and dependence that cocaine users develop. For heroin users however, dependence is less important since many youth initiate heroin use by injection rather than using other methods. Finally, most participants stated that idleness and depression may contribute to injection drug use among SY.

Conclusions: This study underlines the complexity of factors that lead to initiation of injection drug use among SY. Programs to prevent initiation should include both individual and community interventions.

116 David Eshkol and Eli Lawental

REDUCING ILLICIT DRUG ABUSE DURING OUTPATIENT METHADONE TREATMENT THROUGH A LOW COST CONTINGENCY MANAGEMENT PROGRAM

Issue: Evaluation of low cost contingency management program (CMP) for reducing illicit drug abuse during outpatient methadone treatment.

Setting: The Haifa Drug Abuse Treatment Center (HDATC), Rambam Medical Center, Haifa, Israel. The HDATC is the largest public drug abuse treatment center in the Northern region of Israel. Patients are from the local population including Israeli Jews, recent immigrants from the former USSR, Arab Christians, Arab Muslims, and Druze.

Description: A voucher redeemable for one take home dose was given to patients each time they provided a urine test negative for illicit drug use. Two groups of subjects were evaluated: the first group (n=35) treated for at least three months prior to initiation of the CMP; the second group (n=41) treated for at least three months after initiation of the CMP. No significant statistical differences were noted between the groups in reference to their pre-treatment characteristics and in the length of time subjects were in treatment. There were no other changes in the Center's activities, treatment approaches or staff during the study period.

Outcomes: The post CMP group showed a significant improvement in providing urine samples free of illicit substance abuse. An improvement of 36.3% was noted. The post group also had 47.1% more stabilized on methadone subjects. This study offers support that a low cost CMP is effective in reducing illicit drug abuse with a multicultural treatment population.

124 Emma Haydon

HOUSING EXPERIENCES AND THE MEANINGS OF HOME FOR WOMEN USING ILLICIT DRUGS

Background: Women using illicit drugs, similarly to women in "the general population", both reproduce and resist traditional gender roles. The purported centrality of the home in traditional views of women's lives can be seen in conflict with the realities of the lives of illicit drug users (both men and women), where housing stability is questionable, and homelessness is disproportionately evident. The lived experience of unstable housing (i.e., as a physical location) and the meanings of home (i.e., as a sociological, psychological, and cultural construct beyond "the physical") have been neglected in the literature, although housing is increasingly recognized as a critical determinant of health. The anticipated outcome of the study is the development of a substantive theory of how women come to develop their views of the home.

Methods: Through a poststructuralist feminist lens (focusing on structure and agency), qualitative, in-depth interviews of women in Toronto, Canada using illicit drugs will be interpreted and analysed using grounded theory methodology.

Results: The study (my Master's thesis) is currently in progress. At the conference, I

will be presenting my preliminary conceptual framework and details of my research methodology, as well as some early data, data interpretations, and theoretical ideas. The question/answer period following my presentation will be beneficial to further and encourage the development of new concepts and substantive theory based on the data.

Conclusions: The proposed study will address gaps in the illicit drug use and housing literatures. It is anticipated that the findings of the project will be useful in the development of policy to improve the health of women using illicit drugs, through the understanding of their needs and experiences.

129 Mrs. Bishnu Sharma

HIV REDUCTION FOR INJECTING DRUG USERS IN BIRATNAGAR NEPAL

Mrs. Bishnu Sharma

Title: HIV Harm Reduction for injecting drug users (IDU'S) in Biratnagar, Eastern, Nepal.

Issues: In June 2002 Biratnagar ranked the third city in Nepal in terms of HIV infection among IDU'S. The HIV infection was very high (53%).

Setting: Biratnagar is an industrial town with the total population of 125000. It adjoins Indian border Jogbani, a small town of Bihar- prvince where injectable drugs are easily available to Nepali youth. There are 1800 drug addicts at Biratnagar of which 70% are IDU'S.

Project: HELP GROUP implemented Harm Reduction project from July 2002 to August 2004 with the financial support of UNDP. HR services were provided to the target group of 600 IDU'S with the support of Harm reduction materials BCC education referral services and creation an enabling environment to work. Two drop in centers (DIC) were also operated for increasing the accessibility and acceptability of HR- materials increasing the counseling and first aid treatment

Outcomes: In August 2004 Biratnagar ranked 9th town among 21 towns in Nepal - Terai, bordering India in terms of HIV infection.

- Use of new syringes/ Needles among IDU'S has increased significantly.
- 90 % IDU'S learnt sterilization technique of Needles/Syringes
- The demand for condoms has increased 79 %
- IDU'S and their families hesitation to visit DIC HAVE DECREASED.
- Social communities support to the program has increased.
- The demand of sending their addict sons at the rehabilitation center for treatment has increased.

Lesions learnt and implications:

- Cross border collaboration especially in the bordering areas is an important way to address the issue.
- Organizing local stake holders meeting on HR- program is essential to create a supportive environment to work.

Recommendation: Harm reduction is and effective environment to work.

Recommendation: Harm reduction is and effective program for reduction harms such as spread of hiv/aids sti, hbv and therefore, it needs to be replicated.

133 Chad Hughes

DIRECT AFFECT OF CIVIL WAR BETWEEN GOVERNMENT AND MAOIST GROUP ON HARM REDUCTION PROGRAM

Problems: Ongoing civil conflict between the government and Maoist group has not only killed thousands of Nepali people; it is pulling the nation backward in every sector of the development field. The destabilizing of border areas has led to increased trafficking of illicit drugs. The civil war is alarmingly having a direct effect on the harm reduction program by creating barriers to daily field outreach and Drop-in-Centre operations. The common occurrence of Strikes and district centre blocking shut down the daily harm reduction activities and block access to needed services for clients. These barriers increased the risk of sharing injecting equipment among the injected drug using community which may be contributing to spread HIV among injected drug user community.

Overcoming strategies: Understanding the magnitude of the HIV/AIDS epidemic among the injected drug user community i.e. (68% in Kathmandu Valley, 45% rest of the country- WHO). Knight Chess Club added to it's daily working strategies by choosing peer educator and providing the necessary training to the team through which effective education could be provided to the client base. Hiring Peer educator from the same community as the immediate service provider was found to be an effective strategy during the District centre block and strike, as these workers can still reach the beneficiaries when the office is closed.

Conclusion: Because of the weak policies, very corrupted political leaders and lack of stable government the country will have put all its fource for rebuilding and fighting with the Maoist which will effect the resources the Nation commits to fight the HIV/AIDS epidemic. In this present situation, we all should advocate with both government and Maoist for the convenient working situation, which can save the people, especially, those that are related to health and well being of the mankind.

137 Harry Shapiro

BEYOND KEITH RICHARDS: DRUGS AND MUSIC IN A WORLD CONTEXT

Common discourse about the role of drugs in music is largely played out against one of two cultural landscapes - the psychology of the fashionable wasted rock star or the generational conflicts between western white youth and those who want to stop them having a good time. But if one looks across broader international horizons, one finds the links between drugs and music more diverse and engaging. This presentation will touch upon a few of the way drug use has been condemned and celebrated in a variety of settings from American and Italian rap commentary on the devastation caused by heroin and crack in their communities to the music of a Greek 1920s drug subculture called remetika, the music-driven psychedelic Catholicism of the Brazilian religion of Santo Daimé and the narcocorridos of Mexico - ballads sung in praise of the drug warlords.

142 Vlatko Dekov

SPECIFIC FEATURES OF THE OUTREACH WORK AMONG ROMA POPULATION DRUG-USERS IN MACEDONIA

Outreach work should be directed towards clearly defined target groups in order to get best results. Namely, needs differ among:

- young and long-term old users
- regular and recreational users
- users from different national minorities etc.

Precisely this last part concerns this abstract's theme.

Roma population is found unexceptionally in all Eastern European countries. In larger (Rumania, Bulgaria, Macedonia) or in smaller numbers (Slovenia, Poland), romas are everywhere with similar lifestyles and problems.

Specific trends in the drug-using roma population in Macedonia are*:

- Extremely early or old age of drug using initiation (10 year olds - 45 year olds)
- Minimal knowledge on BSTDs.
- Street myths (E.g.: you cannot get AIDS if you warm up a needle on fire before using it).
- Large family life (8 - 15 members), in 1-2 rooms (Little children witnessing drug taking) and its peculiarities.
- Large percentage (above 70% in Skopje) isn't health insured and has no IDs (social seclusion, health care disabled).
- Basically they started directly with heroin

Consequently, (HOPS's experience also proves this to be the best result practice), outreach teams working with roma drug-users consist of outreach worker (knowing the scene excellently) and social worker.

Social workers are to help users and their families in their social inclusion. Namely, he/she offers help, counseling and information on receiving health insurance, social welfare, ID provision (if necessary, provides them with IDs), work opportunities information, health institution accommodation even a family planning. Maybe somebody will ask if this is harm reduction? Doubtlessly Yes. Can the user secure his well being (injury disinfecting) if he isn't provided health insurance? Or will the user behave risky (E.g.: mixing heroin with Diazepam due to money lack) if we help him work and receive permanent income?

* Research of risk behaviour among Roma population drug users in Skopje; HOPS 2001-2003

143 Md. Shahin Al Mamun

AN UNTOUCHED VULNERABLE GROUP ARE STAYING OUT OF SCENARIO, IN LIGHT OF HARM REDUCTION PROGRAMMING

Author: Md. Shahin Al Mamun

Co-authors: Ms. Khaleida Begum ; Dr. Md. Shirajul Islam

Title: An untouched vulnerable group are staying out of scenario, in light of harm reduction programming.

Issue: Child and women drug users are increasing dramatically and as most vulnerable group need to address propriety basis.

Settings: Chittagong , Teknaf and Cox'S Bazar are located in the south- east part of Bangladesh. CARE Bangladesh, Marie Stopes and APOSH conducted an exclusive study on the child and women's drug users in that mentioned area to assess their HIV/AIDS vulnerability.

Description: CARE Bangladesh is implementing harm reduction program among the drug users especially with the Injecting drug user and Heroin smokers through peer approach. Out reach activities, Syringe needle exchange program, community based detoxification camp, STD management etc are the key program activities. In view of scaling up of drug user program conducted a study on female and child drug users. Though drug users are commonly neglected in our society but specially child and female drug users are severely marginalized.

Methodology:

Structured interview under rapid situation assessment.

Outcomes/ Findings:

- Women's and child drug users are increasing.
- Sharing of syringe, needle and equipment is very high.
- Most of them are practicing unprotected sex.
- Many of them are infected by STD
- Due to the social and cultural norms especially women's and child don't feel comfort to share his or her STD related problem to the doctor.
- Lack of government health facilities and also poor access to seek treatment from Govt. hospital of drug users.
- Women's and child's are trafficking for prostitution particularly women's in different parts of Bangladesh and abroad also.

Recommendation:

- To combat against HIV/AIDS need to design an integrated harm reduction program.
- Need to address priority basis to the women's and child under drug user intervention.

146 Maria Brodesco

EFFECTIVE TOBACCO CONTROL ADVOCACY CAMPAIGN-CASE STUDY

My presentation purpose/Background: The presentation aims to present to the audience a practice-based concept for addressing tobacco related harm in developing countries. The presentation itself is structured according with project success story that has been successful implemented in Moldova with support of World Health Organization. The project relevance to the population it is working with Tobacco control is a relative new issue addressed by NGOs, public health educators, teachers and peer educators in developing countries. That way is very important to stress capacity building, sharing of skills and the way civil Society' actors might act and control tobacco harm related problems. The presentation will state briefly the goal and objectives, as well as methods, techniques and procedures used to collect and analyze data: The main goal of our project was to create a diverse disciplinary approach to address tobacco policy problem more efficiently as an instruments, which will let teachers, NGOs, media and peer leaders to advocate tobacco-related problems in young people's lives.

The project objectives were:

- To motivate and mobilize community actors to become tobacco control advocates at the grass-roots level
- To develop the instrument to address tobacco use problem in youth relevant way
- To promote health and reduce the personal, social, and economic harm caused by using tobacco products
- To train target group to use the prepared kit (the elaborated materials) in their activities

Target group:

Teachers (high schools and middle schools Psychologists, Health leaf educators), NGOs & Peer leaders - Social services staff working with youth, radio and TV journalism' students, young adults. The presentation will outline recommendations and suggestions. Our project influenced the work of different agencies involved in tobacco policy, prevention, treatment and rehabilitation.

147 Vishnu Prasad Nepal

PEER EDUCATION FOR HIV PREVENTION, DRUG AND SUBSTANCE ABUSE REDUCTION AND BETTER SEXUAL REPRODUCTIVE HEALTH IN YOUNG PEOPLE: A CASE STUDY FROM NEPAL.

Abstract: HIV/AIDS is emerging as a major threat in the socio-economic and health sectors of Nepal. The multiple effects have so far been minimal to the country, but the potential impact is immense. Since 1988, when the first case of HIV was detected in Nepal, the number of HIV/AIDS cases has been increasing gradually, the main route of transmission being heterosexual encounters. Surveys reveal that there is a concentrated epidemic among Injecting Drug Users (40 %) and Sex Workers (17%). While a number of activities have been going on over the last decade to address HIV prevention and drug abuse, there is still a lot that needs to be done to complement the approaches being driven largely by the NGOs and civil society both by the government and the private sector in so as to make the prevention programs both sustainable and effective. While some stakeholders have aptly propagated behavior change communication, easily replicable low cost programs such as peer education for avoiding the risk situations can be the way to go for maximizing efforts of prevention, care and support. Peer education approach such as the one adopted by ORDF which is based on both individual cognitive as well as group empowerment and collective action theories have done wonders in the short time of their coming into being. It is our learning that when more stakeholders get involved in the peer education programs- very influential in eliciting individual behavior change as well as group behavior modification- the collective effort will

make a lasting impact in terms of sustained prevention approach. In this paper, I shall highlight the key approaches of ORDF's peer education program, its replication potential and some of its salient features contributing to drug related harm reduction program.

Key words: Peer education, HIV prevention, care and support, harm reduction.

148 Elise Roy, Carole Morissette, Michel Alary, Pascale Lederc, Jean-François Boudreau, Raymond Parent

HEPATITIS C AMONG INJECTION DRUG USERS IN THE SURVUDI NETWORK

BACKGROUND/OBJECTIVES: The SurvUDI network monitors trends in HIV prevalence and incidence among IDUs in the province of Quebec and the city of Ottawa, Canada. Leftover saliva specimens going back to 1997 were tested for hepatitis C (HCV) infection. **METHOD:** Active IDUs (injection in the past 6 months) were recruited via harm reduction and health programs. They gave informed consent, provided saliva (gingival exudates) samples and answered a questionnaire mostly on their behaviours in the past 6 months. A unique identifier allowed linkage of multiple visits by each individual. HCV analyses were restricted to subjects seen more than once between 1997 and 2003. Prevalence was estimated at first interview; those initially negative had their subsequent samples tested to estimate incidence. Predictors of seroconversion were identified using Cox regression analyses; to reduce behaviour misclassification, only questionnaires 12 months or less from the preceding one were selected. **RESULTS:** HCV prevalence was 60.4% (833/1,380; [95% CI: 57.7-63.0]). Incidence was 27.1 per 100 person-years (PY) [23.4-30.9]: 199 infections among 543 initially negative subjects in 733 PY. Based on 356 subjects (90 new infections; 265 PY), independent predictors of seroconversion were age (Adjusted Hazard Ratio=1.04 per year; [1.01-1.07]), injecting since 1 year or less (AHR=2.33; [1.13-4.78]), injecting with used needles mainly obtained from sexual partners/family members/close friends (AHR=1.48; [0.91-2.41]) or strangers/acquaintances/drug dealers (AHR=2.40; [1.26-4.55]), injecting most often cocaine (AHR=1.95; [1.08-3.54]), reporting prostitution (AHR=2.36; [1.45-3.83]), and recruitment in an urban area (AHR=3.21; [1.15-8.97]). Variables not significant were sex, injection frequency, use of used injection equipment other than needles, smoking cocaine or crack, and use of needle exchange programs. **CONCLUSIONS:** HCV deeply affects this IDU population. To prevent new infections, interventions should target IDUs as they start injecting, or even earlier, trying to prevent initiation of injection.

151 shambhu dutta joshi, naresh pandit, shyam kumar bk, binod bhatta

SEX RISK BEHAVIOUR AND DRUG USE IN PATIENTS WITH HIV/STIS

Background: HIV/AIDS is a growing problem among IDUs. In developing-countries existing infrastructure to support and care drug users is overburdened by the HIV pandemic. Risk behaviours are often linked and predisposed to personal and societal harm. Although studied separately, the links between alcohol/drug use, sexual-attitude and behaviours, and STIs/HIV have not been well explored. The current study was undertaken to assess the sexual attitude and behaviour, as well as alcohol/drug use patterns amongst persons with sexually-transmitted infections. **Methods:** 100 males with STIs were studied with respect to alcohol/drug use, sexual attitude and practices and the link between drug-use and sexual-behaviour. Socio-demographic profile and the above mentioned variables were assessed using a semi-structured performa specially designed for the study. Subjects were interviewed separately to maintain confidentiality, obtain information on the sensitive areas and to rule out mutual influence on responses.

Results: The subjects were 20 to 65 years of age, all were literate, 50% were married, 95% were from urban areas and were mostly suffering from gonorrhoea. Pre- or extra-marital sexual relations and Common reasons cited for low prevalence of condom use in such encounters were lack of sufficient time and availability, hindrance in enjoyment and sexual-performance. The subjects often resorted to self-medication to treat their sexually transmitted infections and there was improper treatment compliance. Alcohol use was reported by 70% subjects. Alcohol using subjects reported increased confidence, dis-inhibition, and improved sexual-performance and enjoyment on using alcohol.

Conclusions: Low-condom use, improper treatment compliance, sexual-attitude and alcohol use amongst subjects with sexually transmitted infections are factors that can increase the risk for the spread of such infections. The findings reflect the need to address the risky behaviours, drug-use and sexual-beliefs of patients with sexually transmitted infections as a harm reduction strategy.

153 mandeep dutta joshi, naresh pandit, shyam kumar bk, shambhu dutta joshi, binod bhattacha**STRATEGIC ADVOCACY TO REDUCE THE VULNERABILITY OF DRUG USERS IN DEVELOPING COUNTRY**

Introduction: Negligence and abuse and sometimes violence towards drug users are common behavioural patterns of the community people. This critical environment enforces the drug users to accept the ways of taking drugs, which exacerbate the spread of blood borne viruses. Keeping these in mind a strategic planning was taken to create mass awareness of the social cost of HIV/AIDS and importance of harm reduction program.

Objectives:

- a) To make the people aware about the HIV epidemic among IDUs
- b) To develop a more positive environment for harm reduction approach.

Issue: These advocacy program taken place with the community people, local law enforcement department and the local influential. A special group of drug users, ex-drug users, social workers and general physicians primarily conducted the awareness program in a very informal way through which it was attempted to realize that this vulnerable environment helps in spreading these blood borne viruses like HIV/AIDS, Hepatitis 'B' & 'C' among drug users. After initial warming-up the resource group called the formal meeting to describe the social cost of HIV/AIDS and Hep 'B' & 'C' and how small reduction in HIV and Hep 'B' & 'C' spread among injecting drug users benefited the society. These programs were participatory in nature and followed by demonstration and question answer session.

Results: A good number of adult student and community youth were showing interest in harm reduction program. There is a considerable decrease in intolerance towards the common drug users. There is growing consciousness that the drug users should get treatment and care for the benefit of the society.

Conclusions: The growing positive public opinion helping us to pursue the harm reduction program more effectively. It also benefited the program to work for the HIV epidemic.

155 Fabiana Belli; Juan Rochieri**CITIZENSHIP AND PREVENTION**

The activities of the Citizenship and Prevention Project take place in the city of Florianópolis, located in the south of Brazil, in the state of Santa Catarina. The city has about 360 thousand inhabitants, is the touristic capital of the Mercosul and is in the sixth place amongst the Brazilian cities with bigger tax of incidence of AIDS, according to the last Epidemiological Bulletin of the Health Ministry. The intended audience are homeless drug users and/or HIV-positive with eighteen years or more.

The objectives are:

- 1) the prevention of the Sexual Transmitted Infections and HIV/Aids;
- 2) Harm Reduction Associated to the Alcohol and other drug use; and
- 3) the labor and social rehabilitation of individuals in situation of social exclusion.

The Project develop street activities (i.e., distribution of condoms and Harm Reduction Kits, individual e group counseling), Workshops of Prevention and safe sex, groups of mutual-aid, provides access to homeless shelters, medical services - as antiretroviral therapy and the chemical dependence treatment - social and justice assistance, and also activities of labor therapy.

As the project works with people which had been drug dependent for a long time and were part of a group of individuals with serious social and health deficits, a part day community life, out of streets, the care with the land and the plants, ally to the activities of prevention, incentive for safe sex and Harm Reduction practices and the contact with health care public centers, have been essential for reduction of the vulnerability and improve the diagnostic and treatment enrolment of HIV/Aids and other sexual infections. This experience also provide an relearning of basic notions as dignity and citizenship and for increase knowledge of self-care and quality of life for more than 500 homeless and drug users that already had participated to the Project.

164 Rosco Woods**REBUKE OR REBUILD**

Rebuke or Rebuild; Exploring a practical approach to minimising the impact of drug use and recidivism. There can be no doubt of a link between problematic drug use and recidivism. The real question lies in Why? Why would some people choose to continue a behaviour when it is clear that the behaviour has been the main catalyst for a previous incarceration? Why, when there are urinalysis conditions attached to parole, do parolees continue to provide "dirties"?

This paper, which looks at the issue from the grass-roots of service provision, anecdotally investigates the cognitive processing of the re-offender and then

seeks to explore effective strategies for change with a client-group who could usually be described as 'serial bad decision makers' rather than 'bad people'. Determined that peer pressure does not exist, the author explains the relationship between dependent users and their drugs in a unique way which many will find enlightening and empowering as it helps to explain the ambivalence of many recidivists and the dysfunction and chaos in their lives. He also explores the value of motivational interviewing with this hard-to-reach-and-hard-to-hold client group and how we, as service providers, might facilitate change by making the client feel uncomfortable in their one-sided relationship with illicit drugs.

169 Ratna Pasaribu, Gerardus deKort, Sunil Batra, Salman Ul Hassan, Bijan Nassirimanesh**INITIATION AND CONTINUING ILLICIT DRUG USE AMONGST EARLY ADOLESCENTS IN GREATER JAKARTA IN 2004**

Background/Objectives: Indonesia has seen changing patterns of drug use amongst young teens, regarding initiation and patterns of behaviour. Illicit drug use is now seen in some pre-teens and injecting behaviours are increasingly common. A study of drug users in Jakarta was conducted assessing initiation, mode of intake, injecting practices, knowledge of BBVs and the role of family, peers and school.

Methods: A cross-sectional survey was administered to 128 active and 29 former drug users from the Jakarta greater metropolitan area. Funded by AHRN and UNODC

Result: Of the 157 respondents, 92 were non-injectors and 65 were injectors. 90% of illicit drug initiation was at 12-14 years, while 10% was reported between ages 9 and 11. Illicit poly drug use was reported in 10.7% cases, with the youngest age being 9 years. Of respondents reporting injecting behaviour, 3.1% reported injecting at initiation. The illicit drug type first used by respondents was most commonly cannabis (65%) or benzodiazepines (29%). Only 3.4% initially used heroin. Factors most commonly given for initial drug use included curiosity (75%), peer pressure (19%), desire to be fashionable (21%) and boredom (12%). Current knowledge of HIV prevention in injecting settings was poor, with only 16% aware needle sharing dangers and 5% aware of Hep C. Information about BBVs was gained from mass media (20%). Drug intervention by school and parents was weak. Of the 17% of respondents whose school was aware of their drug use, only 1.3 % received positive support. Of the 54% whose parents were aware of their drug use, only 1 person received positive support.

Conclusion: This survey show evidence of very early initiation of injecting drug use, and common poly drug using behavior in greater Jakarta. Respondents had poor understanding of BBV prevention. Information and support from parents and schools was also poor. Targeted, age-appropriate education on drug use and BBV prevention in primary schools is suggested to address the patterns of risk seen in this age group in urban Indonesia.

171 Ramsingh Gurung**AN EFFORT TO ADDRESS THE FIDUS PROBLEMS**

An effort to address the female injecting drug users issue in two district of Nepal.

Issue: Drug use in Kathmandu and Lalitpur district is rampant, and few organizations are doing awareness program targeted only to the male drug users. Where as female drug users numbers 10% out of 7000 injecting drug users in the two district of the Capital valley. In this context Naya Goreto an organization committed to empower female injecting drug users has been working to address the female drug users issue.

Setting: Naya Goreto is an organization established and run by team of long time experience experts in Harm Reduction. Currently mobilizing 6 outreach workers 3 male and 3 female from the ex-users background

Project: The program was funded by (AFAO) Australian Federation of AIDS organization from February 16th 2004 up to June 16th 2004 and currently the program is running with the bridging fund from AFAO. Long term funding is required to address and scale up the coverage of female injecting drug users.

Outcome: Conducted two advocacy programs one for the policy level and one for stakeholder focusing on female problems. Risk and need assessment has been done through mobilizing it's outreach workers targeting and exploring female drug users. The rich out at present is 60 female injecting drug users.

Conclusion: Risk assessment has given in-depth information of needs of female injecting drug users. Advocacy for policy level will be helpful for the Harm Reduction program focusing on female drug users. Advocacy program conducted for the stakeholders will help them to design accurate response to the female drug users problems.

176 Jill Britton**IS GOVERNMENT DRUG EDUCATION POLICY REACHING SCHOOLS?**

Science and Research Format.

Background: In 2004 the Department for Education and Skills for England, published a guidance document to support the development of drug incident policies and drug education in schools. This study was undertaken to determine how much awareness there was about the guidance and if it had influenced practice in secondary schools. It is a snap-shot study, work is in progress

Methods: A series of 6 focus groups were held, 2 each with school governors, school teachers and school pupils in two Local Education Authorities in London. Each group was asked a range of questions in relation to:

- Their knowledge of the existence of the guidance
- Their knowledge and experience of school drugs education
- Their knowledge and experience of school drug incident management policies.

Results: Results will be discussed but are not yet available. I expect that I will be able to discuss the fact that despite the large profile of drugs education and incident policy development, some schools still have a lot of work to do, specifics will be available following completion of the study. Similarly the government needs to identify better ways to communicate with schools as the messages are not getting through. (This is a summary of the initial findings after one focus group).

Conclusions: I am not able to make clear conclusions as yet as the work is still in progress. However it will be interesting if the findings are expected that much work needs to be done, as currently the government are reducing funding for drug education in schools and removing the ring-fencing of dedicated drug education monies.

177 Jill Britton, Fiona Hackland**SUBSTANCE MISUSE INTERVENTIONS FOR YOUNG PEOPLE IN CUSTODY**

Policy and practice format.

Issue: Improving substance misuse intervention provision for young offenders held in custodial settings

Setting: Young offenders who are given custodial sentences in England and Wales.

Project: The project was to develop a National Specification for Substance Misuse for Juveniles in Custody. This was to cover a range of interventions which are; screening and assessment of substance misuse, substance misuse education, support and programmes, clinical management and throughcare provision.

This project set out to establish consistent, standardised provision across the estate to ensure that:

- All young people were screened for substance misuse
- All young people were provided with substance education
- All young people who required interventions to manage substance misuse problems had access to them
- All young people who received interventions had their needs assessed and taken into account when released via appropriate throughcare provision.

Outcomes: The national specification is now being used by the custodial estate. Lessons learnt - within the custodial settings a number of national standards had to be taken into account. There was confusion in messages and timetabled procedures, such as the time scale for conducting an assessment. These difficulties could not be overcome, some complicated timescales and illogical sequences still exist.

Implications: Part of the work consisted of collating existing standards and pulling them into one document that was accessible and user friendly. Feedback from the estate has included comments that certain aspects were unworkable, even though they have been in existence for many years and should have been complied with. Another aspect was that there is poor competence of staff understanding about the issues of substance misuse and what is effective in treating it, this will be elaborated on further in the presentation. New projects are in development to support the implementation.

180 Dilip Upreti**SEXUAL BEHAVIORS OF INJECTING DRUG USERS IN POKHARA VALLEY, NEPAL**

Title: Sexual Behaviors of Injecting Drug Users in Pokhara Valley, Nepal

Background: Nepal is a country experiencing a concentrated HIV/AIDS epidemic among selected high-risk population in the country. Current data supports evidence for high prevalence among IDUs (40% national average). The estimates of the numbers of IDUs now run into thousands, with the strong impression among many informants the injecting drug use has increased recently. The practice of injecting tidigestic and other pharmaceuticals is a relatively new phenomenon.

Method: The main ethnographic tools including

- Key informant interview.

- Social Mapping.
- Participant's observation.
- Free listing and rating.
- Network analysis.
- In-depth interview.

Results: Like IDUs of other town, those in pokhara would prefer spending on drugs than on Sex. However, all except one respondent reported that they had sex sexual experience with multiple partners described as spouses, girl friend, sex workers, lahureni (wife of army people who work aboard), girls from neighborhood, foreign women, tenants, girls recently migrated from rural area, and classmates. About two fifth (7 out of 17) of the unmarried respondent had sexual relation with sex worker only. Informants had their sexual debut either with a sex worker (9 out of 24) or with agar friend (7 out of 24) .The IDUs had engaged in sexual relation with various sex types workers such as street base, cabin restaurant based, dance restaurant based, hotel based, settlement based (Call girl) . A few of the informants reported that they had sex with sex worker in Hong Kong, Singapore, and Qatar. Only two informants reported having sex with another man.

Conclusion: These data suggest the needle harm reduction programs would address practically the same specific behavioral issues in the two areas, despite the differences in the social and physical environment. IDUs had practicing more risky sexual behavior.

191 Maria Isabel Melgar**GARDEN POCKETS: THE SMOKERS TAKE A CENTER STAGE**

Issue: Implementing a national law against smoking poses a challenge to an institution which counts among some of its key administrators and faculty as smokers.

Setting: In 2003, the Philippine Government passed a law which prohibits smoking in public places. A top university in Metro Manila, while taking immediate strides in implementing a No Smoking sign in the whole campus, has to grapple with the human rights claims of faculty and administrators.

Description of Policy: As a compromise, Smokers' Garden Pockets were specially built in designated open areas within the campus. These pockets were not conceived as a smoking cessation strategy nor was it planned to be a harm reduction tactic. One year has passed since its implementation and the objective of this study is to see its effects on smoking behaviors among smokers in the university and their attitude towards this policy.

Outcomes: The Garden Pocket became a multi-functional haven for smoking students and staff. It became intimate, exclusive and socially friendly. It offers an ideal place for relaxation as well as for private/confidential discussions. The pocket accomodates anywhere from 8 to 12 people looking like an open bar sans liquor at peak time. Benches were provided on a cemented area. Much of the time, when the pockets are empty, non-smokers are lured to sit on the benches for a brief respite.

Implications: This study aims to take a closer look into the impact of the Garden Pocket as part of the University's policy for the campus to be a smoke-free. The ongoing survey included pocket users and non-pocket users to obtain their personal observations and insights. How the pockets have shaped the smoking patterns and routines among smokers will provide clues on designing effective subtle smoking cessation strategies behing a legitimate policy.

195 Zahid Hussein**PAKISTAN: HARM REDUCTION STRATEGIES LACK INTEGRATEDNESS.**

This paper provides an overview of harm reduction advocacy status and management in Pakistan, and suggests steps to improve advocacy strategies.

Recent developments in harm reduction (HR) strategies aim at "integrating" various issues; HIV/AIDS, hepatitis B and C, STIs and even reproductive health. Integration signifies a wholistic approach towards HR giving it a full body and flavour of an individual existing in his individual and social worlds whose problems are both her/his very own, and of the society around him. Sadly, the element of "integratedness" is missing in Pakistan's advocacy campaign.

Substance abuse is still taken as a bad habit of a "typical" class or an act of individual behaviour, and thus it is thought to be nothing but anti-social behaviour that should be trampled under mighty feet. Parents, peer groups, NGOs and government authorities alike miss the point of a comprehensive, all inclusive advocacy campaign thus leaving the field quite open to charlatans and quacks to exploit.

In order to pave the way for advocacy being all-inclusive, an immediate research is required to gauge the level of awareness of decision-makers and other important regarding substance abuse, HR and linkages of HR with other social indicators and behaviours. This research should have government officers of the Ministry of Interior, Narcotics Control Board, NGOs and programme managers of HIV/AIDS/STIs and RH services.

197 Steve Liebke**AN OVERSIMPLIFIED MODEL OF GOVERNMENT CONTROLLED DRUG REGULATION**

The prohibition of select intoxicating drugs has been an element of many societies for well over 100 years now. The policies have changed (a little), the drugs have changed (a little), but the central theme of prohibition marches on to the same beat without a break in stride.

The premise of prohibition is generally stated as the reduction of the harms associated with drug use. But we know that the 'harms' are those done to the morality of the state, not those imposed upon the drug user by the system itself.

So what does pragmatic drug policy look like?

Primarily, it focuses on the individual at ground level, and the people around them. It ignores (for the most part) anachronistic moralities, traditional values and unrealities. Society is secondary to the individual, in direct contrast to current drug policy in Australia, and many other countries.

This symposium will present one possible model of legalisation and regulation of currently illicit substances. A short presentation of the model, and the principals underpinning it, will be followed by an opportunity for attendees to participate in an open discussion on regulation/drug law reform.

Is drug law reform really necessary? Is it an appropriate time to be discussing regulation? What components should a workable model contain? How can the public, police and politicians be educated in the advantages of regulation and the vices of prohibition? What can be done to progress the debate? Is it a lost cause?

The author, as a consumer, believes that the time has come to address comprehensively the humanitarian disaster that is current drug policy. All and sundry are invited to contribute to this debate that has now become an imperative.

199 Badrieva, L.**IMPROVEMENT OF CONTROL OVER TUBERCULOSIS INCIDENCE AND TREATMENT AMONG IDUS WITH THE ASSISTANCE OF THE HR PROJECT STAFF**

Drug addiction is closely associated with the problem of tuberculosis (TB) in Russia. The data of our investigation carried out in Kazan (city of 1 million inhabitants situated 800 km away from Moscow) in June 2004 have demonstrated that prevalence of TB among IDUs can be 50 times higher than that among general population. Substitutive therapy being prohibited in Russia, one third of tubercular patient IDUs don't pass full course of treatment in a hospital. DOTS is not being applied in Kazan and phthisiatric services are not able to control the treatment of the most outpatient IDUs. 26 % of all IDUs population in Kazan is HIV positive. Among all infectious and opportunistic diseases, TB is the main lethal factor for HIV-positive patients in Russia.

The main goal of a new project for TB control among IDUs, which has started in Kazan in May 2004, is to improve TB diagnostics and treatment among IDUs. The project is aimed at introduction of a model of collaboration of TB medical services and HR project. In order to improve access of IDUs to diagnostic of TB, NEOs staff and outreach workers have began to collect expectorated sputum for bacteriological check-up in NEOs and in IDUs residences immediately.

Simultaneously IDUs have been provided with information and booklets on TB epidemiology, clinical features and treatment. Special surgery hours for easy access to chest x-ray have been organized for IDUs.

Outreach worker has conducted weekly visit of the TB hospital patients in order to achieve adherence of IDUs to TB and ART treatment. In case an IDU broke off the treatment and left TB hospital, an outreach worker has visited him/her in his/her residence with the aim to persuade the IDU to continue the treatment. To make the treatment maximum convenient for a client, the possibility to take TB medicine at NEOs has been organized.

The preliminary results of the project have shown that participation of the HR project staff in control over TB among IDUs is a prospective way to improve TB diagnostics and treatment among IDUs.

206 Jo Hodson & Fiona Reid**WHEN HARM REDUCTION IS NOT ENOUGH**

Approach: A critical analysis of the limitations (and strengths) of the Harm Reduction concept, as applied to a group of Mum's who use illicit substances. Specifically, examples will be drawn from the PEPISU project, illustrating the use of fundamental harm reduction strategies and practice. Nevertheless these strategies and practices prove to be woefully inadequate in addressing the often much larger risks these women and their children face in their everyday lives. The authors argue that it is almost impossible 'maximising the impact' while 'minimising the harm' if the main function/focus remains primarily and often inappropriately on drug use. Instead a broader definition of harm reduction that names those factors that support problematic drug use, such as inequality, racism and violence need to be included in any meaningful harm reduction approach.

Key Points:

- The reduction of drug use harm is not enough
- The harm reduction concept as it stands can quiet inadvertently 'cover up' or 'misname' the often more influential causes of economic, legal, health etc harm drug users experience.
- Many programs project place an emphasis or centrality on reducing drug related harm that is not supported?

Implications:

While the PEPISU team supports and works within the current harm reduction practices, it is also important to 'speak out' about the often much greater harms the people we work with face. This is particularly difficult given the often hostile reception many harm reduction strategies currently elicit, not only in the larger public but within the AOD sector itself. Nevertheless a more critical analysis of the harm reduction concept including its limitations in improving the lives of many of the individuals we work with. Furthermore implications for service delivery and the role of advocacy will also be discussed.

209 Wayne Wiebel, Octavery Kamil, Ignatius Praptoraharjo, Nasrun Hadi**INTEGRATING OTHER INTERVENTION SERVICES WITH OUTREACH TO CONTROL HIV/AIDS**

Issue: IDU related HIV epidemics are a major problem in Asia. Outreach interventions targeting IDU are key to an effective response, yet epidemic profiles, social contexts & risk behaviors vary significantly across the region. Further, intervention service needs of IDUs frequently far exceed those services typically associated with outreach alone. This presentation describes the experience of FHI/Indonesia in utilizing outreach as a platform upon which to build a comprehensive array of integrated intervention services.

Setting: Surveillance data indicated major outbreaks of HIV infection among IDU in Indonesia. Over a period of 2 years, rapid situation assessments were conducted in 10 provinces across the country. Local NGO partners were recruited to implement 12 Indigenous Leader Outreach Model interventions in cities with the highest concentrations of IDU, the largest such initiative in Asia.

Projects: In Phase I, programs were given 6-12 months to establish rapport with major social networks of IDU, increase HIV/AIDS awareness and to promote the adoption of risk reduction measures. Experience in working with IDUs revealed that their intervention service needs were great. In Phase II, revised work plans were developed to integrate a range of service enhancements including: Needle Exchange, Voluntary Counseling & Testing, Case Management, Peer Support Groups, Care & Support for HIV+ Clients and Service Referral to address other needs.

Outcomes: Outreach is proving to be a very compatible platform to support the integration of a comprehensive array of intervention services. Programs now provide for a continuum of care extending from HIV prevention to medical treatment for those already infected. Training, ongoing technical support and a phasing in of new services seems key to successful implementation.

210 Avril Taylor, Alex Fleming, Jeanne Rutherford, David Goldberg**VIDEO RESEARCH OF DRUG INJECTING - IDENTIFYING THE UNIDENTIFIED**

Identifying the precise drug injecting practices that lead to infection is essential if effective harm reduction strategies are to be developed. Yet, to date, few studies have examined the actual process of injecting drugs. Most research, on the contrary, relies on self report surveys of risk behaviours. But such research depends on the researcher having sufficient knowledge to ask the correct questions. Without a precise understanding of what actually goes on when IDUs inject, some crucial questions which may aid our understanding of infection transmission dynamics may remain unasked.

This presentation will present video data from a recent ethnographic study of IDUs in Glasgow in which IDUs were filmed in their own settings. The video shows the various stages involved in the preparation, administration and post-administration of injection drugs and illustrates practices that can facilitate the transmission of infectious diseases. The social situations and environments which mitigate against safe injecting will also be illustrated. The presentation concludes with the implications for research and harm reduction.

219 Ramon G. Zarceno**SMOKERS' AND NON-SMOKERS' INTERACTION IN A SCHOOL FOR BOYS IN THE PHILIPPINES: OPPORTUNITIES FOR TOBACCO HARM REDUCTION AMONG TEENAGERS**

Background/Objectives: A United Nations' study, which highlighted the incidence

of smoking among Filipino teenagers because of friends, was an alarm. It gave strengths to the status of smoking as a major worldwide health concern. This study determined the interaction among smoking and non-smoking teenagers in a school for boys in the Philippines. The results of the study became foundations for promoting opportunities for tobacco harm reduction among the teenagers.

Methods: A descriptive-observational research was applied in the study using 105 young high school boys. A questionnaire-checklist and a non-participant observation by the researcher were used to generate data. Percentages were used to analyze quantitative data and non-participant analysis for qualitative data.

Results: It was found out that smoking classmates have great influence among students who smoke, as "belongingness" becomes a strong foundation for social existence among classmates and friends. Those who smoke did not influence those who do not smoke, and an atmosphere of "intolerance" prevails.

Conclusions: Situations are alarming at the same time opportunities for the promotion of harm reduction is ripe. The influence of smokers on fellow smokers suggests the strong bonding and therefore such bonding can be used to reverse the situation. Likewise, the tolerance among those who do not smoke on those who smoke suggests opportunity for reversing the tide towards reducing the harm that tobacco smoking causes. The overall scenario, therefore, offers great opportunity for minimizing if not eliminating harm brought about by smoking tobacco at a young and tender age.

222 Carvalho, H.B., Strazza L., Boocia, T.R, Azevedo RS

INTERNET QUESTIONNAIRE COUPLED WITH SHORT EDUCATION TEXTS AND LABYRINTH FOR PORTUGUESE READERS AS A HARM REDUCTION STRATEGY

Risk behavior surveillance for HIV/AIDS is generally made for injecting drug users, prostitutes and prisoners, for whom, the prevalence is expected to be higher than in general population. Much effort has been put on them and in its objectives has been successful, but left out most of the population at risk for HIV infection. We have created educational sexual behaviors as a scientific research "a site <http://www.saudetotal.com/strazza.htm> that besides the opportunity that they can have in recognize their own vulnerability, it offers HIV/AIDS information. A Portuguese questionnaire has been developed for three different age groups. Reaching the end of each stage, the computer puts texts to them based on Skinner's (1972) and, finally, they receive the invitation to get into a labyrinth and to tell a free story looking at the scene displayed at the computer's screen. The prevalence of drug use is high in both groups. These results show the necessity to improve strategies to reach these people. People that apparently have no risk to get injured with their sexual and drug use behavior. Different approach strategies like that must be encouraged, in order, to help people to identify their own weakness in order to avoid injury easily avoidable.

Key words: HIV/AIDS, internauts, sexual behavior, vulnerability, labyrinth, teenagers/young/ adults.

225 Zoran Cakic, Celine Debaulieu

FROM CAPACITY BUILDING TO A PARTNERSHIP

The Pilot Harm Reduction Program in Belgrade, Serbia, has been implemented by the French "Medecins du Monde" since 2002. Through capacity building of local team members, the plan had been to gradually hand-over the activities to a local partner organization in three years time. Regular trainings of the staff, along with dynamic and fruitful communication with the Mission Supervisor in Paris, resulted in strengthened local capacities to build an organization able to resume the activities in harm reduction field. Moreover, harm reduction as a policy has been recognized by the Ministry of Health of Serbia and will be a part of the National Strategy in Fight Against HIV/AIDS.

As an output of the Program's outreach activities, need for self-support association of drug users has emerged. "Medecins du Monde" mediated this process and the outcome is registration of the first self-support association of drug users in Serbia.

The successor local Harm Reduction organization will be the bearer of the Serbian Harm Reduction Network, to be established in 2005. The experiences from the Pilot HR program will be shared with new implementers nationwide.

226 Mehic-Basara N., Pokrajac M., Hasecic H., Ceric I., Havic E.

APPLICATION OF THE METHADONE SUBSTITUTION TREATMENT IN BOSNIA AND HERZEGOVINA

Public Institute for Alcoholism and Substance Abuse of Canton Sarajevo High Medical School of Sarajevo university Methadone application in the treatment of the opiate addicts started in Bosnia and Herzegovina since 80's of the last century. Just before the war in 1992 at the Counseling center for the prevention

and treatment of drug addiction in Sarajevo, there was a registered 1000 drug user. Among them there was 45-50 heroin addicts involved in the Methadone Maintenance Treatment (MMT) Program.

Beside the problems of post-war transition period, Bosnia and Herzegovina is faces with the sudden increase of hazardous and harmful use of drugs among young people, with more and more heroin addicts. It is estimated that currently there is 10000 opiate addicts in our country.

Within the treatment program at the Department for drug addiction of the Public Institute for Alcoholism and Substance Abuse of Canton Sarajevo, besides Methadone detoxification therapy (MDT), drug-free programs, and counseling since June 2002 we started again with the Methadone maintenance treatment (MMT)

Trough this paper we will present two-year experience in application of the Methadone maintenance program in our Institute for the 118 patients. We will present epidemiological and statistical data regarding gender, age, methadone application, co morbidity and other relevant social and demographic indicators.

Key words: MMT, Heroin addiction, Bosnia and Herzegovina

227 archana oinam

HARM REDUCTION "MEDIA AN IMPORTANT ALLY"

Issue: Manipur has a long history of harm reduction activities going on since 1993. The effectiveness of the program is questionable. The latest epidemiological reports the sero positivity rate among the IDUs as 60.15. Being a conflict area there are frequent disturbances in the program due to the law and order situation. Social problems like unemployment, insurgency, political unrest, breakdown of educational system etc. is common in the state. There is no ownership and community support in the program as the community is more concerned with other prioritize issue of the state. During the drug substitution program in 1999, SASO had a bad experience with print media. Human rights violations of drug user are happening every single day in some way or the other.

Setting: In Imphal city, among the media personnel

Project: HIV/AIDS Prevention, Intervention and Home Based care - supported by OXFAM

Activities:

- Establishment of personal contact with the All Manipur Working Journalist' Union (AMWJU)
- Consultative meeting with the union Executive members
- Workshop - jointly organized with the union; resulted in a good turnout of participants. 35 participants comprising of journalists, editors, commentators, columnists from daily newspaper, journals and All India Radio(AIR), Imphal; correspondent of National paper and representatives from local TV network. The workshop discussed a wide range of drug issues and the role of media towards it.
- Follow up meeting

Outcome:

- Media started giving full coverage of program activity positively (newspaper, talk show, AIR)
- Month long campaign with media in June 2004
- Participation of media representative in HR TOT, workshop, meetings

Conclusion: Considering the conflict situation in the state, NGO needs to build up a strong coalition with other agencies in the community for the effectiveness of HR. Like with media, efforts should be put to develop a strong work force from different sections of the society.

229 Hurtado, Gustavo & Inchaurrega, Silvia

ARGENTINEAN NATIONAL CAMPAIGN ON DRUGS DECRIMINALISATION

Issue: During last stage Argentinean Harm Reduction Association (ARDA) developed the first and second phases of an innovative and high profile campaign: The Argentinean Campaign on Drug Users Decriminalization. ARDA‘s Campaign gathered a high impact in different areas. The main task of reducing harms related to health is associated with reducing social harms as criminalization, isolation, social exclusion and discrimination.

Setting: The goal of the Campaign is double: by one side is searching consensus on the need of modification of article 14 of Drug Control Law 23.737 that punishes possession of drugs even for personal use, by other side is promoting the reduction of the Drug Control Law related harms.

Project: It intends to continue to monitor, analyze and respond to the harms related to repressive drug enforcement laws in Argentina, modifying the Drug Control Law and developing HH RR interventions related to social harms as discrimination, social exclusion and prison for drug users. It was pointed out one of the key messages of the National Campaign “Say NO to the War on Drugs – Say NO to the War against drugs users”, that involves the work with judges and legislative forces as well as with media players and journalists, musicians and the drug users themselves.

Outcomes: Several materials and interventions have been implemented mainly based on human rights and harm reduction perspective. We got the possibility of installing the debate in the Argentinean society in an open and clear way, making that personalities of different parties and ideologies say their position, having an influence in the hegemonic social perception of the phenomenon of drugs and their association with crime. Without precedents in the last 30 years, opinions on favor of decriminalization of key persons of the Criminal Justice and the Penal Law, criminologists, academics of medicine and journalists were disseminated.

230 Mark O. Bigler, LCSW, PhD

HARM REDUCTION AND THE PROFESSIONAL PREPARATION OF SOCIAL WORKERS IN THE UNITED STATES

Background/Objectives: Harm reduction reflects fundamental values and beliefs of the social work profession. Unfortunately, while harm reduction principles are a natural fit with social work, academic programs training these professionals typically provide little, if any, direct instruction in this area. The subject of this presentation is a study which examined the degree to which harm reduction has been integrated, both formally and informally, into social work education in the United States.

Methods: A 20-item questionnaire was distributed to a sample of social work students (N=655) in their senior year of study in undergraduate programs throughout the U.S. This questionnaire assessed the level of harm reduction thinking, the degree of formal exposure of students to the harm reduction model in their professional training, and various demographics thought to be relevant to the study (i.e., sex, age, ethnicity, major, class standing, marital status, location of college/university, and estimated childhood and current economic status).

Results: A total of 232 students (35.9%) indicated they had received specific instruction on harm reduction in the course of their undergraduate social work studies. Of these, only 53 (22.8%) were able to provide an adequate definition of harm reduction. Overall, students tended to endorse a series of statements regarding professional practice in ways that reflect harm reduction thinking.

However, those who had explicit exposure to harm reduction in their social work training did not endorse these items at greater rates than students who had not.

Conclusions: Social work students have an intuitive sense of harm reduction, but have limited exposure in their professional training. Including harm reduction as a central theme in the training of social workers would greatly strengthen the curriculum at both the undergraduate and graduate levels and prepare prospective social workers to practice in a more rational, pragmatic, and humanistic way.

232 Nadezhda Romanova

TRAINING SEMINARS FOR SEX WORKERS AS A MEANS OF RAISING AWARENESS ABOUT HIV/AIDS ISSUES

Issue: Moscow's sex workers constitute a diverse group, including many immigrants from across Russia and the CIS, mostly women between the ages of 18 and 25. The vast majority have very little knowledge of HIV/AIDS issues.

Setting: Training seminars are conducted at the SANAM Reproductive Health Clinic in Moscow. Members of the target group are identified through outreach work at so-called 'pick-up spots', where the women seek their clients. Project workers distribute invitations and exchange contact information with the women.

Project: In order to combat the HIV/AIDS epidemic effectively among sex workers and their clients, we must take a multifaceted approach. One aspect of this is to conduct training seminars - the most direct and accessible form of training. Participating women are presented with easy-to-understand and reliable information on several relevant topics: HIV/AIDS, STIs, safe sex, reproductive health issues, legal aspects and methods of psychological relief. They also receive free condoms and brochures, and invitations to the clinic. Classes are held twice a month, for around four hours, and are broken down into several levels. Over 18 months, 35 seminars have been held, with some 200 sex workers attending. The seminars, including refreshments, are provided free of charge.

Outcomes and lessons learned: Through the seminars, the project has established a relationship of trust with women and has succeeded in getting them to return to the clinic. A questionnaire was devised to assess the participants' mastery of the seminar material. This revealed that 97% of the women understood how HIV/AIDS is transmitted, 93% learned to identify high-risk sexual behaviour and the risks of infection, and 76% were able to identify the symptoms of STIs. A number of sex workers were also selected to take part in special training classes that gave them the necessary skills to act as peer-counselors among their colleagues.

233 David Boyd

HARM REDUCTION APPROACHES EMPLOYED BY A COMMUNITY BASED DRUG PROJECT IN A RURAL SETTING IN NORTHERN IRELAND

Issue: Responding to community need with regard to drug and alcohol issues through a partnership approach.

Setting: The activities have taken place across the Banbridge District, County Down, Northern Ireland. The initiatives have been run in a range of community venues with a number aimed at the community as a whole and others specifically targeted at young people.

Project: TASSK Drug Awareness Project in partnership with other agencies has undertaken:

- Research - the needs of young people were identified through a piece of research involving 520 twelve to sixteen year olds.
- Banbridge District Drug & Alcohol Group - a partnership bringing together relevant agencies and the community to promote a holistic approach to tackling local drug and alcohol issues.
- Directory leaflet of Drug and Alcohol Services - distributed among agencies and at public buildings and venues throughout the district to raise awareness among the community of available drug and alcohol services.
- Youth Drug Awareness Programme - provides young people with up to date, accurate information about drugs and alcohol allowing them to make informed decisions.
- Youth Card - this small information card is aimed at young people detailing counselling and information services and peer designed information websites.

Outcomes:

The projects highlighted should be viewed as work in progress, with the work of programmes ongoing.

The research project identified levels and patterns of drug and alcohol use among young people, their knowledge of drugs, services and legal issues and their needs with regard to information and education. In response to this the Drug Awareness Programme and Youth Card have raised awareness levels around drug and alcohol issues and provided young people with access to services and information.

The Drug & Alcohol group have facilitated a structure for addressing community need and the distribution of 5000 copies of the directory has raised community awareness of local services.

239 J Cox, C Morissette, P De, R Allard, R Stephenson, JF Boivin, L Graves

USE OF AND SATISFACTION WITH STERILE DRUG PREPARATION AND INJECTION MATERIALS AMONG INJECTION DRUG USERS IN MONTREAL, CANADA

Introduction: Sharing of blood-contaminated drug preparation and injection materials, other than syringes, can increase the risk of hepatitis C virus (HCV) infection. In September 2003, the Montreal Public Health Department began distributing sterile water vials and Securicup kits as an addendum to sterile syringes.

Method: Injection drug users (IDUs) who had injected in the past six months were recruited from syringe exchange programs and methadone clinics during May to August 2004. An interviewer-administered questionnaire was used to collect information on the use of the sterile water vials and Securicup kits (container, filter, and post-injection swab). Participants were also asked about their satisfaction and whether the materials should be changed.

Results: Preliminary results for 99 participants are presented. Mean age was 33 years [standard deviation (SD)=8.7] and 70% were male. Mean age at first injection was 20 years (SD=5.6) and the drug used "most" to "every time" during the past month was cocaine (70%) followed by heroin (24%). While 80% of participants had used sterile water vials in the past six months, 54% had used Securicup kits. 55% of participants reported using sterile water vials "most" to "every time" they injected during the past month. In contrast, similar use of containers, filters and post-injection swabs was 16%, 13% and 15%, respectively. 80% of participants were "quite" to "very satisfied" with the sterile water vial, while similar satisfaction with the other materials ranged from 29% (filter) to 38% (post-injection swab). Only 10% of participants reported they would like the water vial changed compared to 27% for filters.

Conclusions: The greater use of sterile water vials compared to Securicup materials may be explained by the high degree of satisfaction. Additional analyses of the complete study sample (n=350) will examine the role of drug of choice (cocaine vs. heroin) as drug-specific preparation practices may also explain these findings.

246 Chris Buchner

GAY MEN'S HEALTH - A HARM REDUCTION APPROACH TO HIV PREVENTION

ISSUE: Recent evidence suggests that HIV prevention efforts are significantly limited by exclusive focus on drug-taking or sexual behaviours. Individuals are often

alienated by prevention messages and campaigns that do not acknowledge the cultural context of risk behaviour, and do not take the whole person into account. In an effort to revitalize HIV prevention efforts targeting gay men, the notion of Gay Men's Health has been adopted to more effectively reduce drug-related and sex-related harm in this vulnerable population.

SETTING: In Vancouver, British Columbia, gay men continue to experience the largest number of new HIV infections, and constitute the population with the largest prevalence. This population is also experiencing an outbreak of syphilis, and studies suggest a high level of problematic substance use.

PROJECT: Based upon the results of community-based research, Vancouver Coastal Health is recasting its gay men's HIV prevention efforts as Gay Men's Health programming. This approach acknowledges that reducing HIV risk behaviour depends largely on other issues that affect health, including recreational and chronic drug use, income stability, housing, access to primary care, mental health and level of physical activity. A population health and harm reduction approach focuses on the many factors that influence one's ability to make healthy choices, rather than focusing exclusively on problematic behaviours that one may not have the ability to stop or change immediately.

OUTCOME: Contracted programs for HIV prevention now focus on social networks and holistic approaches to improving health. A Gay Men's Health Service Plan will further inform the implementation of a harm reduction approach to this problem.

250 Inchaurreaga, Silvia

HARM REDUCTION AND NEW CHALLENGES IN LATIN AMERICA; FROM HEALTH RELATED HARMS TO SOCIAL RELATED HARMS AND FROM "ABUSE" TO RECREATIONAL USE. OR HOW TO AVOID SLEEPING WITH THE ENEMY?

Issue: Latin American phrase says that there is no better way to neutralize an enemy than to invite him at home. Is this the case with harm reduction (HR)? In Latin America (LA) HR has been introduced and preliminarily accepted at some official levels regarding HIV prevention. Currently traditional NGOs, catholic institutions and even therapeutic communities are identifying it as an answer to "drug abuse". New scenes and new drugs show HR is not only a health issue and has a key role in human rights and recreational use of drugs.

Program: We will present Latin-American case examples of the development HR related to social issues such as poverty, corruption, street children and deficiency of social policies and HR related to drug policy reform (Campaigns developed in Argentina, Brasil and Colombia, Tides F.) We will focus on facts and myths associated with two HR theories and practices; the conservative one where HR means HIV prevention and sometimes even abstinence, and the other that recognizes the rights of drugs users, including the rights not to have treatment and to use drugs. HR related to recreational use and related HR programs are good samples of new developments that need to be encouraged. They are frequently misunderstood and under attack. Advocacy initiatives like the Million Marihuana Marches (Arg, Br, & Mx) have played a key role, with high media impact, facilitating submissions to Parliament of proposals for depenalization of use and legalization of medical marihuana. Alongside this we can place recent advocacy tasks related to traditional cultivation and use of coca leaf.

Lessons learned: Is dangerous to accept HR as a social control method as it can jeopardize its credibility. HR means first of all the upholding of human rights and therefore it implies the acceptance of recreational use; depenalization; and drug policy reform. It is part of the core of social policies, which are really concerned about the welfare of human beings.

255 senthil sellappan, Vijayakumari Balaji, Mohana Muralidaran, Ashok Kumar.

COMMUNITY SUPPORT FOR REDUCING STIGMA AND DISCRIMINATION: PRACTICE FROM CHENNAI, INDIA

Issue: HIV is an alarming public health problem in developed and developing countries. Although many interventions were in place, the larger community particularly youth and women groups misperceive about HIV/AIDS-believe that it is acquired from sex workers alone and needle syringe exchange programme (NSEP) encourage drug use in the community. This causes stigma and discrimination towards injecting drug users.

Setting: Chennai is one of the metropolitan cities in India, situated in the south where HIV prevalence among injecting drug users (IDUs) was 30% in the year 2002. The present HIV prevalence is 64%. In spite of this there are many NGOs implementing various intervention among different high-risk groups (commercial sex workers, mother to child transmission, truck drivers) for prevention of HIV in Chennai.

Project: Sensitization among youth and women were not given importance. From success stories in Dhaka, Bangladesh and Ruili, China it was realized that involvement of youth and women are important for successful project implementation and reducing stigma. We therefore, initiated planned sensitization meeting with them in the early 2004. We clarified myths and

misperceptions, which they had about HIV/AIDS among IDUs and NSEP. The youth and women group members started supporting us by referring the IDUs to NSEP and allied health services. They also are sensitizing the community issues on HIV/AIDS and NSEP.

Outcome and lessons learnt: In limited resource setting, youth play vital role in the development of the community. Conducting meeting with these groups really works, for standardize message delivery on HIV/AIDS. So sensitizing and involving them is important for reducing stigma associated with IDUs and HIV/AIDS. Sensitizing and involving other stakeholders and policy makers plays an important role for better project implementation towards reducing stigma and discrimination among IDUs. All these interventions with appropriate monitoring system will make possible milestone in the HIV epidemics

257 David Otiashvili

DRUG POLICY REFORM IN GEORGIA

According to the experts considerations in Georgia nearly 150,000 people is a drug user. Majority of them are intravenous users of heroin. According to the data of Aids and Clinical Immunology Center, among the registered HIV-infected persons 69% are the intravenous drug users.

In existing circumstances it is necessary to perform the realistic and progressive drug-strategy, which would be based on the scientifically proved facts and on the experience of advanced countries. The main priorities of this strategy should be the treatment and assistance against the persecution and punishment. Also it is necessary that in Georgia there should be the special body (the national agency of drug policy), which will be responsible for the development and accomplishment of the drug strategy in the country. The agency also will coordinate the organizations and departments involved in the same sphere.

Aim: The aim of the project reveals that in Georgia should be performed effective and realistic drug policy, which will provide the reduction of drug use and also make available to reduce the harm concerned health, economic and social problems which are caused by the drug use.

Tasks:

- In national drug policy should be made the clear differentiation between the drug users and drug use on the one side, and the organized crime and drug dealers on the other
- Should be developed the relative legislative base, which will support the intravenous drug users in the prevention of the spread of HIV/AIDS infection
- The new legislation should offer changes, which will make the rehabilitation and harm reduction programs fulfillment prior in the country

This is a one year project sponsored by the OSGF and IHRD. The project has just started and by the end of March it will be on its half way of development.

258 Le Ngoc Yen

IS THERE CESSATION OF HIV TRANSMISSION BEHAVIOURS AMONG HIV+ INJECTING DRUG USERS IN VIETNAM

Background: As of July 2004, the HIV cases are 82,200 of which 57% are IDUs related. This study aims to identify: the risk factors related to increased HIV transmission among and from IDUs in Vietnam.

Methods: a cross-sectional survey was carried out with 606 HIV infected IDUs, 74 out of them participated in a longitudinal study (1999 and 2001). Qualitative and quantitative methods were adopted.

Results: There is a big gap between correct knowledge of HIV prevention (68,5%) and practice of needles sharing (83,2%). There are 20 independent predictors for HIV infection among IDUs, 3 major are: needle sharing (OR: 4,84; 95% CI), irregular needle sterilization (OR: 5,3, 95% CI) and have sex with CSWs (OR: 3,54; 95% CI). The growing risk of HIV transmission occurs among increased IDU-CSWs. The longitudinal study showed that 38.5% HIV+ IDUs continue needle sharing, 23,4% have sex with CSWs of whom only 46,7% use condom; regular condom use are still low with 32,4%. The co-infection with hepatitis virus among 91 HIV+ IDUs is 65,9% and 73,4% out of them infected HCV. Among 32 patients attending a longitudinal study, the co-infection HCV and HBV increased from 53,1% (1999) to 100% (2001).

Conclusion: A risk of HIV transmission is still maintained in HIV+ IDUs, so the Harm Reduction Programme should emphasize in supporting them to change unsafe behaviours.

259 Taing Phoeuk & Srouch Chea

THE BIRTH OF A CAMBODIAN HARM REDUCTION PROGRAM

Cambodia, with just one newly opened (for homeless youth) drug treatment program, and an explosive drug use epidemic, has no true "harm reduction only"

programs to educate, advocate, and serve drug users. There is one NGO currently limited to working with drug using street children. Unfortunately the adult homeless, housed, sex working or middleclass population has not been offered the information they need to reduce harm while using the wide variety of dangerous drugs (mainly ATS and heroin) available in the country.

A small group of Cambodian Americans who were deported from the United States have formed the Cambodian Harm Reduction Collaborative (CHRC). With skills learned from the schools, streets and prisons of the USA, CHRC is on the cutting edge of bringing American and Vancouver based harm reduction models of training, programming, service, policy and advocacy to Cambodia.

This presentation will discuss how CHRC was born and how CHRC began to network with government, international and local agencies to become an important resource to the Cambodian drug users and sex workers who are exposed to drug related harm in Cambodia on a daily basis. In addition to the creation of CHRC, this presentation will also address the future goals of the program and the types of culturally sensitive harm reduction trainings offered to those at risk as well as the successes and barriers to outreach and funding.

262 Noreen Sheikh-Latif

THE REALITY OF PROVIDING EQUITABLE DRUG SERVICES TO BLACK

Drug services in the UK have historically not engaged with Black and minority ethnic (BME) communities and vice versa. The author has undertaken a series of individual service evaluations amongst different areas in the UK utilising qualitative research methods to identify perceptions and attitudes about drug use and service development for Black and minority ethnic communities. This poster presentation will identify some of the key themes that have emerged from the research including community, professional and user perceptions that have been gathered through semi-structured interviews and focus groups.

Results have identified barriers and obstacles such as; a lack of acknowledgement of drug use by BME communities themselves, insufficient understanding of BME culture by services, an under-representative diverse workforce, language barriers, and communities' own lack of awareness of services and function, including fear of confidentiality being breached. Numerous attempts have been made by different health and social care agencies to provide increasingly culturally competent services with mix success. What this poster presentation aims to do is provide results from the organisational reviews which will be used as prompts for discussions, surrounding some of the common mistakes made by organisations such as; producing knee-jerk initiatives, measuring success by statistics, chasing short-term funding and employing Black staff on a tokenistic basis. Solutions will address workforce development, developing practical outcomes, and designing and implementing diversity strategies.

266 Giorgia Garibotto

AIDS LINE, A QUESTION, AN ANSWER

AIDS: A QUESTION, AN ANSWER

"LINEA SIDA", from harm reduction point of view.

0800.31.31 free line

BACKGROUND: This service provides population information related to HIV- AIDS.

- Transmission vies
- Prevention
- How to access to an analysis for AIDS diagnostic
- Where people can go to be assisted.
- Non Governmental Organisations and Help Centres working with AIDS who can help people.
- Where to go to get family assistance
- Help on discrimination cases
- Legal counselling
- Social Security Assistance
- Affective assistance
- Support to develop community network.

OBJECTIVES:

- Get information to community about AIDS and others STI.
- Identify issues related to prevention and health, psychological and affective assistance.
- Help people to manage anguish caused by HIV/AIDS.
- Get information about services and organisations who can help HIV Infected people
- Obtain a profile of people who takes the service.
- Carry out periodical data base analysis in order to collaborate in STI/AIDS political design.

METHODS:

- This service is answered by qualified staff.
- Is an anonymous service therefore people feel free to ask questions.

- Every telephone call is confidential in order to take general information about what is needed to improve our resources.
- Health services professionals phones to take assistance related to HIV/AIDS patients.

RESULTS:

- 6000 answered calls every year.
- 75% of inquirers are between 13 and 40 years old.
- 15% of calls are from small cities.

More frequent questions are about:

- Oral transmission.
- Places to take the analysis for diagnostic HIV/AIDS.
- "período ventana" significance.
- "Linea SIDA" offers psychological and affective support in case to be HIV+.
- Social services and Social Security for people living with HIV.

CONCLUSIONS: We are:

- Increasing diffusion in order to more people knows the service provided.
- Getting periodic training in order to up date our knowledge.

267 Giorgia Garibotto

COCAINE USERS

BACKGROUND: This a research about antibody prevalence of HIV, Hepatitis C, Hepatitis B and non treponemic antibodies for Syphilis. It was carried out among a non injection cocaine derivatives users population. Prevalence and practice of drug consumption, sexual practice and sociodemography users profile related to the risk of infection, were also researched.

OBJECTIVES:

- a) To study non-injection use of cocaine.
- b) To determine seroprevalence of HIV, HBV, HCV, and T. Pallidum (Syphilis) infections.
- c) To identify the most relevant risk factors for the infections.

METHODS: An epidemiologic, quantitative, descriptive and transverse study.

TECHNIQUE: A serologic study and an opinion survey were carried out simultaneously.

POPULATION: 18 years old and up, have never used any injection drug, to have used cocaine, base paste or crack in the last 90 days, to sign a consent.

SAMPLE: 367 individuals. The sample was made by 'chain sample' technique.

RESULTS: The starting age for drug use is 15.6 years old and for cocaine is 18.9 years old. Marijuana is the main starting drug. 26% have had a partner with an injectable drug user (IDUs) and or HIV+. 39% used condom in their last intercourse. 23% showed serologic reactivity for one or more of the researched infections. The prevalence of HIV was 9.5%, HBV was 10.4%, HCV 10.1% and VDRL 4.1%. There is an increase in infections and co-infections related to the frequency and number of years of drugs use. Hepatitis C prevalence is the double among the ones who share the tube for intranasal inhalation.

CONCLUSIONS: Some kind of sexual practices increases the risk of acquiring infections, specially for those with an HIV+, or IDU partner; the sexual intercourse with many different partners together with the irregular use of condom. Age, as well as how long the person has been using drugs and the frequency of use, increases the risk of infection. The prison background, particularly offences related to drugs, also increase the risk of infection.

269 Patricia de Pablos; Helena Yannicelli

A HARM REDUCTION PROGRAM IN VULNERABLE POPULATIONS

ISSUES: The Harm Reduction Program from Instituto IDES works in the West area from Montevideo- Uruguay. It is a very poor, high density populate and without basic services place.

SETTINGS: Drug users there, consume cocaine to be injected and Base Paste of cocaine to be smoked together with other substances, they are a population very vulnerable to HIV and B and C hepatitis infections. This programme works with young people excluded from job market and from educational institutions and with a community and family relationships damaged.

PROJECT: Fieldwork consist in walking every week a long the neighbourhood stopping in the corners were users used to be. There they talk with them about HIV, prevention, different substances of drug abuse, gives to them leaflets, condoms and information. Simultaneously they have conversations with other neighbours and try to gives them information about drugs and use of condom in order to do not discriminate young people, on the contrary neighbours try to collaborate in the prevention and promoting the use of condom and helping the youngest to reduce the harm caused because of the abusive use of drugs. For example, the pharmaceutical's from the community try to sell them syringes, in order to avoid the share of them (before this program nobody wants sell users syringes). Another way of intervention is with problematic users trying to recuperate his rights as citizenships, this work is focalised and has as

objective bring them nearby health centres, educational institution or help them to obtain a job.

OUTCOMES: This is a way of intervention specifically designed for drug users in a citizenship vulnerability caused because of marginality and poorness. We said that drugs are the last step form a long way of discrimination.

274 Karine Markosyan

OVERCRIMINALIZATION OF DRUGS MAY RESULT IN A GENERALIZED HIV EPIDEMIC IN ARMENIA

Issue: In Armenia, as in other countries of the former Soviet Union (fSU), injection drug use has become a driving force behind the spread of HIV. The professionals worldwide agree today that the greater part of harm attributed to drugs is engendered by inadequate drug policies rather than consumption of drugs. The purpose of this paper was to analyze the recently adopted Armenian drug law and related policies to find out whether they are able to adequately address the linkage between drug use and HIV in the country.

Approach: A comparative analytical approach was used. The drug-related policies and their possible contribution to the HIV epidemic in Armenia were compared with the ones in other countries of fSU where the relationship between the legal framework and HIV has been documented.

Key Points: The analysis indicates that the Armenian drug policies can be characterized as "zero tolerance" toward drugs. Criminal statutes require imprisonment or institutionalization for purchase and possession even for small amounts of illicit substances both "hard" and "soft", as well as for their consumption. Since it is well documented that in countries with injection-driven HIV epidemics, prisons are a powerful factor in HIV transmission and since the estimated HIV prevalence rate among Armenian prisoners is around 6% compared to 0.1% among the general population, incarceration of non-violent drug users raises serious concerns. Policy makers may disagree about the tolerance of 'immoral' behavior. From a practical public health perspective, however, hundreds prisoners are released from the country's prisons annually. These individuals are a bridging population that poses a major threat in terms of spreading HIV to the general population.

Implications: Thus, overcriminalization of drugs threatens the effective response to HIV. In order to meet the challenge of injection-driven HIV/AIDS, Armenia has to reconsider the policy emphasis on overcriminalization of drugs.

277 Ricky G. Abalena III

"MY FRIEND, MY RESPONSIBILITY": URBAN-RURAL GIRLS' PARTNERSHIP ON HIV/AIDS PREVENTION

Issue: In an era when HIV/AIDS education is a must, the world looks into the power of mass media as an agent of societal change. Today's mass media become central to accelerated efforts on informing and educating young people especially young girls, a sector with high vulnerability to HIV/AIDS.

Setting: The project participants are brought together in both scheduled and structured meetings and non-scheduled and non-structured encounters. As bonding is developed the girls are exposed to the Internet for which the modular instruction takes place. Project: "My Friend, My Responsibility" is a project that highlights the impact of an Internet-generated Information, Education and Communication (IEC) materials on awareness of HIV/AIDS among rural and urban girls. The girls in the project were exposed in a partnership as rural and urban residents. Their partnership became a focus as to how they both negotiate addressing HIV/AIDS prevention through exposure to Internet-based IEC materials.

Results: The Internet-based Course Modules were acceptable among the girls as an IEC material that promotes HIV/AIDS Awareness. The impacts were varied among the girls and that partnership becomes likewise acceptable as a learning strategy among the girls. The Internet-based IEC materials empowered city-breed girls in sharing their awareness to their rural partners. Their access to the materials was extended to rural-breed girls promoting "Access for All". The girls' exposure to new media of computers and Internet becomes beneficial in the war against HIV/AIDS

280 Lioudmila Markarian

SEX WORK - ORGANIZATION OF A CRISIS CENTER FOR CSW AND IDUS IN BALAKOVO

Issue: Stigmatization, discrimination, rape and a lack of access to medical help: these are the problems faced by women lured into sex work. The problem is intensified when women become HIV-positive or pregnant. The lack of structures that can provide assistance (medical, social, legal, psychiatric) creates serious consequences not only for the health of the women but also for their clients and those around them. These problems are especially acute for street

CSW who are IDUs. Society is blaming them for the growth in HIV and the increase in HIV-transmission through sexual intercourse without recognizing the fact that it is their clients who demonstrate irresponsible behavior by paying extra for unprotected sex and raping the women.

Setting: The harm-reduction program working in Blakovo since 1999 has allowed access to CSWs and has increased the capabilities of preventative programs. The program has given CSWs access to medical and psychiatric help and has reduced dangerous behavior. The availability of trusted doctors working with our organization has solved some of the CSWs' problems and has provided them with medical help and information. However, the question of organizing a comprehensive service to aid CSWs remains unsolved.

Project: At present, No Alcohol and Drugs of Blakovo is beginning a project "Organization of a Crisis Center for CSW and IDUs." The project's goal is to increase the breadth and quality of services provided in the area of HIV/AIDS, STIs, and Hepatitis prevention.

Outcomes: On the basis of the crisis center we plan to organize medical consultations, psychological and legal aid, create active self-help groups, open educational courses about safe behavior for CSW with the participation of doctors, psychologists and lawyers. Special attention will be given to pregnant HIV-positive women who will be provided with medical, social and psychological help.

283 Rauza Kaliyeva

WOMEN AND DRUGS

Although the number of male drug abusers prevails over female ones, it has been recently emphasized that the number of female drug users is dramatically increasing worldwide (Table 1 comparative growth in female drug users in the world, Table 2 female drug users in Central Asia). According to the UNICEF data, this number depends on country's well-being and economical state.

So, why women become drug addicts?

1. Due to physiological peculiarities women easier become narcotic dependent.
2. Psychologically women depend on their partners (boyfriends).
3. Availability of drugs in Central Asia (due to increased drug trafficking) make them financially available for everybody in spite of social status
4. Lack of educational programs in remote areas. In Central Asian countries life in big cities differs from that in villages and remote sites. Usually, teenagers from remote areas have never heard about danger of drugs. I have questioned 10 teenaged drug addicts (they came to Almaty from regions), and all of them told me that they did not know that drug abuse may lead to HIV or Hepatitis.

Proposed measures:

1. Expand services of the UNICEF and UN ODC to the extent that all people knew about these organizations and their goals, especially in remote regions of “vulnerable” and politically unstable countries. Make all women familiar with the UNICEF and UN’s Human Rights programs. Make women confident that in case of violence use they will be protected and offered help. With that end in view, establish toll-free telephone lines for women whose rights have being violated.
2. Involve more women to participate in UNICEF’s programs.
3. Use Media for case study.
4. Government must help NGOs that work in the sphere of Human Rights and Drug control.
5. Attract students to participate in seminars devoted to drug control.

284 V.Kasinather and V. Navaratnam

IMPLEMENTING A RAPID ASSESSMENT AND RESPONSE TO INJECTING DRUG USERS IN PENANG, MALAYSIA

Background:

The rationale of carrying out this project in the state of Penang is because it has the most severe problem of drug addiction in Malaysia.

The objective of the rapid assessment is to:

1. Identify the current nature of drug injecting behavior.
2. Identify current health related problems experienced by intravenous drug users.
3. Identify factors that exacerbate and ameliorate drug injecting practices.
4. Identify the risky behavior patterns of the intravenous drug user in relation to HIV/AIDS.

Methodology: The uniqueness of this project is that the research team forged a partnership with the local youth movement in the study area to implement the project. In addition harm reduction techniques and measures will be introduced for the first time in the local context. The study used various qualitative and quantitative techniques to collect data.

Results: All the study subjects use heroin as their primary drug of abuse. Common factors influencing addicts to start injecting are peers, increase in heroin price, decrease in heroin purity, shortage of heroin supply in the market and the need

to obtain a higher euphoric feeling.

Results from the assessment show that addicts do not share needles but share their injecting paraphernalia. They inject in loose networks/groups, which are not permanent. Those who visited sex workers practiced safe sex. The only risk behavior is among the married men who did not practice safe sex with their spouse. Subjects also mentioned that there is an increase in tuberculosis, hepatitis B and C infection among their peers who injected. Other Bacterial, fungal and parasitic infections resulting from the use of unsterile injection equipment and contaminated injection materials is common.

The rapid assessment results indicate a need to implement harm reduction measures to contain the spread of HIV/AIDS among injecting drug users in Malaysia. Safer injecting and sexual behavior programs are being suggested to the local government.

286 Zabransky, T//Mravcik, V//Korcisova, B//Rehak, V

CZECH INJECTING DRUG USERS AND VIRAL HEPATITIS C

Aim: We sought to determine the prevalence of, and factors associated with hepatitis C virus (HCV) infection for representative population of injecting drug users (IDUs). Design: Multicentric cross-sectional study.

Setting: The sample of injecting drug users was recruited using the (targeted) snowball sampling method between September 18th, 2002, and December 30th, 2003. Participants: The analyzed study population was a convenience sample of seven hundred and sixty injecting drug users (495 male, 265 female) from 9 different Czech.

Measurement: One-drop rapid blood test (lateral flow immunoassay test) was used to determine the anti-HCV antibodies status; the structured questionnaire was filled out during the interview with the trained researcher. Findings: 226 participants (29.74 % of the tested sample) were found anti-HCV positive. After adjusting for the test sensitivity, the "true proportion" is 34.97 % (95% CI: 31.56 - 38.32). Many strong predictors were found in the univariate analysis; consequently we created "predictive" logistic regression model seeking to determine significance of imprisonment in the history for the anti-HCV prevalence when controlling for age, region of stay, reported sharing of needles/syringes/sets, length of injection drug use and for the interaction between length of injection use and imprisonment. Holding all other listed variables constant, the imprisonment increases the odds of being anti-HCV positive by factor of 4.3. Conclusion: anti-HCV seroprevalence remains relatively low in Czech IDUs population compared to studied IDU populations in the developed countries. Regional differences in anti-HCV prevalence within the Czech Republic were found. The strong association of anti-HCV prevalence rate with imprisonment history when controlled for other potentially clinically important factors suggests the need for more effective prevention in the Czech prisons.

288 Zabransky, T

CZECH DRUG LAWS: POLICY, POLITICS AND IDEOLOGIES

This presentation gives a general overview of Czech drug policy as it has evolved after the fall of communism. In its first section it gives a brief historical background; in the second part it identifies main players in the drug policy process as well as in the drug politics. Third part provides some details about the legislative procedure that eventually led to the reintroduction of punishments for the possession of illegal drugs that was abolished after the fall of the iron curtain. Recent developments in the Czech drug policy debate are addressed in the fourth section of the presentation. This account focuses on the ongoing legislative debate over whether the possession of drugs for personal use should be a criminal offense (this issue has been contested for nearly 10 years). In the final part, the conclusions drawn after the political debate and scenarios of future development are presented.

289 Diah Setia Utami; Asliati Asril; I Nyoman Hanati; Ratna Mardiaty; Riza Sarasvita DR

INTERIM RESULTS OF PILOT STUDY ON METHADONE MAINTENANCE PROGRAM IN INDONESIA

Based on the fact that HIV prevalence among injecting drug user has been increasing in Jakarta and Bali since 1999, in 2003 the Ministry of Health Republic Indonesia and WHO Indonesia office established a pilot study on Methadone Maintenance Program (MMP) in both cities. Evaluation on this pilot study addresses on process and outcome implementation. Evaluation study is still in process and hopefully will be ending in January 2005. Results of this study will be used as an advocacy tools for the decision maker and other stakeholders in this issue. Prospective cohort study has been taken as a method of study. Data are collected in the first month, third month and sixth month of joining the program.

100 participants have been recruited up to August 2004. It consist 70

participants from Jakarta site and 30 participants from Bali site. Study is still on going especially for the third and sixth month data. There are no proportion difference in employment status between baseline data and third-month data. Majority participants (around 60%) are unemployed. 70% participants in baseline data stated that 30 days before joining the program were using heroin more than once a day and nobody abstinence from heroin use, while in the third-month data, only 8.5% who were still using heroin more than once a day and 52.5% admitted abstinence from using illicit heroin. From the crime status, before joining MMP 33% involved in criminal activity about 1-4 times a month, while after taking methadone, only 8.5% admitted doing that. Significant change has appeared for depression score between baseline data and follow-up data. Number of participants who stated that they were not depressed in the last one-month has increased from 32.6% in the first month to 74% in the third month.

290 Diah Setia Utami

PARENT'S KNOWLEDGE AND EXPECTATION ON METHADONE MAINTENANCE PROGRAM (STUDY AT THE DRUG DEPENDENCE HOSPITAL, JAKARTA)

Methadone maintenance program recently has been known as one harm reduction strategy among injecting drug user. One of target population for successful methadone maintenance program (MMP) is parents of its participant. Parents play an important role on treatment plan, especially in Indonesia where family bonding is very tight. Many research show that family support is very important for addict in their drug treatment process (the Ministry of Social Welfare Republic of Indonesia, 2004). Parent's expectation on such program may influence addict's successful treatment and recovery process. Client might be drop-out from the MMP due to a negative parent's perception. Most of the parents think that MMP is just for a long-term detoxification, not for a long-term maintenance program. In spite of getting parent knowledge and expectation toward MMT, the objective is this study to build parent's cooperativeness through some activities following the study.

Study participant is a small sample with N=30. Questionnaire that has been distributed in April to June 2004 showed that most of them (50%) realized that MMP is very helpful for their children and also (60%) realized that to achieve total recovery need a long time period. Some of the parents (45%) had no idea that MMP specifically address a heroin dependence, they thought that it could be also well applied to other substances dependence. 55% of them did not know contra-indication and duration of using methadone as a maintenance therapy. Most of them (65%) suggested this program to be spread-out in other areas in Jakarta. 55% of the participants admitted that their knowledge about addiction was very limited. 55% suggested MMP staff to regularly conduct parent's class and a scheduled meeting with the therapist.

291 Qaisar Ismail

HARM REDUCUTION AMONG YOUNG PEOPLE

Skill building Workshop for young people on harm reduction

Workshop Description: To promote and protect Rights and Responsibilities of young people by strengthening their capacity so that they can play their role as agents of change in their communities and organize positive activities for adolescents and youth in their communities. Further that to reduce high risks behavior among young people by behavioral interventions and to enable them to promote awareness among their peers using peer to peer education skills and techniques.

Objectives:

1. To promote awareness about drugs harm reduction among young people
2. To know about skills and importance of peer to peer Education among young people.
3. Knowing about peer to peer education as a tool for reduction harms in drug use among young people
4. To get awareness about body and its safety
5. To reduce high risks among young people

Methodology:

- Group Work
- Plenary Discussion
- Power point Presentations

Participants: Young people (Age 18 to 27)

Output:

- i. Shared the experience of our Organization about peer to peer education among young people.
- ii. Discussed about the ways and skills for the development of strategies and move forward the harm reduction measures.
- iii. Discussed about the skills how to foster new leadership and activism, and educate and inform the young people through awareness raising activities.
- iv. Promoting networking and coordination for sharing our experiences.

Facilitator Experience:

1. Attended the Under 18 Evaluation program of the Special session organized by Save the children-UK, Islamabad Pakistan.
2. Attended the Young Peoples Rights advocate program organized by NGO's Coalition on Child Rights in Collaboration with UNICEF- Peshawar.
3. Represented NCCR (NGOs Coalition on Child Rights) as under 18 delegate in the (UNGASS) United Nations General Assembly Special Session on Children in New York during 5-10 May 2002.

293 Mohammed Rafiqul Islam

HIV/AIDS PREVENTION PROGRAM AMONG INJECTABLE DRUG USERS (IDUS) AT CHITTAGONG CITY AREA IN BANGLADESH.

Issues: Drug abuse is a common phenomenon in the world. Many countries in the world are HIV high prevalence due to Drug abuse. Drug abusers are increasing day by day in Bangladesh. Injectable Drug Use has steadily gained in popularity in Bangladesh, since the introduction of Buprenorphine in the 1990's. Fourth Round surveillance of Bangladesh shows that, HIV rates among IDUs in Central Bangladesh are approaching concentrated epidemic levels. The increase in HIV among drug users as well as IDUs may be the first crack in the wall separating Bangladesh from HIV epidemic in neighbouring countries.

Setting: IDUs are much marginalized community in Bangladesh. YPSA has conducted a research on 2003 to involved 20 IDUs as a research guide. According to research findings, YPSA has started a long time program for IDUs since October 2003 at Chittagong City Corporation area in Bangladesh.

Project: YPSA has been providing Abscess Management, Needle & Syringe Exchange, STI treatment, conducting DICs, condom promotion, life skill training, peer education and advocacy activities to prevent HIV/AIDS among IDUs.

Outcomes: YPSA has set-up four DICs for IDUs and around 300 IDUs has been receiving services from DICs. Now they are feeling easier to visit DICs.

295 Mr. Muhammad Nasir

DRUG PREVENTION EDUCATION: A CASE STUDY OF SECONDARY SCHOOLS OF BAHAWALPUR

The future of a nation lies in the hands of future generation. To train, to educate and to prepare the younger generation for future is the responsible of the elders. The use of drugs and narcotics is a social evil particularly in developing countries. The adolescents in schools and their teachers may be involved in the menace. There is no content related to prevention of drugs in secondary school curriculum in Pakistan. An activity related to prevention of drug addiction was arranged in three secondary schools of Bahawalpur. Two instruments (a check list and a questionnaire alongwith that check list) were used to investigate the approximate percentage of drug users in secondary schools and also to know about the volume and possible causes of the use of drugs, to evaluate the effectiveness of the activity arranged by the researchers.

The activity contained the speeches of religious scholars, doctors, sports experts and social workers of NGOs/CBOs/Community Groups in order to persuade the addicted students and teachers, to prevent the introduction to the non addicted youth. Effectiveness of the activity was evaluated through the opinion survey. Main findings of the study revealed that the percentage of addiction through Tobacco was high than other drugs. According to the opinion of participants, the activity was useful and relevant in connection with prevention of drugs.

It was also suggested that such activities may be included in secondary school curriculum.

297 Justyna Sobeyko

DEPENALIZATION OF DRUGS POSSESSION AS A MOST EFFECTIVE HARM REDUCTION TOOL

Issue: The Polish Drug Act was implemented in 1997. This act originally was a balanced compromise between mechanisms of health policy in demand reduction and penal law tools in supply reduction. However a change of the law made in 2000 altered this act into a restrictive law. It not only decreases the effectiveness of harm reduction programs but it also causes more harms to drug users.

Approach: The paper uses standard methods of legal and policy analysis. It considers the implications of the amended law for harm reduction activities like syringe exchange and looks for legal solutions that would facilitate reaching drug users.

Key points: Before the change in 2000, syringe exchange programs were able to reach more and more addicted every year. Harm reductionists slowly built difficult contacts with drug users. This hard-won success has been completely destroyed by the new law. It penalizes possession of small amounts of drugs for personal use. It also penalizes facilitating drug use.

The change in the law caused a drastic decrease in contacts between social services and drug users. Drug users went underground and became a hidden population again. The serious threat of HIV epidemic among them re-appeared.

The Polish experience showed that it is also very difficult to start new programs. Harm reductionists are aware that it is difficult to reach people to whom such programs are addressed. Drug users are afraid of arrest by police and prefer to hide than to look for help.

Implications: There is a strong link between legal provisions and harm reduction. All forms of help which are not abstinence oriented will have difficulties in reaching drug users until the law no longer treats drug addicted people as potential criminals.

299 rose joshi

HIV/AIDS AND HUMAN RIGHTS IN NEPAL

Issue: Various studies have indicated that HIV/AIDS has been a remarkable health problem in Nepal. The predominant mode of HIV transmission IDUs (2% in 1994 but 68% in 2003), STD, pregnancy transmission, girl trafficking and ,a rare case in blood transfusion. UNAIDS/WHO claims the feature up to 60,018. The present cased of this epidemic rapidly devastates families and entire nation . PLWHAs face discrimination .

Approach: Nepal hasn't formulated separate laws and regulations for PLWHA. The importance of human rights in the context of HIV/AIDS is two fold; first, the human rights of people living with or affected by HIV/AIDS are worthy of protection and promotion in their right and second, an environment in which human rights are respected ensures that vulnerabilities to HIV/AIDS is reduced. In June 2004, a research report entitled "HIV/AIDS and Human Rights a Legislative Audit" was published. The publishers have drawn the attention of all the concerns that the existing laws, regulations, policy and executives orders must be reformed in favour of PLWHA. The greater is the discrimination the bigger will be the effect of HIV/AIDS.

Key Points: The study , on the basis of the International guide lines on HIV/AIDS and human rights include various 10 study areas like anti-discrimination, human rights, care and support and treatment . It mapped all the existing laws and regulations of the country that enhances human rights. Though there is no special favorable laws for PLWHA but they should be treated without prejudices.

Implication: The present laws and regulations are proved inadequate for proper rights and state facilitates of PLWHA. The audit research has drawn the attention of law- makers , policy planners, executives and medical personnel how to reduce the harm of rapidly spreading HIV/AIDS. Multi-disciplinary approach including care and support should be launched to create awareness to rehabilitate and treat the causes that alarming in the country.

301 FONSECA, E. M; MENDES, J. M; SAMPAIO, C.M; SIQUEIRA, D; BASTOS, F. I

ASSESSING BRAZILIAN NEEDLE EXCHANGE PROGRAMS: PRELIMINARY FINDINGS FROM A NATIONWIDE INITIATIVE

Background: Brazil has implemented a comprehensive network of more than 100 Needle Exchange and related Programs (NEPs). Unfortunately, such programs are still far from adopting a culture of monitoring/evaluation and public resources and energy have been wasted in uncoordinated initiatives. The current project aims to investigate Brazil's NEPs operations.

Methods: Our team has conducting a brief survey of 133 Brazilian NEPs. Any Program which has exchanged needles/syringes in the last 6 months is eligible to participate. The first contact with the programs has been made by the National STDs/AIDS Program and/or State Harm-reduction Associations. The topics under evaluation comprise: number of clients attending the program, available materials and resources, funding & management, and the local set and setting.

Results: So far, our team interviewed 29 Programs but has been challenged by elusive NEPs, which did not answer (by e-mail, phone or surface mail) after repeated attempts. Preliminary results show most Programs are small/medium-sized programs, implemented by NGOs and municipal health secretariats, always in cooperation with the Brazilian Ministry of Health. The southern and southeastern states of Paran , Rio Grande do Sul & S o Paulo have implemented a comprehensive network of NEPs, with a sound coverage, unlike poorer states/smaller programs where coverage is far from optimal. Most Programs have been challenged by a growing number of cocaine injectors who are also heavy crack smokers.

Conclusion: Brazil's effort to reduce drug-related harm represents a unique initiative among developing countries, but much needs to be done to improve coverage and tailor initiatives to polydrug users' demands, especially among small programs located in poorer states, most of them suspicious of any evaluation despite the fact all of them receive federal funds.

Key words: Harm Reduction Program, IDUs, Surveillance

302 Caio Westin & Elvira Ventura Filipe

HARM REDUCTION PROGRAMMES AND HIV/AIDS IN THE STATE OF S O PAULO, BRAZIL

Issue: Harm reduction programmes (HRPs) were created in Brazil to respond to the AIDS epidemic among injecting drug users (IDUs). Since the distribution of syringes was illegal, the first HRPs were faced with law impediments. The sanction of a state law in 1998 regulated HRPs as a strategy for STD/AIDS prevention. Even with this law the establishment of HRPs has been limited in the state of S o Paulo.

Approach: Field research and evaluation of HRPs has shown that some factors have limited HRPs interventions in S o Paulo and in Brazil.

Key Points: Factors such as: 1) the clandestine nature of injecting drug use; 2) IDUs unstable living conditions and marginality; 3) socio-economic issues related to the periphery of the city; 4) constant migration of IDUs throughout the city; 5) fear of stigmatisation making IDUs to report use of other drugs but not injecting; 6) the advent of crack cocaine replacing injecting; 7) high mortality rate among IDUs due to AIDS have been constraints to create or implement HRPs.

Implications: Although there are currently 36 HRPs in S o Paulo to establish harm reduction actions to drug users in general and an increase in coverage, the inclusion of harm reduction in health services is still a challenge. IDUs access to, and utilisation of, services has been limited due to their social and personal characteristics but also because services are not prepared to work with them. The harm reduction concept is still unknown in most health services and there is a lack of trained professionals to deal with features related to drug use. The AIDS epidemic among IDUs in S o Paulo has decreased. This decrease is, however, mainly associated with introduction of crack cocaine and fear of HIV rather than by harm reduction actions.

303 Caio Westin; Marcia Giovanetti; Paula Oliveira; Gilsa Mello; Nair Brito & Elvira M V Filipe

DEVELOPMENT AND CHALLENGES IN THE ENLARGEMENT OF HIV PREVENTIVE ACTIONS TOWARDS DRUG USERS IN THE STATE OF SAO PAULO, BRAZIL

Issue: Drug and injecting drug users (IDUs) have been considered prior in the prevention policy of the State Co-ordination of STD/AIDS of S o Paulo. The actions towards drug users become a great challenge due to their long-term social exclusion and because these actions require specific knowledge on vulnerability and preventive strategies besides dealing with issues related to prejudice, human rights and citizenship.

Setting: Based on epidemiological data, a planning was set with the Brazilian Programme of STD/AIDS to finance projects directed at drug users and IDUs in municipalities in the state of S o Paulo.

Project: Thirty-six projects in 21 municipalities were created or implemented. For carrying out those projects, STD/AIDS managers and health professionals from governmental and non-governmental organisations (NGOs) were invited. The strategies adopted were: 1) workshops for elaboration of intervention projects; 2) training for projects implementation; 3) technical monitoring; 4) investment in the technical and political environment for assessment and discussion in harm reduction; 5) investment in partnerships with low income community organisations; 6) investment in setting partnerships and sensitisation of different segments of local governmental organisations; 7) training to elaborate a plan as a means of financing the programmatic actions towards STD/AIDS, aiming at the work continuity.

Outcomes: By sensitising managers and technicians for the importance and the specificity of drug users and IDUs vulnerability to HIV, projects directed to these populations were successfully carried out. Work planning and execution together with other segments, specially NGOs or/and the target populations are necessary in order to fulfil their demands. Changes of concepts regarding drug use and improvement of technical and political conditions are fundamental. By considering and seeking to overcome specific difficulties of such groups, preventive interventions can be implemented. Ongoing assessment and technical support of the central government are also required.

304 Forina M.P., Matulesy PF, Tirza G.M., Jerry Lohy, Sahertian E.

THE IMPACT OF CRISIS TO DRUG ABUSE AND HIV/AIDS TRANSMISSION IN INDONESIA.

ISSUE: Indonesia is a developing country with a population of more than 210 million, with strong religious community, but with instable political situation and impacted by the Economic and Social Crisis. More than 1,600,000 drugs user shifted to IVDU with sharing needle for economical reasons, found 20 - 60% infected by HIV, reported by DOH-RI, year 2000. Started from 2002 from the National surveillance report, AIDS cases increasing and many young age died, 15 - 19 years old, caused by IVDU.

APPROACH: Before 1988, the problem of drug addicts is still not a public health problems, but after this period many kinds of drugs were entered. South East Asia

are the very strategic targets, looking from the demographical point of view. May 2001, from 1,956 reported cases of HIV/AIDS which 412 cases were transmitted by drug addict, compare to June 1999, was reported only 6 cases with drug addict. Jakarta is the Capital city of Indonesia, has been reported as the highest drug addicts and many slum areas with highest criminals, they are now change to IVDU in a group of 6 to 10 junkies.

KEY POINTS: Economic crisis in Indonesia are very seriously impact the community after the year 1997 with the peak was May 1998 were the riot destroy most of the building. Population with under the poverty line are increasing because of unemployment. The psychological effects of these conditions affected the harmony of families. The teenagers and young people start looking for attention and love outside the family.

IMPLICATIONS: Young generation are the victims of the crisis, easy to get drugs and using IVDU with sharing needles are easier to transmitted the HIV, Hepatitis and emboli. Many Narcotic Rehabilitation Centre in Indonesia with different approach including religious approach still can not solve the problem, with very high relapsing cases.

306 Artur Potosyan

BEHAVIOURAL PATTERNS OF INJECTING DRUG USERS WITH MORE THAN 5 YEARS OF DRUG HISTORY

Background: IDUs are at the highest risk level of drug dependence. Year by year the treatment of Intravenous Drug Users (IDU) becomes difficult. This study has the aim to investigate behavioral patterns of IDUs with more than 5 years of drug abuse.

Methods: The survey among IDUs with more than 5 years of drug history was made. 50 IDUs were recruited from a harm-reduction program in Yerevan City, Armenia. Age: 36.9 $\pm$ 8.9 SD; drug experience: 14.9 $\pm$ 8.0 SD; males-43, females-7. Standard anonymous questionnaires were distributed and feedbacks were collected via outreach workers.

Results: The outcomes provided insights into IDUs' values, especially: 1) drug abuse/ addiction patterns; 2) other psychoactive substance and alcohol use patterns; 3) substance cease patterns; and 4) IDUs attitude to substance abuse treatment. Results suggested that 96% of surveyed IDUs experienced withdrawal symptoms. 90% of survivors had to use injecting drugs every day, 72% of them use additional psychoactive substances, 26%- alcohol. 90% of survivors showed willingness to quit drug use, 88% of them tried some times on their own due health- (68%), finance- (75%), police- (75%) and family-(36%) related problems, yet only 5% believed that by applying to substance abuse services they could stay drug-free for ever.

Conclusion: Substance abuse services should accept that an IDU may suffer not only from drug but also from various psychoactive substances and alcohol abuse. Along with years, IDUs are being deemed hopeless by medicine. Both substance abuse services and harm reduction programs should focus on emphasizing the importance and effectiveness of drug and/or substitution treatment to drug dependent individuals as well as encouraging them to seek professional help.

307 Jalal Shakeri ;Ali Akbar Parvizi Fard ;Saber Amini Zadeh ;Hanieh Shakeri ;Kamiar Alaei

DEMOGRAPHIC CHARACTERISTICS & EVALUATION OF MENTAL STATUS OF HIV INFECTED PATIENTS

Background: Although the Key characteristics of HIV infection is the gradual decline of the body ability in expression of the cellular immune response with the medical complications , but the neuro-psych phenomena are significantly clear .

Methods: In this study 132 HIV +Patients (11 f.& 121m) were studied, the patients were chosen by nonprobability sampling in two stages with the cut-off Point (>5) of self-evaluation Questionnaire (SRQ-24) as screening tool (First stage) and also clinical judgement and the Psychiatrist judgement were carried out through the regulations based on DSM-IV (second stage) .

Findings: The age range of the cases studied were 15 through 45 years old .53% of the cases studied were jobless and having a non governmental job respectively.77.27% of the infectious people had primary and high school education and only 3.78% of the them had higher education degree. Among the cases 80% were infected through shared-needle for injection of drugs, 2% through injection of infected blood productions, 2% through sexual intercourse and 16% through unknown cases. 93.18% were among the Psychiatric disorders diagnostic criteria including:93.93% (96.64% m , 63.63%f) of disorders related to drugs , 43.18%(41.32% m , 63.63%f) mood disorders , 18.93%(19% m , 18.18%f)anxiety disorders and 11.36%(9.09% m & 36.36%f) somatoform disorders. These disorders were the most disorders seen among them. Also 74.24% of the cases were among the diagnostic criteria of personality disorders in Axis-II, in which the anti social personality disorder (31.8%) and borderline personality disorder (18.93%) were the most common disorders seen in axisII disorders respectively .

Discussion: In addition to the necessity of mental health promotion among the

HIV+ Patients, these findings specify the organizations and the specialists' duties on the public training for the social & behavioural effects of these disorders and also the necessity for the high risk personal habit changes. Key words: mental disorders, HIV + Patients.

308 Murtazokul Khidirov, Alfira Khidirova

LEVEL OF DRUGS USE ON THE TRAFFIC OF DRUGS THROUGH THE COUNTRY.

Issue: Since second half 90th years of the twentieth century, criminal structures began to use territory of Tajikistan for the traffic of drugs from Afghanistan in republics of the former USSR and further in other countries of the world. In the same period in the country the problem of abusing drugs has seriously become aggravated.

Approach: to the Analysis were subjected: à) the given registration of dependent of drugs users by Ministry of Health with 1995 for 2003; á) the data on withdrawal of drugs from illegal circulation by law enforcement bodies of Tajikistan with 1991 for 2003; â) the data of researches according to a situation of a level of dependent of the drugs users, spent by local and international experts with 1999 for 2003.

Key points: In 2001 the amount of the withdrawn drugs in 806 times was more in comparison with 1991. In structure of withdrawn drugs opium groups a share of heroin from 02 % in 1996 has grown up to 75,9 % in 2003. Heroin now in Tajikistan is the basic, used and transit drug. The amount of the registered dependent of drugs users with 1995 (823) up to 2003 became more in 8 times (7045) of them of 83,9 % dependent from heroin, IDU 34,1 %. According to experts in the country from 55000 up to 275000 of drugs users from them IDU 69 %.

Implications: the Traffic of drugs through the country continues to grow, despite of act of terrorism of USA in Afghanistan, together with it the level of drugs use, including injecting drugs use grows. In this situation further development Harm Reduction Program and expansion of educational projects in frameworks Drug Demand Reduction Program is necessary.

311 Dr Jennifer Hegarty

A REVIEW OF A TWO YEAR SUBSTITUTE PRESCRIBING PROGRAMME

Objectives: Benchmark the programme's practice against the Department of Health (N. Ireland) substitute prescribing guidelines.1 Quantify outcomes achieved in terms of level of client retention and reduction in drug related harm. Identify factors associated with clients who proved difficult to retain on the programme.

Methods: All patients referred onto the programme were included in the review. The referral mechanism, client assessment, treatment practice and ongoing review were audited to allow comparison with the standards set down in the N. Ireland guidelines.1 Case note review was performed to quantify positive outcome measures and identify risk factors associate with negative client interactions.

Results: The review demonstrated a high level of correlation between the benchmark standard and actual programme practice. Positive outcomes in terms of client retention (50%) and measures of harm reduction compared favourably with published results.2, 3 Clients who proved difficult to engage were the more chaotic, injecting drug users and those with a history of frequent criminal activity. Nalbuphine (Nubain) dependent clients were more difficult to retain on the programme.

Conclusions: This review suggests that a substitute prescribing programme which adheres to the Department of Health (N. Ireland) guidelines achieves positive outcome measures which are comparable to published results. There is little published information on outcome in nalbuphine misuse, this review identified these clients as presenting particular difficulties.

1. Northern Ireland Guidelines on Substitute Treatment for Opiate Dependence. Dept of Health, Social Services & Public Safety (N.I) February 2004
2. Engaging and Retaining Clients in Drug Treatment NTASM May 2004
3. Two-year follow-up of an opioid-user cohort treated with high-dose buprenorphine (Subutex) Fhima A. et al. Ann Med Interne (Paris). 2001 Apr;152 Suppl 3

314 Oleksandr Hapiyenko; Natalya Hapiyenko

SUBSTITUTIVE THERAPY AND ITS ADVOCACY IN SUMY, UKRAINE

Since April 2004, the Sumy regional charitable foundation " Pace forward to meeting " has been implementing a project of methadone maintenance treatment for IDUs. The project is pilot for Ukraine, as maintenance treatment hadn't ever been carried out there. The preliminary stage has already been completed, but methadone is not provided yet as the process of its registration is not completed in Ukraine. Currently there is a need for advocacy of maintenance treatment at the local level in order to create necessary normative base.

Therefore since August 2004, our foundation has been implementing a project

for lobbying and advocacy for maintenance therapy, funded by the International HIV/AIDS Alliance in Ukraine. The project aims to cooperate with decision-makers at the city and regional level.

Within the project we conduct personal meetings with decision-makers, arrange round-tables and press conferences, participate in meetings of local legislative bodies, take part in development of normative drafts relating to the maintenance treatment.

Certain results have been obtained during the first two months of project implementation. Methadone maintenance treatment is included in the regional program of HIV/AIDS prevention for 2004-2008. We conducted a meeting with heads of law enforcement bodies to explain them purposes and tasks and basic principles of methadone treatment. We also held a press conference on maintenance treatment that gathered journalists of city, regional and national mass media. As a result, the first articles supporting the substitutive therapy have already been published. We will use them in our advocacy activity.

We expect achieving complete support of methadone maintenance treatment among local authorities and to establish development of normative basis facilitating maintenance treatment in Sumy within 7 months of the project implementation. As a result of this activity, IDUs in Sumy will get access to methadone maintenance treatment that will be carried out by our fund in partnership with the Sumy regional HIV/AIDS center.

316 Sarah Bowen; Tiara M. Dillworth; G. Alan Marlatt

THE MIDDLE WAY: THE ROLE OF BUDDHIST PRACTICE IN A HARM REDUCTION APPROACH TO ALCOHOL TREATMENT

There are several studies that support the role of spirituality in treatment of substance use. In the United States, 12-step programs such as Alcoholics Anonymous (AA) have become almost synonymous with spiritually-based treatment and are the most prevalent treatment modality. In the AA model, the only means of recovery from the disease is abstinence. AA is unwilling to accommodate moderation goals, limiting appeal for treatment seeking populations. Individuals who are not ready for or do not choose abstinence, may not benefit from or wish to attend AA. Gearing treatment to match individuals' preferences and needs may be crucial for encouraging treatment entrance and retention, as well as drinking outcomes.

There is a need for alternative approaches incorporating spiritual practice, yet supportive of a harm reduction vs. abstinence-based approach. Techniques incorporating Eastern philosophy are growing in the treatment field. In particular, a Buddhist technique called Vipassana (VM), or mindfulness meditation, teaches awareness of the present moment and observation of thoughts and sensations without reaction. VM aims to eradicate roots of craving, rather than focusing on overt behaviors. The practice includes Buddhist philosophy of lifestyle balance and the 'middle way,' or not going to extremes.

The current study examines data from a study by Marlatt and colleagues on effects of VM on alcohol use and related consequences in an incarcerated population. Compared to a treatment as usual control group, VM had only a trend-level effect on quantity and frequency of alcohol use. However, the effects were significant on reducing alcohol-related consequences. These results suggest a viable alternative approach to alcohol treatment that includes a spiritual component but allows for a more fluid conceptualization of treatment outcomes. Implications of the study, as well as future directions for treatment and research in this area will be discussed.

320 Guillaume LEHEGARAT, Nicholas THOMSOM

FEASIBILITY STUDY FOR COMMUNITY-BASED INTERVENTIONS FOR THE PREVENTION OF AMPHETAMINE TYPE STIMULANTS (ATS) OR YABA USE AMONG YOUTH IN VIENTIANE, AND REHABILITATION OF YOUNG ATS USERS

Issue: In Lao P.D.R. the increase of ATS use in urban areas has resulted in large numbers of youth being sent to compulsory treatment and rehab or other forms of detentions. Relapse rate is high and this approach does not mitigate the harms associated with yaba use. The feasibility study looks at establishing alternatives to detention through community interventions, relapse prevention and more effective services for youth at risk

Setting: Through a literature review, interviews, meetings and focus group discussions with all major stakeholders in Vientiane, the study considered all aspects of ATS use among youth in the capital of the Lao PDR.

The feasibility assessment looked at:

- Drug taking practices, risk behaviors and related harms for ATS users
- Existing services that mitigate harms for actual or potential ATS users
- Policy and legal responses.
- Attitude of communities towards youth at risk

Project: The feasibility study included the formulation of a plan of an action supporting advocacy and training to police and technical support for key service providers, community outreach interventions and district hospitals.

Outcomes: Following the situation assessment and the proposed plan of action,

the project will aim at:

- Provide alternatives to detention of youth using ATS
- Better reach to youth at risk through village peer support networks, follow-up linked to treatment and rehabilitation;
- Delivery of services that directly address drug related risks and mitigate harms related ATS use;
- Partnership between community based interventions and the institutional treatment sector.

321 Winstock AR, Mitcheson L, Hunt N

MAGIC MUSHROOMS IN THE UK

Magic mushrooms is the street name for a variety of hallucinogenic fungi that contain the naturally occurring indole amine alkaloids psilocybin and psilocin.

Whilst not legislated for under the Misuse of Drugs Act, the isolated alkaloids are scheduled as Class A. Prepared mushrooms (eg dried, powdered) are also considered as illegal. However, possession, cultivation and marketing of the raw fungus are not prohibited. There has been a recent increase in the availability of mushrooms and home grow kits at markets across the UK and Europe. Using sequential data from the annual Mixmag drug survey of club drug users (now in its 6th year) this paper provides the first evidence for a significant increase in their prevalence among one group of extensive drug users. In addition to 2003 data, which reveals a fourfold increase in last month use of mushrooms compared to 2002 (increasing from 3% to 12%) 2004 data will also be considered which also includes reports on the incidence of adverse experience among users.

This paper will highlight clinically relevant research and literature to support front line workers in their management of mushroom use. Although the use of mushrooms is usually safe and without serious complication, clinicians should consider the diagnosis of magic mushroom intoxication in young people, when suggested by history, presentation and clinical examination (dilated pupils, behavioural disturbance, in the absence of significant sympathetic stimulation.)

322 Karine Markosyan

CHALLENGES TO EFFECTIVE RESPONSES TO DRUG USE AND HIV IN ARMENIA

Background: Countries of the former USSR continue to experience the world's steepest HIV incidence rates. The epidemic, largely driven by injecting drug use, is challenging national governments to implement comprehensive strategies. The purpose of this study was to identify challenges to effective national responses to drugs and HIV in Armenia.

Methods: The study was done through review and analysis of relevant materials including: legal documents, resolutions, position papers, research articles, books and mass media articles on drugs and HIV. Additional data were collected through interviews with public health professionals and staff of harm reduction projects.

Results: The study identified four major challenges to effective responses to HIV and drugs in Armenia. First, the punitive drug law, which criminalizes possession of small amounts of illicit substances both *hard* and *soft*, as well as their consumption, creates environments in which drug users fear harassment, arrest and imprisonment. Second, exclusionary policies such as mandatory HIV testing, disclosure of medical information and absence of specific anti-discrimination laws designed to protect vulnerable groups further marginalize drug users and limit their access to health care. Further, harm reduction activities which could help injecting drug users (IDUs) to decrease their vulnerability to HIV are either banned (e.g. methadone substitution therapy) or allowed only on a limited basis without support from the government (e.g. needle exchange). And finally, the lack of commitment to democratization and unwillingness or inability of the state to include IDUs in policy making processes results in distrust in the state and undermines the success of prevention programs.

Conclusions: Thus, meeting the challenge of injection-driven HIV/AIDS in Armenia requires a concerted effort which would combine leadership from the highest levels of government and civil society, reconsideration of the policy emphasis on criminalization and law enforcement, and a greater willingness to reach out to IDUs.

323 Karthik Krishnan, Vijayakumari, Murali Krishnan, Kalaiarasi, Venkat Thamba, Kalavathi, Gasper, Fr. Desmond Daniels

DELIVERING COMPREHENSIVE HIV PREVENTION /CARE SERVICES FOR MALE INJECTING DRUG USERS AND THEIR REGULAR SEXUAL PARTNERS AT A DROP-IN-CENTRE BY A MIXED TEAM OF PROFESSIONALS AND DRUG USERS AT CHENNAI, INDIA

Issue: Research conducted at Chennai using qualitative methods, cross-sectional behavioural survey and laboratory testing for STIs/HIV during 2002- 2003

supported by Population Council indicated the urgent need to deliver comprehensive HIV prevention and care services for the injecting drug users and their sexual partners. Such a comprehensive HIV prevention / care service has been initiated through a drop-in-centre at Central Chennai supported by the Family Health International and implemented by SAHAI Trust, Chennai.

Setting and Project: A drop in centre providing a host of prevention measures, including avoidance of risky injection and sexual practices, facilitation for HIV testing and counselling, comprehensive primary medical care, treatment for sexually transmitted infections and appropriate referrals has been established during September 2003. The programme recruits male IDUs who are often alienated from the health care system through street outreach. The male outreach team comprising of former drug users provide outreach based education, needles and syringes, condoms and accompanied referrals to the male IDUs and in addition refer them to the Drop-in-Centre for further services. The female outreach team reaches out to the wives of the injecting drug users and when required refer them to the drop-in-centre. The project targets male IDUs and their regular sexual partners and provides comprehensive care for more than 150 IDUs and their sexual partners on a regular basis for the past year.

Outcomes and lessons learned: The paper describes the process of engaging and retaining drug users in prevention/care services. The experience of delivering HIV prevention / care services for drug users and their regular sexual partners including the wives through a mixed team of male and female workers - of professionals, former drug users and current drug users is described. The opportunities as well as the challenges faced are discussed.

* Project supported by Family Health International, New Delhi, India

324 Wayne Bazant

REGIONAL RESPONSES TO HARMFUL DRUG USE IN SOUTHEAST ASIA: CURRENT DEVELOPMENTS AND CHALLENGES FOR UNODC

Regional consultations in year 2000 among UNAIDS officials and cosponsor agencies, government drug control and public health agencies, together with non government agencies and the UNODC Regional Centre, Bangkok, provided the guidance for a regional strategy to create new partnerships among national drug control agencies that heavily influence policy and programmes responses to injecting drug use; and public health agencies concerned with alleviating the HIV/AIDS epidemic. In three successive years, significant results were achieved in developing coalitions to address good practice for harm reduction interventions within a demand reduction framework. National forces were formed to establish and deliver integrated plans of action. As momentum built, awareness was raised about HIV vulnerability in prison and other custodial settings, providing further impetus for new regional strategies with a significantly wider scope of response through targeted public security agencies. However, these opportunities have been plagued by ongoing general issues of limited support for the regional demand reduction prevention and treatment strategies of UNODC and its government partners. The limitations also extend to the HIV/AIDS arena, prompting a need to reconsider the relative importance of the epidemic within the framework of drug control and crime prevention in Southeast Asia.

325 Serena Ryan

HARM REDUCTION AND THE DUALY DIAGNOSED: WHERE DO WE START?

The association between mental health disorders and problematic drug and alcohol use is well documented. Research indicates that a significant number of people with a psychiatric illness also experience drug dependence disorders. While research methodologies have varied, data indicates that up to 40% of people with a mental health disorder also experience a substance dependence disorder (Rieger et al., 1990). A review current literature indicates that the rate of concomitant substance use and psychiatric disorders ranges from 15% - 60%.

Clients with co-occurring alcohol and other drug (AOD) and mental health problems (individuals with coexisting disorders) represent a unique and significant challenge to health care policy makers and service providers. Individuals with coexisting disorders have significantly greater problems in all aspects of their daily life as opposed to individuals with only one disorder and, demonstrate poorer treatment outcomes (Lehman, Myers & Corty, 1989; Lehman, Myers, Thompson & Corty, 1993; Mueser, Bennett & Kushner, 1995; all cited in Pennebaker et al., 2001).

Within Western Australia there has unfortunately been a tendency for consumers to seek mental health support from mental health professionals and substance abuse support from drug and alcohol professionals. This has resulted in fragmentation of care for consumers. Consumers with dual diagnosis are either intense users of mental health services (particularly inpatient facilities) and drug and alcohol service or they slip through the gaps.

In response to this, a tertiary service has been implemented to address this fragmentation in service, in order to obtain better health outcomes for individuals

with coexisting conditions and, to reduce the harms experienced.

This presentation will focus on the service activities of this unit which are designed to improve clinician confidence and are further endorsed by State protocols implemented for the joint management of dually diagnosed individuals in the Western Australian health system.

332 Larisa Mikhailova

HIV PREVENTION THROUGH RISK ASSESSMENT, EDUCATION, AND PROVIDING EASIER ACCESS TO MEDICAL SERVICES

- The level of HIV spreading in Togliatti is utterly high: 1.3% of Togliatti population are estimated to be HIV+, 90.5% of them being infected through injection drug use (IDU). The tendency of HIV sexual transmission is steadily proliferating. Part of women among HIV+ is constantly growing. In all 499 children were born from HIV+ mothers. 21 thousand IDUs are active in the city. Major part of IDUs/CSWs would not ask for medical help, do not want or are afraid to discover their HIV status and consequently are propagating both drug addiction and HIV. IDUs work as CSWs outdoors, 62% of them are HIV+.
- The project is located in all 3 districts of Togliatti with population of 880 thousand people. Intended audience (IA) - IDUs, CSWs, IDU/CSWs and their sexual partners.
- The aim of the project was to empower marginalized groups of population (MGP) to protect their health and to offer them opportunities to adopt a healthier lifestyle. The project's activities included:

Education IA on relevant health issues, empowering IA to attend trainings via outreach work establishing IAs HIV/hepatitis/STDs risk factors through in-depth interviews providing them with HIV/hepatitis/STDs prevention information and materials providing them with HIV/hepatitis/STDs testing organizing training workshops empowering IA to take use of existing medical services via a system of referrals to specialized medical services for the project's clients

Outcomes:

- regular contacts with community of IDUs/CSWs
- adopted healthier lifestyle
- regulated cooperation with city medical institutions and brought available -
- health-care resources closer to high-risk MGP via referral system
- estimated IDUs/CSWs' HIV/hepatitis/STDs risk factors
- health care brochures are published
- IA are provided with STI/drug treatment/psychologist consultation, legal advice
- IA needs regular monitoring
- preventive antiretroviral treatment is available for all HIV+ pregnant women

334 Lei Yujin; Zhang Yiwei

WE USED TO THINK THEY WERE GARBAGE: THE IMPACT OF PILOT PEER EDUCATION IN COMPULSORY DETOXIFICATION CENTRES IN CHINA

Issues: Drug users in China are sentenced to periods in compulsory detoxification centres. They live in the centres and get clean over a period of three to six months, but the relapse rate is over 90%. The Public Security Bureau of Yunnan agreed to attempt to introduce a harm reduction element to some centres. Police who run the centres received training about HIV/AIDS and harm reduction and worked with inmates to develop peer education. It is too early to know how far peer education can impact the users' behaviour and vulnerability after release. However, the impact on officers and educators of working together has already been valuable.

Setting: Yunnan Province has one of the largest concentrations of injecting drug use and HIV prevalence in China. Efforts have been made to pilot innovative policies and interventions to address HIV/AIDS issues. Harm reduction approaches, in particular, are being piloted.

Project: Officers of six compulsory detox centres were trained and then worked with users to develop peer education. Relations between inmates and officers were initially characterised by mutual suspicion. But the experience of working together on the peer education pilot created a new dynamic. Officers expressed amazement at what drug users could do and admitted that they had previously thought of them as igarbage. More attention was paid to the holistic needs of users with the introduction of sports and cultural activities.

Outcomes: Peer education's impact on this group is still unproven but the pilot suggests that the changes it made in attitudes are valuable in themselves. Compulsory detoxification centres are part of a systematic approach to drug use that might seem inimical to harm reduction approaches, but this innovative pilot shows the system's potential for flexibility within the law.

The pilot could be expanded in Yunnan. Advocacy for wider recognition that compulsory detox centres are an entry point for harm reduction work is needed.

335 Maela R Babate

KEEPING THEM INFORMED: HARM REDUCTION IN THE PHILIPPINES' RAVE SITES

This study depicts the growing rave movements in two cities in Mindanao: Davao and General Santos. Specifically, it unravelled the demographics, trends and interventions needed as far as harm reduction is concerned.

In both cities, 24 adolescents acted as respondents (12 apiece for each city) whose ages ranged from 14 to 17. The researchers combined the following research methods in this study: Delphi techniques (for determining harm reduction interventions), two focus group discussions and in-depth interviews.

Young people gathered in "commercial town squares" and are advertised by word of mouth, FM radio stations, instant text messaging or over the Internet (IRC or mailing lists).

"Sexual trip" is common activities among 60 percent of the respondents who participated in the focus group discussions.

In an in-depth interviews, we found out that shabu is most often used in raves and ecstasy figures prominently among the high-end adolescents, mostly girls. In a focus group discussion among eight ravers in Davao City, the participants revealed that among students who had attended raves at least once in the previous 12 months, only 16% had used ecstasy. Ravers were much more likely to have used shabu as is true for students in general. Cannabis did not figure prominently in our data.

Based on this study, we recommended that the designed future educational materials must accurately and objectively define the risks these drugs represent to adolescents and young adults. On the other hand, it is possible that a "rave protocol" must be developed by harm reduction stakeholders.

340 Titin Rejeki

ASSISTING POSITIVE IDU THROUGH HOME CARE PROGRAM

Issue: Since September 2001, using harm reduction principles, Kios Atmajaya have been reached 1240 IDU in 28-sub district of Jakarta. By VCT activities, result showed from 195 IDUs who join this activity, 74 % with HIV positive and 82 % Hepatitis C. Most of them also showed opportunistic disease, and get terminal ill phase. Most of them are from low class, difficult to gain access to medical service. The other obstacle is the IDU family limited information about HIV and how care positive IDU. Using cooperation with primary health care in each district, home care team initiated to assisting positive IDU.

Setting: This project covers 28-sub district of west and Centre Jakarta, and take 10 sub-district as home care pilot project. Home care program address to IDU who living in that district.

Project: Home care program held by home care team consist of Kios Atmajaya (NGO), primary health service (Puskemas) in each district and community leader in each district. Using advocacy strategy, Kios Atmajaya invite government health official to solve together IDU problems face in their district area. 10 Puskemas agree to be medical referral centre, and join with team to do home visit. Home visit is to educate IDU family and care positive IDU who cannot get hospital services or who after get hospital service.

Outcomes: Puskemas held more friendly services to positive IDU. Supported by home care team, IDU family have capacity to care positive IDU at home. Leader community active support community to more aware with positive IDU.

344 valentin simionov

HARM REDUCTION SERVICES IN ROMANIA, PRESENT AND FUTURE

Harm Reduction Services in Romania, Present and Future.

The 2002 results of the rapid assessment of UNAIDS and 2003 Anti-drug National Agency (ANA) estimated the number of IDUs from Bucharest to be between 24 000 (official number) and 40 000. The raise estimated in just 4 years (for 1998 estimated 1 000 IDUs) claims serious questions regarding the efficiency of the prevention and information programs and both of medical and social services destined for this kind of public in Romania.

Although the number of IDUs has grown extremely fast, society's reaction was a slow one. In Romania there are only 3 detoxification units and 3 substitution units and just one after care unit. All these services are over required. The outreach services are not entirely legal and they are not sufficient but for a 20% from the total of IDUs in Bucharest and small part of the IDUs from Constanta.

The 2003-2004 ANA's National Strategy proved to be somehow utopic. For the moment, the official approach could be described as repressive one. Public health aspects are seriously neglected, and that conducts to a Romania confronting a real explosive situation of HIV positive among IDUs. The end of 2004 will bring forth the modification of the Drug Act (law no. 143/2000) and will establish a new national strategy for the period 2005-2012 according to the EU recommendations (Dublin 2004). The new legislation, still to be perfected, will justify harm reduction measures.

The actual discussions are focused on the development and extension of detoxification and methadone substitution services, increased access to syringes and volunteer testing among IDUs.

Far from being solved this kind of problems is gaining field among authorities although for the time being there are few financial supports and the level of collaboration between ministries and NGOs is quite low.

346 Hamish Warburton, Tiggey May and Mike Hough

RECLASSIFICATION OF CANNABIS IN ENGLAND AND WALES: WIDENING THE CRIMINAL JUSTICE 'NET' OR SELECTIVE DECRIMINALISATION

British drugs legislation has recently been changed to reclassify cannabis from a Class B to a Class C drug. Reclassification is intended to reflect more accurately the risks posed by cannabis relative to other drugs. It also removes the requirement by the police to arrest those found in possession of cannabis. However, the debate about reform of the British laws in regulating cannabis possession has tended to ignore the fact that even before cannabis was reclassified as a Class C drug, police officers often turned a 'blind eye' to cannabis offences, or else gave informal warnings. This paper will briefly examine the political background to reclassification and draw on data from a detailed study of the policing of cannabis prior to reclassification. It will examine the factors that guide officers to use their discretion and informally dispose of cannabis offences. It will go on to consider the impact reclassification may have on informal action. The paper will demonstrate that a multiplicity of police, offender and situational factors, either alone or in combination, influence an officer's decision to take informal action on the street. It will conclude by outlining the potential for reclassification to generate a reduction in the use of informal disposals, which may create a 'net-widening' effect, or an increase in use, which might lead to the offence being selectively decriminalised. Finally, the paper will highlight a number of social harms associated with both of these potential futures.

350 Josiane Khoury; Mostafa El Nakib; Asma Kurdahi; Elie Aaraj; Nadia Badran

HIV/AIDS AWARENESS AMONG VULNERABLE GROUPS IN LEBANON

Issue: In Lebanon MSM,FSW and IVDU have little access to information and are subject to discriminatory practices. Situation analysis revealed risky behavior among MSM,FSW and IVDU, namely inconsistent condom use among all, multiple sex partners among MSM, and needle sharing among IVDU. It was imperative to raise awareness among these groups on dangers of HIV/AIDS/STD, prevention methods, using condoms, clean syringes and to refer them to relevant services.

Setting: The intervention was designed to cover all Lebanon. Outreach activities targeted MSM,FSW and IVDU in the street, private apartments, nightclubs, bars, parks, among other places.

Project: A Coordinating Committee was convened for key partners, the Advisory Committee reactivated and a network among relevant NGOs established. Peer outreach workers were recruited. Capacity building on HIV/AIDS related issues was done through training workshops. Peer education activities and information dissemination were implemented through outreach to vulnerable groups.

Outcomes: Preliminary analysis showed a total of 2000 persons were reached, 1288 males, 712 females. 37% MSM, 33% FSW, 30% IVDU 63% accepted the intervention, 25% accepted but denied any risky behavior, 7% refused the intervention, 5% refused and denied any risky behavior. 56% did the HIV test this year, 31% showed STD-related symptoms, 23% took medications for STDs, 25% did nothing of the above. 70% were referred to different NGOs, 65% took the hotline numbers, 47% agreed on another encounter, 7% did nothing. The indicator defined in the Project document was surpassed: 2000 persons reached. Impact of the project still needs to be assessed. It was unacceptable until now to have syringe or needle exchange programs and methadone maintenance programs in Lebanon. One of the indicators showing the type of help sought by the target populations did not reflect knowledge about harm reduction: 1.4% asked for detoxification as compared to 47.5% who asked for medical consultation. Therefore, harm reduction strategies should be encouraged and adopted for a better prevention of HIV/AIDS among IVDU.

353 Dolf Herder, Rentray

PEEREDUCATION IN A JUDICIAL INSTITUTION IS NOT ONLY AN IMPORTANT CONTRIBUTION TO THE INDIVIDUAL TREATMENT PLAN; IT CAN ALSO BE AN EFFECTIVE METHOD IN THE REDUCATION OF DRUG USE

My presentation on the role of peer education within the compass of drug use consist of 4 components. I worked out these components in a separate summary.

- 1) a description of Rentray: a judicial institution
- 2) a description of the drugs bill from the Dutch government, the Dutch drugs policy and the drugs policy of Rentray

3) peer education in the light above

4) the results of peer education

1) **RENTRAY** Rentray is a judicial institution for boys and girls in the age of 12 to 23 with three locations in Holland.

2) **DUTCH DRUGS BILL** The Netherlands has a 'tolerance policy' under which the sale of soft drugs to people of age is allowed.

3) **PEEREDUCATION** Research has shown that peer education is effective: from good survey studies it appears that young people from the same age group or peers can have a positive influence on the result of prevention of drug use and addiction. (bolier&cuijpers2000)

There are 5 important points in the project peer education:

- 1) preparation/implementation
- 2) selection peers
- 3) start of the training
- 4) the actual information giving
- 5) evaluations

4) **RESULTS** Main result:

- 1) increasing self-confidence; peers
- 2) improvement skills: peers
- 3) positive contribution to force back drug use: total organisation.

It turns out that the main aim, being ego-strengthening, is achieved by all peers. Besides, the peer educators as well as the youths who are educated experience this way of drug education as positive and consider this as a useful way of driving back the use of drugs. Youths feel that it is better to listen to peers than to adults. Or as they put it: 'this is much more fun and when it is fun it becomes more interesting'

354 S. Scott Lasher, Andriy Mykytyn

IDU - INDIVIDUAL, DIVERSE, UNEQUAL

Issue: "Harm Reduction" must respect (a) that "IDU" does not define a homogeneous population; and (b) that the environment is a critical factor.

Approach. When establishing a goal and the attendant objectives and methods in "Harm Reduction", you must concurrently identify the sameness and differences (and presence or absence) in your IDU population with respect to personal characteristics which are relevant to the accomplishment of the goal and objectives. Further, you must know all of the relevant aspects of the environment in which the goal is to be pursued.

Key points: There is no single description of an IDU. Similarly, there is no single description of the environment in which "Harm Reduction" is attempted.

Application. A needle exchange program is simple. And yet, its success is dependent upon an understanding of the behavior of the individual IDU and the legal and social environment. Solidarity, to complement its needle exchange program, attempted a far more complex program aimed at empowering IDU through (a) definition and advocacy of rights; (b) creation of an NGO by and for IDU; (c) partnering with the clinical program of the law school; (d) partnering with a seniors group who can provide training to the IDU; (e) psychological counseling; (f) replacement therapy; (g) Bible study; and (h) social interaction. Solidarity, however, recognized that its program was not as effective as it could be. It realized that it was created partly in the abstract and not based enough on specific data about its clients and the legal/social environment. Now it is acquiring all of the necessary data regarding its individual clients and the environment in which it finds itself so it can "retool" its program to integrate the results of its study and give the program a certain reality it lacked.

Implications. It is naive to think there is one program (or one solution) to satisfy a specific goal and that it generalizes to all IDU and regardless of its location. A successful program requires substantial study of both the individual IDU and the environment.

356 Oleg Tarcenco

COMMUNITY CENTER FOR NEEDLE EXCHANGE: OBSTACLES AND SUCCESSES

The presentation is reflecting our organization experience in delivering services to the drug users-study case.

The main purpose is to share our skills and to start a dialog on how to avoid problems during the day-to-day work in organising such activities in small urban communities.

This is under great importance because needle exchange services are initiated in big cities and the smaller are remaining in shadow in developing countries. The difficulty is bigger in small communities because drug users are more reserved to start to come to these centres, they start to be known to everybody, they usually are afraid of police prosecution and the last moment is the same very accentuated in developing countries where legal reforms are going slowly.

Our strong points are:

- collaboration with local public authorities
- involvement of outreach persons from the drug users environment

- creating a team of professionals: doctors, social workers, peer-educators, psychologists etc
- enlarging our services and providing diverse trainings, cultural and social events to socialize them

On the other side we work on our organizational capacity building, are part of NGOs network at national and international level working on harm reduction strategies. We noticed that our clients tend to come to us if we are interested in enlarging services like legal help and counseling, social assistance programs, medication etc. As the result in small community of 18 000 people we have about 210 clients coming to the center and about 180 served by our outreach staff. Presentation will contain concrete suggestions and recommendations.

357 dr. Militaru Costin

ROMANIAN HARM REDUCTION

In this work we deliberate upon the problem of Harm Reduction in Romania. We have chosen it because of the fact that in Bucharest are over twenty four thousands of CDI (Injected Drugs Consumers) which don't know all the additional risks of the drugs. ARAS team, by its outreach work developed in over fifteen areas of the capital, try to diminish these risks for the CDI but also for the common population.

All the dates of this presentation are statistic dates obtained by ARAS team in the framework of its RED (reduction of the drugs' effects) program which began to work in the spring of 2004 year.

The debate will be organized in the following way:

- a first section in which are described the risks for the CDI and the statistic dates about the number of CDI and their areas of distribution.
- a second section which contains the methods of harm reduction used in Bucharest in the present.
- a third section which contains a number of methods which aren't used yet by us but they are useful in harm reduction problems.
- a final section or the part of the conclusions.

358 Catherine Comiskey; Gloria Crispino; Gemma Cox

BASILINE DATA RESULTS FROM THE FIRST NATIONAL LONGITUDINAL STUDY TO EVALUATE THE EFFECTIVENESS OF TREATMENT AND OTHER INTERVENTION STRATEGIES USED IN IRELAND FOR OPIATE USE

Introduction: We present the first national study designed to evaluate the effectiveness of treatment and other intervention strategies at statutory and community level.

Methods: This is a longitudinal study comparing different modalities treatment from a range of treatment settings. Pre-treatment/post-treatment comparisons are made without a control group. In order to evaluate the effect of prevention and treatment strategies, various internationally recognised indices can be used. We use a multi-dimensional approach based on the UK NTORS and the Scottish DORIS.

Results: The Research Outcome Study in Ireland Evaluating drug treatment effectiveness (ROSIE) finished baseline recruitment in July 2004. Over 400 opiate drug users were recruited to the study. Services and/or individuals providing treatment in both community (local community based services, health board clinics, satellite clinics & G.P. surgeries) and residential (in-patients, residential rehabilitation & prison-based services) settings throughout the country were included in the study. Participants were recruited across four modalities; substitution treatment (stabilisation, maintenance and reduction), structured detoxification programs, abstinence based programs, and needle-exchange. An estimated 20% of those interviewed were from detoxification programs, 20% from abstinence-based programs, 53% from methadone programs and 7% from needle-exchange. Preliminary analyses of baseline interviews processed thus far reveal that approximately three quarters of the cohort are men. The mean age of ROSIE study participants is 27 years (range 18 to 57 years). The cohort is predominately Irish.

Conclusions: The results of the ROSIE study will contribute to our scientific understanding of treatment outcomes, and the treatment process. In addition, they will provide valuable data about the impact of drug treatment on substance use problems that will help inform drug service providers, service users, and policy makers in Ireland.

360 Boris Lobodov

NEGATIVE ATTITUDE OF RUSSIAN ALCOHOL ABUSERS TOWARDS PARTICIPATION IN AA GROUPS AND POSSIBLE REASONS FOR THAT

Goals and objectives: The effectiveness of Self help groups especially Alcoholic Anonymous is widely recognized. However, the popularity of AA in Russia is still low. The goal of my research was to discover if it is true and to find possible reasons for that.

Methods: 107 patients with were interviewed during their visits in the office or

retrospectively by phone. The respondents were asked if they'd like to attend AA groups for free. Also they were asked to give possible reasons (one or more) if the first answer was negative.

Results: The majority (85 or 79%) gave negative answers. Among the most popular reasons were: small beliefs in the effectiveness of these groups (79%) satisfaction with current treatment (79%), lack of time (78%), stigma (67%). Among those who gave positive answers (22 respondents) the majority (17) was represented by patients after numerous unsuccessful attempts of treatment. At the same time, the majority of respondents (98) admitted that their level of information about AA is insufficient before the interview.

Conclusions: As we can see, the attitude of the majority of respondents (79%) towards these groups is negative. Whether the main cause of that is a small amount of information or issues of cultural diversity is a subject for further research.

The limitation of our work is that target population was represented only by patients attending private practice office i.e. strongly motivated, educated, and highly occupied people belonging to the Russian middle class. The work is in the progress to evaluate the attitude of other groups at risk.

By the way of conclusion I have to say that the majority of patients attending Private Practice office do not want to join Alcoholic Anonymous groups. There is strong evidence that this attitude is caused rather lack of information than National Mentality. The work is in the progress to evaluate if it is true.

361 Boris Lobodov; Olga Stepanenco

PROGRAM OF EARLY DETECTION OF CHILDREN AT RISK AMONG SCHOOL POPULATION OF VORONEZH (RUSSIA)

Issue: In our opinion, complex assessment of so called risk factors before the very first Drug intake will help us to select a pool of children whose risk to be drug users is significantly above the average. Their subsequent participation in selective programs of prevention and intervention as well as in educating programs will decrease the number of drug users and the severity of Drug Related Harm.

Setting: Our just started program is addressed to the problem of early detection of children at risk among the school population in Voronezh Region (Russia).

Project: The key idea of the survey is to get more or less precise picture through the complex assessment of innocent, non stigmatizing questions. Our program takes place in the schools of the Central District of Voronezh (Russia). Our target population is the pool of 14 year old children, their parents and class mentors. These groups are asked to fill in parts A, B, and C respectively (66 scored questions totally). Final assessment is made through summarizing of the scores received. Three areas are evaluated - Parents General Awareness about Drugs, Parents General awareness about their children lives and Children's school and extra school environment. These areas are evaluated for every child by his parents, class mentors, and by himself.

Outcomes: Children whose scores belong to the upper quartiles of the whole population are recommended to participate in different selective Preventive programs. We hope that these measures can decrease both the number of Drug users and the severity of Drug related Harm among our target population.

364 olga

DRUG USERS

During last few years our country faced with a new big problem of drug addiction. We can determine a scale of this problem by these statistics below.

Working during 6 previous years in the community development project I defined that drug dependence is an essential problem of any society. Moreover, our country is located near to Afghanistan whence drugs spread all over the world. Drugs entering our country are more concentrated and dependence on them begins very soon. Drug taker becomes dependent on drugs. Many young men, who even did not suspect about consequences, very soon become dependent. When we had a survey among the dependent on drugs, 100% of them said that they knew nothing about consequences of drugs taking. They didn't have any knowledge on destructive changes proceeding due to drug keeping.

Our community and health development project is mainly dealing with health maintenance prevention. Drugs dependence, as for our observation, is one of the biggest problems, which enquires maintenance prevention as well. During 4 years we conducted preventive lectures in schools on drugs dependence issues. We are conducting these studies with the help of teachers and directors of the school. Except our lessons with children we also have lessons with teachers on conducting preventive lessons with the children. Teachers accept and use our style of carrying out the lessons with the children. We carry out competitions for best poem or wallpaper on this issue at school. We reward children's best poem and wall paper with promotional presents.

We are working in Tacob with population 11 000, which is in the north from Dushanbe and in Hissor with population 6 000, which is located in the west from Dushanbe.

368 Rhys Ponton, Jenny Scott**THE MICROBIOLOGY OF PREPARED HEROIN INJECTIONS**

Background and Objectives: Sterility is a critical property of injections. Injecting bypasses the defences of the body, therefore any organisms either viruses, bacteria or fungi, present in injections can gain uninhibited systemic access, potentially causing complications. This work investigated the presence of bacteria and fungi in illicit heroin samples, and then identified the types of organisms that were still viable after the preparation of the drug sample for injection.

Methods: Heroin injections were prepared in the manner of illicit drug injectors as established in our previous work. Using a method adapted from McLaughlin et al. these injections were then prepared and cultured to investigate the growth of any viable organisms. Heroin samples were also spiked with cultures and the prepared injections tested for growth of these organisms.

This work was part of a greater study into the effects of using acids in the preparation of drugs for injection, therefore this method involves the use of acids in the injection preparation.

Results: Samples of the illicit drug material supplied by the UK Police showed growth of organisms after broth inoculation. The organisms were identified, and the risk of infection assessed. Changes to the preparation method, including varying amounts of acid and altering heating time assessed the ability to reduce micro-organisms within prepared injections.

Conclusions: The injection of these bacteria poses a potential risk, but the use of acids and heat during the preparation could potentially lower this risk. The effect of the acid and the heat on the injection and the injector however also need to be considered.

369 HAYFORD NANA SEFAH**"PARENTS" THE KEY FACTORS OF PREVENTING DRUG RELATED HARM**

One evening as I sat by the TV, I was amazed at the airtime which was given to alcohol advertising.

There was one particular advert which convinced me that there was a subtle attempt to woo the young people of Ghana to take to drinking. The maker of the advert did a good job of it. In a well choreographed dance form, the youth swayed to the left and right with a look of apparent delight and any casual observer would have been indeed convince that this was ultimate bliss.

The fashion seems to have caught on another huge alcohol producer seems to have joined the badwagon. In a new advert they have recruited young men and women to extol the virtues of drinking and at each stage of the advert alcohol is openly quaffed and the people fall into uncontrollable spasm of pure ecstasy.

As I looked at these young men and women I decided to picture how they would look in 30 years time and what I saw was not pleasing to the eyes. I saw people who had developed a taste for alcohol to the extent that other things which mattered more in life were indeed been relegated to the background. I saw men and women who had neglected their responsibilities at home to the extent that marriages were suffering and children's needs were unmet. I saw people who had developed liver problems and a lot more medical conditions.

Teen drinking is the number one source of adult alcoholism. Studies have shown that alcohol damages young minds limiting mental and social development which has been implicated in date rape, sexual harassment, dropouts and suicides.

The entertainment industry has glamorised alcohol and rarely shows the ill effects of abuse. It is recommended that parent discuss the consequences of underage drinking with their children to help prevent drug related harms to the future generation.

I hope if measures are taken to stop media advertisement on alcohols, most of the drug related harm by alcohol could be prevented.

372 Sukuma Saengduenchay ; Viroj Verachai**SAFE INJECTING AND SEXUAL PRACTICE IN THAI IVDU 2003-2004**

Background and Objectives: HIV infections in Thai IVDU were high nearly 30% in 1990 until now about 25%. We have the programs of health education but the evaluation for the impact of the programs was not performed. This study was the attempt to setup the program for finding the result of the programs and developing the more effective programs.

Methods: Descriptive study in Thai IVDU between December 2003 - February 2004 was conducted by interviewing about injecting and sexual practice in 610 cases 447 cases from Drug Dependence Treatment centers, 36 cases from Department of Probation, 72 cases from Department of Correction and others 55 cases. Only 41 cases of Thanyarak Institute on Drug Abuse (TIDA) have the result of Anti HIV.

Results: We found that 553 cases were male, 57 cases were females. IV Heroin users were 554 cases (90.8%) IVDU who stated that they had sharing injecting equipment 83 cases (16.3%), using condom in last sexual intercourse 91 cases (14.9%) and avoided sharing injected of equipment and use condom in the last

month only 67 cases (25.3%). In 41 cases of TIDA, we found Anti HIV +ve 18 cases (43.9%). In 18 cases of Anti HIV +ve they had sharing injection equipment 9 cases and use condom in the last sexual intercourse 11 cases

Conclusions: This study shows us about the serious problem in our IVDU and the necessary of harm reduction programs for safe injection and sexual practice of IVDU in Thailand.

373 N.Vuckovic,N.Barackov,A.Dickov**METHADONE SUPSTITUTION THERAPY IN NOVI SAD**

Number of addicts increased in our country, especially addicts with longer period of heroin use. January 2003. we started pilot project of MMT in Novi Sad. In the first phase, this project included 63 patients. Selection of patients was liberal. In this paper, we have presented our one-year experience in methadone treatment. This retrospective study included all patients. Patients have filled Pampidou questionnaire which evidence patients in MMT. We collected information and statistically elaborated it.

RESULTS: Average age of patients in the program was 36,7 years. In this group, as in general population of people with drug dependence, male gender was predominating 81%. Half of them were unemployed and one quarter had job. More than quarter of patients had hepatitis C, 1,6 % hepatitis B and 3,2% HIV. This number is probably higher but testing was no precondition for entering the program. Two third of the patients just answered in the questionnaire that they are not infected but they wasn't tested. Information about risk behavior is fact that nearly half of the patients had overdose and more than 20% beside overdose had attempted suicide. Average age of the start of drug intake was 15,9 and quarter of group started even earlier. 85% of patients were taking heroin more than 10 years, and over 6 years more than 95%. More than 80% of the patients were treated in hospital. But came in treatment after 5,5 years in average after starting of drug intake. Half of them had criminal charges which point out to social risk of this population. Number of recidivism in the first year of program shows that the first trimester was highest with recidivism and after that was declining. Three patients were excluded from the program.

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376 Rayna Dyankova**CHANGES IN THE ROMA COMMUNITY DRUG SCENE IN BULGARIA AFTER THE DRUG LEGISLATION CHANGE**

Roma community is the second largest ethnic minority in Bulgaria and in its capital city " Sofia. Roma population in it consists of 70-80 000 people.

Roma's social status is very low. Around 80% of them are unemployed, with very low health culture and lack of health and social insurance.

The heroin use in this community spreads very rapidly. Heroin is the most often used drug, and recently, amphetamines also. It is a specific that in this community drug use often starts after 20 years of age.

In the spring of 2004 changes were made in the law, concerning the possession of drugs for personal use. These led to "hiding" of drug users in private

apartments and abandoned houses, which leads to risk for infection with HIV, Hepatitis C and other blood-transmitted infections. Having in mind the low health culture, the risk is especially high in the Roma community. Initiative for Health Foundation runs a needle exchange program and has stable contacts in the Roma community. In these communities shooting houses were established, where drug users gather. They buy drugs there and could inject themselves in these houses. The outreach teams of IFH work with dealers, providing them with clean syringes, needles and condoms. This way injecting drug users can have clean equipment at any time.

This new legislation didn't contribute in any way for the reduction of the number of drug users, neither provided alternatives for treatment. We would continue insisting for the change of this law and for finding of treatments possibilities for drug users.

377 Atanas Rusev

INJECTING DRUG USERS IN BULGARIA: PROFILE AND RISKS

Background: With the rise of use of cocaine and amphetamines/extasy in Western Europe and situated on the main heroin routes, Bulgaria become a scene of scaling heroin epidemic. Yet, public knows only a little about IDUs and drug related risks. No large scale research among out-treatment IDUs has been existing by the end of 2003 in Bulgaria. Four existing outreach NEP programs in Bulgaria decided to fill in this gap using their unique access to out-treatment drug users in cooperation with IVO, Rotterdam.

Method: 501 IDUs were recruited through the NEP in four Bulgarian cities, according to predetermined quotas ~ 75% NEP clients and 25% non-clients. The non-clients were recruited by one-step snowball. The data was collected through face-to-face interviews using 261 items questionnaire, structured in 18 topic sections. Supplementary information was collected through on-field observations described in log books by the interviewers to be analysed later.

Results: Results show scaling use of amphetamines ~ 36.4% of the respondents have used it at least once in the last month, 17.8% injected it. The median number of drugs used for the sample is 2 and 60% of the sample use heroin and one or more drugs along with it. The juxtaposition by age shows that the lower the respondent age, the earlier they start to inject and the sooner become regular users. The comparison between clients and non-clients shows that clients have more risky injecting and sexual behavior.

Conclusions: A number of negative tendencies concerning Bulgarian drug users is observed (i.e. transferring the injecting use mode to new drugs; dropping down the starting age of heroin use among the newest drug users). Yet the results show that the NEP programs have managed to cover the most risky groups among the IDUs. Thus through their interventions they have limited the impact of these more risky group both on the less risky IDUs and on the country's population as a whole.

379 Helmut Wagner;Carole Brigaudeau

EUROPEAN GUIDEBOOK FOR DEVELOPMENT OF TRAINING FOR RESPONSIBLE SERVICE OF ALCOHOL AT NATIONAL LEVEL

Underage drinking, drink-driving, crime and disorders, accidents and death related to alcohol show that bar, café, restaurant staff needs to think carefully about HOW they serve and sell alcohol and to WHOM.

A number of training programmes for responsible serving of alcohol have been developed in some European countries such as in Ireland, Scotland, UK and the Netherlands. Responsible Serving programmes are however not widespread across all European countries although they are recognised to be efficient in reducing alcohol related harm when combined with enforcement of licensing legislation and server liability.

In order to assist in a faster development of such programmes of consistent quality across Europe, the Amsterdam Group together with the European Association for Hotels, Restaurants & Cafés in Europe (HOTREC) has developed a 'Source Book' offering guidance and reference to establish programmes where they do not exist or to expand existing ones.

The content of this Guide Book and the strategy to encourage its implementation in a growing number of countries across Europe in the coming year will be presented.

383 Gulnara Kuzibaeva

HIV/AIDS PREVENTION AMONG YOUNG DRUG USERS IN UZBEKISTAN

Issue: Spread of HIV among injecting drug users is an emerging problem in Uzbekistan. Drug abuse is the main source for the rapid spread of HIV. 85% of HIV infected people are IDUs and 71% of them are under 25 years old.

Setting: Uzbekistan, Central Asia's most populous state, is experiencing exponential increases in HIV rate. Though official number of HIV people is 3,867, experts

believe the actual number to be 10 times that figure. 50% of the HIV-infected people live in Tashkent, Central Asia's largest city.

Project: The main aim of the 3-year project implementing by NGO#8220;Sharh va Tavsiya” is to reduce the spread of HIV among young (15-24 years) injecting drug users in Tashkent. This project is based on the following peer support principle: education on HIV prevention is provided by trained former drug users who undertake outreach work. This principle has enabled IDUs to play a decisive role in the activities of the project and shape its policies from the outset.

Outcome/output: In 2002, the first year of the program, the outreach workers focused on distributing written materials to provide information on HIV/AIDS to as many drug users as possible. 5,000 copies of 10 different health educational leaflets and booklets have been distributed. Outreach workers reached about 3,000 injecting drug users and disseminated 50,000 condoms and syringes. In 2003, the focus of the outreach work has been shifted to providing peer education on safer injecting habits and sexual behavior, and to providing lectures on HIV prevention. The number of injecting drug users reached by the team was increased by between 50 and 250 per month. The project became a model for the HIV preventive activities carried out in other cities of Uzbekistan. Its information leaflets have been copied and distributed, and experience of the project has been utilized in the training throughout Uzbekistan.

384 Aisuluu Bolotbaeva

MEDIA STRATEGY IN DRUG DEMAND REDUCTION

Recent media analysis such issues as drug addiction, harm reduction activities and HIV/AIDS shows that there is severe stigmatization of drug addicted and PLWHA among both the journalists and population of Kyrgyz Republic. Bakyt Ibraimov, researcher from Osh Media Center states in his work that the majority of mass media means continue presenting drug users as threat to the society. According to the survey conducted by UNDP media specialist Michael Unland in 2004 teenagers learn about drug addiction, HIV/AIDS and STI from following information resources: 60% from TV, 15% radio, 9% newspapers & magazines, 8% teachers, 6% medical workers, 2% parents. These surveys show us how effective could be the correct use of mass media in our fight against drug addiction and HIV/AIDS among young generation & how dangerous can be its misuse. Since we do not have vaccination from HIV/AIDS yet, education and distributing information is the only effective way of fighting against HIV/AIDS spread in Kyrgyzstan for now. Mass media is a very effective tool in both educating population and establishing public opinion, so we should not ignore the opportunity and should have mass media people involved in our activities. First steps of our collaboration could be opening of Resource Center for journalists in Kyrgyzstan. This resource center could gather all the relevant information from organizations dealing with the problem and freely distribute it among interested journalists. Second step is organization of trainings for journalists and involving representatives of vulnerable groups to these trainings. Joint trainings would help journalists not to forget that there are alive people behind their stories and teach IDUs, PLWHA to attract attention of mass media to their problems. Once the problem is covered in mass media constantly, it will also attract attention of both policy makers and population of the country. I strongly believe together we will win!

392 ESTELA VIRGALA

DRUGS AND A.I.D.S.: HARM REDUCTION IN A VIOLENT FAMILY ENVIRONMENT

AIM: To promote harm reduction as social politics leading to decrease risk of A.I.D.S. contagious between couples in violence situation. It is necessary to highlight that many of this violent couples are drug users, whose condition increase that hazard.

MATERIAL AND METHODS: 30 attendant women to the self help METANOIA GROUP of Rosario City were submitted to a survey. In order to help them to recognize themselves as individual, recuperate their estimation and in this way to take health care of them, analysis and reflection techniques were applied.

CONCLUSIONS: Power is violently exerted by a member of a couple supported by society through powered content speeches.

Due to be developed in a private scope, marital sexual violence is always denied. It is necessary to understand that sexuality must be enjoyed and based in love and respect.

Condoms use looks like an aggression and as a mistrust, instead of a sexually transmitted diseases protective method.

In our experience, we note that among violent couples contraceptive methods are used to avoid pregnancy, not to protect themselves against A.I.D.S. or S.T.D. Programs to prevent violence in every educational Institutions must be developed, in order to offer symbolic elements since the childhood, leading to build new relationships based in love, respect and equality.

394 Nadia Trubova**WHY TRAININGS FOR SEX-WORK PROJECTS AND POLICE ARE THAT IMPORTANT?**

Our organization Public Foundation iHelpi addressing the needs of projects working in harm reduction associated with sex-work and drugs in establishing relations with law enforcement on the initiative of IHRD has developed 3 programs: for projects on how to establish relations with police; for trainers for police education; for projects and police on negotiating conflicts in project work. We have already conducted 2 trainings within these programs.

First 2-day training we did in Moscow in June 2004 for Russian sex-work projects where we discussed police structure; basic problems between projects and police and how to solve them via partnership. Participants were very inspired with new methods and wanted to practice at once.

And in October 2004 we conducted a 5-day training for projects working in harm reduction associated with sex-work and drugs from Russia, Ukraine, Georgia and Tajikistan. The training was held in Dushanbe, Tajikistan and consisted of 2 parts: the first 3 days were for projects on methods of collaboration with police and for the rest 2 days representatives of different police structures joined the training. At first there were a lot of mutual claims between projects and policemen. But on having worked together in mixed smaller groups they worked out common plans of activities in their regions.

This training demonstrated the need of conducting such trainings for projects working in harm reduction associated with sex-work and drugs, especially when policemen participate too. Education together helps projects and police look at their mistakes and conflicts and change them in order to reduce harm for sex-workers and create common concepts and plans of work.

396 Zarina Mulla**REGULATION OF MARIJUANA IN THE CONEXT OF HARM REDUCTION**

Introduction: Over the past few months, the Drug Policy Program at the City of Vancouver has been working closely with the community to develop a Strategy addressing problematic drug use. It will include recommendations backed by research, with a high level of community participation. The latter was elicited through dialogues with communities of interest along the lines of age, ethnicity, vulnerability and sexual orientation. It will be launched by the mayor to the public for feedback in November.

Regulation in the Context of Reducing Harms: A chapter is devoted to Regulation of cannabis. British Columbia makes an interesting hot topic with its sizeable marijuana industry and rising cannabis-related crime. A strong case is made that the harms arising from cannabis supply, demand and individual use can be significantly prevented by reforming the current policies of prohibition and replacing them with a system of practical regulation. Regulation would reduce the harms of drug use in several ways, by clearly outlining the rights and responsibilities of all involved in the transactions and by taking control of some significantly important factors.

Some arguments include: Public Health and Safety: Separating hard and soft drug markets makes buyers less vulnerable to aggressive pushing of hard drugs by dealers.

Crime: Regulating and taxing this commodity would help reduce crime and corruption by taking such a fairly sizeable market out of the hands of criminals and corrupt police and putting it under societal control.

Economics: Fighting organized crime is an extremely costly and inefficient investment with no significant change in availability or perceived patterns of drug use. Moreover, if incarceration of individuals has proven to be ineffective in preventing drug use in prisons in the U.S. and globally, how can one expect to stop free citizens from using drugs.

An expected outcome is the beginning of a discussion on regulation.

397 Feng Yu; Li Jianhua**EXPLORING HARM REDUCTION AMONG DEAF INJECTING DRUG USERS IN KUNMING, CHINA**

Issue: Injecting drug users (IDUs) are a vulnerable group in Chinese society, who are hard to reach in harm reduction intervention. During outreach work with IDUs in Kunming, it was found that drug users who were also deaf were especially vulnerable and in need of a targeted intervention.

Setting: Kunming is the capital of Yunnan Province in Southwestern China, an area with a significant population of injecting drug users. Harm reduction with deaf injecting drug users was initiated by Daytop, one of the few voluntary rehabilitation centres in China, as part of an intervention funded by China-UK HIV/AIDS Prevention and Care project.

Project: outreach workers reached more deaf IDUs by the "snowballing" method. Through in-depth interviews and focus group interviews, we learned that 90% of them shared needles/syringes; 10% were engaged in commercial sex; the rate of

condom use was less than 3%. We developed the following intervention strategies prioritising outreach services:

1. Establish working group composed of both hearing and deaf peer educators;
2. Approach deaf IDUs at the right settings and time to reach and mobilise more of them;
3. Understand their needs through outreach in communities and referring them to harm reduction drop-in centre, or through communications via written form or SMS text messages;
4. Needle exchange and social marketing
5. Care

Outcomes: 52 deaf IDUs were identified; within four months 1,516 disposable syringes were exchanged at low prices, 512 were sold through social marketing, and 408 were exchanged at no charge; 684 condoms were sold through social marketing; and 227 toolkits for safer injecting were distributed.

Conclusion: Behavioural change can be initiated among deaf IDUs by the development of vigorous and conscientious interventions. Nevertheless, it requires targeted and sustained intervention approaches with wide coverage, intervention staff and peer educators with positive work attitude, regular needs assessment and feedback, as well as flexibility to meet the clients' needs.

400 Chen Liang; Che Xueji; Lei Yujing; Min Xiangdong; Zhang Lichong**THE EFFECTIVENESS OF A BEHAVIOURAL INTERVENTION WITH INJECTING DRUG USERS IN GEJIU CITY, CHINA**

Background: Gejiu City has a population of 450,000 among whom 4,641 people are registered as drug users. In 1996, when HIV was first found among drug users, 7.5% were HIV positive and by 2002 prevalence had grown to 62.6%. Under China-UK HIV/AIDS Prevention and Care Project, a behavioural intervention was carried out. Activities included training to police in the compulsory detoxification centre; peer education on harm reduction and HIV/AIDS prevention; needle exchange; STI and counselling services. Yunnan's first methadone maintenance clinic opened here in early 2004 and 168 users are receiving treatment. To understand the effectiveness of the intervention, a survey was carried out and the findings analysed.

Methodology: 373 IDUs were surveyed via stratified random sampling in October 2004, including 160 from the detoxification centre, 133 from communities, 80 from those receiving methadone maintenance therapy. Previously, 378 IDUs were surveyed in October 2003. Survey data were analysed using SPSS statistical software.

Results: From 2003 - 2004 the proportion of IDUs with correct knowledge on HIV/AIDS prevention increased from 47.9% to 67.8%; the proportion with no incorrect beliefs about HIV transmission increased from 30.2% to 44.2%; the rate of needle sharing at last injection dropped from 23.8% to 15.3%; rate of needle sharing in the last six months dropped from 35.8% to 22.8%; rate of condom use increased. The most remarkable change is the improvement in all indicators of those receiving methadone maintenance therapy compared to those in detoxification centre or communities. Gejiu City has decided to set up an additional methadone maintenance therapy clinic in November 2004.

Conclusion: The proportion of IDUs covered by interventions increased significantly. Risk behaviours of IDUs reduced, especially among those on methadone. Coverage of VCT and methadone maintenance therapy will be expanded and work with users in detoxification centre and communities reinforced.

402 Thomas Ninan**A FAITH BASED NETWORK AS A RESPONSE TO SUBSTANCE ABUSE**

Issue:

1. Lack of awareness on the ill effects of substance abuse
2. Lack of collective approach to address the issues.

Setting: Substance abuse is perennial and universal in India. Christian NGO's involvement in the control and treatment of substance abuse is commendable unfortunately efforts were not synergistic.

The Christian Medical Association of India, resolved to bring together the different Christian NGO's and churches working in the field of S.A through Christian Agencies to Combat Substance Abuse Network (CACSAN).

Project Description: CACSAN has 250 Christian institutions and individual members in India. The Programme to Combat Substance Abuse desk at CMAI plans and coordinates the activities of CACSAN with the help of a core group. The activities include:

- i. Share Information through a quarterly magazine called iAddiction Newsi
- ii. Advocacy
- iii. Skills and Capacity Building
- iv. Building Solidarity.
- v. Resource Mobilization

CACSAN has four regional chapters, each chapter having a focal point where programs are coordinated. The PCSA Coordinator through the focal point- a local NGO, follows up every regional program.. Future programs catering to the needs of members are planned with the PCSA Coordinator.

Summary of outcomes:

1. Increased involvement of churches through awareness and training
2. Increased bonding between members.
3. Improved the skills of members
4. Advocacy against 'Tobacco and Alcohol Use'
5. Proactive responses from theological colleges.

Lesson learned:

1. Through appropriate training lay people play a pivotal role as counselors
2. Through sharing of resources the problems are addressed effectively.
3. Greater acceptance and credibility to the programs and activities.

Implications:

1. Financial constraints.
2. Local priorities of member NGOs often take precedence to network activities.
3. Churches have other priorities.
4. Difficult to bring changes in the govt. policies with a network involving a minority.

404 Sengkeo Kingsada; Somphou Outhensackda

COMMUNITY-BASED REHABILITATION OF OPIUM ADDICTS - EXPERIENCE OF THE LAO PDR

ABSTRACT: Illicit drug consumption has increased throughout the world in recent years. Opium continues to be a drug of abuse. Production, trafficking and use of opium are problems of concern in the Lao PDR. Opium is used traditionally as a medicine, a drug of social choice and cash crop. The guideline for Community - Based Rehabilitation of Opium Addicts is jointly developed by the Ministry of Health and the National Lao Commission for Drug Control and Supervision, with support of the GTZ Project (Promotion of Drug Control). The goal of rehabilitation is demand for drug is reduced; while its purpose is the addicts receive better rehabilitation and the number of relapse cases reduced. Three phases of the project activities comprise of development of guideline, training on the use of guideline, and review workshop constitute the outputs. Many lessons are drawn from the implementation of detoxification campaign in target villages. Creation of awareness and understanding among people is crucial for their perception that opium is not necessary for their life. Preparation session should include collaboration of the whole community. Traditional medicine should be introduced in treatment. Follow - up phase should include not only medical aspect but also social and psychological aspects that participation of the community is a great importance. Knowledge and ability on community - based rehabilitation of the concerned personnel are increased, gaining interest from other drug control partners that experiences of rehabilitation are introduced in their project areas, and application of the guideline in the detoxification would be of great importance and interest contributing to the strategy of drug control programme of the Lao Government if the opium poppy cultivation is to be eliminated by 2005, are the main implications.

405 Mahesh Sharma

A DIAGNOSTIC STUDY OF DETOXIFICATION PROGRAM IN CORRECTIONAL INSTITUTIONS IN INDIA

The presentation is a diagnostic case study about the prevalence of drug-addiction among inmates of correctional institutions in India. The probing paper based on empirical study analyse the factors responsible for continuance of addiction within institutions. A experiment was conducted to detoxify the drug-addicted inmates in Delhi using multi-therapy approach ; acupuncture, acupressure, medical interventions, counselling, occupational therapy etc.. The experiment was highly successful. The paper documents outcomes of this experiment for replication of the same. The power-point presentation infact outlines the precautions and steps taken in multi therapy strategy and social work interventions for detoxification and rehabilitation of inmates languishing in govt. run statutory institutions.

406 Dr Susan Beckerleg, Maggie Telfer and Detective Sergeant Geoff Monaghan

OVERCOMING LEGAL AND CULTURAL BARRIERS TO THE ESTABLISHMENT OF NEEDLE EXCHANGE PROGRAMMES IN KENYA

Issue: In countries as diverse as Russia, Thailand and the USA legal obstacles and objections from politicians, government officials and community groups impede the establishment of Needle Exchange Programmes (NEP).

Setting: In Kenya since 1998, when 'white crest' largely replaced 'brown sugar', there has been a major shift from 'chasing' to injecting heroin. Recent data from Nairobi indicate that 52.5% of injection drug users (IDUs) are HIV positive., while 61.4% tested positive for HCV. In 2003, a UNODC study in Mombasa found that

50% of IDUs were HIV positive.

Project: The Omari Project (TOP) adapts international evidence-based approaches to heroin treatment and harm reduction to deliver services relevant to local resources and culture. In addition to a residential programme and aftercare service, drop-in centres focus on delivering harm reduction initiatives to heroin injectors. However, plans to offer a NEP have been held up because the Narcotic Drugs and Psychotropic Substances (Control) Act 1994 penalizes the supply, possession and use of hypodermic syringes and other injecting paraphernalia.

Outcomes: In May 2004, a campaign to raise awareness about the advantages of NEPs was initiated by TOP and supported by DFID, Futures Group Europe and New Scotland Yard. The Kenya police, government officials and religious leaders were reached through workshops and meetings in Nairobi and Mombasa. Additionally, having reviewed the 1994 Act, the New Scotland Yard consultant recommended that the Minister of Health use her powers under section 84 to introduce Regulations, which would give statutory recognition to NEPs and provide managers, staff and clients with the requisite legal protections. Following on from this work, a meeting with the Kenyan Attorney General has been scheduled for November 2004 to discuss the feasibility of implementing pilot NEPs.

414 Tom O'Brien

OVERDOSE PREVENTION EDUCATION WITHIN PRISONS

ISSUE: "Risk of unnatural death was greatest during the week's immediately following release...Over half of the unnatural deaths were heroin-related. Ex-prisoner heroin-related deaths accounted for at least 25% of all the Victorian heroin related deaths."

Graham A L; Post-Prison Mortality: Unnatural death among those released from Victorian prisons between January 1990 and December 1999.

Large numbers of overdose are attributed to recent post-release prison inmates and ex-residents of rehabilitation centres.

This may result through a lack of skills and knowledge on how to respond to overdose and the risk factors that may contribute to overdose (e.g. using again after a period of abstinence).

SETTING: The Australian Red Cross HOPE (heroin overdose prevention education) program trains a range of at-risk groups including pre-release prison inmates and residents of rehabilitation centres.

Training is conducted within prisons and rehabs throughout NSW.

PROJECT: The HOPE program is a six hour training session that teaches participants how to respond to heroin overdose.

Participants are taught basic first aid skills as well as risk factors for overdose and how to recognise crisis.

On successful completion participants are awarded a nationally recognised CPR accreditation.

OUTCOMES: Since January 2004 21 HOPE sessions have been conducted inside prisons and rehabs.

By March 2005 we will be in a position to report on in excess of 50 sessions with an average of 10 participants per course.

Statistics show that whilst over 70% of those trained so far had been present at an overdose less than a quarter of all participants had received First Aid training in the last three years.

For some the acquisition of a formal CPR accreditation may be the motivating factor for attendance. Once there HOPE trainers also have an opportunity to dispel myths and raise awareness of how overdose can occur (e.g. using after a break).

417 Luo Jian; Yang Fang; Yang Guogang

PILOTING SOCIAL MARKETING OF NEEDLES AND CONDOMS WITH DRUG USERS IN YUNNAN, CHINA

Objectives: To study the acceptability and feasibility of social marketing of needles and condoms among drug users.

Methods: Four clinics of Yunnan Institute for Drug Abuse were selected as project sites to implement the intervention. Drug users who visited the clinics took part in the study, which lasted two years. After the project was completed, focus group discussion and in-depth individual interviews were arranged to evaluate the project.

Results: Drug users, their relatives and medical staff accepted the project. The project was feasible, however such a project should be based on the needs of drug users. The negative attitude and limited skills of the staff were constraints.

Conclusion: In implementing such a project it is necessary to provide a supportive environment.

420 Santosh Bagali

IMPACT OF HEALTH EDUCATION ON KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT HIV/AIDS AMONG MARRIED MEN IN A RURAL COMMUNITY - A CONTROLLED STUDY

The present study was conducted for a period of one year, from March 2002 to February 2003 at Mastmardi and Santibastwad villages. During the study period, house-to-house visits were done and all the married men in the age group 21 to 44 in the study village and equal number of married men in control villages were interviewed individually by applying the pre-designed / pre-tested questionnaire. Participants were verbally asked the contents of the questionnaire in the local language and the observations were recorded. After collection of data a health education sessions were conducted to all the married men of the study village i.e. Mastmardi with the help of Anganawadi worker, A N M, Panchayat leaders, Health Educators. After a gap of 3 months the change in knowledge, attitude and practice of above said married men were assessed. Only 27.95% of the study population knew that HIV/AIDS can be prevented by using condoms, 61.28% knew that, it can be prevented by avoiding multiple sexual partners, 30.00% by drug addiction and 19.23% knew that HIV/AIDS can be prevented by avoiding unsterilized needles for injection. Attitude regarding HIV/AIDS was also less especially regarding sharing of utensils and food (18.21%) and also for having friendship and sympathy towards AIDS patient. The practices developed on HIV/AIDS among the study group was also poor. Our study also revealed that in the study group the knowledge attitude and practice on HIV/AIDS in married men was directly proportional to their literacy level. Similar, the knowledge, attitude and practice regarding HIV/AIDS in the control group was also poor, indicating that, there is an urgent need for health education. The awareness level on HIV/AIDS improved by 21.14%, knowledge regarding various route of transmission increased, by 29.71%, knowledge regarding prevention of HIV/AIDS increased by 51.43%, Attitude increased by 30.58% and practice increased by 46.20% among study group.

424 Pintilei Larisa

ABOUT PROJECT "HARM REDUCTION IN PRISONS OF REPUBLIC OF MOLDOVA"

ONG 'Innovating Projects in Prisons'

Current organization activities are focused on: To reveal the real HIV epidemic situation and to identify penitentiary, where is the highest level of HIV infected, and then to focus on implementing the needed activities in penitentiaries reported to have highest HIV epidemic.

- Maintenance of work of points of exchange of syringes in prison of №18 Branesti, prison of №4 Cricova, in a female colony of №7 Rusca.
- Points of an exchange of syringes in our prisons work round the clock, carrying out an exchange of syringes (1:1) with their subsequent recycling, by means of volunteers from among condemned.
- Extending the harm reduction activities in other prisons. To provide qualified help in reducing the HIV epidemic among prisoners.
- Negotiations with local and governmental authorities in order to obtain a support in starting an epidemiological surveillance on HIV infected in penitentiaries of Moldova.
- Change of risky behavior of detained persons made by granting the competent information during carrying out of seminars.
- Organizing local events/meetings on HIV, STD and hepatitis prevention among injecting drug users in penitentiaries.
- Holding working sessions with the staff of the Department of Penitentiary Institutions of the Ministry of Justice of Moldova in order to inform the authorities of harm reduction activities.
- Advocacy efforts addressing the importance of extending the harm reduction initiative in other penitentiaries.
- Educational activities based on the method of 'From equal to equal'.
- Advocacy the rights of HIV-INFECTED condemned.
- Elaboration and distribution of information materials (booklets, calendars, instructions) for employees and prisoners.
- Carrying out the psychological rehabilitation of injecting drug users, detained in penitentiaries №4, №7, №18.

Target group:

- 10.800 prisoners who are detained in prisons of Moldova.
- 2.680 employees of the penitentiary systems.

434 ZHAO Dong, ZHAO Chengzheng, LIU Yanhong, AN Yuquan

HARM REDUCTION PRACTICE IN CHINA

Drug abuse and HIV/AIDS are serious problems worldwide. Without exception, China is also experiencing a rapid increase in illicit drug abuse seeing registered drug abusers rising from 70,000 in 1990 to 1,050,000 in 2003. And it was estimated that 840,000 people are living with HIV, among which about 70 percent are drug abusers. IDU is the most important route of HIV transmission.

To reduce drug-related harm and prevent HIV transmission, harm reduction programmes are being practiced in China.

First: Vigorous law enforcement action is taken by the Chinese government to

suppress drug trafficking and to reduce illegal supply of drugs.

Second: Preventive education and publicity programmes have been organized to heighten public awareness of the drug problem and encourage people to adopt a drug-free lifestyle. (1) Set up drug free communities; (2) Conduct public education on prevention of narcotics abuse, especially among young people; (3) Integrate anti-drug and HIV/AIDS education into school curriculum; (4) Organize various activities throughout China during the annual international anti-drug day and world AIDS day to increase public awareness of the harm caused by drug abuse and HIV/AIDS; (5) Compile publications to support preventive education activities.

Third: Practice to reduce the harm of drug abuse among drug addicts. (1) Provide detoxification and treatment services for drug dependent persons; (2) Carry out rehabilitation services; (3) Develop methadone maintenance treatment programme, needle social marketing for IDUs and promote condom use at some pilots studies sites.

Now, the Chinese government, NGOs and international organizations all together make efforts to prevent drug abuse and HIV/AIDS spread in China.

436 Ekaterina Imeeva; Elena Monakhova

SUPPLEMENTING THE RANGE OF SERVICES DELIVERED BY THE HARM REDUCTION PROJECT WITH THE COMPONENT OF TREATMENT OF PARENTERAL HEPATITIS AND STI IN IDU AND CSW

Problem: Harm reduction programs contribute to identification of infections associated with injection drug use, but clients have no opportunity to undergo treatment. **Ambience:** The report introduces into the experience of supplementing Harm Reduction project with the component of treatment of parenteral hepatitis and STI in IDU and CSW in Republic of Buryatia.

Project: The program of prevention of HIV-infection among IDU and CSW has been implemented in Ulan Ude for 4 years. The project works in the following directions:

1. Increasing clients' awareness (implementation of training seminars, distribution of informational materials);
2. Medical services (free counseling by medical professionals and laboratory diagnostics);
3. Syringe exchange and provision of protection materials (outreach work, mobile and stationary sites). Seventy per cent of Ulan Ude IDU have become project clients for the overall period of project work. After three years of project work we concluded that there is a necessity of supplementing the range of delivered services with a treatment component: the majority of clients after having been examined, could not afford treatment due to the lack of money. An application of Pfizer International LLC was developed and approved and the additional component of 'Treatment of parenteral hepatitis and STI in IDU and CSW' was introduced. highly effective pharmaceutical drugs (Rebetol, Jntron-A, Polygynax, Zovirax, Sumamed, Clindamycin and others) were acquired on the application. Within 6 months of implementing the expanded project, 261 clients were examined for STI, and STI were identified in 43% of them; 214 program clients were examined for parenteral hepatitis, with 98% having positive results. One hundred and five clients underwent free treatment with monitoring of clinical and laboratory data.

Results and got knowledges: The additional component allowed expanding the range of project services and improving the living standard of clients, as well as extending the coverage of clients.

437 Yacintha E. Desembriartista

YAYASAN MATAHATI: A COMMUNITY-BASED RESPONSE TO HIV/AIDS AND DRUG DEPENDENCE IN BALI

Issue: Drug users face many problems which affect their health, social and economic well-being. As of May 2004, 250 cases of HIV/AIDS have been reported amongst IDUs in Bali, Indonesia. There have also been as many as 30 unreported IDU deaths by overdose or disease complications within the last 3 years. In addition, more than 32% of known drug users report they have spent time in prison due to drug use and/or related criminal acts.

Setting: To address the aforementioned problems, Yayasan Matahati was established by a group of former drug users, supported by harm reduction activists. This foundation has designed and developed a comprehensive, community-based program to address the impacts of illicit drug use on drug users' health, social and economic welfare.

Project: Yayasan Matahati runs two main programs; an HIV Prevention for Drug Users and an HIV/AIDS Support Program. The program has four main divisions; Harm Reduction, Care Support and Treatment, Recovery and After-Care. These divisions work in unison, complementing each other. The HIV/AIDS Prevention Program targets active IDUs in the Gianyar and Tabanan areas with outreach, education and IEC dissemination. The Support Program targets drug users, especially IDU, who have a strong determination and commitment to stop using drugs and/or need support to remain abstinent. There is special support for IDUs

living with HIV/AIDS and IDUs who are former prisoners.

Outcome: As a new organization, Yayasan Matahati faces many problems including limited funding, especially for the Support Program. However, the program has received good response from drug users, communities and local government. Yayasan Matahati has also developed a good network with other NGOs, the private sector and local government institutions in order to provide better services to the target population.

438 Fredy, Dudy Rohadi, Yacintha E. Desembriartista

RAPID SITUATION ASSESSMENT OF HIV/AIDS AND DRUG USE IN TABANAN AND GIANYAR, BALI, INDONESIA, 2004

Background/Objectives: Specific data was not available on patterns of drug use and HIV/AIDS in the regencies of Tabanan and Gianyar in Bali, Indonesia. However, contact with IDU on outreach in Denpasar suggested IDU populations in these regencies. An assessment of HIV/AIDS and drug use patterns was needed, to assess current HIV risk practices amongst IDUs and develop locally appropriate prevention strategies.

Method: In each regency, in-depth interviewing was carried out by two researchers, assisted by a key informant. Twenty-six local IDU were contacted using a snow-ball sampling technique. In-depth interviews were also conducted in each regency with key informants from health institutions, AIDS Commissions, prisons, hospitals, police departments and narcotics boards. Transcripts of interviews were then analyzed using qualitative content analysis.

Results: Illicit drug use is reported throughout the districts of both regencies. Following a familiar pattern seen in IDUs from other Balinese regencies, IDUs from Tabanan and Gianyar usually buy and inject heroin in the provincial capital, Denpasar, although extra doses are sometimes brought home. All respondents reported sharing needles, with only one reporting condom use. Each respondent reported knowing between 2 and 20 other IDUs personally.

Although clean injecting equipment is available from one needle and syringe program in Denpasar, only one respondent reported accessing this service. No harm reduction intervention programs are currently available in Tabanan or Gianyar, and no health services specifically target drug users locally. Most health problems related to HIV/AIDS and drug use are referred to Denpasar.

Conclusions:

The assessment shows the need for harm reduction interventions with IDU outside the provincial capital, targeting IDUs in their home towns. Appropriate interventions identified by the research include IEC material on HIV/AIDS and drugs issues, sex education, drugs treatment referrals and HIV counseling and testing.

439 rajeshmansingh

HARM REDUCTION PROGRAM TO IDUS

Harm Reduction Program to IDUs Poster Presentation.

Name: Rajesh Man Singh

Position: Program Officer

Mail add: lals@wlink.com.np

Background: Life saving and life giving society is a local NGO Established in 1991 A.D.. Outreach service outreach worker are also provide condom for safer sex .. According to Research data of 2002 (FHI, 2003) described that in NEPAL 38.4% IDUs; 68% IDUs are HIV Infected by sharing syringes and Unsafe Behavior. Estimated data of IDUs in neapl is 22050 and in katmandu vally 4500 by the report of national center for AIDS and STD controle HMG 2003

Objective:

 HIV/AIDS Prevention among and from Injecting drug users

Method of Intervention:

 Street base Outreach

 Drop-in centre

 Peer Education

LALS has been providing harm reduction services which consist: Counselling, education, needle /syringe exchange, bleach and sterile water for sterilization of used syringes, primary health care, referral and condom for safer sex through outreach, Drop in center and Peer Educators. LALS has been following the concept of non judgmental, non coercive and confidentiality.

Result/Impact:

 LALS has covered 1933 Client of kathmandu and lalitpur among them 6% are female and 1.25% street children

 The target groups are fully aware of HIV/AIDS , hepatitis and STI

Conclusion: The government is very positive towards the harm reduction program. The plan for effective

441 Moshkovich G.F., Sheina N.V., Anokhina, E.N.

ANTI-EPIDEMIC MEASURES AMONG VULNERABLE POPULATIONS (COMMERCIAL SEX-WORKERS) AT THE SECOND/THIRD STAGE OF HIV EPIDEMIC. THE HARM REDUCTION PROJECT: STRATEGY AND PRACTICE

Involvement of socially secure, employed population in the epidemic process since 2002, activation of sexual transmission through the rise in proportion of sexually infected women, are evidences of start-up of the third, most unfavorable stage of HIV-infection in our region.

Wide heterosexual spread of HIV will be greatly facilitated by commercial sex workers (CSW). They, in turn, are the first to be affected by this incurable infection.

Working with commercial sex workers within the Harm Reduction project is based on three elements:

- educational (motivation interviewing, counseling, distribution of informational booklets)
- clinical (examination for HIV, hepatitis, syphilis)
- condom distribution and syringe exchange.

We identified three groups of risk factors that affect the likelihood of HIV, hepatitis and STI infection greatly:

1. Social factors
2. Behavioural factors
3. Biological factors

Findings: 32% of participants regularly (quarterly) had been examined for HIV, syphilis, hepatitis B and C, and visited a gynaecologist, dermato-venereologist, infectiologist. Thus, these women were motivated to care for their health. Only one woman was found to have syphilis at re-examination. Forty one per cent of 62 women who had visited a gynaecologist after the motivation interview, had no complaints and wished to be examined only for preventive reasons.

Conclusions: Having met with the project target group, we believe that CSW risk behaviour can be greatly influenced by seminars and psychological training; these can also help rising their self-rating. Establishing the real access to medical care and adequate follow-up (regular medical surveillance and examination) may help reducing biological HIV risk factors. (We request to consider receiving travel allowance)

445 Kucheruk Olena

POLICY CAMPAIGN FOR HARM REDUCTION

Issue: Systematic violations of rights of IDUs, CSWs and PLHA often take place in Ukraine. In practice personal drug usage is criminal.

Setting: Since 2003 IHRD has been supporting initiatives in two directions: 1- human rights and 2- drug and HIV/AIDS related policy reform.

Project: In the first area the network of legal aid services were developed. The survey on rights violations was held. Then, the methodology has been elaborated: Reference book on 'Legal Aid for IDUs and PLHA' and 'Know your rights' were developed and disseminated. The 2nd National HR conference was dedicated to the cooperation of HR and human rights NGOs. 10 local coalitions comprising harm reduction, network of PLHA and human rights NGOs/ law clinics were supported to work as services of urgent legal aid. Their main functions: hotline; quick reaction to the situation; protection in court; dissemination of information about the rights; work with law enforcement organs; rights violations monitoring.

In the second area the analysis of HIV and drug legislation as well as the practice of its implementation was held. The Public and the Parliamentary hearings took place. As a continuation the public policy analysis will be held. The main component of the process is the wide public discussion in order to formulate the policies using transparent and inclusive process. One more goal is to support the NGOs capacity to influence the public policy.

IHRD supported the establishment of Public council at the Special AIDS Parliamentary Committee. The PC will assist the work of MPs by providing them with information, policy analysis papers, initiating and assisting in law drafting etc.

Outcomes:

A lot of our suggestions concerning drug users decriminalization were included into the official document on results of the Parliament hearings. It is a very important result as now we have new platform for future lobbying.

447 Stephanie McCormick, Opportunity Youth - Elaine Moore, Northlands

NORTHERN IRELAND PRISON SERVICE (NIPS) RESPONSE TO ADDRESSING AND REDUCING DRUG RELATED HARM

Criminal Justice System and Interventions. Northern Ireland Prison Service (NIPS) Response to addressing and reducing drug related harm

448 Mihai Tanasescu**HARM REDUCTION VS. CRIMINAL JUSTICE**

Comparative analysis between approaches - harm reduction vs criminal justice.

Social polarization is obvious. As a factor for social polarization, criminal justice is a powerful determinant, and it can be seen like a factor for social isolation.

Humans are sensible to punishment and they can do everything to avoid pain and punishment. In this view, I want to say that criminal justice can determine society or some part of it, to develop suicidal patterns of behaviour.

Drug addiction, offending behavior and every way of avoiding the social enrolment it can be seen like an alternative behavior to accept values and principles that is seen like destructive to the self.

Harm reduction approach accept and understands the human need for difference and for not being enslaved by others. The harm reduction approach understands that the coercive approach has a destructive and self-isolation effect on human person.

Humans don't want to do things just because somebody else wants. And if a man force another to do something the last one will search for a way to escape or will try to eliminate the first one.

The same thing can happen in our society, if the "healthy" majority wants to force an "ill" minority to become "healthy", the majority can be seriously damaged or eliminated, as a last consequence.

Difference between perspectives (example):

Harm reduction - non-discriminative approach Criminal justice - associates ethnicity, colour of the skin, sexual orientation or health state with determinants for anti-majority interests behaviours.

452 Seynabou Theresa Ndiaye, PharmD**KHAT ABUSE IN VULNERABLE INDIVIDUALS**

BACKGROUND: Substance abuse is known in all civilizations and for long time, various substances were experienced, and then misused by mankind despite their various health consequences. Peruvian coca, Indian hemp, Asian poppy, Mexican marijuana and American tobacco are well-known ethnopsychopharmacologic agents of great antiquity. However, there are lesser-known psychoactive plants of similar antiquity such *Catha edulis* (Khat), which is part of a local culture in East Africa and the Arabic peninsula. As the world becomes culturally and ethnically interconnected, its use has spread to England and the United States. Initially used for the prevention of fatigue and hunger; its current pattern of use within Somali migrants in England hold the characteristics of a drug of abuse; even not commonly perceived as such. This topic aimed to get the public to know Khat and why and how Khat could be conceived as a Drug of Abuse.

METHODS: By means of Structured Interviews, Data collections, Multivariate analyses and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), we will discuss the impact of social factors on mental health and the impact of anxiety, insomnia and depression on khat addiction.

RESULTS: There are enormous individual differences in this drug-intake between Somali migrants in England; the fact that khat-intake remains a recreational activity for some and persists in a heavy pattern of chewing in others, indicates that khat requires a certain vulnerable substrate to develop its true abuse potential. Certain individuals, due to a particular functional state of the biological substrates that interact with the drug, experience singular effects of the drug that promote a shift from use to abuse.

CONCLUSION: The excessive use of khat by Somali migrants and refugees in a new environment, where they are challenged by socioeconomic issues; is viewed as a pattern of substance abuse for, the major social pressure impact on their mental health, resulting in excessive Khat chewing with documented phenomenon of tolerance and dependence.

Implications: The harm reduction paradigm expansion in Brazil during the last years lets abstinence discourse - as a drug abuse treatment goal- loose importance. As a way of taking back importance, the abstinence goal net is looking for new institutional blanks to fill. As a legal and social control tool the therapeutic justice approach becomes a way of linking criminal speeches, zero Tolerance and strong social pressure from traditional social sectors.

453 Vera Da Ros - Omar Alejandro Bravo**DRUG ABSTINENCE, CRIME ABSTINENCE - THERAPEUTIC JUSTICE GOALS**

Issue: The therapeutic justice model, based on the USA Drug Courts is implemented in some Brazilian states by the influence of legal operators and some drug users' treatment networks. This punitive-therapeutic model is based on the legal treatment demand for drug users and the treatment refusal by the citizen has legal sanctions as consequence. There is a kind of parallelism between the drug abstinence approach and the legal imaginary that links use of illegal drugs, crime, and marginality. The institutional and political consequences of these interventions are analyzed by this study.

Approach: The methodology is the discourse analysis in order to examine ideologies and power relations involved in discourses, its relation with other speeches or texts, their functionality and institutional consequences. The analysis was focused on speeches and papers made by health professionals and justice operators who work with the therapeutic justice approach.

Key Points:

- The health professionals' speeches and the justice operators' speeches are similar in the goal of preventing/averting an illegal-pathological behavior.
- Due to citizens included in this therapeutic justice model other symptomatic or other clinical manifestations - besides the drug abuse - are not taking into consideration by the professional staff.
- It is supposed that an abstinence of drug use results in abstinence of law contravention need/impulse.
- These interventions are implemented in name of a so-called society defense.

454 Pablo Cymerman; Diana Rossi; Marcelo Vila; Paula Goltzman; Graciela Touzè**DRUG POLICY REFORM IN A SOCIAL CONTEXT OF MORE PENAL PERSECUTION**

Issue: There is discussion about drug policy in Argentina where personal possession of illegal drugs is penalised. There are three main issues in the current debate: 1- Legislation regarding penalisation. 2- Who should persecute drug law offenders in the Judicial System. 3- Legality of harm reduction programs.

Approach: The authors have analysed various forums where legislators, judges, decision makers, professionals from the judicial and health care systems, NGOs and drug users have given their viewpoint regarding this debate.

Key Points: 1- The debate related to penalisation of drug possession for personal use is seen by some of the forums' participants as a way of penalising drug consumption, therefore violating principles established by the Argentinean National Constitution. This viewpoint is expressed in several bill projects currently being discussed in Parliament. Various diverse drug policy reform initiatives have considered the harmful consequences of penalisation.

2- The government of Buenos Aires Province is seeking to give judicial power to state judges in penal processes involving drug law offenders, while until now only federal judges could deal with those issues. This position is seen by some of the forums' participants as a way to penalise not only drug possession, but also poverty in a region with high rates of unemployment.

3- After the Second National Conference on Drug Policy in September 2004, there was a penal accusation against Intercambios based on the content of harm reduction preventive messages considered as instigation to drug consumption.

Implications: Over the past two years, demands for security have grown in Argentina. There have been calls for a 'hard hand' and this discourse frequently mentions drug use as a cause of increased insecurity. This situation may negatively influence the drug policy debate as well as the future development of harm reduction programs in the country.

461 Liu Qian, Zhang Yun**REDUCING HARM TO WOMEN WHO INJECT DRUGS IN CHINA: THE NEED TO WIDEN THE AGENDA**

Issue: Most injecting drug users identified in China are men. However a significant minority are women, many of whom also sell sex. The situation of women drug users, who are multiply vulnerable and marginalized, draws attention to the need for our work to look beyond the dominant notions about 'risk groups' and widen the harm reduction agenda.

Approach: This presentation draws on data (from BSS) and implementation experiences from the China-UK HIV/AIDS Prevention and Care Project in Yunnan and Sichuan provinces of South-West China.

Key Points:

- In some locations nearly half of female IDUs sell sex. While women who are both drug users and sex workers fall into two 'target groups' for our project, we are only just starting to learn about their specific needs.
- Women IDUs are more likely than their male counterparts to use condoms. Even so, 50% of female IDUs who sell sex are not using condoms.
- Among sex workers, those who inject drugs have significantly lower rates of condom use than their non-injecting peers.
- Female IDUs who sell sex also have the highest levels of injecting risk. Over 40% reported sharing a needle at the last injection.

Implications:

There is a need to look at the gender dimensions of our work with IDUs to understand more about the situation of female drug users and make our services more accessible and responsive to them. Work with all drug users needs to include issues of sexual risk alongside drug related harm reduction. Interventions aimed at sex workers should address drug use as one of the complex issues that may interact to increase women's vulnerability.

462 Karthi Krishnan venkatraman, Chubby Rigley, Gasper Dharmaraj, Ashok, Jacob Koshy.

RECREATION - AN AID TO ABSTINENCE AMONG INJECTING DRUG USERS IN CHENNAI, INDIA

The Issue:

- IDUs in Chennai are living in a very risky environment
- IDUs are stigmatized & discriminated by family, friends, and society
- Daily drug use leaves them with no time for relaxation

Project: SahaiTrust Community Based Organization, Chennai, India past experience of 13 yrs working with drug users and their families, currently focusing on Prevention of Transmission of HIV among Injecting Drug Users & their sex partners, including street based outreach, NSEP, clinic/Drop In Center VCTC, counseling services. Drop in Center located at Central & South Chennai, Recreational facilities include indoor board games, cable television, reading material, regular inter client tournaments, inter DIC tournaments, this in turn allows them one step closer to re-integration with society.

Lessons learnt:

- IDUs irrespective of their drug using status utilize the DIC as a day care shelter
- Marked increase of number of visits to the DIC
- Recreation facilitates the IDUs not to seek drugs
- Able to share life's experiences informally
- DIC functions as a place to implement Behavioral change initiatives
- IDUs have occasionally caused a disturbance to the surrounding environment
- Attempts to conduct small time peddling of drugs have been noticed
- Open space not available for outdoor games

Recommendations:

- DIC should have recreational facilities, indoor & out door
- Since most IDUs are located in the City, DIC also should be appropriately located so as not to disturb the environment (neighbors)
- Provision of recreational facilities will remarkably change the lifestyle of the IDU.

465 bijan nassirimanesh

FIRST IRANIAN EXPERIENCE IN MMT FOR STREET IDUS

Objective: To deliver MMT for street IDUs & their sexual partners in a package of HIV prevention

Rationale: We started NSEP for street IDUs but after a short period of time found that this service work as a bridge to another service as agonist maintenance treatment, thus urged us to request from ministry of health (MOH) to start this service in our drop-in-center.

Method: A team composed of a GP & a nurse from Iran national center for addiction studies (INCAS) settled there to offer MMT on a daily basis. It was in the first stage of making Iranian MMT guideline thus we stated to observe & evaluate the program to make any adaptation for street IDUs if applicable. In the project supported from UNODC it was designed to have 30 cases on MMT but with capability of Persepolis & good collaboration with INCAS we have been able to get the approval for increasing the clients to 200. At first there were some speculation regarding the dosing protocol (start dose, induction phase & maintenance), urine testing & minimum ancillary measures needed for the clients & some hypothesis like street IDUs because of severe malnourishment & poor physical condition need less methadone in all stages than more stable clients in the INCAS itself.

Result: We reached to a formula of minimum staff & working hour with maximum enrolment of clients in setting like Iran capital. With the help of dosage tables we made for each patients (it typed dosage in vertical line & time on horizontal) & matching it with a daily questionnaire asking about OTI (opioid treatment index) we got the best dosage with maximum compliance & attachment to program between 80-100 mg. Using simple medication to deal with frequent light side effects e.g. constipation, abdominal cramp & burn, withdrawal in the afternoon we have been able to prevent from early drop out. Further research & study needed to know the clear adaptation of MMT for street IDUs

474 Debra Wilson MSW, LSW and Pauline Murnin, RMN, MSc

HARM REDUCTION: UNDERSTANDING ASSESSMENT AND TREATMENT OUTCOME INDICATORS IN STATUTORY SUBSTANCE ABUSE SERVICES IN NORTHERN IRELAND USING THE ADDICTION SEVERITY INDEX

Understanding assessment and treatment outcome indicators in statutory substance abuse services in Northern Ireland using the Addiction Severity Index

Debra Wilson MSW, LSW and Pauline Murnin, RMN, MSc.

This submission presents scientific data on a first look at outcomes of drug and alcohol treatment in Northern Ireland. The study performed baseline assessment in

areas of medical, educational/financial, alcohol usage, other drug usage, legal, family/social, and psychological arenas with all clients (n=163) entering into the Downshire Hospital Ward 15 substance abuse residential unit in County Down, Northern Ireland for a period of one year. The study provides intake assessment of associated factors of motivation, personal coping skill assessment, AA involvement following up clients within the community setting at six months in areas of medical, educational/financial, alcohol usage, other drug usage, legal, family/social/ and psychological, as well as statutory service involvement in aftercare and AA support involvement. The project presents these variables as probable predictors and potential indicators of treatment outcome as well as supplying service user qualitative input on areas of treatment which proved most useful to them.

Statistical analysis includes internal consistency Cronach's Alpha testing in the cultural context of Northern Ireland for the Addiction Severity Index and includes use of independent T-testing, and structural equation modeling in assessing relationships between theological concepts of understanding treatment outcomes as an indicator of harm reduction on both an individual and a societal impact level.

Statistical analysis surrounding effects of treatment identifies reductions in amounts and frequency of substance misuse through involvement in drug and alcohol treatment and aftercare. Reductions in substance use were also linked to reductions in other life problem areas to include reductions in social cost indicator variables such as employment, legal involvement and acute service within the UK health care system.

476 James Tigchelaar, RN; Caroline Brunt, RN; Liz James, RN; Janine Stevenson, RN; Yasmin Winsor, RN

WORKING WITH PEER OUTREACH WORKERS IN PROVIDING HIV/STI PREVENTION AND HARM REDUCTION SERVICES TO STREET INVOLVED POPULATIONS IN VANCOUVER, BRITISH COLUMBIA.

Issues: STI/HIV and Hepatitis C rates are dramatically over-represented among street involved populations in Vancouver's Downtown East Side. Since 1997 there has been a sustained syphilis outbreak among sex workers and their partners. Many of these people live on the extreme margins of society. The use of crack cocaine has risen dramatically among this population in the same period, as have concerns about disease transmission from increased risk behaviors and the use of unsafe smoking equipment. Providing health outreach and harm reduction services to this population presents many challenges. Most lack familiarity with or any trust in the mainstream health system, and so typically do not use it. Trust is hard won and confidences carefully kept.

Description: Since 2002 the British Columbia Centre for Disease Control has employed social network analysis to enhance STI/HIV surveillance in this population. One key component of this approach has been pairing street nurses with peer outreach workers (peers) from the impacted community in order to improve contact, and enhance harm reduction and STI/HIV prevention services to these clients during street outreach. In this presentation we will explore the benefits and challenges present when professionals and peers work together in providing harm reduction based STI/HIV services to high-risk, service resistant populations.

Conclusions: While STI and HIV rates remain high among street involved populations, the BCCDC Street Nurse Programs work with peers from the community has been highly successful. This approach has greatly facilitated trust and relationship building with affected populations, while breaking down the hierarchical relationships that traditionally exist between service provider and client. Disease follow-up has dramatically improved, and with it, prevention education. In addition, a key element of this relationship has been peer participation in the broad distribution of crack pipe mouth-pieces among users.

479 Dr Milena Stankovic, Dr Svetisla Miskovic, Dr Marija Jovanovic

HIV PREVENTION AMONG IDUS IN PENAL INSTITUTION

More than half of the HIV infected in Serbia is among IDUs. The study of IDUs conducted in Belgrade showed that the prevalence of HIV infection in that population is about 10 percent, and the prevalence of Hepatitis C about 60 percent. Most of IDUs in Serbia are living in Belgrade, or about 80%. Many experts perceive the urgent need for HIV prevention through long term interventions. The recent studies show that about the 43% of IDUs stated that they used old syringes, and in the one study 57% of interviewed IDUs said that they shared needles and syringes. One study showed that almost half of them never use condoms.

Our subjects in the project are addicts who are on the treatment in the Department for treatment of drug addiction, there is now more than 120 patients. All of them often use old needles, share syringes, needles for tattooing; they are sexually active group, often promiscuous, sometimes they have homosexual or bisexual tendencies. They often develop induced homosexuality because they are in sexually homogenous groups. They are also prone to self mutilation with sharp objects, and auto destructive behaviour in general. Besides this common

problems, we shall pay attention to the group of female patients, because of overlapping of intravenous drug use and prostitution. We shall work on control of factors that cause risk behaviour. Main project objectives are:

1. To increase the level of information about HIV
2. Counselling,
3. Decrease the risk behaviour, by helping them learn to control the factors that initiate such behaviour

482 Anh Ngo D

RAPID ASSESSMENT OF DRUG USERS IN MINORITY ETHNIC COMMUNITIES AND HIV/AIDS IN A VIETNAM-LAOS BORDER DISTRICT

Background/objectives: Ky Son- a border district between Vietnam and Laos is a hot spot of drug usage and drug trade. Limit access to information on HIV/AIDS would make border communities at risk of HIV infection. This rapid assessment aims to explore the motivation and pathway, pattern and trend in drug usage in border communities, assess their vulnerabilities to HIV infection, and suggest intervention strategies.

Methods: The research used rapid, participatory qualitative assessment methods, including focus group discussion, in-depth interview, and key-informant interview.

Results: There are two pathways leading to drug addict, that is, planting opium trees that creates traditional drug users who use non-injecting practices, and the flow of drugs trafficked from Laos that forms a group of new drug users. The pattern of drug usage is changing from non-injecting to injecting practices because the elimination of opium trees in the district since 1996 has led to a sharp reduction in opium supply. Drug usage is illegal and considered as a social evil under the Vietnamese laws, resulting in discriminatory attitudes of the general population towards drug users. This inevitably prevents injecting drug users (IDU) from access to clean needles as well as other health services, and thus they are likely to engage in unsafe injection practice and at high risk of HIV infection. Ten cases of HIV positive detected in Ky Son by Jun, 2004 were IDU.

Conclusions: Drug users in Ky Son are facing with an increased risk of HIV infection. Harm reduction strategies involving drug users, health workers, social organizations, and local government are rational approaches. The intervention should incorporate advocacy for policy support, knowledge and behavior change, capacity building/training for members of social organizations and health workers in HIV/AIDS prevention, and increasing availability and accessibility of clean needles through the needle exchange program.

483 Paul Dillon

RED MITSUBISHIS AND PMA: SORTING OUT THE SCIENTIFIC FACT FROM THE MEDIA FICTION

Ecstasy is marketed using a variety of designs, shapes and colours. During 2004 Australian health authorities issued a warning regarding 'red mitsubishis' and the possibility that these pills may have contained a particularly toxic substance known as PMA. This presentation will examine the facts behind this warning and how the Australian media responded. It will also provide information on what PMA actually is, its history on the Australian and international ecstasy scene and what effect (both positive and negative) these warnings appeared to have had on ecstasy users.

484 Paul Dillon, Louisa Degenhardt, Cameron Duff and Joanne Ross

TRENDS IN DRUG USE AND DRIVING AMONG NIGHTCLUB ATTENDEES

Authorities have recently introduced roadside drug testing in Victoria to deter driving under the influence of a variety of drugs. A survey was conducted to establish a baseline measure of trends in drug use and driving among Melbourne nightclub attendees prior to the introduction to serve as a model upon which further follow up studies, in which potential changes in such behaviours could also be assessed. This presentation will provide information on the methods with which persons attending nightclubs travel to attend venues, and the extent to which such persons may drive after consuming illicit drugs. The implications for harm reduction will also be examined.

485 Paul Dillon, Jan Copeland and Michael Gascoigne

RECREATIONAL PHARMACEUTICAL USE AMONG ECSTASY USERS

Anecdotal evidence suggests that party drug users are using a range of pharmaceutical drugs and supplements to increase the effects of, counter the negative consequences of, or recover from ecstasy or other party drug use. This study aimed to assess party drug users' beliefs, behaviours and attitudes surrounding such combinations. A larger study of 216 ecstasy users was used to identify a sub-sample of ecstasy users who had deliberately mixed ecstasy with a

pharmaceutical and/or supplement. SSRI antidepressants, prescribed stimulants (e.g. Ritalin), benzodiazepines and Viagra were most likely to be reported being used by this sample as being used in conjunction with ecstasy for an effect. More information needs to be provided to ecstasy users regarding the risks of mixing their drug of choice with pharmaceuticals and supplements, particularly the risks involved with using SSRIs (serotonin syndrome) and MAOIs (hypertension). These findings will inform the development of the policy and practice of harm reduction among current and future party drug users.

486 kamiar Alaei, Arash Alaei

MULTILATERAL AND MULTISECTORIAL APPROACH ON HARM REDUCTION, A FOUR-YEAR REVIEW OF KERMANSHAH EXPERIENCE.

Issue: Providing HIV positive IDUs with Harm Reduction services, and medical and psychosocial supports often meets significant skepticism by professionals and the community. The Kermanshah experience demonstrates that comprehensive support to HIV positive IDUs is feasible and highly effective.

Setting: Kermanshah is a city of 2,000,000 inhabitants in the North west of Iran, among them estimated 1% drug injectors. Until 2004, the majority of HIV cases have been in drug users. Until 1999 Support to drug users living with HIV/AIDS was virtually absent. Suicide was the major cause of death in people living with HIV/AIDS.

Project: The establishment of the multilateral and multisectorial community based center followed consultations with religious leadership and other stakeholders. The Harm Reduction and HIV prevention and care works are based on a peer approach in different levels to motivate policy makers and support drug users and their families. It embraces educational, harm reduction and medical and psychosocial support services. In the four years following October 2003, HIV counseling and testing were performed among IDUs. Of those 15% was HIV positive, taking the number of 800 new HIV positive patients. HIV/IDUs received different medical care such as TB, PCP prophylaxis and HAART. Individually and family counseling session are held. Needles & syringes exchange, Methadone Maintenance programs and condoms distribution are available for the clients in the centers and in outreach services.

Outcomes and lessons learned: Harm Reduction and ARV treatment was well adhered among HIV/IDUs. No seroconversions were reported in the wife's of 60 HIV positive male patients. Many clients were attracted that were formerly not in contact with health care centers. This small-scale project demonstrates the feasibility & effectiveness of comprehensive multilateral HIV/AIDS care and support for drug users.

489 Shanmuganandan

HIV/AIDS INFECTION AND INTRAVENOUS DRUG USERS IN INDIA: UNDERSTANDING THE EPIDEMIOLOGICAL PERSPECTIVE AND IDENTIFICATION OF MAJOR SOCIAL DIMENSIONS AND PLANNING FOR PREVENTION AND CONTROL

Potential scale of the HIV epidemic is very alarming. Even with less than 1% infected, India recorded 3.97 million living with HIV in 2001 - the second highest in the world after South Africa. India has 1.2 million children orphaned through Aids, more than any other country. Prevalence of HCV & HBV infection amongst HIV seropositive intravenous drug users & their non-injecting wives in Manipur, India. This study showed for the first time a high prevalence of HCV (92%) and HBV (100%) infection amongst the IDUs in Manipur. Stringent control measures to prevent the transmission of hepatitis viruses (B and C) are urgently required in Manipur. HIV infection in India is concentrated among poor, marginalized groups, including commercial sex workers, truck drivers, migrant laborers, men having sex with men, and injecting drug users. Transmission of HIV within and from these groups drives the HIV/AIDS epidemic, and infection is spreading rapidly to the general community. HIV has risen to high levels among those were more than 4 million HIV-infected Indians (about 1 percent of the adult population). practicing the riskiest behaviors and is set to spread more widely in the rest of the population. HIV is widespread among injecting drug users in the northeastern states of Manipur and Mizoram and is spreading to their sexual partners. The prevalence of HIV/AIDS found in antenatal clinics in Manipur has reached 2 percent. HIV is well established among sex workers and patients in clinics for sexually transmitted diseases in much of southern India, including the populous states of Maharashtra and Tamilnadu. About 90 percent of the total reported AIDS cases occur in the sexually active and economically productive 15-44 age group. The predominant mode of HIV transmission is through heterosexual contact, followed by intravenous drug use.. Trends showed that it is spreading from urban to rural areas.

491 Barnice Muthoni Nderitu**INSPECTION OF DRUGS AND ALCOHOL CONSUMPTION IN WORKPLACES**

BACKGROUND: Despite a superficial knowledge gathered from the media, employees are largely ignorant about drugs and alcohol particularly how they affect their performance in workplaces. Planning and conducting training sessions is a skill, which comes in handy to the employers. The trainers, emphasizes the positive goals of documentation and job intervention to make clear how the employee is helped, how the workplace is made to function more efficiently and profitably and how the management position is enhanced.

METHOD: Implementation challenges of the drug and alcohol programs in the workplaces and analysed. Use of questionnaires to denote the problems affecting the employees in workplace and their decision on alcoholism and drug use.

RESULTS: Conflict between the employer and employee is reduced when drug related problems are avoided. Job performance improves when management is involved in providing, the solution which replaces ignorance with knowledge.

CONCLUSION: There is need for education about effects of drugs and alcohol abuse in workplaces, in order to improve productivity. The management should formulate organizational drug policy in order to reduce the chances of employee becoming captives of drugs and alcohol. I humbly request for scholarship

493 Philip Karimi Kariuki**RESPONSE TO ALCOHOL ABUSE IN THE CONTEXT OF HIV/AIDS.**

BACKGROUND: In the new Kenya National Strategic Framework for HIV/AIDS 2000-2005, alcohol abuse has been identified as a major risk factor. The challenge is how to translate the specific objectives in this key strategic document into a coordinated national multisectoral response to alcohol abuse in the context of the epidemic.

METHOD: The government of Kenya and National Agency for Campaign Against Drug Abuse (NACADA), facilitated a process to mobilize and build capacity for a comprehensive national programme addressing alcohol abuse as a risk factor for HIV transmission. Health workers and CBO's were selected to pilot community mobilization exercise. Baseline qualitative data were collected through rapid community assessment, focus group discussions and key informant discussions with youth students owners and clients of beer halls and restaurants as well as local political and traditional leaders.

RESULTS: Mobilisation of young political leaders, focus on parliament, liquor industry, the media and key stakeholders within and across the sectors played an important role in reducing alcohol abuse. Useful Co-ordination between centres with well-established protocols has helped to disseminate knowledge to the grassroot level communities on usefulness of alcohol as a drug hence reduction in its abuse.

CONCLUSION: NACADA experience with catalyzing a comprehensive response to alcohol abuse is a model for other nations in building public-private partnerships to address alcohol abuse from a multisectoral and culturally sensitive perspective. I kindly request for scholarship.

496 Tjahjakaerani, Sylvia**TRAINING ON HARM REDUCTION FOR POLICE OFFICERS IN INDONESIA**

Issue: The seriousness of HIV epidemics among IDU and also the risk of transmission to other population, become a focus of concern from various stakeholders. Commitment from inter sector government has been emerged recently, while Police Institution begin to commit. To speed up the process of commit, AHRN dedicate Training of Police officer about Harm Reduction to this Institution. Training of staff in this agency is a potentially effective way to increase cooperation and support for harm reduction intervention, especially in the grass root level.

Setting: AHRN , National Narcotics Board (BNN) and HR-ASA Project, works in 5 provinces in Indonesia to deliver comprehensive model of HIV/AIDS Prevention training for Law enforcement. For sustainable and duplication reasons, this training will be adopted to National Police Curriculum.

Project: The project aim to change behavior of Police officer. From suspicious with Harm Reduction's NGO activities to support and in Harm reduction activities. The project involved the following stages: conducting a need assessment for Harm Reduction training, development of training manuals, try out training, and implementation of participatory training courses

Outcomes and lessons learned: Organization commitment should represent not only by high level individual in Police Department, but it should be represent from all level in its organization. Training on Harm Reduction for Police Officers in Indonesia speed up their acceptance and support in Harm Reduction activities in Indonesia, especially in grass root level. As more people in this Institution become understand and support to Harm Reduction, this gradually become an Institutional commitment.

499 S.Grisoryan, A. Hakobyan, A.Papoyan,**ACTIVITIES ON HIV/AIDS PREVENTION AMONG IDUS ENVISAGED BY THE NATIONAL PROGRAMME ON HIV/AIDS PREVENTION IN THE REPUBLIC OF ARMENIA(RA)**

Issue: From 1988 to October 1, 2004, 291 HIV carriers were registered in the RA. The main mode of HIV transmission is injecting drug use (51.8%). In recent years, a considerable increase in the number of cases of infection through injecting drug use is observed. According to the data of Second Generation HIV Surveillance conducted in 2002, HIV prevalence among IDUs is about 15%. That is why HIV/AIDS prevention among injecting drug users is a separate goal of the National Programme on HIV/AIDS prevention.

Setting: The first time in Armenia needle exchange activities were envisaged by the National Programme on HIV/AIDS Prevention in the Republic of Armenia.

Project: One of the Programme objectives is to reduce spread of HIV/AIDS among IDUs and, consequently, among general population, to combine the issues of HIV/AIDS prevention with the issues of primary drug use prevention. It includes three strategies: cutting down in drugs delivery, harm reduction of non-medical drug use and primary and advanced prevention of drug use. Activities, conducted according to the strategies are: to strengthen control over illicit drug production, transportation, storage and sale, to raise awareness of vulnerable population groups and general population, to promote safer sexual behavior, using peer education, to form self-help groups, to design and introduce pilot needle exchange projects, to develop and introduce drug use prevention issues into the education programmes, to build a rehabilitation system for drug users.

Outcomes: As a result of the Programme implementation 80% of IDUs will have access to information and exhibit safer sexual behavior; peer education will be provided, self-help group will be formed. At the end of the Programme implementation 80% of population vulnerable to drug use will have access to the information on drug use prevention. The expected impact of the Programme implementation is reducing HIV prevalence among IDUs to 7%.

501 Gustavo Lafarge; Oscar Montenegro**HARM REDUCTION PROGRAM FOR USERS OF HALLUCINOGENIC MUSHROOMS IN ROSARIO, ARGENTINA**

Drug consumption in Argentina continues to grow and display new facets. The rise in popularity of hallucinogenic mushrooms is an example of this. Silvestre mushrooms grow in abundance in the countryside around Rosario, very close to urban centres. They are therefore very easily accessible and cheap, and are even more popular when there is a lack of other substances, for example marijuana and cocaine.

Many users of hallucinogenic mushrooms do so with little or no knowledge of potential health hazards. For example gastrointestinal complications of taking decomposed mushrooms. Drying the mushrooms out can help prevent this from taking place. Another risk is that there are other similar mushrooms which may be unwittingly taken, some of which are poisonous. Information about which mushrooms are safe or unsafe would help to avoid this. Also it has been suggested that a negative experience with hallucinogenic drugs can trigger a psychotic episode in susceptible individuals.

In Argentina, the law 23.737 penalizes the possession of drugs even if it is for personal consumption. Internationally it is prohibited to be in possession of dried hallucinogenic mushrooms

Another issue is that mushrooms are often mixed with other drugs, for instance alcohol, marijuana and cocaine. It has been shown that in order for the user to avoid a negative experience the environment and company in which the drug is taken is important.

Hallucinogenic mushrooms are prevalent in many cities in Argentina, among them Córdoba, Buenos Aires and Santa Fe. We have looked at the situation in Rosario, Province of Santa Fe, whose countryside is abundant with hallucinogenic mushrooms in spring and summer.

We hope to establish who is using mushrooms, create a database of photographs of the mushrooms being used and similar mushrooms that may be toxic, and assembling and disseminating this information. The final task would be to plan harm reduction workshops with the aim of tackling problems and applying models of harm reduction in relation to new consumers, the law, etc

503 Oscar Montenegro; John Roche**IDU HARM REDUCTION OUTREACH PROGRAM IN ROSARIO, ARGENTINA**

Drug abuse is increasing in prevalence in Rosario, Argentina, particularly with the worsening economic climate. Cocaine is widely abused with injection being a popular form of administering the drug. This has become a leading cause of the transmission of HIV. Injecting equipment is often shared. Another key issue is the lack of employment or stimulation that exists in the poorest areas. With limited

resources the main issues addressed are reducing the transmission of HIV and providing access to education and employment. Politically, people with drug addictions are marginalised, and this further inhibits their ability to seek healthcare and employment.

CEADS (Centro de Estudios Avanzados de Drogadependencias y SIDA - Centre of Advanced Study of Drug Addictions and AIDS) and ARDA (Asociación de Reducción de Daños de Argentina - Argentinian Association of Harm Reduction) have established projects and undertaken research in these areas.

They have established open access centres located within the affected zones which provide a refuge for people affected by drug addiction and where information and equipment (injecting kits, condoms) are distributed. They also seek to empower the drug users within these areas to continue to disseminate information themselves, and by providing rudimentary employment and education in an attempt to boost self esteem and self-reliability of the service users.

The established centres have undoubtedly been successful and their growth is limited only by available resources. Feedback from the service users is positive, and as more drug users use the service, knowledge about the causes and prevention of HIV and AIDS is further widespread. By providing employment such as making and selling bread, raising plants and animals and craft work, it has improved the quality of life of the service users, many of whom face a daily battle with hunger, poor sanitation etc.

505 Holly Hagan, Jennifer Campbell, Hanne Thiede, Steffanie Strathdee, Lawrence Ouellet, Farzana Kapadia, Sharon Hudson, Richard Garfein HCV AWARENESS IN YOUNG INJECTORS

Background: The purpose of this analysis was to assess the accuracy of self-reported hepatitis C virus (HCV) antibody status in injection drug users (IDUs), and examine whether awareness of HCV-status was associated with recent injection risk behavior.

Methods: A cross-sectional analysis of baseline data obtained from 3106 young HIV-negative IDUs 15-30 recruited through street and agency outreach, targeted advertising, respondent-driven recruitment and referral from other research studies. Study sites were located in 5 US cities (Baltimore, Chicago, Los Angeles, New York, and Seattle). Audio computer assisted self-interviewing was used to collect data on subject characteristics and risk behavior during the recent three months prior to enrollment. HIV and HCV antibody testing were also performed.

Results: Only 28% of all HCV-positive young IDUs knew they were HCV-positive. A history of drug treatment or needle exchange use was associated with awareness of HCV-serostatus. HCV negative IDUs who knew their serostatus were less likely to inject with a syringe used by another IDU or to share any drug preparation equipment, compared to other HCV-negative subjects (OR=0.5) and HCV-positives aware of their status (OR=0.5). Awareness of HCV serostatus was not related to risk behavior among HCV-positive individuals.

Conclusions: A low level of detection of an endemic disease (HCV) was found in these young IDUs, suggesting that expanded availability of HCV screening is needed for this high-risk population. The importance of screening is underscored by the finding that it may increase motivation for HCV negative IDUs to inject more safely. Further research is needed to understand whether updated and standardized HCV counseling and education protocols may reduce transmission risk behavior among HCV-positive injectors.

506 Gustavo Lafarge; Oscar Montenegro

OUTREACH WORKERS IN HARM REDUCTION IN POOR AREAS OF ROSARIO, ARGENTINA

ISSUE: Harm reduction and AIDS prevention in intravenous drug users. Injecting has become a popular form of administering cocaine, up to 7,000 people currently use this method in Rosario (pop 1,000,000). Politically, the drug users are marginalised which further inhibits their ability to seek education and healthcare.

DESCRIPTION: Centres have been established with the affected zones which provide counselling, free distribution of clean injecting equipment and condoms. They also provide information about how to reduce the risks associated with drug use.

LESSON LEARNED: Feedback from the service users has been very positive, and the number of users continues to increase, allowing more and more people access to information, clean equipment and condoms. The popularity of the centres has shown that there is a great need for this type of service and that there is a need for more centres.

RECOMENDATION: More resources need to be directed at this type of service to increase the number of centres and outreach workers. Helping prevent the spread of HIV, Hep B etc at this level is essential to halting the continued growth of the disease.

511 Brian Long

A COMMUNITY PERSPECTIVE ON HARM MINIMISATION

This paper tells the story of Harm Minimisation from the different perspectives of a variety of stakeholders.

Cabramatta is a small multicultural community in Sydney Australia. The community in Cabramatta has suffered the impacts of illicit drug use and the associated impacts of crime and antisocial behaviour since the earlier nineties. Over 100 people died from overdose in a 3 year period. In 1996 Council in partnership with State government, non government agencies and the community attempted to reduce the impacts of drugs using a Harm Minimisation approach.

Initially the government was telling the community how it should respond and implemented a range of actions around treatment services, supply reduction, education and economic development.

Location and operation of services including counselling, needle and syringe programs and methadone services proved problematic and created huge tensions between health providers, police, business operators and the community.

During this time Council developed its first Drug Policy in 2000 and over the past year has been reviewing the Policy in response to the changing situation in Cabramatta and the willingness of community to demand an improved approach to harm minimisation.

The Policy attempts to recognise the different views of Harm Minimisation amongst sections of the community and has been heavily influenced by the maturing of views amongst the stakeholders.

This paper provides an overview of the establishment, operation and eventual closure of one of two crucial treatment services. The first involving counselling/needle & syringe programs and the second a methadone treatment facility created enormous tensions. The first has closed.

The isolated location of the second created such tension it may never be built and yet the up to 200 clients are waiting to access drug treatment services. It is an example of why government needs to embrace the needs of the community in addressing drug issues.

513 Ajaz Akhtar, Muhammad Aslam & Khalil-ur-Rehman

DISCRIMINATION AND STIGMATIZATION: THE BARRIERS PREVENTING DRUG USERS FROM HARM REDUCTION IN PAKISTAN

Stigmatization and Discrimination against drug users are still among the main obstacles in the response to HIV/AIDS epidemic. The promotion and protection of human rights constitute an essential component in harm reduction related to drug addiction. Adopting of human rights approach ensure people who are more vulnerable to infection and at the same time to have disadvantaged, to access to necessary services to protect them selves. This includes securing correct information, affordable health care, appropriate social support, and protecting against violence and discrimination.

OBJECTIVE: To explore the level of human rights violation related to drug users.

METHODS: The study was conducted in Faisalabad city; during the year 2003. A well-structured questionnaire was constructed to explore the research objectives.

Results: 120 drug users were enrolled in the study. 80% of the respondents started abusing drugs when their family, culture and spiritual relations were broken down. 85% said that they were rejected by their families and friends. Seventy percent were on the roadsides. 30% of the addicts supported their living and addiction by involving in begging, minor nature thefts and drug trafficking. 65% of the respondents said if caught during police crackdown, they were kept on landing in the prisons, no family members or agency helped them out of the prison. No employer is ready to accept them even on daily wages. Many addicts got their job lost because of their drug addiction. All addicts said that they are the human beings but the society does not accept them human beings.

CONCLUSIONS: The drug addicts are deprived of their human rights. They continue to live in their own world and are the permanent potential source of HIV/AIDS transmission.

The policy must involve the whole community for healing and restoration of drug addicts. An education campaign should be launched to reduce the discrimination and stigmatization.

514 Ajaz Akhtar, Muhammad Aslam and Khalil-ur-Rehman

UN-SAFE INJECTION PRACTICES OF DRUG ADDICTS IN PAKISTAN

BACKGROUND: Drug addicts are already at higher risk to diseases like HIV/AIDS, STIs, Tuberculosis and Hepatitis B & C but the other harms due to unsafe injections practices also adding more serious health hazards to their lives.

OBJECTIVE: To identify the risk factors during injection practices among drug users. **METHODS:** During the year 2003, ninety six drug users were enrolled in the study from Faisalabad city. The study tools included in-depth interviews, focal group

discussions and observation.

Results: 98% were using contaminated syringes. Intravenous route of administering was the most common. 95 % was using single separate syringes. That syringe was used for more than one day and more than three times. They were administering injections on their neck, penis and groin regions, in cases of non potency of other veins. Almost all respondents were not cleaning properly the injection site but it was done primarily to spot the vein. No one was washing hands before injecting. Sixty four percent of the respondents were repeatedly injecting into the same injured and infected veins. Forty four percent of the respondents were having injection wounds, requiring surgical minor interventions.

95% were using different combinations of legal pharmaceutical products such as Injection Diazepam, Injection Chlorpheniramine and Injection or tablets of morphine. Tablets were 1st dissolved in 5 cc tap water by heating in a dirty used injection vial. They were using this solution (after filtration with piece of cloth) with the other two injections.

CONCLUSIONS: The unsafe injections practices are full of harms to the lives of drug addicts and are the main causes of amputations of the legs due to blockage of the veins, sudden blood loss, abscesses and deaths. Simple preventive measures could save them.

SUGGESTIONS: Video base, safe injection practices program is the best strategy to educate the drug addicts.

515 Joze Hren

RISK BEHAVIOR IN SLOVENE PRISONS

No systematic and general investigation of risk behavior in Slovene prisons has been done so far. Only limited data existed about prisoner risk behavior. With the aim to support the development of prison prevention activities and mechanisms and to measure their effectiveness, two government and one non-government organization conducted research, with full support from the Slovene Prison Administration.

A written Slovene language questionnaire consisted of quantitative data about sex, violence, drug use and tattooing was prepared. Over 450 male and female prisoners, juveniles and adults in fourteen facilities participated in the survey made in 2002/03. Report was published in 2004.

Results:

Condoms were not available to 16% of prisoners. 62% of respondents had no sex in prisons. Psychological violence was reported as most widely spread form of violence by 29% prisoners. 17% had experienced physical violence. 19% of respondents have ever injected a drug in their lives, of those, 10% of inmates injected in current prison - important variances were reported in drug use from different prisons (0-24%); 5% of prisoners reported taking and/or passing on used injecting equipment. 22% of respondents had a tattoo made in prison, of them 2% with used needle.

Despite limitations of self-reporting from prisoners, there is strong evidence that risk behavior exists in Slovene prisons. This data conservatively describe the nature and extent of such risks and consequently form a basis for development of more sound and pragmatic responses.

517 Chris Ford; Brian Whitehead; James Oliver

DEVELOPING PATIENT/CLIENT CENTRED CARE FOR DRUG USERS - WORKING WITH THE PATIENT FOR OPTIMAL TREATMENT OUTCOMES

The founder of client centred psychotherapy, Carl Rogers, suggested over sixty years ago that it was more effective to focus on the person behind a presenting problem as opposed to diagnosing and interpreting behaviour. He went on to identify a set of attitudes that practitioners could develop in order to facilitate a successful helping relationship.

The specific attitudes of Unconditional Positive Regard, Empathy and Congruence combine to create a non-judgemental and safe psychological climate that facilitates individuals to make positive changes in their lives. Research in this area has consistently emphasised the importance of these relational factors in forming successful helping relationships.

This paper challenges practitioners in the drugs field, and health professionals generally, to reflect upon what it means to view someone as a 'drug user' or an 'addict' in order to identify deep rooted personal and cultural attitudes which can prevent genuine acceptance of people with problems or behaviour we may view as unacceptable. Can we always blame 'drug users' themselves when they do not engage with services or do we need to question the attitudes experienced by a vulnerable and stigmatised population when they begin to ask for help?

Using illustrations of client experiences this paper explores how negative attitudes towards 'drug users' pervade not only general health services but also some specialist services.

Using a series of case studies we also begin to look at extending the influence of patient/client centred principles more fully to the support of drug using patients

in a primary care setting. The aim is to demonstrate how the relationship with patients can be utilised as a positive part of treatment facilitating engagement with the full range of treatment options including harm reduction initiatives and the range of substitute prescribing.

518 eudora wajiri

BARRIERS TO HIV PREVENTION AMONG IDUS IN MEGHALAYA STATE INDIA

Issue: There are no HIV testing or surveillance facility, no form of treatment, HIV interventions or health services for IDUs. As the number of IDUs is rising significantly from the mid nineties, local CBOs have responded to drug use as a social issue by launching drives against drug users. Timelines were fixed for drug users to stop their use or they face serious consequences of being physically assaulted with incidents of death in one of the cases. Drug users are dumped to the District jail or to treatment facilities outside in some cases. Needles and syringes are banned by CBOs from being sold to IDUs. Hence the IDUs are a highly marginalised population with no access to sterile injecting equipments. It is likely that an HIV epidemic among IDUs and their sex partners is exploding.

Setting: Jowai is a town located 60 Kms from Shillong the state capital of Meghalaya state, in the North East of India. It is home to most of the injecting drug users in the state. White heroin is the main drug injected followed by brown sugar and pharmaceuticals.

Project: Voluntary Health Association of Meghalaya (VHAM) opened a DIC for drug users in March 2002 with counselling, referrals, peer education and support group activities. Outreach by peers to the district jail, schools and the community was the main strategy of this project along with community information programmes.

Outcomes: The programme has been well accepted by the IDU population as former drug users are involved in reaching out to them. But still the service is restricted to only information, education and counselling and no means or treatment. Need intensive sensitisation immediately and initiate harm reduction activities like needle syringe programmes as a emergency response as sharing of needles and syringes is very high.

521 Lintzeris N, Patterson S, Mitchell TB, Cordero R, Nestro L, Strang J

VALIDATION OF TECHNIQUES TO DETECT ILLICIT HEROIN USE IN PATIENTS PRESCRIBED PHARMACEUTICAL HEROIN FOR THE MANAGEMENT OF OPIOID DEPENDENCE.

BACKGROUND: The clinical implementation and evaluation of heroin substitution programs have been confounded by the lack of objective and validated biomarkers for illicit heroin use in patients prescribed heroin. This study examines the capacity for detecting illicit heroin use by examining for opioid impurities that derive from the opium poppy using GCMS analysis of urine samples.

AIMS: To characterise the diagnostic properties of the metabolites of noscapine and papaverine in comparison to morphine as a gold-standard marker of illicit heroin use; and to examine the relationships between the self-reported time since most recent heroin use and the detection of these opioids in urine.

DESIGN: A cross sectional study of 52 opioid dependent patients in treatment (not prescribed heroin) self-reporting illicit heroin use within the preceding 2 weeks. Self-report data regarding recent drug use and a urine sample were collected. GCMS analyses of urines were conducted and reported by laboratory staff blinded to self-report data.

FINDINGS: The metabolites of papaverine (hydroxypapaverine and dihydroxypapaverine) were found to have high sensitivity, specificity and negative predictive values as markers for illicit heroin use compared to the ‘gold-standard’ morphine. Other opioids, including 6-MAM, codeine and the metabolites of noscapine (e.g. meconine) were less adequate in detecting heroin use.

CONCLUSIONS: GCMS detection of papaverine metabolites in urine appears to be suitable method of identifying illicit heroin use for clinical and research purposes.

523 presenting author; naresh pandit ,coauthor; shyam b.k

HIV/ AIDS PREVENTION AMONG ADOLESCENTS AND YOUTH THROUGH SCHOOL PROGRAMME IN CENTRAL NEPAL

BACKGROUND; for an underdeveloped country like nepal the burden of HIV / AIDS is devastating. Numerous studies and intervention programme has been conducted to increase the knowledge and improve attitudes related HIV/AIDS STI'S among school youth and teachers through peer education , making access to condoms and STI'S diagnosis and treatment.

METHOD; Different schools of kathmandu valley were selected and a study was conducted to asses the knowledge , attitude and practice of high school students regarding HIV/AIDS. The tool for assesment was a closed ended questionnaire both before and after study by M.B.BS STUDENTS AND DOCTORS . Along with students

were trained as peer educators through classroom activities and teachers were trained to conduct gender sensitive sexual and reproductive health education, STI's/HIV and their prevention.

RESULTS; Knowledge on some aspects of disease was quite low in the study group 40.5% had prior knowledge of STI's and 16% knew that it was curable 47.1% knew that infected blood could transmit HIV/AIDS. SIMILARLY 37.65 % knew that there was no vaccine and sex with one reliable person could prevent the disease.

CONCLUSION; programme brought about statistically significant positive changes in the knowledge and attitude regarding HIV/AIDS and therefore recommended regular school health education and training programme to students and teachers. However strategies should also be directed at bringing about behavioural changes in sexual practice by implementing reproductive health education programme through school health curriculum.

524 Gintare Cepukaitiene

HIV/AIDS THREATS AND NEEDS OF MARGINALIZED POPULATIONS IN KAUNAS, LITHUANIA AS PERCEIVED BY LOCAL DRUG USER COMMUNITY REPRESENTATIVES

Kaunas is the second largest town in Lithuania. Since it is quite small, injecting drug users (IDUs) from different society strata are related.

There are preconditions of HIV/AIDS spread in Kaunas. Among other indicators, it also could be seen from blood screening results among methadone program clients in 2001. No HIV cases were identified among 58 clients tested; 100% of screened persons had Hepatitis C virus.

In spite of threatening situation, IDUs continue to inject narcotic drug unsafely. In 2002, a big HIV testing campaign revealed HIV outbreak in Alytus prison, one of the major Lithuanian penitentiary institutions. Former inmates released before testing campaign continue active injecting drugs. Only a few seek to find out their HIV status. But tests that would be conducted in an acceptable to drug users way are carried out only in Vilnius, the capital city of Lithuania. Those drug users who are aware of their status do not share results since they are afraid of discrimination both within drug users' community and in society. Myth HIV=AIDS=DEATH is dogma.

At the moment IDUs and patients of methadone therapy are not sure about their HIV status. Out of 14 surveyed people only 2 were sure about HIV status and only one have heard about life-saving antiretroviral therapy (ART).

The situation might become unmanageable if HIV testing is not improved. It is necessary to start needle syringe exchange programs in drop-in center or through mobile unit. Also it should be developed and published materials on HIV prevention, ways of transmission, safer injecting drug use, as well as increase awareness about ART. All this information should be provided in a language which would be understood by common drug user.

Seminars for initiative methadone patients and active drug users should be conducted in order that they would further spread information via peer-based approach.

This should be focus of Kaunas self-help group of drug users using competence of consultants from Vilnius and other places where the above state issues are addressed.

525 Andrei Kozlov, Alla Shabolts, Sergei Verevchkin, Olga Tousseva, Irving Hoffman, Robert Ryder, Ben Masse, Tom Perdue

ESTABLISHING A COHORT STUDY AND EVALUATING OF HIV PREVALENCE AND HIV INCIDENCE RATES AMONG INJECTION DRUG USERS IN ST. PETERSBURG, RUSSIA

Unsafe drug injection practices are the major route of HIV transmission in Russia since 1996. Cross sectional investigations suggest a rapidly rising prevalence, but to date no longitudinal cohort data exist.

The NIH HPTN 033 study was designed to evaluate HIV prevalence and HIV incidence rates among injection drug users (IDU) in St. Petersburg, Russia. HIV uninfected IDU with a history of injecting > 3 x week for the last month or sharing injection equipment > 3 times in the last 3 months were enrolled and followed for 12 months. HIV testing, along with collection of demographic and behavioral data occurred at enrollment, 6 and 12 month visit.

During 10 month of screening period (March - December 2002) 520 HIV negative IDU were enrolled into the cohort from 898 screened individuals. The baseline HIV prevalence turned out to be 30%. At enrollment, 96% injected heroin in the last 3 months. HIV incidence rate after 12 months of follow up period reached 4.5% (20 cases of seroconversion). The most significant predictor for high HIV risk was amphetamine use. One-year cumulative rate of HIV positive participants among the heavy users of the amphetamine (3 or more times per week) was 17.9%; while those who use amphetamine less than 3 times per week experienced a rate of 3.1%.

As the most effective recruitment method was found the combination of strategies: facility based, outreach, social network approach.. Retention rate at the 12 month visit was 80%. The most frequent reasons for a 12-month visit not being

completed were participant's moving, incarcerations and deaths.

The rates of HIV prevalence and HIV incidence among IDU in St. Petersburg indicates the worst IDU-concentrated epidemics in Western Europe and North America. HIV prevention interventions focused on IDU are urgently needed.

526 Russell, Brennan, Driscoll, Phillips, Keasey.

CLIENTS SUBJECTED TO COURT ORDERS FOR OFFENDING: WHAT WORKS BEST?

Background and Aim: In 2003, a nationwide study found that only 28% of offenders successfully completed their Drug Treatment and Testing Orders (DTTO) (National Treatment Agency, 2004). However, some agencies have a higher percentage of clients who successfully complete orders. For example, at the Bath and North East Somerset division of the Drugs and Homeless Initiative, 6/10 clients successfully complete their DTTOs. Given the government's goal to improve success rates to at least 35%, it is argued here that it is essential to disseminate models of intervention which elucidate what works best in assisting clients to successfully complete court orders. Notwithstanding the relatively small number of DTTO clients that enter the Drugs and Homeless Initiative, the aim of this presentation is to examine in detail what was effective in assisting clients to successfully complete their DTTOs.

Methods: The sample comprised all clients who completed their DTTOs between the years 2001-2003 (n=10). Qualitative case studies were employed as a method of analysis. Case studies were supported through the descriptive analysis of Christoforou Inventory for Substance-misuse Services measure data.

Results: The findings revealed core factors in client, case worker and probation reviews that were associated with successful completion of DTTOs. These factors included effective assessments of client motivation, duration of the order, observed drug testing and harm reduction strategy, and significantly, the transition from the order towards continuing support within the agency in a non-DTTO capacity.

Conclusions:

Nationally, the findings have important and topical implications for policy-makers regarding 'what is effective' for the successful completion of an offender subject to treatment as part of a court order. Locally, the dissemination of the findings has been essential to facilitate dialogue in planning treatment strategies between the client, the treatment agency, Drug Action Team, and those involved in criminal justice intervention teams.

527 Md. Nazmul Sharif

EMPOWERMENT OF DRUG USERS: IN THE THANA LEVEL OF BANGLADESH

Objective: Enhance empowerment among street-based Drug Users to reduce vulnerability to protect himself and HIV.

Strategies: CARE-Bangladesh's HIV Program has incorporated strategies to increase empowerment of drug users in one drop-in-centers in Ishwardi, Pabna. These help drug user to rely on Cleaning himself, identify his own identity, skilled on vocal himself, aware about their rights, they can able to unity their self.

The strategies include:

1. Bathroom facility at DIC - Bathroom facility at DIC to clean their self and adjust their identity of others people as like.
2. Counseling - Drug user are not aware of any thing about their health, (Physical and mental sickness), acceptances about their family and locality, Counselor tries to understand their self about these issues.
3. Detoxification Camp -CARE organized time to time detox camp for their deduct the addiction.
4. Try to organize a shelf help group for empowerment & capacity building.
5. Additional livelihood - To supplement their income, skills training is provided in areas such as sewing, tailoring, and cooking.

Lessons Learned:

1. Organized a shelf help group a key incentive for them to learn how to organized a group, how to resolution form and how to established an own identity.
2. As their earnings are now placed in a secure place, Drug users who maintain accounts have improved their saving patterns.
3. Acquiring knowledge on other skills has empowered them too able to talk about their rights and other issues.

Conclusion: Simply providing awareness on HIV/AIDS and access to STD management will alone not eliminate the HIV/AIDS epidemic. Unless the drug users are economically empowered they will be unable to negotiate to practice safer injecting, sex and raise themselves out of a marginalized status.

528 Phillips, Russell, Brennan.

CRIME IN THE COMMUNITY: MEETING THE NEEDS OF A HARD-TO-REACH GROUP

Background and Aim: The National Treatment Agency prioritises the development

of services for hard-to-reach groups who misuse drugs and may be involved in crime (NTA, 2004). However, research about people who misuse substances and commit crime who are not known to criminal justice services is wanting despite this topical priority. This presentation argues that in order to promote effective service provision for this group, an accurate representation of the needs of this cohort is essential. Thus, the aim of this presentation is to develop profile descriptions of this cohort.

Methods: The sample comprised 59 clients who attended the Bath and North East Somerset division of the Drugs & Homeless Initiative for an assessment but did not subsequently engage in services. Criminal involvement and substance use data were collected using the Christo Inventory for Substance-misuse Services measure. Inferential statistical procedures, including t-tests and Spearman's rank correlation coefficient tests of association were employed to analyse the data.

Results: Findings revealed 2 core profiles separated by the severity of substance use and statistically significant differences in housing and health status, and, the frequency of criminal involvement. Half of these people shared a core profile that was typical of clients involved with criminal justice intervention teams. Despite this, the needs of this cohort were not being met since there was no formal identification of these people as 'offenders' and treatment services had not successfully engaged these people in services.

Conclusions: There are important implications for treatment agencies who are developing harm reduction services for these hard-to-reach groups. The presentation offers an original framework that matches services to the needs of this (little known about) cohort. It is anticipated that a flexible and inclusive strategy that bridges treatment agencies with community and criminal justice services is the first step in offering this cohort support to address problematic substance use.

533 Tim Rhodes

HCV PREVALENCE AND RISK AMONG INJECTING DRUG USERS IN RUSSIA: A THREE-CITY ANALYSIS

HCV prevalence and risk among injecting drug users (IDUs) in Russia: A three city analysis. Tim Rhodes,¹ Lucy Platt,¹ Svetlana Maximova,² Evgeniya Koshkina,³ Natalia Latyshevskaya,⁴ Anya Sarang,⁵ Matthew Hickman¹

1. The Centre for Research on Drugs and Health Behaviour, and Unit for International Public Health and Development, Imperial College, London; 2. Altai State University, Barnaul, Russia; 3. National Scientific Centre on Drug Addiction, Moscow, Russia; 4. Volgograd Medical Academy, Volgograd, Russia; 5. Central and Eastern European Harm Reduction Network, Lithuania.

Aim: To establish HCV prevalence, and associated risk factors, among IDUs in Barnaul, Volgograd and Moscow, Russia

Methods: Between September and October 2003, 1,473 IDUs were recruited in an unlinked anonymous cross sectional survey in Moscow (n=455), Barnaul (n=501), and Volgograd (n=517). All IDUs were community-recruited, completed an interviewer-administered questionnaire, and provided oral fluid specimens for HCV testing.

Results: HCV prevalence was 68.2% in Moscow (95% CI 63.8-72.9%, 296/434), 53.9% in Barnaul (95% CI 49.0%-58.3%, 263/488), and 69.4% in Volgograd (95% CI 66.0-76.3%, 354/510). Almost all HCV positive IDUs were also HIV positive. In adjusted models in each city, the odds of HCV were higher in IDUs reporting injection of home produced drugs. There was some indication of increased odds in each city associated with paraphernalia sharing in general or front-loading in particular. In both Barnaul and Volgograd higher odds of HCV positivity were associated with duration of injecting. We found high rates of unreported HCV positivity, with 74.9% (173/231) in Barnaul, 33.2% (111/334) in Volgograd unaware that they were HCV positive, and 23.2% (69/297) of HCV positive IDUs in Moscow.

Conclusion: HCV prevalence, rates of unreported HCV positivity, and seemingly, indicators of incidence, are high in all three cities. Findings emphasise the urgent importance of developing HCV prevention specific interventions.

534 Abdul Haque Patwary

TITLE: INVOLVEMENT OF FEMALE PARTNERS IN STD TREATMENT AND HARM REDUCTION.

Purpose/ Background: CARE Bangladesh has been initiating a behavior change model based intervention amongst 252 injecting drug users at Chandpur since February/04. The objective is to reduce the risk of HIV/AIDS transmission among IDUs and promote safer behavior like injecting and safer sex practices following harm reduction.

CARE Bangladesh started STD management services for the IDUs since the very inception of the needle exchange program at Chandpur. It is found in the baseline survey that 14% IDUs are suffering from syphilis and 42% of them are married and number of female partners 106 out of 252 IDUs. Most of the IDUs come to the doctor with recurrent infection. It was also felt that STD

treatment of the spouse should be incorporated in the package of services at the drop in centers.

Methodology: A baseline survey was done in 2003 at Chandpur, which was conducted by trained Field Researchers. Both qualitative and quantitative methods used to collect data. 86 blood sample were collected from IDUs for VDRL test and it shows that 14% IDUs have the STD specially syphilis. It also finds in the master list that there are 106 spouses out of 252 IDUs.

Results:

- STD treatment seeking practices has improved.
- 30 STD patients have been treated from June/04 to Sep/04.
- Spouse counseling has increased.
- According to monthly progressive report recurrent infection is reduced.

Conclusion/ Recommendation: Female partner of male injecting drug users should be an integral part of any harm reduction program as it also gives the opportunity to interact and involve the female partners in STD treatment.

Learning objectives:

- It is the prime time to provide more emphasis of female partner for STD treatment.
- It makes the scope of spouse counseling.
- It helps in detoxification process.

535 Mark Stibich; Julie Stachowiak; Alena Peryshkina; Tatiana Svitova

RAPID ASSESSMENT OF RUSSIAN PLWHAS

Background: Although Russia has the fastest growing HIV epidemic in the world, fewer than 500 individuals are on any type of combination anti-retrovirals. Policies and interventions are often created without sufficient input from Russian people living with HIV/AIDS (PLWHAs). This study sought to systematically inquire into the situation of Russian PLWHAs using semi-structured interviewing.

Methods: Russian PLWHAs working at a Russian NGO (AIDS infoshare) were trained in semi-structured interviewing techniques and analysis. These individuals interviewed 15 male and female Russian PLWHAs in each of 5 cities in Russia. The informants were asked a series of questions regarding stigma, their medical situation, social impact of living with HIV, and others. Transcriptions of the audio-recorded interviews were coded in the Russian language using Atlas-ti.

Results: Medical and work related stigma and discrimination impacted their lives the most. A lack of knowledge about HIV in the general population affected them through the reactions of their friends and families. Russian PLWHAs reported a variety of attitudes regarding anti-retroviral treatments and their side effects that are important in considering treatment adherence. Further results included insight into the following themes: family, partners (spouses), alternative therapies, financial situation of PLWHAs, life changes, services available, psychological status, symptoms and others.

Conclusions: Specifically, PLWHAs addressed the need for better trained medical staff; the need for increased work place HIV education; the need for information to increase the knowledge of friends and family; and the need for social support. The participation of Russian PLWHAs should be required in intervention and policy making activities. Using other Russian PLWHAs to assist in program implementation and the organizing of Russian PLWHA is highly recommended.

537 Seree jintakanon

AFTER THE CONFERENCES ARE OVER: PROMISES TO IMPLEMENT A NATIONAL HARM REDUCTION PLAN IN THAILAND - KEPT OR BROKEN?

Thai Prime Minister Thaksin Shinawatra earned global praise at the XV International AIDS Conference (IAC) in Bangkok, for his pro-harm reduction statements in which he promised to treat drug users as "patients, not criminals," involve drug users in implementing harm reduction programs, and ensure equal access to antiretroviral therapy (ART) for all, through the universal health care scheme.

Yet, not three months later, PM Thaksin reinstated a massive war on drugs, in which he promised "brutal measures" would be employed to rid drugs from Thailand. The prior year, Thailand weathered international criticism of its violent narcotics suppression efforts, which left over 2,500 extra-judicially killed, 327,224 forced into military-run "rehabilitation" centers, and 329,000 arbitrarily blacklisted. A UN Special Rapporteur warned Thailand's drug war may have precipitated the spread of HIV.

The Thai Drug Users' Network (TDN) herein provides a "report card" on the state of harm reduction in Thailand. TDN demonstrates how government pro-harm reduction rhetoric, including the establishment of a national harm reduction working group, amounted to pre-AIDS conference window-dressing for international media. Months later, the only national-scale effort to address drug user health is TDN's own Global Fund-supported peer HIV prevention, care and support project, which also faces government ambivalence. Methadone is predominantly provided for detoxification, not maintenance therapy, and is not

covered by national health care. Stigma and discrimination toward users, especially in the health care setting, continues to inhibit access to health care and public participation. Though 50% of injecting drug users are HIV-positive, not a single documented case receives ART through the government program, which provides treatment to over 40,000 people.

Thailand lacks clear policy, budget and time-bound commitments for moving from demand- and supply-suppression measures to a comprehensive harm reduction approach. Further community, donor agency, and UN advocacy, is urgently needed.

538 Asaduzzaman

TITLE: PEER EDUCATOR FOR PEER EDUCATOR TO EFFECTIVE OUTREACH ACTIVITIES AND RISK REDUCTION THROUGH TRAINING.

Issues: To reduce drug and sex related risk among the drug user, especially Injecting drug user and Heroin smoker. To ensure information dissemination through proper communication with the peer educator (Heroin smoker and Injecting drug user) is effective.

Description: In Bangladesh Drug users (Male & Female) both are practicing high-risk behavior. Most of the drug users are marginal and poor of the poorest. Their income is unexpectedly low. But day-by-day increasing using rate and consequently have seen drug addiction and dependency. Sharing and cocktailing habituate injecting drug users. Ever and then they have no money, so they thievish, terrorize, robberies and unsocial activities. Female drug users main occupation are Sex work and they habituated unprotected sex with many clients. Drug addiction people are not aware about HIV, AIDS and STI. After receiving drug when they act sex with their partner they could not mind about safer sex.

Lessons learned:

- Increased the number of male and female drug user and risk behavior.
- Increased HIV, AIDS suffering patients.
- Increased relapse rate from drug free camp or De- Toxification camp.
- Increased sharing, cocktailing and switch over rate from heroin to injecting and injecting to heroin.
- Increased STD/STI check and treatment
- Increased the condom demonstration, distribution and use rate.
- Increased the peer educator-training receiver.

Conclusion: Training is the best way for all activities performing or implementation. Must be needed follow-up activities and ensuring reaches the allocated area or drug using spot with the syringe, needle, condom and lubricant. After all if possible to ensure duty 24 hours for the next 2/3 years. After evaluating risk behavior then device another plan for Bangladesh.

539 Mark Stibich; Igor Pchelin; julie Stachowiak; Alena Peryshkina

THE SHAGI MOVEMENT OF RUSSIAN PLWHAS

Issue: Russia has little history of activist movements. Nevertheless, many individuals and small groups of Russian people living with HIV/AIDS (PLWHAs) are appearing. These groups are in need of specialized information and training. In order to bring these groups together into an effective local and national force for advocating for PLWHAs, the Shagi Movement of PLWHAs was formed.

Setting: Russia contains not only the world's fastest growing HIV epidemic, but also is the world's largest country. Organizing PLWHAs as an effective nationwide lobbying force is extremely challenging over Russia's 11 time zones. The Shagi Movement seeks to engage PLWHAs, their friends and families, as well as interested professionals, officials, organizations and citizens in advocating for PLWHAs.

Project: The Shagi Movement seeks to organize PLWHAs throughout Russia using a variety of tools and technologies. The Shagi movement has created a web portal, pos.ru, which provides information and community to Russian PLWHAs. In addition, the journal Shagi (a monthly color magazine written for and by Russian PLWHAs) is provided to members. As the movement grows, local chapter will conduct a variety of advocacy, education and policy activities including the formation of HIV community advisory boards, PLWHAs support groups, workshops for friends and family of PLWHAs, trainings at medical facilities and general outreach to prevent the further spread of HIV.

Outcomes: Since the beginning of the movement in May of 2004, hundreds of individuals have joined. Additional Russia-wide trainings and conferences will be help to increase numbers and develop activities. Specifically the Shagi Movement, through the Russian NGO iAIDS infoshare, will be assisting in the implementation of Global Fund Against AIDS, Malaria and Tuberculosis funded activities.

540 Brian Kipkoech Limo Biwott

DRUG ABUSE IN RELATION TO HIV/AIDS IN RIFT VALLEY PROVINCE IN KENYA.

BACKGROUND: Siliboi Community Foundation was formed in 2003 to be used as a vehicle for entrenching modern cultural attributes to the community trough

elimination of drug abuse in an effort to fighting HIV/AIDS pandemic amongst other functions. It compliments the government efforts to rid its citizenry Of drug abuse and fighting HIV/AIDS.

METHOD: Through established network of volunteer research assistants and research guidelines, we provide up to date information to stakeholders. We also provide support services through references. In the study carried out at Kapng'etuny Research Unit, we have established a database comprising publications on drug abuse and HIV/AIDS. We assist the community by mobilising them into developing a drug and disease free society.

RESULTS: In our analysis of questionnaires, police reported cases relating to drug abuse and Ministry of Health statistics on new infection rates within Kapng'etuny location, covering a period of five years, we established that rise in drug abuse rate is directly proportional to new infection cases. Alcohol (especially cheap spirits) is the most abused drug, followed by tobacco, bhang (cannabis sativa), and khat (miraa) respectively. New infection rates were mainly attributed to drugs of which its consumption is high amongst the youth with no religious affiliation followed by those living within trading centres, with those living with their parents having little likelihood of engaging in drug abuse.

CONCLUSION: Stable family structures, should be encouraged and poverty preference rate should be reduced as a way of curbing drug abuse and by extension spread of HIV/AIDS. The government should legislate against drugs such as tobacco and khat, which happen to be a highway to high drugs.

I kindly request for a scholarship.

546 azin azarian

DEFINING HARM REDUCTION EVALUATION PARAMETERS IN IRAN

Object: Defining harm reduction evaluation prameters in activities suprevised by welfare organization in some provinces in Iran

Rtionale: Analysis of the first pilot project of harm reduction activities showed that with having knowledge from parameters undergoing in activity we can improve the newly designed harm reduction projects & improve it effectiveness

Method: We evaluate the activities of 3 NGO activity in Iran since last year under supervision of welfare org. It is for the first time that W.O have joint activity with NGOs to delever HR services for street IDUs. To undrestand the effectiveness of the program & improve its function we selected some parameters like: total number people enrolled in MMT. total amount of syringes offered & returned, education material on safe injection, total amount of condom distributed & change in unsafe sex behavior. In this analysis we did observation, questionnaire design & indepth interview.

Result: As this analysis still is undergoing the result will be release in the next month.

549 Petra S. Meier

PREDICTING DROPOUT: THE ROLE OF TREATMENT STAFF

Background/Objectives: Retaining clients in treatment has long been recognised as the most important factor in achieving positive treatment outcomes. This study investigates which counsellor characteristics influence client retention versus dropout.

Methods: Study participants were 187 clients starting residential rehabilitation treatment and their 24 counsellors. Counsellors' qualifications, job experience, job satisfaction, ex-addict status, and gender match to client were assessed. The client-counsellor relationship (therapeutic alliance) was assessed each week during the first three weeks of treatment. Retention was defined as clients remaining in treatment for at least 3 months.

Results: There was great variation in the proportion of clients dropping out for each counsellor. The most successful counsellors retained up to 100% of their clients, whereas the least successful retained only 20%. Unexpectedly, none of the counsellor variables assessed (see above) predicted whether clients dropped out or not. However, good client-counsellor relationships as rated by the counsellor were highly predictive of retention. In multivariate models, once the alliance was controlled for, more experienced counsellors and those gender matched to their clients were more likely to retain their clients.

Conclusion: The results suggest that counsellor characteristics such as training and experience per se may be less important in helping clients stay in treatment than counsellors' capacity to develop a good relationship with their client. It appears that variables such as experience show a positive effect only if a good relationship has been established.

553 Dr.Taiwo Micheal Adewale, Dr.(Mrs)Lawal Waqeelat. Dr.Bello Bala.

TACKLING DRUG RELATED AIDS TRANSMISSION AMONG DEAF YOUTHS IN WEST-AFRICA SUB-REGION.

This presentation seeks to highlight the mode of transmission of HIV/AIDS cases traced to drug uses by Deaf youths.

It trace the communication handicap of this special population and its attending defects and inability to utilize their residual Hearing to maintain adaptive

contact with the Environment, Mass media, AIDS workers, Government social welfare officers and even with their Parents, communication is difficult and retards counselling and rehabilitation efforts.

It further highlight the Financial power of Men over women that makes them vulnerable to batter sex for drug and money.

It also enumerates the cultural factors that further makes women vulnerable according to the cultural-norms as practised within the various communities in west-Africa

554 DR Muhammad Mushtaq Tahir

ADVOCACY FOR THE RIGHTS OF DRUG USERS

BACK GROUND: Pakistan is considered low prevalence but high-risk country in Asia where sex and sex practices are going to under the carpet. The data that is available on Govt. sector says that most of those diagnosed with HIV are drugs addicts with lack of knowledge regarding HIV/AIDS. They use syringes with each other and cause to spread HIV/AIDS, Hepatitis B & C. As for as the rights of drugs addicts are concerned, no body wants to raise the voice for their rights not even on Govt. level. They are considered most low creature of God. As a result violation of their rights are going on every level.

STRATEGIES:

- Involvement of drugs addicts in prevention activities.
- Create awareness among drugs addicts regarding HIV/AIDS & Hepatitis A, B & C
- Train drugs addicts in order to represent their community on public & private sector.
- Involvement of concerned govt. officials in the rights of drugs addicts programs.
- Advocacy with stakeholders for the rights of drugs addicts.
- Meetings with donors agencies in order to get support of drugs addicts & rehabilitation.
- Awareness for the rights of drugs addicts among community to lessen discrimination

CONCLUSION:

- Drugs addicts knew what HIV/AIDS is and how does it transmit
- Govt. started initiative on hospitals to waste use syringes to prevent further transmission.
- Govt. started to refer drugs addicts to concerned NGOs, Hospitals for their rehabilitation.
- Those who were infected started to practice safe methods to save others from HIV & STDs.
- Donors allocated funds for NGOs working with Drugs addicts for their rehabilitation.
- Acknowledgment on not only public sector but also on private sector for the safety of rights of Drugs addicts.
- Perception of community was changed in target area regarding Drugs addicts.

555 Janie Sheridan

COMMUNITY PHARMACISTS AND HEALTHCARE FOR DRUG USERS: MORE THAN METHADONE AND NEEDLE EXCHANGE

Community pharmacists play an important role in the healthcare management of drug users. The profession has successfully embraced the notion of harm reduction, for example, through the provision of methadone and buprenorphine dispensing services and the supply of sterile injecting equipment. There is a danger, however, that the profession has come to view its role in respect to the drug using community solely in terms of the provision of these services, and may tend to see drug users mainly in terms of their drug use and not in a more holistic way.

However, with a broadening view there is scope for an expansion in their current role. Opportunities exist for a number of 'brief interventions' as community pharmacists see many of their methadone patients every day, and have regular contact with a number of their needle exchange clients. It has already been postulated that community pharmacists have the potential to explore opportunities for managing drug users' primary healthcare problems, such as dental health issues, constipation, nutrition and insomnia. Innovative practitioners have led the way with regard to some of these issues, and also issues around monitoring for illicit drug use. Furthermore, legislative changes in some countries have given pharmacists the opportunity to prescribe for number of medical conditions, either as supplementary prescribers, by the use of "Patient Group Directions" (in the UK) or as part of "Pharmaceutical Care Plans", opening up vast possibilities for further intervention, for example around wound care. Other significant developments such as the inclusion of pharmacists in shared care arrangements mean there is better opportunity for team working.

This presentation will explore some of these innovations, using examples of

good practice to develop the theme of a widely expanded role for community pharmacists.

556 Alfira Khidirova, Murtazokul Khidirov

EFFICIENCY OF ACTIVITY OF HARM REDUCTION PROJECTS AMONG FEMALE SEX WORKERS LIVING IN FAMILY DORMITORIES AT THE ORGANIZATION OF SERVICES IN PROTECTION OF RIGHTS OF CLIENTS.

Issue: During work among female sex workers (SW) living in family dormitories in Harm Reduction projects, occupied a important place, protection of rights of clients, by rendering practical legal services.

Approach: We enlisted 2 lawyers who had wide experience of work. In four trust points of have organized free-of-charge legal consultations.

Key points: During realization of the project since June, 2003 lawyers of the project it is given free-of-charge legal consultations to 750 clients of the project in 4 trust points and to 156 clients of others NGOs. It is restored 53 lost passports IDUs and SW, 3 cases with housing problems are resolved. It is submitted in Parliament of Republic of the offer on modification and additions in criminal code —, and also in laws ' About public health services ^a, ' About drugs ^a, ' About the narcological help ^a.

Implications: Experience of year work has shown, that program Harm Reduction will work more effectively at the organization of protection of rights in projects.

558 kathleen donovan

SNAPSHOT OF SASKATCHEWAN

The situation in the small province of Saskatchewan Canada features unique characteristics. Many drug users live in small cities and rural areas including reserves. There is little heroin injection and up until recently when cocaine became popular, the most common drug injected has been a Talwin and Ritalin combination known as T's and R's as well as other drugs intended for prescription and oral ingestion. Methadone was introduced as a private enterprise in some areas resulting in a combination of public and private services varying across the province. Clean needle provision programs varied as well, offered in different settings under differing philosophical outlooks. Committees were struck all over the province, with mega recommendations, and report generation, but often with little implementation.

The enormous potential for the rapid spread of blood-borne disease caused alarm when the first HIV cluster outbreak occurred in 1998 in Prince Albert. Since that time many new programs have been initiated in the province, often at the instigation of committed individuals and agencies rather than central leadership. There has been little investigation of these policies since initiation. The primary aim of this project is to explore the current level of documented information and activity regarding injection drug use in Saskatchewan. Documentation is reviewed and interviews conducted with individuals in daily contact with drug injectors. The aim of the research is to more clearly ascertain the situation in Saskatchewan pointing the direction for further investigation.

Existing reports largely reflect the medically defined approach of seroprevalence studies and risk management. These studies and reports have largely been conducted by government officials and medical professionals, bringing to them a particular though unstated focus characterized by a medical narrative and the language of risk assessment. Such work has focused little attention on less tangible factors that define the everyday experience of the injection drug using population in Saskatchewan.

559 Jim Murray, Brad Sellars

CHECK IT OUT: VICTORIA'S STATEWIDE HIV AND STI TESTING CAMPAIGN FOR MSM

In December 2003 the Department of Human Services Victoria selected a consortium, led by the Victorian AIDS Council, to develop and implement a targeted STI and HIV testing campaign, intended to increase levels of regular HIV and STI testing among MSM in Victoria.

The Melbourne Gay Community Periodic Survey, conducted in February 2003 found that 15 percent of men in the sample (n= 2019) had never tested for HIV, 17.9 percent had tested more than one year ago and 18.8 percent of the sample had not been tested for over two years. This means that that 51.7 percent of the men in the sample may currently be unaware of their HIV status because they have not tested recently. The rates for other STI checks were much lower ranging from 24.2 percent for anal swabs to 36.3 percent for urine samples in the previous year.

The consortium is made up of The Victorian AIDS Council, Convenience Advertising, Australian Research Centre in Sex, Health and Society, Australasian Society for HIV Medicine, Melbourne Sexual Health Centre, The Burnet Institute, The Alfred Hospital and The National Centre in HIV Social Research.

The integrated communications strategy is designed to separately address the communication needs of: <sum> MSM who are gay community attached </sum> MSM who are non gay community attached <sum> MSM in culturally and linguistically diverse settings

Following extensive exploratory research, distinct and targeted communications strategies were designed for each target audience. These involved an integrated mix of narrowcast (locus of risk) communications, gay and lesbian press and radio, community radio and regional press, and a comprehensive sexual health information web site.

The campaign is being comprehensively evaluated. The evaluation will measure the impact of the campaign on HIV and STI testing rates, and will measure the impact of the campaign in terms of community discourse and educational effectiveness.

Evaluation results will be presented at the conference.

566 Erol Digiusto; Carla Treloar

AN ANALYSIS OF EQUITY OF ACCESS TO DRUG TREATMENT IN AUSTRALIA

Background: According to Andersen's Behavioural Model of Health Services Use, access to treatment services may be considered "equitable" to the extent that treatment participation is predicted by Predisposing factors (existing before onset of problematic drug use) and Need factors, rather than Enabling factors / barriers.

Methods: Interviews were conducted with 685 illicit drug users in 3 groups: currently in drug treatment; previously treated; never in treatment. Participants were recruited in three Australian states through treatment agencies, needle-syringe exchange programs, and drug users' peer networks. The study examined 27 variables to test hypotheses regarding differences between groups.

Results: Bivariate analyses found significant differences between groups on 19 variables. Multivariate analyses found that, compared to ever-treated participants, never-treated participants indicated less "need", in that they: used drugs less often, and more for "fun" than to satisfy dependence; had experienced fewer drug-related physical problems; were less likely to have bloodborne viruses; and were more likely to believe that they could stop using drugs without professional help. Multivariate analyses also found differences between groups on 7 Enabling variables: attitude towards treatment staff; number of services offered during treatment; ability to get wanted treatment; belief that no appropriate treatment exists; accommodation stability; number of drug-using household members; number of treatments previously tried. A quarter of the participants who were not in treatment had been unable to get treatment that they had sought. Barriers that they experienced will be discussed.

Conclusions: This paper will outline the use of Anderson's model as a framework for assessing effectiveness of a drug treatment system in equitably addressing service needs in a community, and for identifying Enabling factors (and treatment barriers) that are not just statistically significant but are also potentially changeable to improve treatment access.

562 Razi K, Ghauri A K, Shah S A

NEED OF SENSITIZATION FOR MEDIA PERSONNEL ON RESPONSIBLE JOURNALISM

Issue: Ethical considerations like confidentiality and privacy was not maintained during media reporting of the HIV out break amongst IDUs in the city of Larkana in southern part of Pakistan which led to the serious psychosocial implications for those infected with or at risk of the infection besides their families and near ones.

Approach: Reports published in local and national newspapers as well as telecasted / broadcasted through electronic media were critically analyzed using historical method. Interviews of the key stake holders were also done.

Key Points: Most of the media coverage failed to show responsible journalism spirit while reporting the out break. Names and other identifications of the diagnosed cases were published, sensationalizing the issue in a very stigmatizing and discriminating manner. Main reason identified for this was lack of awareness and sensitization amongst the journalists regarding these issues.

Implications: The diagnosed cases and their families suffered serious psychological problems like mental torture, social isolation and deprivation of their rights. As a result of this, most of the DUs, IDUs went underground or swept in other cities, very badly affecting the intervention activities going on for the prevention and care amongst Drug user population. The opportunity to target this critical and highly vulnerable group for any intervention was also missed, in addition to increasing the potential threat of spreading the epidemic in other cities.

A well planned intervention strategy should be chalked out to sensitize the media personnel for promoting responsible journalism especially for such type of delicate and sensitive issues.

563 A.Papoyan, S.Grigoryan, A. Hakobyan,A.Musheghyan, N.Cholakhyan, H.Madayan

REDUCTION OF HIV SPREAD AMONG INTRAVENOUS DRUG USERS

Issue: The implementation of the Project on Reduction of HIV spread among intravenous drug users has started in March 2004. The project is aimed to reduce the spread of HIV/STI by promoting safer behavior among IDUs. The implementation of this project will help to create public opinion regarding the necessity of prevention activities among IDUs. Setting: The Project has been implemented among IDUs in Yerevan city, the capital of the Republic of Armenia supported by the OSI. Project: At the first stage of the project Confidential Counseling Post (CCP) was established in Yerevan. Condoms, syringes/needles, disinfectants were purchased. Specialists were trained to provide psychological and legal counseling to IDUs in the CCP. Taking into account the opinions of IDUs and their active participation, as well as the results of the organized focus groups information materials for IDUs were developed and printed. Outreach workers and peer educators were identified among former IDUs and were trained for needle exchange activities. By 30 June, 2004 approximately 70 IDUs were involved in the project. During the project implementation the outreach workers and CCP counselors have provided psychological and legal counseling to IDUs, distributed condoms, disinfectants and information materials. They have also distributed and exchanged syringes and needles among IDUs. Outcomes: During the Project implementation the CCP has conducted the following activities: Σ Provision of counseling by outreach workers - 180 consultations (69 IDUs) Σ Provision of counseling by CCP counselors - 41 consultations (21 IDUs) Σ Distribution of syringes/needles - 7063 items Σ Syringes/needles exchange - 4723 items Σ Distribution of condoms - 3180 items Σ Distribution of disinfectants - 7100 alcohol pads. The expected results of the Project implementation are the following: Σ reduction of risk of HIV/STI spread among IDUs Σ safer injecting and sexual behaviour forming among IDUs Σ tolerable, humane attitude of population towards drug users.

564 shobhansharma

ROLE OF PEER EDUCATOR ONHIV/AIDS PREVENTIOPN AMONG AN FROM INJECTING DRUG USER

Back ground: Peer education play vital role for the prevention of HIV/AIDS among Injecting Drug User. The approach of mobilizing the PEs supports LALS in many aspects to strengthen the harm reduction program. The PEs are the most important tools for the success of the harm reduction program It has been shown consistently that Peer Educators have been contributing greatly to educate drug users about HIV/AIDS prevention. The PEs have focused on HIV/AIDS education, awareness, Counselling the adverse consequences of drug use, safer sex and safer injecting method.

Method: LALS has been delivering the services through daily out reach and Drop in center, and Peer Educator. The outreach team including three outreach workers with paramedics, social worker and peer educator background .The team provide services to different project spot of kathmandu and lalitpur. Peer educator introduce the new client with field staff and Drop in center staff; peer educators have also explored the new spots of the client.

Result: Both credible and comprehensive information designed to suit both new recruits and those with long history of IDUs it has shown that Education and skill can go a long way in reducing the drug related harm specially HIV/AIDS. The IDUs are more familiar and open with PeerEducator, PE have played most important role to introduce more client to LALS for service delivery. LALS has been able to serve to hidden clients through PEs.

Conclusion: According to the experience of LALS, the PEs is very essential to increase the coverage of the clients. The approach of mobilizing the PEs supports LALS in many aspects to strengthen the harm reduction program. The PEs are the most important tools for the success of the harm reduction program.

565 Inchaurreaga Silvia; Hurtado Gustavo

DRUGS AND NEW DRUGS; HARM REDUCTION FACING NEW SCENES IN ARGENTINA

Issue: Harms related to drug use seems to be increasing in Argentina in association with new escenes. One key escene is related to poverty and desememployment with low access to services).Other critical escene is the one of new drugs and medicines used as drugs while there is no tradition to get information.

Setting: Street children, homeless, sex work, obstacles for outreach on shanty-towns and use of glue, free base, crack and injecting cocaine is showing new challenges in Argentina. On the other face the use of recreational drugs as extasis, ketamines, marihuana, etc in open areas, raves parties, discos and concerts means another reality to answer with harm reduction programs.

Project: The Argentinean Harm Reduction Association (ARDA) is developing several

programs on poor neighborhoods and shantytowns of the main Argentinean cities, the Program "Sex, drugs and Rock & Roll" on rock concerts, new materials about alcohol and also "Harm Reduction Program in Raves parties" (without antecedents in Latin America). We will discuss the role of outreach, education and syringes distribution. Several experiences will be presented. The goals of them are reducing drugs related harms and risks related to combinations ("If you use drugs, don't have a bad trip" - and ("If you drink, take this info seriously"; "Party Yes"), unsafe use and risks of injection ("If you shoot, do it with lesser risks" and "If you do it, do it well") and risks associated with the law, enforcement of the law and violence ("If you use drugs, know your rights" - ARDA National Campaign).

Outcomes: Programs addressed to new drugs and hard to reach population must be highlighted in a context where there is no official answers. The partnership with drug users organizations means new alternatives of working together in difficult frameworks, with few resources but big social commitment. Harm reduction related to recreational use of drugs is facing even more obstacles in Argentina than the programs addressed for example to intravenous drug users.

568 Nicky Bath

CHANGING SCENES, CHANGING TRENDS - AN OVERVIEW OF THE IMPACT OF THE OVERT COMMERCIALISATION OF DANCE DRUGS CULTURE

In recent times, there has been an enormous increase in the attention being given to party drug use. A culture all be it an illegal one, that had once been allowed to harmoniously exist almost anonymously is now under the microscope and is being dissected and scrutinized. However, it is not only those external to the scene that are concerned, many clubbers are themselves questioning the direction that dance drugs culture is taking.

In many ways, dance drugs culture has been stripped of its origins and values. The result is the existence of an industry that is focused on money making, glitz and glamour and a scene that many clubbers do not recognise or identify with.

This presentation will explore the impact of the commercialisation of the dance drugs scene and will assess the costs and harms that arise for the individual and collectively for dance drug users.

567 Nicky Bath

POSITIVENOTPUNITIVE.COM.AU

Drugs, the people who use/inject them and certain viruses and diseases continue to be portrayed negatively within the media. Such reporting increases harms and compounds the levels of discrimination that the affected individuals and communities experience. To counteract this, the Australian Injecting and Illicit Drug Users League, (AIVL) - Australia's national drug user organisation undertook a media project over a period of two years.

This paper will present to delegates an overview of the project that worked broadly with radio, newspapers and television alongside the development of an education based website to inform journalists and others working in media about hepatitis C and injecting drug use.

570 Saravanamurthy PS, Jacob Koshy, Kalaiaresi K.

NETWORKING FOR EFFECTIVE DELIVERY OF ANTITUBERCULOSIS THERAPY FOR INJECTING DRUG USERS (IDUS) LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN CHENNAI, INDIA.

Issue: The prevalence of Tuberculosis (TB) among HIV positive people in India is more than 60%. IDUs are more prone to acquire TB due to their drug use pattern. Awareness about TB screening, proper adherence to anti TB therapy is very poor among IDUs due to their drug using habit, imprisonment, poor health seeking behaviour and their lower economic status.

Setting: In 2003, a Cross sectional study was conducted by Population Council of India and SAHAI Trust, an NGO working among IDUs in Central Chennai, India estimated that 30% of the married male IDUs have been infected by HIV and 5% of their female non injecting spouses were also infected with HIV. In this background a project supported by USAID through Family Health International, was undertaken by SAHAI Trust to provide intervention for Prevention of HIV/AIDS and care services among the injectors from September 2003.

Project: With an objective as harm minimization, services like needle syringe exchange, condom distribution, counseling, treatment for Sexually Transmitted Infections (STI), Opportunistic Infections (OIs), TB and training of people living with HIV/AIDS in self-management have been offered through drop in centres. To handle the issues related with delivery of antituberculosis treatment among IDUs the following has been practiced.

- Networking with Tuberculosis Research Centre (TRC), Chetpet and TB sanatorium, Tambaram (two government tertiary care referral centers at Chennai) was established.

- Community health workers of SAHAI Trust were trained by TRC on DOTS for TB, and they have also reached the prison for providing TB medicine.

Outcome:

Hard to reach population like IDUs can be reached for delivering health related services by government effectively through networking with Non-Governmental Organizations (NGO) working among IDUs. In addition these NGO staffs would be properly trained for effective service delivery.

571 Agus Sulaiman; Pungki Joko S.

OUTREACH

Title: Poverty and drug abuse: Outreach and Support for IDUs in Tanah Abang, district, Central Jakarta, Indonesia.

Authors: Agus Sulaiman, Pungki Joko S

Institution: Pelita Ilmu Foundation

Jl. Kebon Baru IV/16, Jakarta 12830, Indonesia

Issue: The Tanah Abang district of Central Jakarta has experienced the most severe HIV epidemic in Indonesia to date, which is directly linked to injecting drug use.

Poverty, and the illegal status of injecting drug use, prevents IDUs from seeking the treatment and care they need.

Setting: A prosperous commercial area, Tanah Abang is also home to a large population of urban poor. Rates of HIV and Hepatitis C are estimated to be some of the highest in Indonesia. The Pelita Ilmu Foundation (YPI) has provided community-based outreach to IDUs in this area since 1999, in coordination with the local community health centre, as well as local and international donors.

Project: Since 1999 YPI has used 5 local outreach workers to reach 1577 IDUs, with 799 using community health centre services. Despite initial mistrust on the part of local IDUs, numbers of IDUs rose strongly (up to 500%) in the early phase of the project. Strong relationships have been built between YPI, IDUs and the community. Free detoxification, primary health care and support group services have been offered, with the latter prioritized when tests showed 92% of 200 clients were HIV positive. Since 2003, free ARV treatment services have been added in coordination with MSF and government services.

Outcomes: YPI's outreach program has provided services to a hard-to-reach group who lack access to normal health and social services. Despite 5 years of interventions, YPI are still building the capacity of local people to continue these programs without donor intervention. Capacity building is still required to make IDU care and support in Tanah Abang sustainable.

572 Jim McCambridge

HARM REDUCTION AND DRUG PREVENTION

Issues: What is, or should be, the relationship between harm reduction and drug prevention? Can interventions designed to prevent initiation of, or to reduce drug use, be compatible with harm reduction principles? How far should interventions go beyond the provision of information in actively shaping individual decision-making on drug use?

Approach: Critical reflection on previous experience of adaptation and development of Motivational Interviewing as a drug prevention and harm reduction intervention with young people.

Key points: Comprehensive considerations of both already existing and potential future harms, as well as benefits, are necessary for individuals. There may be differences between the objectives and contents of individual and population-level harm reduction interventions. Tensions between different elements of harm reduction principles may be fruitful to explore.

Implications: Opportunities to develop practice with young people may benefit from further developments in the application of harm reduction principles.

573 Jury Kalikov, Nelli Kalikova, Liidia Suimets, Marina Tshiz

REHABILITATION FARMHOUSE FOR YOUNG DRUG USERS PAVE THE WAY TO SALVATION

'Pave the Way to Salvation'.

J. Kalikov, N. Kalikova, L. Suimets, M. Tshiz

NGO AIDS Information & Support Center, Tallinn, Estonia.

Problem: Pilot HR projects (needle exchange, methadone) starts at 1997, now we become in need for rehabilitation of IDU-s, who stopped using drugs.

Approach: Organization of rehabilitation farmhouse was the first attempt to have a psychological and social services complex for young IDU-s who leaved drugs.

Funding: Social Ministry, USA Embassy, UNDP, parents of IDU-s.

Methods: elementary communications and life skills education, psychological, social help. Rehabilitation is strictly voluntarily. Recommended staying time 6-12 months. Household duties are done by clients with staff guidance. Once a week - group meetings with psychologist. Outside work in a cattle farms, wood factories.

Results: During 5 years there were 69 people living in the farmhouse.

- 0 - 4 month 15
- 4 - 5 months 34
- 6 - 12 months 20

Youngest clients - 18 y.o., elder 28 y., average age 20 y. 60 people were from Tallinn, 9 East-Virumaa. 17 leaved farmhouse cause discipline violations.

59 were IDU-s, 10 amfetamin users. 27 went through methadone detoxification, 18 through other treatment programs.

Observations: leaving the farmhouse 30 people were not used drugs during 3-6 months, 29 returned to drugs, no information about 10.

Cost effectiveness: IDU-s needs 1800 USD per month for drugs, cost of farmhouse rehabilitation - 220 USD per person per month.

Conclusions: For longer staying in farmhouse it is necessary to give more attention for serious motivation inside clients. Choosing the staff we should consider moral interest and motivation because this work is very difficult and salary is small.

Ordinary psychologists do not manage with this difficult job; extra education is necessary. Retrospective information shows that even in hard addiction cases it is possible to help people.

574 Nikitenko Peter

MONITORING HUMAN RIGHTS IN ACTIVITY OF THE FEDERAL SERVICE FOR DRUG CONTROL (FDS)

In 2003, a new force structure was established in Russia to counteract comprehensively against diffusion of drugs. This was the State Committee for Control over Narcotic Drugs and Psychoactive Substances (SDC) that was transformed into the Federal Service for Control over Drug Trafficking (FDS) in 2004. Since starting its activities, the new agency have been trying by all means to create an image of operational force subdivision, designed to put those involved in drug business in fear. In December 2003, the head office of FDS (then NNC) suggested that territorial authorities should regard programs of reduction of drug-related harm as inothing but an explicit promotion of drugs. A system of coordination between harm reduction programs and FDS hasn't still been developed, and therefore such programs are in fact illegal as such coordination were provided for in amendments to the RF Criminal Code in 2004.

Analysis of the current situation urgently requires complex monitoring of activities of the Federal Service for Drug Control, aiming at the following:

1. To identify a legal capacity for violation of human rights and corruption in activity of FSD.
2. To Inform the public of checked and confirmed cases of human rights violation and corruption by FSD officers.
3. To Increase public sensitivity to FSD's forcible and aggressive actions that infringe civil liberties.
4. To evaluate how effective are operational and investigative activities of FSN as well as its administrative practice.

Results of the monitoring will be used for publication of two booklets, implementation of an informational media campaign, as well as for interaction with FSD - both within the process of project work (meetings, round tables) and as recommendations for FSD's performance improvement, which will be included in one of the booklets.

(By the time of the conference, a part of monitoring results will be available).

575 Borzunova E.M., the head of the project iHarm Reduction. Tomski

EFFECTIVE METHODS OF IDUS' MEDICAL AND SOCIAL REHABILITATION AND OF DEVELOPING ADHERENCE TO TREATMENT.

Study results and experience of work with IDUs show their weak physical state and high need of medical servicing. Public health system is not ready to work with the IDUs. So they are outside coverage area of governmental services on control over tuberculosis and HIV. Special attitudes are needed to organize aid to IDUs.

Tomski is large cities in Siberia. Population is 480,000. Average age - 35 years. IDUs rated number - 10,000.

HIV rapid spread was fixed.

- Harm Reduction. Tomski (2 years)

Financial and technical support of OHL.

Main principles

Obstacles cutting down

Practical approach and gradual increasing of complexity

Location:

separate building

separate entry

all necessary equipment

arrangement to IDUs needs

Specialists' services are located in the Medical Youth Center 'Our Clinic' in the same building.

Services:

Information, syringes exchange, HR-accessories distribution

Friendly specialists consultation of MYC 'Our Clinic'

Free testing on HIV, syphilis, hepatitis, tuberculosis

Before-doctor medical aid Self- and mutual aid groups

Work with parents, relatives

Productivity:

- Fixed and mobile needle-exchange sites' teams, outreach team

- Concentration of all necessary services at one place ('stores' principle): fixed needle-exchange site services + MYC services + Consultants and support groups.

- The system of rendering medical aid at hospital level

- The model of control over tuberculosis and HIV

Due to this, IDUs have the unique (sole) possibility to get the whole set of services at one place

Effectiveness:

- The awareness of IDUs on HIV/AIDS has increased safer sex and drug use behavior.

- High potential and real possibilities for providing access of HIV-positive IDUs to ARV therapy.

577 S.Lokabiraman

EFFECTIVE DELIVERY OF SERVICES: LESSONS FROM AN ORGANIZATION WORKING AMONG INJECTING DRUG USERS (IDUS) IN CHENNAI.

Issue: The sustainable and consistent delivery of services to IDUs greatly depends upon the organizational capacity and commitment. Organizations having adequate funds for supporting interventions have been forced to close down due to inconsistency and failure to build the capacity in terms of human resources within the organization impacting the quality of service delivery to IDUs.

Setting: SAHAI Trust is an organization working among IDUs in Chennai, capital city of Tamil nadu in south India, a high HIV prevalence setting where 30% of IDUs (mostly heroin and buprenorphine injectors) were HIV positive. A range of services from community based outreach involving needle syringe exchange to care for HIV positive injectors are offered. As one of the four organizations working among IDUs we have identified important programmatic lessons that could be shared with others in the sub continent.

Project: The intervention was based on the needs expressed by IDUs in central chennai. In spite of strong financial support and adequate man power the quality of services delivered was affected due to lack of technical capacity. Sound management practices involving team building measures were adopted. Building up a team of internal trainers initiated a effective learning system within the organization. Practices like job rotation helped in developing additional capacities for counseling and providing primary health care in addition to the roles they are expected to perform. Formation of quality circle, a multi disciplinary team comprising of outreach workers from drug using background and professionals representing all levels of the organization contributed significantly towards improving the quality of service delivery.

Lessons learnt: Harm reduction services combining good management practices enhanced the capacity to deliver services among IDUs. Adoption of these practices by the management and delivering quality services as expected by the IDUs are critical components for bringing about the desired impact of interventions.

578 Nguyen Kieu Trinh, Danielle Alford, Peter Higgs

WORKING WITH PROVINCIAL GOVERNMENTS - A MODEL OF HARM REDUCTION IN NORTHERN VIETNAM

Issue: The sharing of needles and syringes by drug users, is the principal mode of HIV transmission in Vietnam with at least 65% of notified HIV infections.

The efficacy of harm reduction approaches to reduce the transmission of HIV has been proven overwhelmingly in western settings, but it is also important to develop an evidence base within the Asian social and political context.

Setting: Since 2002 The Centre for Harm Reduction has built strong relationships with government counterparts at the provincial level, by working closely with the Provincial AIDS Standing Bureaus and the Provincial Department of Preventive Medicine. In the project sites of Bac Giang and Thanh Hoa provinces, the proportion of IDU amongst people with living with HIV/AIDS is 80% and 70% respectively.

Although scaled up harm reduction programs are desperately needed in Vietnam, there are continuing tensions between social policy and public health initiatives. A number of small scale harm reduction programs are operating throughout the country, which could act as an evidence base for harm reduction interventions in Vietnam.

Project: The project currently distributes and collects needles and syringes through a peer education program, involving past or current users. A multi-sectoral project management committee oversees the project, consisting of representatives of the People's Committee, mass organizations, law enforcement and health.

Despite limited external inputs, the project officials at the provincial level have shown extraordinary initiative in the implementation and development of the programs (including the addition of a youth-focused intervention in Thanh Hoa).

This together with their ownership of the projects has been pivotal to the success achieved thus far.

Outcomes: The provincial governments have a certain level of autonomy that allow them to respond quickly to the urgent and unmet need to halt the HIV epidemic in Vietnam.

580 Ms.Nguyen Thanh Huyen

MORE EFFECTIVENESS FOR DRUG HARM REDUCTION PROGRAMS IN VIETNAM

Drug harm reduction is an urgent work in Vietnam. It is a way to help decrease HIV/AIDS infection, crime and their consequences.

Drug use and HIV/AIDS is closely relating to each other. Injecting drug use is the predominant mode of HIV transmission in Vietnam. IDUs accounts for 65.3% among HIV/AIDS people.

Drug use and criminal is parallel. IDUs can do everything such as sex work, robbery to get money for drugs use.

Drug use among youth trends to increase in Vietnam at present. It becomes an alarming issue for the whole society. According to UNDCP in Vietnam, there are 101,035 drug users, from which 10,838 in rehabilitation centre and 1,609 students and 4,799 children. Youth makes up about 60% among IDUs.

Drug harm reduction programs are piloted but do not have much effect. Many HIV/AIDS have implemented and have been implementing but they are focussed more on condom use. Programs of exchange syringes and needles was piloted but still have a lot of discussion and face obstacles because drug use is illegal in Vietnam.

It is difficult for IDUs to quit using drugs. They can stop using drugs for a short time, then reuse it. Many things need to be done for drugs treatment and after drugs treatment. Programs from the Vietnamese government and international organizations should be more focused on drugs harm reduction rather than HIV/AIDS infection.

582 Anastassia Arjanikova

HEPATITIS - A HUMAN RIGHTS TO ACCESS TO INFORMATION AND TREATMENT, SITUATION IN RUSSIA ON THE ONE REGION EXAMPLE.

On approximate medic data there are 5 millions people living with chronic hepatitis in Russia. The final stage of progressive chronic hepatitis is cirrhosis. Treatment exists but unfortunately it's not available for all on the state medic programs, and on the reason of high cost only a small percentage of people living with chronic hepatitis can afford it. There is also a leak of information about virus transmission and prevention. Researches among people living with chronic hepatitis showed that none of them had received before- and after- test consulting. The result is - the leak of life important basic information on self health caring, on prevention and harm reduction. Occasions with vertical transmission and spreading virus on relatives in families only confirm this statement.

In September 2004 a new pilot research had been started by foundation iFor a Healthy Society in order to monitor the situation of human rights violation in the aspect of Hepatitis. Expectable results - driving Public, NGO, Mass Media attention to the rights of people living with chronic hepatitis, analyze the situation and create a work plan of activities in partnership with experts and people living with hepatitis. This project can also become a start for a huge work to improve the quality of life of people living with chronic hepatitis, according to the Law of Russian Federation which has the statement on the citizen right to receive information, accessible and qualitative medical health care.

By the time of the conference, the most part of monitoring results will be available.

583 Igor Sobolev

THE EXPERIENCE OF HARM REDUCTION PROGRAMM ON NEEDLE EXCHANGE POINT IN TALLINN CITY.

Since 2000 in Estonia have been spread epidemic of HIV which spread on background drug epidemic. Absence of harm reduction programs in 2001 has led to more than 1500 HIV-INFECTION cases. From the beginning 2002 in Tallinn city started there activity needle exchange centres. At this time it has been created NGO Convictus Eesti which began to render the psychosocial help for drug addicts. We opened a stationary point of needle exchange in city centre and 2 outdoor groups. Our typical client is a drug addict, an ex-prisoner, with unfinished education, unemployed, without Estonian (state) language, HIV infected, with hepatitis B and C. Together with main principle of harm reduction, we actively consulting drug addicts, motivating them to improve quality of life. With the client works psychologist and social worker. One of main principle of our work is active involving drug addicts in activity of our organization. We adhere these principles in work of needle exchange. Among 8 workers of needle exchange centre more than half are people who has problem with drugs or/and HIV. For a year of our centre work we have positive results. Drug addicts began to trust us, that is important in this work.

We have developed system of client cards which helps register more than new 1000 clients, most of them are frequently come clients.

Now days are registered 4250 cases of HIV+ person, but in this year is registered more than 500 people. We think, that it's one of the indicator of effective work of needle exchange centers, which have risen on way of AIDS epidemic.

584 Mohammad Omar Faruque; Munir Ahmed; Taslim Uddin; Md. Shakawat Alam; S. M. Tanvir Ahmed; Samiuddin Papu

NEEDLE SYRINGE EXCHANGE PROGRAM (NSEP) IN STREET SETTING: NEEDS TO MINIMIZE THE HIDDEN GAPS

Issue: Inter-personal behavioral change is not enough to achieve success in NSEP rather it needs to change the social position of drug users.

Approach: Assessing positional vulnerability of street based Injecting Drug Users (IDUs) of Dhaka city through six years of field experience. It aims to focus on different influencing socio-political-cultural factors for sharing needle-syringe.

Key points: On the basis of eHarm Reduction (HR) Drug Users Intervention under the HIV Program of CARE Bangladesh has been working with IDUs to prevent HIV/AIDS since 1998. The program started following low profile manner due to misunderstanding, lack of knowledge of Govt. policy makers and legal barriers. Field level activities and simultaneously progressive sensitizations of Govt., NGOs, and policy makers gradually make this program acceptance. This program covers around 3500 IDUs and 5000 HSs through peer driven out-reach model.

The experience says that quality of programs with such hidden, stigmatized, marginal populations is not dependent to service focused, or behavior change activities. IDUs are forced to have dose twice or thrice per day due to their dependency and withdrawal relief. Gradual marginality and other associated situations like sudden uplifting of drug price, spot/slum eviction and even political commitments (?) consistently disrupt their daily activities and thwart income sources. Such phenomenons also make them trackless from program. Discontinuity in income along with high price of drugs make them more marginal and mobile. Regardless of HIV/AIDS knowledge, risk perception and service provision from program the drug users, under these circumstances, are compelled to share needle syringe. Ultimately the needle-syringe exchange rate dropped to 60% from 80% in Dhaka city.

Implications: HR program should not orient to the drug and drug users community alone. For better achievement it needs to focus structural and contextual change of the drug users by which they become the part of mainstream society and take their own decisions in their own ways.

586 Inga Heyman

SUPPORTIVE INTERACTIONS FOR DRUG DEPENDANT PREGNANT WOMEN WHO HAVE EXPERIENCED SEXUAL TRAUMA

Issue: The negative health outcomes associated with sexual trauma are well documented. An increase risk of substance use, mental health issues and poor diet are but a few examples. Given the high prevalence of sexual trauma in substance using women, it is likely that a large proportion of those attending for pregnancy care have been exposed to sexual abuse at some time in their lives. Identification of these women and appropriate early interventions can reduce poor pregnancy and infant outcomes.

Setting: The Substance Use in Pregnancy and Parenting Service in the Illawarra, New South Wales, Australia work as a collaborative team partnering Maternal and Paediatrics, Drug and Alcohol, Family Support and Child Protection services to address the needs of substance using pregnant women.

Program: With dedicated staff throughout the antenatal and postnatal periods the team strives for continuity of care. This opportunity allows for a building of trust between client and clinician. In turn this environment allows for screening in relation to sexual trauma. Positive reporting allows for specific individual antenatal, birthing and postnatal planning for each woman to reduce the trauma and fear so many women report associated with pregnancy. Such plans may include exploring the challenges in reduction of drug use, specific environmental requests for birthing, breastfeeding, bonding and child protection.

Outcomes:

A greater understanding of the complex needs of these women has impacted on clinical practice and training. Early identification, improved screening processes and better case planning have helped reduce the complications associated with the high risk client group.

587 Alina Denisenko, Aleksey Rafiev

NEWSBREAKS AS A MEANS OF BRIDGING AND COOPERATION OF DRUG POLICY ORGANISATIONS WITH MEDIA

Issue: Multi-coverage of problems of drugs and drug policy in Russia is needed.

Newsbreaks should be used to bridge with media in order to facilitate objective coverage.

Environment: Nowadays in Russia, the Federal Drug Control Service (FDCS) is believed to be the main source of information on drug policy. When working on the topic, journalists most often turn to FDCS officials, considering this source the only competent one. Thus, media present only one viewpoint, depriving the society of possibility to get to know opinion of other experts.

In May 2004, amendments to Criminal Code came into force. However, despite rational changes in Russian drug policy, the situation is unstable. It is necessary to rapidly respond to events in drug policy, to facilitate discussion of problems with people working in the sphere, and to bring information to all affected by the problem.

Project: One of means to attract attention of media to the problem is the use/creation of newsbreaks that can become the first step for further cooperation with media. Actions, pickets, etc. can serve as newsbreaks that are of interest to journalists. The New Drug Policy Alliance has kept up with the events in drug policy for a year and has used them as occasions for communicating with journalists and everybody interested. Amendments to the Criminal Code, the World Marijuana March, prohibition of books and many other events have become good newsbreaks. They have been starting point of work with media.

Results and knowledge obtained: Newsbreaks facilitate our cooperation with media which, in its turn, allows our society to get objective and full information, and increases its interest to drug policy. For many people, our organization has become expert in drug policy: they address us for comments and regard our opinion competent.

588 Alexander Balykov, Irina Fomina

ESTABLISHMENT OF HARM REDUCTION PROGRAMS IN SMALL TOWNS OF RUSSIA

Issue: Establishment and implementation of harm reduction programs in small towns of Russia have their particular features.

Project: Khvalynsk is a small town in Saratov province of Russia. The activity of harm reduction project in Khvalynsk is aimed at distribution of injection equipment among the project clients, education on safe behavior, creating favorable conditions and drawing them to medical services.

At the initial stage of a program, positive public opinion should be created both among local administration authorities and officials, and among general population, as introduction of new approach makes authorities suffer changes in customary routine.

Together with the steps to reduce HIV spread rate, we need to take into consideration the vested cultural and spiritual traditions of small towns with population under 50,000, the problem of preserving confidentiality of clients who value their status more than their health.

When preparing to run HIV prevention project and informing the authorities about harm reduction approach, we invited the staff of experienced harm reduction project in a neighboring city of Balakovo. The invited staff actively participated in working meeting with the Khvalynsk municipal administration, as well as with the heads of institutions and offices interested, and media. Today the harm reduction program has become part of the municipal program on response to HIV/AIDS, and various institutions and offices began regarding it as a partner for joint actions.

Results and knowledge obtained: Harm reduction program is nowadays an inherent constituent part of all municipal programs in town of Khvalynsk, Russia, aimed at preserving public health. Having worked effectively for two years, the program is able to base on its experience supported with cogent statistical data, positive public opinion and positive attitude of the municipal administration to the program. Based on the harm reduction program, other HIV prevention programs have been established for the most vulnerable population groups and the youth.

589 Galina Khan, Dmitry Ostrovskiy

"BACK TO SOCIETY" - MULTIPROFESSIONAL OUTPATIENT TREATMENT AND REHABILITATION OF IDU IN ST.-PETERSBURG

IDU is the "oldest" and the biggest group of HIV-positive people in St.-Petersburg (96% from all being exposed in 2000). Approximately 80% of IDU are infected by hepatitis C, B. Mostly IDU have low adherence and compliance, visiting healthcare institutes in "critical" for their health situations.

There are governmental out-patient dispensaries for substance abusers in every district of the city of St.-Petersburg (18 districts). Approximately 600-800 drug users are officially registered and must visit every such dispensary. But only a few (20-30) clients do it on regular base.

Russian-Finnish project "Back to society" is started on May, 2004 and planning for 3 years. The partners are: "Vozvrastcheniye" ("Return") NGO; Department of health, City Council of St.-Petersburg; City Interdistrictal Out-patient Dispensary; Kymi A-Clinic in Kotka, Finland. During May to October multiprofessional team (doctor, specialized on substance abuse problems; clinical psychologist; nurse; social worker)

was created and started to work in Krasnogvardeiskiy district of St.-Petersburg. The team has permanent training conducted by trainers-supervisors of A-Clinic (Finland) on themes: multiprofessional and net-work, motivational interview, case-management, etc. Because of network of friendly "Vozvrastcheniye" NGO healthcare institutes: City AIDS Centre, TB hospital, substance abuse hospital, social bureau, etc., clients of project - "registered" IDU and their close environment - have wide range of possibilities for treatment and rehabilitation. About 53 clients are involved in process of complex follow-up on systematic base with medical, psychological and social diagnostic and drawing up of individual plan for the treatment and rehabilitation. Behavioral risk reducing activity is implemented in this work as well as voluntary testing on HIV infection with counseling of doctor and psychologist. The results of project' work will be disseminate to other districts of the city, so after three years there will be three teams working and supporting each other.

590 Md. Shakawat Alam, Dr. Munir Ahmed, Dr. Taslim Uddin, Mohammad Omar Faruque, Md. Nakib Hossain, S.M. Tanvir Ahmed

RSA ON DRUG USE PRACTICE IN MOULOVIBAZAR OF BANGLADESH: LEAD FOR HARM REDUCTION INTERVENTION.

Background: Bangladesh has very few formal studies to examine a nationwide overview of drug use practice and associated harms. CARE Bangladesh is working to reduce the drug related harms among the drug users since 1998 through HIV Program. As a part of program expansion, CARE Bangladesh recently conducted RSA in the uncovered districts of National Assessment of Situation and Responses to Opioid/Opiate use in Bangladesh study (June 2002) to explore the drug use practice and HIV vulnerability.

Objectives: To explore current scenario of drug use practice and HIV vulnerability in Moulvibazar of Bangladesh.

Methods: Literature review, Key Informant Interview, participatory observation, spot mapping, FGD, In-depth interview and community consultation conducted to collect qualitative information. Conduct structured one-to-one interview among drug user to gather quantitative information.

Findings: Among the Drug Users (DU) average age is 27(±5) where highest 38.4% belong to 26-30 years. Among DUs 42.3% married, 46.8% involved in business and 60 % have monthly income above Tk. 4500 (US\$ 75). Regardless of their own income 42.3 % receive money from their family. 61.3% those who are addicted in injecting items 72.1% are habituated in cocktail injection and 52.6% had shared their syringe needle in last injection. The findings showed risky sex practice among drug users amongst those 74% didn't use condoms in their last sexual contact. 56.8% DUs were being harassed frequently by the police (82.5 %) and local people (22.5 %). The study also revealed that frequent mobility of the drug user (69.4%) from one place to another (preferably adjacent districts) is very much evident due to drug purpose.

Conclusion: The RSA findings showed that risky drug use and sexual behavior being practiced among the drug user of Moulvibazar which leads immediate implementation of coordinated harm reduction program in Moulvibazar.

592 Gede, Edy Suryawan

EXPERIENCE IN DEVELOPING NEEDLE EXCHANGE PROGRAM IN BALI INDONESIA

Issues: The Province of AIDS Commission estimated that in Bali there were more than 2000 IDUs and the incidence of HIV among them has reached around 70%. Since 2001, Hati-Hati Foundation has developed Needle Exchange Program considering that NEP was the most effective strategy to stop transmitting HIV/AIDS among IDUs.

Setting: Hati-hati Foundation in Bali is one of the first NGO in Indonesia which have developed harm reduction project since 1999. The areas that were covered by this project are 79 congregations at Denpasar, Kuta, Gianyar, Tabanan, Singaraja and its vicinities.

Project: YHH with support from Indonesia HIV/AIDS Prevention and Care Project/AusAID has developed harm reduction project which involved a broad range of activities such as outreach, NEP, counseling, VCT, support group and referral to health institution. The NEP as a main program for harm reduction uses two models; first, mobile sites where the outreach workers distributed needles in their field. The second one is the fixed site where the NEP was operated in the field station to accommodate IDUs from outside targeted areas which are not reached by the outreach workers.

Outcome

- In the last one year, Hati-hati Foundation has reached 574 IDUs and 289 of them have been the regular participants of the NEP.
- From 547 IDUs have been reached, 88,9% of them have high awareness to use their own needles as a mean to avoid the transmission of blood borne diseases.
- The high classes IDUs that typically were very close groups also have participated in the NEP in the field station.

Some family of the IDUs have supported the NEP as a means to motivate IDU to stop their risk behavior and to stop using drugs in the long term

593 Ekendra Uprety

CHALLENGE OF HARM REDUCTION PROGRAMME IN NEPAL

Background: The survey conducted by WHO in 2001 show that there are 60,000 drug users and 20,000 are injecting and the transmission rate of HIV/AIDS among them in capital city and rest of the country is 68% and 45% respectively. INGOs and NGOs had been running Harm Reduction programme through their own source since 1991. LALS and NAULO GUMTI are those model NGOs and faced problems to sustain this programme in beginning. Drug users are treated as a culprit and hated from family, community and from the nation.

Programme: There was an urgent need of Harm Reduction Programme for Drug user community. Understanding the magnitude of the programme, nationwide HR Programme was launched in technical support of CHR from 2002 July. The environment was not enabling at that time for it. In the beginning stage maximum orientations activities were conducted for enabling environment. Slowly the situation changed in favour of the programme. In 2003 July CHR left Nepal. After four month dark period Save the Children US was assigned to run the programme again and continued for one year. Currently UNDP is launching HR Programme in its direct technical and financial support.

Conclusion: Due to the lack of policy and planning, unstable government, transfer of top level bureaucrats, lack of law and rules, HR Programmes have been facing difficulties though, it is already proved that, it is the one effective alternative to stop HIV/AIDS epidemic. It is the area where immediate outcome can't see. There is an effort need to make from the world to the Nepal Government for long run HR Programme. Nepal is very poor country and civil war is already started. A huge amount of National income is invested for buying weapons. In this situation continuous support is needed in Health issue from the world.

596 Andriy Mykityn, S. Scott Lasher

IDU AS CHRONICALLY ILL

Issue. Authority views substitution therapy programs as drug replacement programs where the IDU is replacing an illegal substance with one that should be.

Approach. We are developing an advocacy program centered on the proposition that "therapy" is the key word and that substitution therapy for IDU, whether with buprenorphine or methadone, is analogous to any treatment regimen for the chronically ill.

Key points. In Ukraine, the prevalent view among those who dictate drug policy is that drug use is singularly regarded as criminal behavior and not as behavior which can be and should be treated as a chronic illness. Regardless of the physiological action of a particular replacement drug, its use is considered tantamount to using an illegal substance. Accordingly, methadone treatment programs, albeit administered by physicians and regarded as therapy programs, are not permitted to operate. Furthermore, while buprenorphine programs do exist, the drug is prohibitively expensive and there is no government support for any means to make the cost bearable. Therefore, buprenorphine programs are functionally not permitted to operate as well. What is necessary is a campaign to change the perception of authority regarding drug use so that it is viewed also as a medical problem and not solely as a criminal practice. That campaign must present the attitudes of countries to which Ukraine looks for direction or guidance or support. Russia, Poland and the United States, for example, must serve as examples of countries in which drug use is viewed, at least in part, as a chronic illness which requires medical intervention. Furthermore, in a country with HIV infection in epidemic proportions and with 60-65% of those infected being IDU, the campaign would have the secondary effect of severely reducing the rate of spread of the disease.

Implications. By changing the mentality of those who dictate policy, Ukraine can begin to treat chronic drug users in a tested and effective manner through substitution therapy and arrest the spread of HIV.

598 Md. Nakib Hossain Bhuiyan, Dr. Munir Ahmed, Dr. Taslim Uddin, Anup Kumar Bosu, Mohammad Omar Faruque, Md. Shakawat Alam, Md. Shanju Miah

LOCAL AUTHORITIES ATTITUDE AND HARM REDUCTION PROGRAM IN BANGLADESH

Issue: Supportive role of local authorities is a determining factor for a successful Harm Reduction Program for IDUs in Dhaka, Bangladesh.

Setting: Due to illegal drugs uses practices and involvement in criminal offenses the drug users are faced harassment by the law enforcing agencies. Lack of positive attitude towards the IDUs and minimum level of acceptance is also absent in the

society and law enforcing agencies in view of HIV/AIDS prevention. Therefore it is proved that to reduce the harm for IDUs are very difficult in Bangladesh context.

Project: The IDU Intervention is being funded by DFID since 1998 under the SHAKTI project (presently HIV program) through peer strategy. From the beginning of Intervention IDU staffs faced different type of difficulties frequently from the police, DNC, local goons, local elites and community etc. Thereafter, IDU initiated to sensitize through advocacy sessions and also developing coordination with the police station, DNC, local elites and goons etc as well as others government authorities to create the enabling environment in the drug spots to conduct outreach activities for prevention of HIV/AIDS.

Outcomes and lessons learned:

 The positive attitude of concerned government authorities helped to enable easy access to the program supported services by the IDUs.

 It has been found essential to involve law enforcing agencies as community advocate for the empowerment of drug users for operating the Needle Syringe Exchange Program (NEP) more smoothly through their participation in local community programs.

 It is crucially important to ensure positive response and to have a minimum commitment from local authorities for curbing HIV/AIDS pandemic.

599 Dmitry Ostrovskiy, Galina Khan

FOR THOSE WHO WANT TO SURVIVE" - "CONSORTIUM OF STATE HEALTHCARE SERVICES AND NGO FOR THE LONG-TERM FOLLOW-UP AND TREATMENT OF IDU INCLUDING HIV-POSITIVE"

HIV epidemic starting at 1999 in St.-Petersburg had mostly spreaded among IDU. The number of HIV positive IDU which turn to the AIDS stage today is permanently increasing. At the same time the main specialized services (substance abuse, infectious, TB, dermatovenerological, etc.), sporadically visited by HIV positive IDU are coordinating their work insufficiently.

1997 - iHeroini epidemic was starting in St.-Petersburg. HR Centre for iNon-motivatedi IDU was opened by iVozvrastcheniyei NGO at the Infectious Disease Hospital #30 (biggest in St.-Petersburg).

1998 - Peak of the epidemic of heroin overdoses. Counseling Psychological Centre of iVozvrastcheniyei NGO for the patients with overdoses was opened at the Toxicological Department of City First-Aid Institute.

1999 - HIV/AIDS epidemic was starting in St.-Petersburg.

2000 - iVozvrastcheniyei NGO together with the staff of Hepatological Centre (Infectious Disease Hospital #10) started to provide psycho-social follow-up of the IDU patients.

2001 - Peak of officially registered cases of HIV infection in St.-Petersburg. iVozvrastcheniyei NGO organized Counseling Centres at the City Substance Abuse Hospital and at the City AIDS Centre.

2002 - iVozvrastcheniyei NGO started close collaboration with the City Dermato-venerological Hospital and City Substance Abuse Out-patient Service.

2004 - iVozvrastcheniyei NGO develops collaboration with the City TB hospital, creating multiprofessional team at the department for HIV positive TB patients (more 90% - IDU, ex-prisoners).

During 2003 year 5584 consultations for 1307 patients were providing by psycho-social services and 903 patients have had 1628 medical consultations (in Consortium of trust governmental services and iVozvrastcheniyei NGO).

Among our patients 44% were HIV positive in 2003 and 67% - in 2004 year.

600 Thein HH, Day C, Kaldor J, Maher L

PUBLIC OPINION AND COMMUNITY IMPACT OF A MEDICALLY SUPERVISED INJECTING CENTRE IN SYDNEY, AUSTRALIA

Objectives: To describe public opinion towards and evaluate the community impact of a Medically Supervised Injecting Centre (MSIC) in Sydney, Australia.

Methods: Telephone interviews were conducted with residents (n=515, 540) and businesses (n=209, 207) in Kings Cross and residents in New South Wales (n=1018,1070) in 2000 and 2002, seven to nine months before and 15 and 17 months after the MSIC opened. Differences were assessed using the chi squared statistical test. Results: Two-thirds of business respondents and half of local resident respondents identified the correct location of the MSIC in 2002. The level of support for establishment of a MSIC in Kings Cross (68% to 78%, p<0.001) and in other areas of high drug use (71% to 80%, p=0.003) increased significantly among local resident respondents between 2000 and 2002 and marginally among local business respondents (58% to 63%, p=0.5 and 59% to 67%, p=0.2). Both groups were more likely to disagree than agree that MSICs would encourage illicit drug injection. The proportion of respondents reporting advantages of MSICs and no disadvantages increased from 2000 to 2002.

Conclusions: This is the first study to undertake a pre-post survey of public opinion toward the establishment of a service of this kind. Results indicate considerable community support prior to the establishment of the MSIC, and an increase in

community support after almost a year and a half of operation. High and increased levels of support for the MSIC among local residents and businesses, arguably those most sensitive to any negative impact of a service of this kind, suggest that the MSIC has had a net positive impact on the local community.

603 Mohammad Monir Hossain, Motin-CARE, Humayun-APON Bangladesh

COMMUNITY BASED DETOXIFICATION CAMP FOR FEMALE DRUG USERS IS A NEW DIMENSION TO HARM REDUCTION IN BANGLADESH

Introduction: While HIV Program was implementing its Harm Reduction intervention initiatives in Dhaka city we found that a large number of Female Drug Users demanded for Detoxification which is too much insufficient in Bangladesh. For addressing this felt need we could organize Community Based Detoxification Camps for Female Drug Users along with partner organization.

Description: HIV Program of launched its Drug Users Intervention since mid of 1998 in Dhaka city. Gradually it expanded intervention performances in different places of country. The intervention is covering 300 Female DUs daily through means of behavior change. Beside NEP the intervention was providing detoxification for male DUs only. During the year 2002 the intervention introduced BCC services for Female DUs. While we worked with Female Drug Users we also found that a potential number of them were in need of Detoxification which is very much limited in Bangladesh. We could organize four detoxification camps and treatment for 50 Female DUs by intervention initiatives along with partner organization.

Conclusion: Although Female Drug Users are more vulnerable and at risk to HIV, the Detoxification option is crucial for reducing HIV and Drug related harm

604 Anna Dosova

'DRUG POLICY NEWS' DIGEST AS A MECHANISM OF DISTRIBUTING OBJECTIVE INFORMATION ON THE RUSSIAN DRUG POLICY

Issue: At present, Russia lacks objective information on drug policy. Separate mass media usually pursue their own object when publishing articles on drugs and drug related problems. The Federal Agency of the RF on Control over Drug and Psychotropic Substances Trafficking distributes information on drug policy via its website and print, however information provided can not be regarded objective, as the agency aims at demonstrating positive aspects of its work mainly. Thus, the society needs objective coverage of events in the State drug policy.

Environment: 'Drug policy news' digest is being published in Russian and it is targeted at Russian-speaking audience. Among the digest subscribers are Russian human rights activists, harm reduction programs workers and other interested persons who have subscribed for the digest via website of the iNew Drug Policy alliance (www.drugpolicy.ru).

Project: Digest is an electronic mass media and is published monthly. Within a month we hold monitoring of mass media whose opinions on drug policy may not coincide. From the information flow concerning drug policy we choose the most important news. They are published on the first page of the alliance website in the beginning, and then, they are included into digest. Thus, digest presents information on events of the past month and presents different opinions and appraisals of them.

Results and knowledge obtained: 'Drug policy news' digest has been published for one year (the first issue was in October, 2003). For this period, the digest has turned out to be the only mass media utterly dedicated to the Russian drug policy and presenting objective judgment of the events happened. The subscribers' database is growing constantly. It means that the interest of the society to the problems of drug policy is increasing, and the digest satisfies information requirements of the society.

606 Anna Dosova

VIRTUAL COMMUNITIES OF DRUG USERS, HARM REDUCTION WORKERS AND DRUG POLICY EXPERTS (FORUMS OF WEBSITES DRUGUSERS.RU AND DRUGPOLICY.RU)

Issue: At present, there exists necessity of communication and bridging between drug users, harm reduction workers and drug policy experts in Russia. Joint discussion of problems, surveys conduction, writing letters to the government, etc. may be conducive to changes aimed at solution of those groups' problems. The most inexpensive and effective means for establishing contacts between those groups is Internet.

Environment: Forums of websites DrugUsers.ru and DrugPolicy.ru are targeted at the Russian-speaking audience all over the world. The number of registered users of DrugUsers.ru forum is about 3,000 persons (mainly drug users, to a lesser degree - harm reduction workers), of DrugPolicy.ru forum - about 50 persons (mainly drug policy experts, partly - drug users and harm reduction workers). The

audiences of those two forums partly overlap.

Project: DrugUsers.ru website forum has existed for four years already, DrugPolicy.ru forum - for one year. For the period, stable community of drug users has developed in DrugUsers.ru forum, and they communicate not only virtually, but at regularly held personal meetings. For the period, DrugUsers.ru community has held several concerts, published several prints. Several researches of drug users' groups have been held on the basis of DrugUsers.ru community.

Results and knowledge obtained: Two forums with different but partly overlapping audiences are complementary to each other. Drug users from DrugUsers.ru forum may get lawyer's consultation on the forum of the iNew Drug Policy alliance, may get news concerning drug policy, and may be informed on actions. The alliance staff may use DrugUsers.ru forum as a ground for research, getting the required information at first hand, and drawing drug users to express their civil stand.

610 Petra S. Meier

PREVENTING EARLY TREATMENT DROPOUT

Background: There is good evidence that retention predicts outcome in all forms of drug treatment. However, it is not yet clear whether the same factors predict immediate dropout in the first few weeks and dropout occurring once the client has successfully been engaged in treatment.

Objective: To investigate whether there are differences in the predictors of dropout early and late in treatment.

Methods: Clients (n=187) starting residential rehabilitation were interviewed at intake, covering demographics, drug use, psychosocial resources, psychological health, motivation, and treatment attitudes. Of these clients, 87 (46%) dropped out of treatment, and these were divided into two groups: early drop out (before day 21; n=37) and late drop out (on or after day 21; n=50).

Results: The early dropout group had significantly lower levels of treatment readiness and desire for help, and more negative attitudes towards treatment. The late dropout group reported feeling less external pressure to be in treatment. There were no significant differences according to demographic variables, psychological wellbeing, psychosocial resources such as coping strategies, social support, self-esteem, or treatment history.

Conclusion: The variables distinguishing clients in the early dropout group from those in the late drop out group were those associated with clients' treatment attitudes and motivation. The results thus suggest that motivation enhancing interventions are most likely to be effective in preventing disengagement if provided in the first weeks of a treatment programme.

611 Komsa Nursalam

THE SHARING INJECTION EQUIPMENT AS A CONTRIBUTING RISK FACTOR TO HIV AND HEPATITIS C TRANSMISSION AMONG IDUS.

Issue: The HIV incidence among IDU in Bali has reached almost 70%. The NEP has been developed but in some areas where NEP has been implemented, IDUs still have a potential risk which is related with their sharing drug practices. To get this fact, Hati-hati Foundation has given the assignment to outreach worker to do the observation for identifying this behavior in some of their targeted areas.

Setting: This observation conducted in some of the areas which have been reached by Hati-hati Foundation in Bali. The purpose of the observation is to get better understanding in the specific high-risk practices and behavioral norms of IDU social networks in that area in order to improve prevention strategies.

Project: Hati-hati Foundation has developed the NEP in 79 congregation areas around Denpasar. The observation was conducted by outreach worker in certain areas which have been set up for this purpose. 50 IDUs involve in this observation and all of them are the participants of the NEP.

Outcome: This observation indicated that sharing injection pattern was depended on how much money have been pooled, then they will divide it with 'the wet mode' where the drug will be mixed with the solution in the same syringe and squirt some to the same spoon to measure the portion of each IDUs. For improving the intervention, this observation has given the lessons that supporting behavior change among them it is not enough to give them the message 'don't share' alone, but it is very important to address the change of the social context and group norms where it have big influence on individual behavior like pattern of sharing drug or sharing injection equipment.

617 Sergeyev Oleg; Tsarev Sergey

HARM REDUCTION PROGRAM & EPIDEMIOLOGICAL AND BEHAVIOURAL STUDIES IN SMALL RUSSIAN TOWN, CHAPAEVSK

Issue: To investigate behavioral and social factors among drug injectors associated with sharing needles/syringes in small Russian town Chapaevsk, Samara region.

Setting. Chapaevsk, Samara region with 81,000 populations had only 2 HIV positive subjects in 1999, and 470 in 2004 (579 per 100,000).

Project. Since 2000 analytical epidemiological studies have been conducted in Chapaevsk to estimate prevalence of drug abuse and HIV, using capture-recapture methods and school surveys. Our results estimated that 3,500 – 4,000 people in Chapaevsk are intravenous drug users (1650 subjects are officially registered) and 1,606 citizens are HIV positive (capture - recapture studies, 2002-2003). Almost 95% of new HIV infections are among injecting drug users (IDUs). The harm reduction program worked in Chapaevsk since 2001, and reached 35% of drug users.

Outcomes. About 1,500 IDUs every year uses services of the program. Most of the drug injectors use “hanka”, a solution that requires lots of equipment for preparation which usually shared. Although in recent years the incidence of HIV infections decreased from 244 per 100,000 in 2001 to 62.5 per 100,000 in 2003 we still witness risky behavior among IDUs. Pilot behavioral study undertaken in 2001 indicates that 67.4% of IDUs used somebody else's needles or syringes and 58,1% gave their used syringes/needles to other IDUs, and only 13.9% of drug users reported that they always used condoms.

We propose to conduct a behavioral survey among 300 IDUs and their sexual partners to study sexual and injecting behavior which might lead to HIV/HCV transmission. The survey will be conducted by local outreach team which has a good access to the target group.

621 Lily Hyde

HARM REDUCTION IEC DATABASE FOR UKRAINE AND THE REGION

Issue IEC work in Ukraine is uncoordinated and lacks guiding principles. Although high quality materials exist they often have a small print-run and are poorly distributed, leading to needless duplication.

Setting The International HIV/AIDS Alliance in Ukraine, within the framework of the Global Fund to fight HIV/AIDS, TB and Malaria grant to Ukraine, designed a database to provide a comprehensive overview of IEC work, create national recommendations on best practices, and make good materials widely available to harm reduction projects. The project is based in Ukraine and is intended to cover the Russian-speaking region.

Project Criteria were developed to assess IEC materials for vulnerable groups (IDU, SW, PLHA, MSM, prison inmates) based on international best practice and including such indicators as language, cultural context, accuracy, relevance, consistency of message, involvement of vulnerable groups in production, accessibility, format. Existing IEC materials produced in Ukraine were surveyed, catalogued and placed in an on-line database (www.harmreduction.org.ua) where they can be downloaded and searched by category or key-word.

Ten best existing materials were selected for reprint and distribution throughout Ukraine.

Outcomes While the survey found excellent publications, it also revealed that most IEC materials produced in Ukraine cover a limited audience and range of topics and frequently repeat. Some incorrect information is being distributed and editorial errors and misprints are common.

As a result the Alliance is supporting production of IEC materials to fill gaps (e.g. materials for prison inmates, MSM) identified by the survey. A permanent editorial board was created to provide free guidance to organisations working in IEC and review new materials. The database indicates recommended materials and includes guidelines on producing IEC.

In future the database is intended to serve as a shared interface with other IEC and harm reduction databases throughout the region.

623 Jennifer L. Keating

A STUDY OF THE SUCCESSFULNESS OF JUVENILE DRUG COURT PARTICIPANTS

Throughout the last century, increased drug use has not only led to personal struggles, but also to a struggle in society. As the drug problem has increased and worsened, so has the caseload in courtrooms across the nation. Within the last several years, a solution has been born and utilized in communities across the nation: Drug Court. The Woodbury County Drug Court in Sioux City, Iowa, has been one of those communities; however, their approach has been unique. Utilizing a volunteer panel-based model, the court meets with non-violent drug offenders on a monthly basis. This study focuses on the success of the volunteer panel-based model. Furthermore, this study consists of a five-year follow-up of Woodbury County's Juvenile Drug Court program. By reviewing the client's files, the study tracks the progress of each client through the duration of time they participated in Drug Court. Information about any client who may have re-offended during their Drug Court commitment as well as the crime will be sought out in secondary sources such as court documents and newspapers. A random sample of graduates was selected for in-depth follow-up interviews. The success rates of this specific program will be examined and compared to similar counties within the United

States. A discussion of the initial results and further research questions will be held at the conference.

624 Jennifer L. Keating

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627 Angeline MacTier

ON AVERAGE 1-2 PEOPLE DIE EVERY WEEK FROM 'SNIFFING' SOLVENTS AND GASES.

Just under two thirds of these deaths are under the age of 19, the most common age of death being 18. The youngest death ever recorded is 7 yrs, but there have been several deaths in the 9-11 age range.

A recent survey published by the Department of Health revealed that 9 percent of 13 year olds had sniffed volatile substances during 2002. This report highlighted the fact that 'sniffing' substances is now more prevalent than previously reported, peaking amongst 13/14 year olds. Note, the products sniffed are easily obtained in one's own home and can kill instantly.

Data collected between 1971-2000 shows that there have been almost 2,000 deaths in total from 'sniffing' where-as there have only been around 150 deaths during this time period from ecstasy, yet 'sniffing' is not included in our Drug & Alcohol Strategy.

Education must take into account the differences between 'sniffing' and other illegal substances as follows:

Young age of those experimenting, very much lower than other substances. Research carried out by Depart. of Health revealed that sniffing is more common amongst 11 and 12 year olds than illegal drugs.

Death can occur on the first experiment. Unlike many other drugs, 'sniffing' has the very real potential of killing with the first experiment. For those who have died from sniffing around one third of the deaths showed no evidence of previous abuse.

Easily attainable products. The products that young people 'sniff' are not illegal. In fact, most of them can be found in the home, school or workplace, or purchased from shops, all of which have a legitimate purpose.

Sniffing itself is not illegal. Even though 'sniffing' is not illegal it does not mean that it isn't dangerous. It is easy for young people to argue that they are doing nothing wrong.

629 Sergey Ryabenko

ADVOCACY OF THE HARM REDUCTION PROJECT STAFF AND CLIENTS IN VORONEZH, RUSSIA

Issue: The low level of legal culture of injecting drug users (IDUs), commercial sex workers (CSWs), PLWHA; lack of possibility to defend their right by themselves, lack of active attempts to rehabilitate their rights and interests violated; discrimination. Free of charge advocacy is needed.

Environment: Voronezh is the main city of the Centralno-Chernozemnyi region with population of 999,260. The prospective target group: IDUs, CSWs, PLWHA, and outreach workers.

Project: Free of charge admission room has been open since July, 1, 2002. 257 clients of the Harm Reduction program including 24 PLWHA have visited it. A collection of materials regulating rights of HIV-infected people has been prepared. Education seminars have been held for attorneys, lawyers-volunteers, iAntiAIDS Center staff and PLWHA mutual aid groups. Brochures on legal issues for IDUs, CSWs and PLWHA have been issued.

Website has been created for constant acknowledgement of PLWHA and general

community on legal issues concerning rights of HIV-infected community members. The website contains all legislative acts. 2 seminars on PLWHA advocacy have been held with the deputies of the Duma of Voronezh.

Results and knowledge obtained: Increasing of legal knowledge of HR program clients and outreach workers have stimulated HIV-positive people to take active stand in defending their rights and freedom.

Personal meetings and communication with deputies, state authorities' representatives and mass media; as well as website, brochures, and informational materials on legal policy issues have become methodological basis for working out initiatives on changing legislation with the aim to improve legal situation of IDUs, CSWs and PLWHA.

632 Wang Hongru, Wang Yongshen

MAXIMISING THE POTENTIAL OF METHADONE MAINTENANCE THERAPY: EXPERIENCES OF INTEGRATING EXISTING PROJECT WORK WITH CHINA'S METHADONE PILOT SITES

Issue: The Chinese government authorised pilots of methadone maintenance therapy for the first time in early 2004. This is a breakthrough in the country's response to HIV/AIDS. This presentation looks at how the China-UK HIV/AIDS Prevention and Care (HAPAC) Project tried to integrate its efforts and resources with the MM pilots.

Setting: The HAPAC project pilots work with vulnerable groups in Yunnan and Sichuan in order to develop effective intervention models to feed into China's response to HIV/AIDS. This presentation looks specifically at experiences in three sites - Gejiu in Yunnan and Leshan and Xichang in Sichuan - which are among China's pilot areas for MM.

Project:

- A team of project implementers, project technical experts and members of the National Methadone Working Group developed a strategy for HAPAC's collaboration with MM pilots.
- The first three MM pilot sites to begin built on a supportive local environment in HAPAC sites where our harm reduction interventions made methadone more acceptable to local authorities and communities.
- The project provided resources to help set up clinics, including spaces for counselling.
- Staff from interventions like needle exchange brought their skills and empathy in working with drug users to the methadone pilots.
- HAPAC provides links to other relevant services.

Outcomes: An external evaluation of the first few months of MM pilots in China noted that the rapid progress in these sites reflected effective multi-sectoral collaboration and emphasised that effective HIV prevention requires that MM therapy is set in a broader context of harm reduction.

Conclusion: In a sensitive environment, where drug users are stigmatised and criminalised, hard work to establish the credibility of harm reduction interventions at local level has made it easier to introduce methadone.

633 Sylvia Tjahjakaerani

BUILDING PARTNERSHIP AMONG NGO, GOVERNMENT AND POLICE TO DO HARM REDUCTION IN PROVINCES IN INDONESIA

Authors: Sylvia Tjahjakaerani,

Organization: The Asian Harm Reduction Network (AHRN)

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Issue: In 2003, Indonesia adopted a national, HIV Prevention Strategy which encompasses prevention services for Injecting drug users and explicitly identifies harm reduction as an appropriate methodology. This also followed by a Memorandum of Understanding between National AIDS Commission and National Narcotics Bureau (BNN) in December 8, 2003. This MOU also has its team to execute the program. Up to September 2004, this information rarely comes to the related stakeholders in Provincial level institution even in the Police institution and AIDS Committee.

Setting: Local Harm Reduction NGOs has a least support by local Government and Police in doing their program. This is not because they are not willing to help NGOs, but this because of lack of information.

Project: Since September 2004, Asian Harm Reduction Network, National AIDS Committee, supported by Harm reduction- Aksi Stop AIDS (HR-ASA Project), held Provincial coordination for Harm Reduction Socialization. This project held in 6 provinces where HR-ASA Project exist. The coordination meeting aim to socialized what has been done in national meeting, which should be done also in lower level such as in Provincial or in Municipality level.

Outcomes and lessons learned: Institution, Government organization and Police Institution are sometimes lack of information for the newest up date information about Harm Reduction (e.g. Commitment in National level). And sometimes it cause misunderstanding of the Harm Reduction program. So that it needs some extra

effort to speed up the spread of information. At the end of the project, there is always some offer to help NGOs to do the activity by the Institution, Government, and Police Institution. It just about opening their mind by flowing the information they never heard before.

634 Andrew Kiprono Kibor

ALCOHOL ABUSE AMONGST THE YOUTH IN CENTRAL RIFT REGION OF KENYA

INTRODUCTION: Elimination of alcohol abuse mainly amongst the youth in Siliboi Community, Central Rift, has caused a major challenge to Siliboi Community Foundation. The youth seem to be sensitive and alert all the time thus need for their guidance.

METHOD: Through peer counseling advocacy and public awareness campaign, the community based organisation managed to gather information from a large sample of the youth. Observation, questionnaires and statistics from enforcement and regulatory authorities were used to collect the data.

RESULTS: On analysis of collected data, it is evident that alcohol abuse mainly results from peer pressure, availability of cheap spirits (mainly packed by manufacturers in small portable sachets), creating of fun during idle sessions by the post primary school graduates, curiosity and deviance (rebellion) from the youth. These made the key youth become pessimists, show emotional disturbance and behave in a don't care attitude as in their day to day occupations.

CONCLUSION: Awareness of dangers of alcohol abuse, peer counseling and spiritual guidance on top of proper parental guidelines plays a major role in reducing if not eradicating alcohol abuse amongst the youth.

I kindly request for a scholarship.

635 Muhammad Ayub

HARM REDUCTION AMONG NON-INJECTING HEROIN ADDICTS IN PAKISTAN

Background: Peshawar, a Pakistani town on the border with Afghanistan, is the home for around 2,000 hardcore heroin addicts, who inhale and sniff the deadly powder on the streets and roadsides. With only very few injecting the drug and great majority inhaling or sniffing, the harms caused by heroin-use in Peshawar are different from other part of the world. The risk of HIV transmission is very low. The street drug users mainly suffer from physical, social and environmental harm.

Method: Detailed profiles were collected from all clients who registered for harm reduction services with DOST Welfare Foundation during the last three years. The data available in the registration forms of more than 3,000 clients, were analyzed for some qualitative information.

Results: These drug-users are the stigmatized group of society, rejected by their families and friends and are usually deprived of their basic rights. They live on the roadsides and are on the mercy of various evil environmental and social factors.

To support their addiction and living, this destitute group involves in begging, minor nature theft and drug pushing. Being caught during police crackdowns, they keep on landing in prisons and becoming victims of unjust penal system.

The availability of highly adulterated heroin on cheap prices is posing serious threat to the lives of these drug-users. In the lust of gaining high kick they overdose heroin, which sometime lead to deaths. Some medical problems including chest infections, scabies, wounds are common among this group of drug-users.

Due to the rare number of injecting drug-user and conservative norms in the area, needle exchange and condoms provision are not generally acceptable in Peshawar.

Conclusion: A need-based harm reduction strategy, which can work for the prevention of physical, social and environmental harm and the injecting habit, is very vital in situation like Peshawar.

638 Olga Blinova

RAPID SITUATION AND RESPONSE ASSESSMENT IN VORONEZH, RUSSIA

Preconditions: Voronezh is a city in Central Russia with 999,260 population. According to official data on 01.01.2004, there were 5,564 IDUs and 79 persons with HIV/AIDS, 37% of which were IDUs.

Goals: To define the issues for strategy planning of HIV/AIDS prevention program among the most vulnerable populations; and to ensure further work of the Harm Reduction project.

Methods: The WHO procedure and the questionnaire of the Imperial College were used. Within 1 month 150 IDUs were questioned and tested for HIV antibodies. 75 of them were clients of the HR project in Voronezh and 75 had never turned to project services before. 21 CSW were questioned and tested. The average age of respondents was 24 years.

The survey was held by HR project outreach team and volunteers from among IDUs and CSWs. AIDS-Centre laboratories tested residual blood in syringes used by IDUs. For data capture and RSA results discussion, an Advisory Committee was created composed of public health, police and administration head experts. Focus groups with IDUs, PLWHA, CSWs and police were held.

Results: The estimated number of IDUs in Voronezh is 25,500 persons, i.e. every

tenth young person 16 to 30 years old. 60% use drugs every day. HIV infection prevalence among IDUs is 5%. The estimated number of HIV-positive IDUs in Voronezh is 1,275 persons. The total estimated number of HIV-positive inhabitants of Voronezh is 3,400 to 3,600 persons. The most popular drug is the solution of homemade opiates of cooking poppy seeds (90-95%).

Conclusions: The RSA results have been discussed on 4 meetings of the municipal Council on HIV/AIDS Prevention. Project clients have been found to be less in number in adhering to risky behavior and having suppurative and septic complications as compared to non-clients.

Findings: The official statistic data do not reflect the true situation with drug use and HIV-infection spread; The situation with drug use and HIV-infection spread to be changed; the existing programs and the further work of the HR program in Voronezh should be amended.

639 Viktor Vlasov, Blinova Olga

ORGANISATION OF A SELF-SUPPORT GROUP OF PLWHA IN VORONEZH, RUSSIA

Issue: Problems related to HIV affect not only personal, but also economic, social, and psychological aspects. One of such problems is low level of legal culture of HIV+ people and the lack of active stand on violations of their rights, as well as on treatment access. The society is stigmatizing PLWHA. The problem is that IDUs and PLWHA have no access to treatment. ARV-therapy is rendered to 5 persons from 100 of those who need it in Voronezh region. One of the arguments to deny treatment to IDUs is the lack of adherence because of drug use. Discrimination of HIV-infected people often occurs, being shown in denial in hospitalization and rendering specialized medical aid.

NGO iAntiAIDS Center staff and HIV-activists have come to the conclusion that PLWHA self-help group is necessary to be supported.

Project: Since March 2003 the meetings of iWe are together PLWHA group have been regularly held twice a week in the premises of iAntiAIDS Center. 26 new members have been drawn to group meetings.

12 seminars on medical and legal aspects touching upon PLWHA interests were held in 6 months. A local human rights organization renders legal consultations to PLWHA free of charge. The group members visit other PLWHA in hospitals and render them psychological support. Informational materials have been prepared to be distributed among PLWHA in AIDS Center and TB hospital. The work with HIV+ inmates in a high security regime prison was started in February 2004.

The results and knowledge obtained: PLWHA group members have obtained experience and knowledge on HIV-activism, PLWHA rights, and learnt to assert their rights. The contacts established allow us to exchange information with HIV-activists in other regions and render psychological support to PLWHA undergoing ARV-therapy. New members are constantly being drawn in, including those from other districts of the region. Due to creation of self-help group of HIV+ inmates in a high security regime prison, we have drawn HIV-positive ex-inmates to group activity.

642 Olga Blinova, Natalia Gayvoronskaya

ADVOCACY OF HARM REDUCTION PROJECT IN VORONEZH, RUSSIA

In order to get political and financial support to Harm Reduction, to extend services to target groups, to develop partnership with other NGOs, support of local key policy-makers is needed.

In order to get political support of the HR program there has been organized the study-visit of the administrative and health authorities to the progressive HR project in Saint Petersburg.

For half a year, there have been held 5 round tables of the municipal authorities on the issues of cooperation of governmental and public agencies on HIV/AIDS and other socially important diseases prevention among the most vulnerable population groups. 150 administration and health officials took part, besides reporters. The draft law of the Voronezh region 'On social order' has been sent to the Duma deputies.

Seminars on HR program have been held among narcologists, venereologists, the Interior Ministry Administration and the SDCC officials, working meetings have been held with the Duma deputies, the municipal authorities, mass media.

Results and knowledge obtained:

- The appeal to the executive and legislative authorities, mass media and public organizations has been sustained on cooperation of governmental and public agencies HIV/AIDS and other socially important diseases prevention among the most vulnerable population groups;
- 'AntiHIV/AIDS for 2004-2007' a municipal target program including Harm Reduction subprogram has been elaborated and adopted by the deputies.
- The service of trusted doctors of the municipal dermatovenerologic dispensary has been established.
- The agreement on cooperation with the SDCC has been concluded. The cooperative work with the Interior Ministry Administration has been established and is being supported.

- Partnership relations with other public organizations have been established. Due to the activities on HR advocacy we have got financial and political support of the program in the Voronezh region

643 Nadezhda Fedoseeva, Segey Oleinik

MOBILIZATION OF THE 3RD SECTOR FOR HARM REDUCTION PROGRAMS PROMOTION

Issue: Despite syringes exchange programs have been working for five years in Russia, harm reduction has failed to become an inherent part of the programs of response to HIV/AIDS epidemic.

Environment: The given document summarizes the work experience on introduction of harm reduction program into regional and municipal program of response to HIV/AIDS epidemic in the Penza region and the city of Penza.

Project: The experience accumulated shows low effectiveness of advocacy actions aimed solely at promotion of harm reduction ideology. It is much easier to get harm reduction programs included into the regional and municipal programs on fighting with AIDS by joining efforts with nongovernmental organizations dealing with public health issues and promoting the idea of creation of result-oriented complex programs on social diseases prevention. In the course of work we have used various advocacy approaches: coalitions' creation, elaboration and implementation of partnership projects, holding of informational campaigns targeted at the whole population, experts and decision-makers. An effective advocacy approach is participation of NGOs carrying out harm reduction programs in the work of the public institutions: The Public Chamber under the government of the region and the Public Council under the mayor of the city. An indispensable condition for harm reduction programs being recognized by the society is critical review of effectiveness and cost-effectiveness of prevention actions held in the region and the use of demonstrative approach in HR advocacy.

Results and knowledge obtained: The systematic work on promotion of complex response programs on HIV/AIDS epidemic and HR advocacy have resulted in adoption of the municipal program of response to HIV/AIDS epidemic and in inserting additions to the regional Program on Fighting Social Diseases. The effectiveness of advocacy work increases if NGOs dealing with public health issues take part in it.

645 Fernando Janer

GHETTO HIPPIES: WELLNESS PRACTICES AND HARM REDUCTION WITH HOMELESS YOUTH

Wellness practices are highly effective tools in Harm Reduction programs. Traditional Mind/Body practices such as yoga, meditation, and nutritional awareness not only provide great therapeutic benefits for participants, but are also extremely cost-effective for programs with limited funding. Furthermore these practices provide skills that can be used autonomously, and reduce the dependence of participants on institutional settings. Nevertheless, the introduction of novel disciplines to culturally marginalized communities poses specific challenges, and creativity must be used to materialize their appeal.

Supported by examples from the experience of developing wellness activities at a New York City drop-in center for homeless youth, most of whom are of African-American and Latin@ heritage, we will discuss the kinship between wellness practices and harm reduction objectives. We will report on several interventions such as workshops that compare the similarity of effects of meditation exercises and mood-altering substances, and nutritional groups tailored to members of communities traditionally deprived of access to a variety of healthful foods. Through our examples we will explore the deeper connections between wellness practices, harm reduction, and ethnic class discrimination. Lastly, we will discuss strategies and approaches to fostering different cultures of self-care in our communities.

This session will be useful for direct service providers, and for anyone interested in developing wellness practices in culturally and developmentally appropriate ways to more effectively achieve harm reduction.

648 Anna Kucheruk

DEVELOPMENT OF HARM REDUCTION SERVICES FOR IDU SEX WORKERS

Issue: After disintegration of USSR Ukraine faced difficult economic situation. Unemployment became the main reason that forced women to render sex services. Lack of information, migration in search of job, consent to sex without condom if paid more for that, and bad health care led to increase of STI and HIV. During last decade the share of sexually transmitted HIV increased 3 times in Vinnitsa region (from 10,1% in 1998 to 37% in 2003). Women share from all HIV+ is increasing in Ukraine. Women are more biologically vulnerable to HIV during sex. Female IDU-SWs dialing with 2 factors of HIV transmission risk became the most vulnerable group.

Setting: Since 2001 the project was implemented in 5 towns of the region and Vinnitsa city. The length between points of support is 40-120 km. The majority of target group aged at 18-35 and has only secondary education. 81%-unemployed. More than half consented to unprotected sex if paid more for that. 87% had STI. Length of drug and alcohol usage and sex work 4-6 years.

Project: NGO started syringe exchange, counseling (medical specialists, psychologist, lawyer), condoms distribution, information-educational work, publishing newspaper, trainings, peer education, assistance with employment and medications, hygienic means for SWs. 18 SWs and their children got clothes as humanitarian support. The NGO established long-term connections with target group and partners; 206 clients are under our observation.

Outcomes and lessons learned: The results of studies revealed significant changes in SWs behavior to safer after intervention. In 1998 - 100% of clients used any syringes, but in 2004 only 3,4% noted use of somebody else's syringes. Condom use increased from 45% to 78%. Harm Reduction strategy realization among SWs contributed that the part of HIV+ women decreased from 30,3% in 2001 to 23,8% in 2003 from the total number of the new cases registered in the region. HR Programs coupled with rendering the possibility of STI treatment and resocialization significantly decrease risks for IDU SWs.

654 Saidur Rahman Matabber

BURNOUT MIGHT BE INCREASING IN HR PROGRAM DUE TO LACK OF BENDY POLICY AND STEADY LEADERSHIP.

Issue: HR program itself consisted of some burnout trait as its multiplicity. Also social stigma, superstition, DU's taboo & marginalization, police harassment, spot eviction, govt. non positive attitude, fund crisis, staff turnover, political assault, lack of common understanding between the staff, job dissatisfaction, increasing sharing and IDU's death are increasing staff frustration. In addition it is found that inconsistent leadership and inflexible implementation policy has been amplifying the more suffer exhaustion among the staff.

Setting: Drug User Intervention of CARE Bangladesh has been implementing Harm Reduction program by peer-based approach since 1998. This program has covered around 4000 IDUs and 5000 HSs by 150 OWs and 12 Field Trainers into 19 Drop In-Centers in Dhaka, the capital city of Bangladesh.

Project: After end of seven years it has been seemed that HIV program of CARE Bangladesh has done tremendous field based activities by their experienced committed field staff as well as launched some sort of new initiatives successfully such as Pusher Training, Community based detoxification camp, Medicine shops seller Training and female detox camp. But unexpectedly maximum time program had to suffer inconsistent leadership and insufficient staff. Also program has been failed to give proper reorganization of frontline staff and disseminated the field achievements into the top to bottom level due to lack of steady and sound leadership as well as inflexible implementation policy. As a result staffs are turning into more frustrated and burnout day by day.

Outcome: So, seven years experiences of DUI say that inconsistent leadership and inflexible implementation policy can increase more staff burnout in harm reduction program.

655 Michael Mancinelli; Stephen Smith; Yasmin Winsor; Jodi Loudfoot **PROMOTING THE SAFER USE OF CRACK COCAINE: A COMMUNITY RESPONSE**

ISSUES AND SETTING: Researchers have noted an increase in the number of individuals smoking crack cocaine. They note that users in Vancouver are frequently women, sex workers, HIV+, and in unstable housing.

Medical literature outlines the health problems of crack use. Much of it focuses on harms of the drug itself. However, there is specific evidence of the risks incurred as a result of the equipment and the smoking process itself. The intense heat of the pipe and smoke can lead to sores. The jagged mouthpieces on pipes can lead to cuts. These can increase susceptibility to Hepatitis B, C, and potentially HIV, through sharing, and to increased vulnerability to HIV and STD's through oral sex. As many users are also engaged in survival sex work, there is a related increase in health risks.

PROJECT: It the absence of specific services targeted to crack cocaine users, health care professionals, outreach workers, HIV/AIDS groups and users have come together to form the Safer Crack Use Coalition of Vancouver.

Based on work done elsewhere, its goals include education and advocacy, the distribution of mouthpieces, and the eventual production of safer crack use kits.

The Coalition is focusing its current efforts on distributing mouthpieces for pipes. In addition to promoting the safer use of crack, this has also provided the opportunity to highlight at the street level the Coalition's work, in advance of the production of the full kits.

The need to engage in education has also been identified as a key priority. The Coalition recently launched its first iAwareness and Training Day!, targeted towards health professionals, community workers and policy makers. The event examined

issues of crack use from legal, health, social, and user perspectives.

LESSONS LEARNED: An inclusive community approach involving users, front-line workers, health professionals and the public, is essential. This coordinated grassroots response has ensured the needs of relevant stakeholders, especially those of users, are considered.

656 Leah Martin, Adrian Blackhurst, Sandra Karpets

IBOGAINE TREATMENT OUTCOME STUDY

Over 200 registered addiction services exist in British Columbia, Canada. Although all have their place, the greatest need is for detox and residential treatment services. In response to this, the Iboga Therapy House in Vancouver, British Columbia, provides free Ibogaine treatment to chemically dependant users seeking detoxification.

As of fall 2004, Iboga Therapy House in association with the Multidisciplinary Association of Psychedelic Studies and the Ibogaine Association, Mexico, are coordinating an outcome study of Ibogaine treatment. It is intended to gather preliminary evidence about whether ibogaine-assisted therapy can facilitate long-term addiction recovery.

Data will be collected from 24 subjects, 12 from each facility, who have been treated for chemical dependence. Subjects remain in contact for one year to complete a series of follow-up questionnaires.

The Addiction Severity Index is our primary outcome variable and will be administered at specified intervals for a one-year period post-treatment to quantitatively measure changes in subjects' drug use, lifestyle, and well-being before and after treatment. The Peak Experience Profile is administered once after treatment. The Beck Depression Inventory and the Beck Anxiety Inventory are administered to measure correlations between Addiction Severity Index scores and depression.

Although the study results will not be complete by the conference, partial results, program design/development may be discussed.

If the study generates promising results, it will be expanded to include a larger number of subjects. Our goal is to evaluate the benefits of Ibogaine-assisted therapy in improving quality of life. Successful results may enable each treatment facility to seek aid from government programs addressing drug treatment needs. This presentation will be informative to anyone seeking understanding of Ibogaine's potential in drug treatment.

The Iboga Therapy house offers their services free of charge. We are seeking financial aid in order to participate.

657 Gillian Maxwell (presenter); Michael Mancinelli; Irene Goldstone; Stephen Smith; Warren O'Brian

THE ROLES OF CIVIL SOCIETY AND INFORMED PUBLIC DISCOURSE IN IMPLEMENTING HARM REDUCTION

ISSUE: Civil society, working in partnership with a well-informed public, has a critical role to play in responding to health and social crises at the community level. Government is ill-equipped to solve such crises in isolation.

SETTING: Once a hub of social and economic activity, Vancouver's Downtown Eastside has seen alarming rates of HIV, HCV, and overdose deaths: it is now Canada's poorest neighbourhood. A community has emerged determined to deal with these challenges, using informed public discourse as a first step.

DESCRIPTION: In 2000, a coalition of AIDS organisations, community agencies, government, and policy researchers organized a symposium on the role of harm reduction in achieving health and social justice outcomes for people living with HIV, addictions, and mental illness. This event attracted over 2000 participants from health, social services, enforcement, corrections, and education. Support from drug consumers, elected officials, media, and the public, made the event a powerful tool in mobilizing the community to advocate for changes in the approach to health and social services.

Based on this experience, the coalition has offered annual, topic-focused symposia. Each had a carefully crafted communications strategy designed to maximize public education. Topics have included the legal and ethical imperatives to provide safe consumption facilities; the economic burden of the problems associated with drug use and the need for balanced investment among prevention, treatment, harm reduction and enforcement; and, an examination of best practices for opiate substitution.

LESSONS LEARNED: These events successfully fostered the broad participation of key stakeholders: business leaders; elected officials; police; drug consumers; affected families; health providers; researchers; educators, and the public. This suggests that a coordinated and integrated approach to drug use is critical. Broad coalitions can inspire the implementation of effective public policy. Vancouver's experience may serve as a model for other communities.

659 Edward Ellison

REDUCING THE HARM OF THE 'WAR ON DRUGS' - A L.E.A.P. (LAW ENFORCEMENT AGAINST PROHIBITION) PERSPECTIVE

Issue: The Harm Reduction movement reflects a growing recognition of the ineffectiveness and increasing conflict with the criminal justice system. When conflicts between drug policy and public health are recognized by both sides of the 'war' then activities that foster increased dialogue become more valuable and contribute to faster progress.

Setting: The world identifies the 'immovable object' preventing an evolving harm reduction approach to the War on Drugs is American law enforcement policy coupled with its 'prohibition' foreign policy. LEAP (Law Enforcement Against Prohibition) concentrates its efforts within that arena whilst having an increasing presence in other countries.

Project: LEAP's mission is to reduce the harm resulting from fighting the war on drugs and to lessen the incidence of death, disease, crime and addiction by ultimately ending drug prohibition. To achieve that aim it has created a Speakers Bureau staffed with former drug warriors who articulately describe the impact of current policy on both police and the community, the personal safety of those involved, the ensuing corruption, and the financial and human costs. We are critical of prohibition and are aware of the confrontational and destructive nature of enforcement. We seek to educate the public, the media and legislators on the failure of current policy and then to explain the potential successes of ending prohibition.

Outcomes: It is said that politicians follow public opinion rather than leading it. To that end LEAP seeks to educate and inform America about the true effects of prohibition. It is impossible to overvalue the impact and effect of experienced drug warriors outlining the failure of prohibition and answering questions from the public. To end a 'war' both sides have to recognize each other's needs and effects. LEAP is the voice of caring, not confrontational, enforcement.

660 Chu Quoc An, Nguyen Thi Hoa

ASIA REGIONAL HIV/AIDS PROJECT (ARHP) AND HARM REDUCTION IN VIETNAM

There have been 84,484 reported cases of HIV/AIDS in Vietnam, of which about 60% are attributed to injecting drug use. An estimated 30% of Vietnamese people who inject drugs are living with HIV/AIDS. To date, Harm Reduction has been cautiously implemented, but appears to have some growing acceptance. In March 2004, the Prime Minister issued the National Strategy on HIV/AIDS Prevention and Control till 2010, and harm reduction is identified the one of the 4 prioritized strategies in HIV/AIDS Prevention in Vietnam.

(ARHP), a 4-year project funded by AusAID, commenced in July 2002 and is being implemented in China, Myanmar and Vietnam. The project's goal is "to strengthen the capacity of governments and communities to reduce the HIV related harm associated with injecting drug use". In Vietnam, ARHP have worked to raise awareness and build capacity for harm reduction implementation, principally through running a series of Train the Trainer workshops, and supporting the three key Ministries through workshops, training and study tours.

Project outcomes in Vietnam include:

- Training on harm reduction is introduced in Police Academy by the police trainers and in some other universities, and a curriculum for police academies in the region is in development.
- Contributed to promote a collaborative working mechanism between three relating ministries in harm reduction "Public Security, Health and Labor, Invalids and Social Affairs.
- Training of the trainers (TOT) and scaled up widely in the country, particularly in the detox centers, and prisons.
- Improved capacity of many senior leaders and specialists of those three ministries in taking action on harm reduction including workshops, training, and study tours

This presentation will highlight methods used in developing and delivering TOT, particularly in relation to law enforcement, and propose that such approaches could be of value to other countries in the region.

665 Kim Moran

TREATMENT SUPPORT WORKERS.

CAHMA'S Treatment Support Worker.

This presentation will show why CAHMA's Treatment Support Worker was created, how they are assisting Drug and Alcohol Clients in the Canberra region in choosing appropriate treatments and support groups and the effect we hope to have on treatment retention rates.

CAHMA created the Treatments Support Worker to assist people looking for treatments for opiate addiction and support them through out their treatment, improving the chance of recovery.

To ensure the clients are comfortable with the TSW people with personal experience in addiction are employed in the position. They have no involvement with the Alcohol and Drug Program other than through supporting client.

The TSW educates people on the types of treatments available, can refer them to other support services for additional support during treatments, while also supporting them with things like applying for transfers to a chemist if on Buprenorphine or Methadone, getting Take Aways either on a regular basis or for special occasions, putting in complaints if they have problems at their dosing point and anything else that they may be having problems with.

The TSW is involved with the appropriate org's and committee's to ensure that they are up to date on treatments, organizations and what is happening in the D/A sector, and ensure IV Drug User's are treated fairly and respectfully.

Over all I hope to show the need for Treatment Support Worker with experience and knowledge in addiction and other appropriate topics such as mental health to assist and support people while on treatment. This will reduce the chance of people jumping off treatment at the first sign of a problem enabling and empowering them to change their life in positive ways.

Treatment Support Worker Kim Moran.

669 Scott, Marg, Sobkin, Irene

EXTREME COUNSELLING: ADDICTIONS COUNSELLING AT A SUPERVISED INJECTION FACILITY

This paper will describe an evolving model for offering addictions counseling at Insite, North America's first legal supervised injection facility. Insite is situated in the epicenter of 'Canada's poorest postal code', where an open drug market has existed for many years. Insite is open daily and offers addictions counseling for 7 hours per day. Averaging 500-600 visits per day, Insite offers counselors an opportunity to be 'in the right place at the right time' for participants in active addiction. Counselors initiate contacts with participants or connect with referrals from team members in all areas of the site and access a shared database tracking participant visits: Counselors often witness participants' use and life events. Supports offered include trust and relationship building, assessment and referral, crisis, short-term, and long-term counseling, practical help, outreach, and advocacy.

Participants are a diverse group, ranging in age, socioeconomic circumstances, living conditions, cultural and racial backgrounds, abilities, and support systems, with intravenous drug use and its associated stigma and marginalization as the only given common denominator. Participants seek assistance for a wide range of issues, in addition to those related to their drug use. They present with differing goals, patterns of use, levels of current and past functioning, differing degrees of insight, and in various states of intoxication, necessitating flexible and creative interventions. In this unique setting, observed by a community of IV users, counselors must reach out and prove their usefulness quickly to people who often face overwhelming systemic barriers and are alienated from services. Contacts and interventions need to be timely and respectful of each participant's changing needs, striking a fine balance between offering too much and not offering enough help. Useful strategies for practice and lessons learned so far will be illustrated using case study examples.

673 Nadezhda Fedoseeva, Segey Oleinik

PLWHA MUTUAL AID GROUPS: PROBLEMS AND PERSPECTIVES

Issue: Among the main problems of PLWHA in Russia is non-observance of their legal rights to treatment and social defense guaranteed by the Federal Law. Carrying out of the State guarantees is impossible to achieve without mobilizing PLWHA community to strive for solution of their problems.

Environment: The given letter summarizes some results of the work on supporting PLWHA mutual aid groups in Penza.

Project: PLWHA mutual aid group in Penza has begun its activity in 2002. The particular feature of the Penza group is that not only PLWHA but former drug users take part in its work. PLWHA mutual aid group holds regular meetings including those in colonies of Penza together with groups of HIV-positive convicts. Active group members have taken part in monitoring of PLWHA rights and in holding informational campaign aimed at increasing PLWHA knowledge. The state medical services responsible for PLWHA treatment are not interested in increasing their awareness, as well as in their joining up.

Results and knowledge obtained: Sustainability of PLWHA mutual aid groups will be achieved with active participation of their members in prevention programs, creation of their possibilities to get employed, support of PLWHA wishing to get free of drug addiction, and provision of narcological aid being available to them. Activists from PLWHA groups and NGO working on HIV/AIDS issue joining efforts, the stand of both sides increase. Excessive closeness of mutual aid groups does not does not make for their sustainability.

675 Leonid Vlasenko**DRUG USE PATTERN AND HIV SPREADING IN UKRAINE**

According to the official data, the number of registered drug users in Ukraine doubled over the past ten years and now has reached 80129 (15.1 per 10,000). More than 90% of those population are IDUs. Also from 38,632 people are diagnosed with HIV, 73% are IDUs. This qualitative study was conducted in 6 regions of Ukraine. The analysis based on data of 30 in-depth interview, 6 life histories and 6 focus groups with IDUs. Also dates from field observation of illicit drug use and distribution places was included.

The main factors contributing HIV spreading among IDUs are specific features of contemporary Ukrainian narcoscene.

1) Main illicit substance is *ishirkaï* (homemade acetylated extract of poppy straw). This substance persists on black market only in liquid form that can be used only by injection

2) Illicit producing

and distribution of *ishirkaï* is highly monopolized that means a high risk of distribution of preliminary infected substance among large number of IDUs.

3) The common practice is joint purchase of *ishirkaï* for 3-5 persons with posterior sharing of bought liquid.

4) Owing to law pressure IDUs avoids possessing drugs for a long period of time and seek to inject as soon as possible most often directly on place of distribution or nearby. They have no chance for safe injecting drugs in these conditions.

5) Accessibility of illicit substances in prison. In combination with lack of sterile injecting equipment and disinfectants it makes risk of HIV spreading very high.

6) Long-term substitution treatment is still unavailable for opiate dependent persons.

The results of this study give us additional evidences of ineffectiveness of punitive drug policy and barest necessity of developing realistic harm reduction approach that means needle and syringes exchange programs, information company using outreach and substitution treatment for opiate dependent persons.

677 Jasmir Thakur**KABP OF MALE SEX WORKERS & MASSEUR IN MUMBAI METROS**

Abstract title: Male sex workers in Mumbai, India working under pressure for indulgence in drugs

Background: The highly mobile and invisible sub groups in the MSM sector is the Male sex workers and malishwalas (masseurs) & the sub segment found amongst them where the bazaar boys, beauty parlour boys, sex network of MSW controlled by pimps and educated young men from modeling industry and some such boys who would do it for extra pocket money.

Who are very active in the Mumbai metropolitan city. These sex workers, who are present in every strata of society, are the ones who get paid in the form of money but may also render services for kind.

There was an indication of the group indulging in high-risk sexual behaviour and hence the need for studying their Knowledge, attitude, behaviour and perception with regard to HIV/AIDS, before beginning any intervention. Informal discussions indicate that most of the malishwalas (masseurs) are paid for the service rendered for massage but Double up as sex workers for which they get paid extra or in kind. Condom negotiation is not prevalent and many a times the Clients insist on non-use of condom.

SOCIO-ECONOMIC PROFILE

- Median age is 21 YRS

SUBSTANCE USE

- 53% consumed liquor /alcohol before sex. Of these majority (64%) reported consuming it occasionally. An equal number reportedly consume gutka/mawa, etc.

SEXUALITY

- Sex with other men: 76% always, rest sometimes

- Sex with a female partner: Average 5 times in the last one month

PSYCHO SOCIAL PROBLEMS:

- The Male sex workers are forced into indulging with drugs by there male clients and due to pressure financial issues have no choices

- A majority (92%) reported having undergone mental/physical trauma in their relationships due to severe pressure, ifelt anger and frustration and felt like beating him but since he was a client it would be bad for business, ifelt dirty and angry and insulted,

679 Jasmir Thakur/D.K.Shenoy**SEXUAL BEHAVIOUR OF MALE SEX WORKERS & MASSEURS WITH THEIR MALE/FEMALE CLIENTS IN MUMBAI**

The objective is primarily explorative and to describe the risk behaviour of Male Sex Workers & Masseurs who predominantly serve male and Female clients in Mumbai, to discuss implications for the spread of the disease and appropriate interventions for these group.

Data is drawn from a qualitative study of workers and clients consisting of interviews with many open-ended questions. The results are viewed in terms of the AIDS Risk Reduction Model (ARRM). The data indicates a very active community of male sex workers and male/female clients in Mumbai at risk of AIDS infection. Multiple sexual partners, unprotected anal/ vaginal intercourse, frequent experience with STDs put both at risk.

Workers & clients had knowledge of AIDS and STDs

Both groups were characterized by frequent mobility. High levels of alcohol and non-intravenous substance abuse use by clients and in course by the male sex workers were reported before and during sexual encounters and may be a factor in increasing risky sexual behaviours. Interventions for these groups should include improving knowledge of workers, improving STD treatment for both clients and workers, skills training for sex workers, and increasing availability of good quality condoms and lubricants.

Needs:

- To look at issues of Adolescent & Youth in sex work
- To look at issues of Sexual behaviour versus Sexual identity
- To look at Masculinity in terms of client negotiations per se high risk behaviour
- To look at after care and sustenance of positive sex workers

Conclusions:

- Strongly recommend the establishment of a local support service for men and boys selling sex
- Recognize diversity of individuals and subgroups
- Make firm links with local sexual health services
- Use outreach and networking to publicize project
- Undertake further research to inform practice

680 Raju RK**HARM REDUCTION IN THE NORTH EASTERN REGION OF INDIA - THE BARRIERS**

ISSUE North Eastern region of India has a IDU driven HIV epidemic which is different from the rest of the country. HIV was first detected in the region among IDUs. 2 of the states are among the 6 high prevalence states in India. There is less commitment at the National AIDS Control Programme towards harm reduction approaches with no appropriate definition, strategy, budget and guidelines.

APPROACH Review and participation in planning and evaluation workshops, advocacy programmes, case studies of grassroots initiatives, HIV/AIDS and drug use related policies and conventions.

KEY POINTS There is no representation of grassroots civil societies from the region at the state and National level policy and programme development bodies. Hence the issues, the best practices, failures or little victories from the region are not highlighted, acknowledged or considered in developing responses. There is little change in the treatment response to drug users with no new initiatives. The Social welfare departments and SACS from the region are not adequately equipped with the needs and demands of the response to HIV among IDUs and are not in a situation to argue on what their state needs. Drug use and HIV is still remains a sensitive issue and the responses are yet to be mainstreamed.

IMPLICATION In some cases, effective programmes successfully pilot tested by grassroots civil societies are jeopardized when the authorities take over. With targeted interventions for IDUs in some of the states, there is still limited and often incorrect understanding within the stakeholders on harm reduction approaches. This has become specific barriers in the development, practice and scaling up of Harm reduction programmes in the region. For a more effective HIV prevention among the marginalized population of IDUs, intervention in terms of building capacity for the stakeholders involved has become a very critical issue.

681 Sescon, Jose Narciso Melchor MD, Ortega Nenita, RMT, Canaleja Edna SW, Ulan Renato**COMMUNITY ADVOCACY PROGRAM IN MINIMIZING HARM AMONG DRUG USERS IN CEBU: PHILIPPINE EXPERIENCE**

Issue: The need to enhance health seeking behavior among injecting IV drug users (IDUs) in Cebu City is a matter of great concern. Conduct of various IEC/BCC activities along with provision of clean needles, syringes are standards to reduce harm among participants. In Cebu City alone, prevalence of Hepatitis C is at 80% among IDU. Considering that drug use in the Philippines is illegal, access to available information and service among IDU is a must.

Description: Remedios harm reduction project in Cebu City started two years ago covering two barangays namely Pasil and Kamputhaw. Both sites are known to have high levels of drug use/exchange. Having an environment wherein, drug use is illegal, and possession of needles and syringes by individuals are apprehended by police enforcers, preventive strategies have to be holistic and packaging of services has to be discreet.

The project objective is to help contribute in providing access to both health

information/education and referral services among drug users. The project team utilizes community organizing, peer education and advocacy as its core strategies. To date, about 30 peer educators have been trained on various IEC campaigns in order to reach other drug users. Support drawn from the local community, government hospitals and clinics for its referral services. A Technical Advisory Committee a multisectoral body is formed that provides guidance with the Harm reduction project among others.

Challenges: In an environment where drug use is illegal, both preventive measures and services have to be provided among IVDUs. To ensure behavior change among IVDU in Cebu City, skills and competency in HIV AIDS harm reduction has to be built in among peers and eventually shared among themselves. Access to available, condoms needles/syringes is inevitable in any harm reduction project. Partnership with the community, local government is inevitable to reach project successes.

682 Hermia Fardin

CULTURAL ADVOCACY IN WEST KALIMANTAN-INDONESIA

Once of the problems in the world that related with Harm Reduction is Poorest/economic and cultural understanding.

The factors of that problem are:

- a. Lack of education level
- b. Social and economic
- c. Mother tongue

I was independently did the cultural advocacy in the remote area in West Kalimantan province. The native population called Dayak's ethnic.

The descriptions of the activities, as follow:

I was visited Sintang and Sanggau district for giving the description of how to use /using condoms and injecting. I have shown them the examples picture of traditional weapon and traditional cloth to cover their vital part of the body as the approach, which is related with the purposes and function from condom and injecting. The point is to reduce the risk of HIV/AIDS disease in two those regions. Now days, they already understand and going through the activities to prevent HIV/AIDS. So far I am still giving the understanding and changing the society opinion related with the Harm Reduction Program. As the result this is a beginning of Harm Reduction access easily.

685 Gray R

DENTAL SERVICE FOR PEOPLE AFFECTED BY HOMELESSNESS, DUBLIN.

In 2000, a needs assessment of the general and oral health of homeless men was conducted in Dublin. Results of 220 men examined revealed a high prevalence of dental disease, with a low service utilisation. (O'Neill C 2000) In response government funding was allocated to set up a dental service, appropriate and accessible to homeless people.

In 2003 a dental surgery was constructed in a city centre homeless drop-in centre used by 200 people daily. Merchants Quay Project provides contact and keywork, meals and a primary healthcare centre. The PHC includes a needle exchange, safer injecting sessions, a small methadone programme, nursing staff, a chiropodist and the new dental service.

The dental service provides all ranges of dental treatments and runs morning appointment sessions and an open access drop-in clinic. Recently evening appointments have begun in a nearby health board clinic.

A multidisciplinary approach to referrals is taken with hospitals, hostels, methadone clinics and self-referral. Merchant Quay's keyworkers and nursing staff encourage clients to attend for dental care. Oral health promotion, screening and health information are also provided.

In the first year of the dental service over 400 people have attended for treatment, of which 65% of clients use drugs, mainly opiates. Patients have attended on multiple occasions for full courses of dental care, and some clients are now more confident to use main-stream dental services.

Oral health plays a small part in the rehabilitation of homeless people and substance users, but by increasing a person's self-esteem and confidence it promotes further movement towards social inclusion.

686 Bernard Gardiner

RENEWING OUR VOICE

ISSUE: In recent years there has been growing momentum to address the global HIV/AIDS crisis, more than at any other time in the course of the pandemic.

SETTING: Since the mid- to late 1990s, there has been a considerable increase in the number and range of NGOs involved in responding to these multiple challenges: NGOs undertaking HIV/AIDS work; NGOs integrating HIV/AIDS-specific interventions within other health programming, such as sexual and reproductive health and child and maternal health programmes; and NGOs mainstreaming

HIV/AIDS within development, human rights and humanitarian programming. There have also been significant changes in the global funding environment, particularly in ensuring that the lessons learned over the past 20 years are used to guide the allocation of resources in scaling up responses to HIV/AIDS.

These changes both support and complicate the process of expanding the scale and impact of NGO programmes, so urgently needed. The proliferation of NGOs and programmes has, at times, occurred at the expense of accountability and quality programming and has led to fragmentation of the NGO 'voice' in the HIV/AIDS response.

PROJECT: The purpose of the Code is to address these new challenges by:

- outlining and building wider commitment to principles and practices, informed by evidence, that underscore successful NGO responses to HIV/AIDS -
- assisting 'Supporting NGOs' to improve the quality and cohesiveness of our work and our accountability to our partners and beneficiary communities
- fostering greater collaboration between the variety of 'Supporting NGOs' now actively engaged in responding to the HIV/AIDS pandemic, and
- renewing the 'voice' of NGOs responding to HIV/AIDS by enabling us to commit to a shared vision of good practice in our programming and advocacy.

OUTCOMES: A range of NGO's have endorsed the Code principles. A phase 2 is planned to support utilization of the Code.

687 Batool F, Ghauri A K, Hussaini H, Azam S.

HOW TO IMPROVE THE QUALITY OF SERVICES AT DIC'S- PSYCHOLOGIST'S PERSPECTIVE

Issue: The quality of services including the humanistic approach required at the DIC's seemed to be in dire need of improvement.

Approach: Detailed study visits were made to two of the Drop-in centers established under harm reduction projects in Karachi. Interviews with service providers as well as service users were conducted, in addition to general observations regarding the environment and attitudes of the staff towards the clients.

Key Points: During the visits it was observed that the staff lacked in proper counseling and Interpersonal communication skills, it was also noticed that staff's attitude towards the clients lacked genuineness, empathy and unconditional positive regard. Element of pleasantness was missing in the centers. Many clients wanted to go for the detoxification but the centers were unable to accommodate all clients to their respective detoxification and rehabilitation centers.

Implications: The clients can feel more comfortable and receptive of the services if the Counselors are properly trained or already have sound professional back ground which can help not only in increasing client satisfaction but also in eliminating the root causes which led them to drug use. Cleanliness and simple beautification of the centers with provision of some indoor activities to spend their spare time e.g. T.V. and indoor games can help them spend their time in healthy activities rather than fightings and/or other harmful practices. Provision of adequate detoxification, rehabilitation and social re-integration services can also be helpful not only in the harm reduction in general but lessening the number of drug users also means less efforts needed in future to put for Harm reduction.

689 Dony Agustinus

ADVOCATING FOR HARM REDUCTION IN THE COMMUNITY IN EAST JAVA

Issue: Harm Reduction practices are viewed with mistrust by many in the community in East Java. There are concerns that Harm Reduction is a precursor to the legalization of drug use, that it is an illegal activity and that it is against religious principles. There is concern too that outreach workers might abuse their position to sell drugs.

Setting: Most recent available estimates (2002) suggest there are approximately 14500 injecting drug users in East Java, with an HIV prevalence rate of between 20 and 35 per cent. Although Harm Reduction is supported in Indonesia's current National AIDS Strategy, there wide-scale acceptance is yet to be seen at provincial level.

Project: Continuing advocacy is required to religious and community leaders, both directly and indirectly, to improve the profile of Harm Reduction in East Java. Advocacy has taken the form of discussions that introduce these principle to leaders, press releases to mass media, and distribution of relevant IEC materials to general society. There have also been efforts to cooperate and coordinate with other sectors to enlist support for HR activities. Types of organisations involved have included rehabilitation centres, anti-drug organisations and non-government organisations. Religious leaders have also been approached to intervene or prevent crisis situations with regard to Harm Reduction activities in the community. Advocacy for police is also necessary, to ensure that they know how to handle outreach workers. It is suggested that if outreach workers are arrested then they should be freed, if their drug-free status can be confirmed by urine test.

Outcomes: Harm reduction should become accepted by the society, allowing these

programs to run effectively and efficiently. Outreach workers will then be able to work without fear, and police concerns can be addressed in a manner that satisfies the requirements of law enforcement and harm reduction practitioners alike.

690 Mari J%orvelaid

INCIDENCE OF ALCOHOL RELATED DISORDERS IN ESTONIA

Background: In Estonia, there is registered rapid increase in annual ethanol consumption, as before the year 2000 the annual consumption was less than 7 litres per capita and in 2003, it was 12,4 litres per inhabitant. There are known more than 60 diseases which are related to alcohol use.

Methods: The incidence rate of alcohol related disorders and alcohol related deaths in Estonia in years 2000 and 2002 was followed and compared. Resource for data was the database of Estonian Ministry of Social Affairs and Statistical Office of Estonia.

Results: incidence of most alcohol related disorders showed significant increase. Some examples. In 2002, the incidence rate of primary diagnosis of morbus hypertonicus showed almost two-fold increase compared with incidence in 2000, both among males and females; deaths due to liver cirrhosis had increased; incidence of alcohol addiction had increased among males from 201 to 254 per 100 000 inhabitants and among females from 29 to 49 per 100 000.

Conclusion: There is seen dramatic increase in incidence of many disorders during the period which can be characterized by rapid increase in the total annual alcohol consumption by inhabitants of Estonia.

693 Netty Sandra Devi

YOGYAKARTA: UNDER THE SHADOWS OF NARCOTICS

Background:

1. To illustrate the profile of IDUs, pattern of use, the context of the socio-cultural environment and influential factors of use in Yogyakarta.
2. To seek to assess potential health impacts which arise from the risk behaviour of IDUs.
3. To identify the policies involved with drug use, particularly in Yogyakarta and to also identify the factors that facilitate and encumber the effectiveness of these policies.
4. To address the possibility of applying policies in order to facing the issue from a number of perspectives, namely from users, the public at large, NGOs and the government.

Methods:

1. To illustrate the level of drug use in an area the scoring method used was Rapid Assessment Response (RAR). This makes it possible to seek and apply alternative program when attempting to address the problem.
2. Data collection methodology:

- a. Primary data: with the view of creating a general picture of the IDUs issue in Yogyakarta

Techniques used:

- In-depth interviews
- Questioner
- focus group discussions
- biographies of IDUs

- b. Secondary data: with the view to contextualizing the issue of IDUs in Yogyakarta.

Conclusion: As a student city, Yogyakarta attracts thousands of students from all over the archipelago, and therefore understandably, has a number of youth related issues, particularly in regards to drugs. Although officially documented cases may be few, these issues are still of serious concern; youth are easily enticed into drug taking, trafficking and selling. These problems will only get worse if there are not effective programs to combat this.

Nevertheless, educational programs are not enough. This must include care and rehabilitation as part of a larger prevention campaign. Apart from this, it is recommended that these programs are in line with the aspirations of the youth, therefore designed by youth and led by youth.

694 Milena Naydenova

THE FAILURE OF A PERFECT STRATEGY ON DRUGS

Issue: The new Bulgarian law on drugs, according to which, the possession of any quantity any kind of narcotic substance is punished with 3 to 15 years imprisonment. It already showed that is not only unable to achieve the target goals but also has high social and economic price, as:

- increase of the drug-related crime that leads to higher costs of police investigations, court cases, and incarcerated drug-users, who are not criminals;

- increase of blood transmitted disease infections, which already have lead to the collapse of public health care systems in other countries;
- the criminalized drug-use fuels the corruption and turned into criminals thousands of young people who were stigmatized and isolated from society in the most creative years of their lives in the view of the general demographic crisis in Bulgaria we loose precious human resources;

- the lack of affordable and available treatments of drug-addictions forces thousands Bulgarian families to accept the expensive private treatment programs, which unfortunately are not always professional enough and inefficient or insufficiently efficient. The price of the treatment put into a dead-lock many parents;

Approach: The historical and comparative methods are used to describe the results of similar law in Bulgaria and abroad and the interpolation /along with statistics/ is used for drawing conclusions about the general situation in the country.

Key Points:

- The results of the new law in Bulgaria;
- The lack of possibilities for available and affordable treatment in Bulgaria complicates the drug-related problems;
- The effectiveness of the treatment and prevention programs;
- The emerge of unprofessional, dubious and even fake treatment programs;
- Increase of corruption;
- The loss of precious human resources;
- The evidence and results of similar laws in other countries, which have followed the same course.

Implications: General comparison of the positive and negative results of different policies on drugs.

701 Laxmi Bilas Acharya, PhD, Asha Basnyat, Binod Nepal, Perti J Pelto, PhD, James L. Ross, PhD, Anand Tamang

INDO-NEPAL OPEN BORDER A FACTOR BEHIND THE HIGH PREVALENCE OF HIV AMONG DRUG INJECTORS IN A BORDER TOWN OF NEPAL

Background: Half of injecting drug users (IDUs) in Biratnagar, a border town of Nepal, are HIV+ve. The infection rates are considerably higher than in neighboring districts. This study presents factors accounting for spread of HIV in this sub-population. **Methods:** Data were collected by employing qualitative tools including mapping of sites of IDUs, in-depth interviews with current users, and observation of their gathering places. **Results:** The IDUs in Biratnagar frequently cross the border into India to obtain drugs and injecting equipment. At the locations of drug dealers and other sites across the border, the IDUs usually share drugs and injecting equipment with whomever they meet, including drug users from Indian and other Nepalese towns. Unlike IDUs in other Nepalese towns, very few of the Biratnagar IDUs belong to stable injecting groups. Sharing of contaminated injecting equipment is widespread, and their practices of cleaning the syringes are quite careless, in part because of the make-shift arrangements in which the cross-border injecting takes place. The Biratnagar injectors are quite poor, so they must very often share their small amounts of money to buy the drugs, thus further contributing to widespread sharing. Although the IDUs report lowered interest in sex, intercourse with casual partners occurs, with rather inconsistent condom use. Condom use is low with their wives and regular partners. **Conclusion:** Open border has enhanced access to unsafe injecting behaviors particularly needle sharing with casually encountered IDUs in Biratnagar area. This poses specific challenges because effective intervention would require complex cross-border collaborative efforts.

Learning Objectives: At the end of the session, the participants will be able to: Identify HIV risk behaviors among injecting drug users; Explain factors underlying rapid spread of HIV among IDUs in a setting where drug use pattern extends beyond the border; Outline special cross-border collaborative strategies to prevent HIV epidemic among IDUs in border towns.

702 K.Basanta Kumar

WORKFORCE DEVELOPMENT FOR HARM REDUCTION IN THE NORTH EASTERN REGION OF INDIA

Author K.Basanta Kumar

Issue: The North East region of India has a HIV epidemic driven by injection drug use which is different from the rest of India. Drug use and HIV is a sensitive issue due to strong social values. Training on the practice of Harm Reduction for direct service providers becomes a critical issue in the scaling up of Harm Reduction activities. Targeted interventions for IDUs funded by SACS are implemented by civil societies. But actual practices at the ground level are hampered due to lack of orientation or capacity of the approach.

Setting: The region has diverse cultural ethnicity, geographical situations, drug use trends and responses within. There are conflict areas in the region where development is minimal with unpredictable law and order situation.

Project: Strengthening the North East India Harm Reduction Network (NEIHRN) for

addressing drug related harm reduction - NEIHRN is advocating for scaled up harm reduction activities, sharing resources and developing workforce for Harm Reduction through capacity building.

Outcome: A more accurate ground situation of drug use and its related risks can be drawn and specific barriers identified from training of direct service providers. Field experiences from different settings when shared are often more appropriate, increasing the understanding of the approach and practice of Harm Reduction.

Lesson learned and Implication:

Hands on training or practice oriented training exposures are found to be more effective and valuable to trainees. There is less to learn about the actual practice of Harm reduction approaches from literatures. Sharing experiences are invaluable. More time on activities and less on theory has more mileage. Homogenous trainees have more participation and learning. More appropriate training module specifically for direct service providers can be developed through the process of participatory discussions.

704 Luba Nebrenchina

DISCREDITING OF PUNITIVE DRUG POLICY MYTHS. DRUG USERS BEING RELEASED FROM PRISONS

Among 855,000 Russian convicts, 86,000 have been registered as idrug addicts and 35,000 are PLWHA, 80% of which are injecting drug users.

The prison community of IDUs is the closed and socially unadapted part of the Russian population. Repressions targeting drug users, after-prison state of being unadapted, stigmatization of inmates leads to losing social links, inability to self-actualization, pursuit by law enforcement bodies, return to drugs, and finally - return to prison.

The project is aimed at drawing public attention to the problems of IDUs being released from prison, at breaking stigmatization of drug users.

Double stigmatization of IDUs/former convicts lead to the complex of medical, social and psychological problems: employment, accommodation, access to HIV treatment.

The results will be covered in a collection which will include mainly stories and letters of people being kept in prisons. As well as extracts from verdicts and criminal cases.

Interviews will be based on the problem of actualization of convicts' expectations after being released. As experience demonstrates, their expectations do not come true. In reality, they face great personal and social problems.

The collection will be distributed free among officials of various governmental institutions, law enforcement, legislative and executive authorities. Besides, the collection will be distributed among interested civilians of the RF, in libraries, public organizations, labor registry offices and narcological dispensaries. This will help to change the opinion on the problem and change the attitude to drug users' community.

At the same time, there will be held an exhibition of photo-reports on the main personages of the collection, which will allow decision-makers and public society to see the faces of people who turned out to be on that side of loneliness of social outcast due to governmental repressions and drug dealers.

705 Anjay (Jay) Kumar KC

ORAL SUBSTITUTION AND MAINTENANCE METHADONE VS BUPRENORPHINE

The drugs that have been mainly seen on the streets of the Nepali Drug scene have been Cheap and easily available. Even opiates like codeine and dextropropoxyphene can be bought over the counter. Oral, (Benzodiazepines such as Nitrazepam and Valium)

Injecting (Highest Rate) IV (Intravenous) Brown Heroin, Buprenorphine and Various Benzodiazepines In combination with Buprenorphine

In Nepal majorities of the younger generation of drug users (age groups 14-24) are hardcore intravenous drug users or are into some other form of recreational drugs such as Marijuana. The problem is overall concentrated among age groups 15-30. The present impact in the form of HIV/AIDS and other blood borne diseases has started to reach pandemic proportions.

It is interesting to note that Buprenorphine which is used in substitution programs in other countries is a street drug in Nepal. It is known as TIDIGESIC and NORPHINE (SUBUTEX) in countries abroad. It has a long half life and the withdrawal period is very long. When the Methadone program was stopped in 2002, I and many of my peers in the methadone program went through a very long and irritating phase of withdrawal from methadone because of its long half life. This is because the agency implementing the program did not give us any prescription or substitutes for the methadone. I was negative while I was in the Methadone program but I contracted HIV sometime after the methadone was stopped and I went back to shooting up intravenously.

Are methadone programs really sustainable even though they are run by the Government? Many users have developed mistrust towards the oral substitution

program because of the availability of Buprenorphine and the severe withdrawal of methadone with the negligence of the Government which caused many of us to go back to injecting drugs where needle exchange programs are persecuted.

707 Aisuluu Bolotbaeva, Elvira Muratalieva

METHADONE SUBSTITUTE THERAPY IN PRISONS

The fast spread of HIV is urging us to search for effective measures of epidemic prevention. However, orientation of such measures will not be the same for all social groups, as what is acceptable at liberty might be intolerable in prison. Due to the increased number of IDUs in the country, the number of IDU raised in prisons as well. There are 112 PLWHA in kyrgyz prisons at the moment, and all of them are IDUs. Experience of other countries says it is the evidence of impendent epidemic of AIDS. One of effective tools for prevention of HIV/AIDS among inmates is Methadone Substitute Therapy (MST). Implementation of long-term MST project in prisons could help in our efforts in reducing of STI and HIV spread.

I would suggest to start MST in prisons through a pilot project on the basis of Narcology clinic of Central Hospital of Main Department of Punishment Execution (MDPE) of Kyrgyz Republic. The approximate number of MST project clients is 40 people, this includes people who were using MST at liberty and addicted inmates receiving treatment in prison.

The eligible clients of the project should have at least three of listed further: Thebaic addiction (opiomania), IDU, 18 years old or upwards, serious somatic diseases, HIV positive, able to accept the rules of the MST, have at least 3 years of stretch left at the moment of starting MST.

During the whole period of implementation, monitoring and evaluation of the project will be conducted. I believe the results of the monitoring will become a strong argument for further development of MST in all other prisons.

709 Elvira Muratalieva, Aisuluu Bolotbaeva

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710 Parbat SJB Rana; Bimal Thapa & Suman Thapa

DISCONTINUATION OF METHADONE SUBSTITUTION WITHOUT ANY CONTINGENCY SUPPORT IN NEPAL

Negative social stigma, discrimination and attitudes related to IDUs and PLHIVs are driving them underground is preventing them from receiving much needed services. The Present status of harm reduction and preventative advocacy measures in the context of Nepal needs to be addressed urgently. The numbers of PLHIVs among IDUs have been increasing rapidly. There are no effective policies and or programs designed to address this problem at the national level. The methadone maintenance program is one such example in the context of harm reduction. Simple but effective programs such as the distribution methadone have been criticized due to a lack of advocacy on harm reduction education and concepts. Such programs are thought to encourage and increase the number of IDUs, which is a grave fallacy. Conceptually speaking there is a very low grasp of high-risk drug use and sexual behaviors crucial to planning and carrying out effective intervention harm reduction and preventative programs. This methadone program was discontinued due to pressure from the policy level and negative, unfounded conclusions by the government that it was increasing the prevalence of crime and IDUs.

As soon as the 250 or so IDUs that were in the methadone program were

discontinued in 2002 by pressure from the government and health ministry, this grave oversight by policy makers and program planners including organizations involved in the Methadone program led to an almost 95% relapse of those IDUs in the who went back to injecting. There used to be Mandatory HIV testing in the methadone program and among those that tested negative back then most are still injecting and more than half now have tested positive for HIV. The high prevalence of PLHIVs among IDUs has been a seriously neglected issue both in the past and present.

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713 Surendra Shah; Ekta Mahat & Bipin Ranjitkar

RESISTANCE TO NEEDLE DISTRIBUTION PROGRAMS DUE TO SOCIAL MISCONCEPTIONS IN NEPAL

There is a resistance to needle and syringe distribution programs that have been thought to incite non-injectors to use drugs although this notion is unfounded and there is no evidence that such programs increase the rate of injecting drug use. The

methadone program has also faced similar persecution under the argument that it encourages drug users to use more and more allowing drug users to continue their self-destructive behavior preventing them from achieving a drug free status.

Addiction is seen as a moral depravity rather than a psychological disease in Nepal. There is very little or no understanding and awareness about people unwilling or unable to quit at present. On the psychosocial side the progressive and compulsive nature of the disease is misunderstood in great part due to the social stigma and discrimination related to drug use. Factors such as HIV prevalence and the transmission modes have caused unwarranted myths and fears towards those infected often driving them further underground which prevents effective interventions. The relapsing nature of the disease of drug addiction has even affected treatment issues which are regarded as a waste of time and resources. The unmanageability of life in general (personal, family and social) is often seen as a shirking of ones responsibilities instead.

These are issues neglected in the past in terms of advocacy for harm reduction among PLWHAs and IDUs. To increase awareness among Community, Social and decision making Levels by disseminating information, establishing sustainable networks for the sharing of information, implementation workshops/seminars pertaining to harm reduction and prevention. Advocacy for harm reduction and prevention at the policy and implementation levels should be the main theme of this. Promoting Awareness along with a call to positive action at all levels of civil society including governing bodies is an integral part of this as well.

714 Surendra Shah; Ekta Mahat & Bipin Ranjitkar

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716 Tulsi Karki ; Subash Amatya & Manu KC

A DIFFERENT APPROACH TO DRUG TREATMENT AND RECOVERY IN NEPAL

Nepal is a country where majorities of the younger generation (age groups 14-24) are hardcore intravenous drug users or are into some other form of recreational drugs such as Marijuana. Today Nepal has a supply and demand propelled drug scenario problem that cuts across all kinds of social, economic, cultural and religious backgrounds.

- The ultimate goal is to get the individual to face life on life's terms whilst enabling them to lead fully productive and satisfyingly useful lives by instilling in them a new value system and teaching them the dignity they may have through a new way of life.

Phase 1

Treatment, Care and Support Residential Service (Healthcare and Psychological Treatment, Care and support services)

The treatment for Drug dependency consists of a 10 day drug detoxification program during which withdrawal symptoms are controlled along with Clinical Care which consists of an in house clinic that we have established at the NKP Office. Along side the regular Hospice Care for other health problems.

Phase 2

Social Reintegration Program and Skills Development (Psychosocial Counseling, Skills Development and Job Placement)

The individual is allowed to choose from a variety of pragmatic vocations, social life skills training and job placement in order to fill the void that drug using has created in their lives.

Phase 3

Productive Social Living with Employment and Self Sustenance Program (Follow-up Counseling Network)

We have learned from experience that given such an environment Nava Kiran Plus has by far the lowest rate of addicts coming into treatment that run away as compared to all other rehabilitation centers. This Program attempts to address crucial issues pertaining to this problem which have contributed significantly to relapse rates as well as risky behavioral issues and social maladjustment problems.

720 vikram singh Laishram, Ibomcha Singh Ngangbam

MOBILIZING DRUG USERS FOR HARM REDUCTION IN THE NORTH EASTERN STATES OF INDIA.

Issue: The IDUs' isolation and fear of harassment or possible arrest in the developing countries. it is understandable that they do not trust traditional and mainstream services

Setting: North Eastern States of India, Imphal, Manipur, Target audience IDUs

Project: Involving current and ex-drug users in designing, promoting and delivering services in the north eastern states of India in prevention and treatment programs. Two types of peer-led interventions are being used: First, peer outreach and education programs recruit and train current or ex-drug users to deliver HIV (and other health) interventions to drug users, both in- and out-of-treatment. Trainings are often provided for other HIV education outreach workers, although peer workers have the benefit of personal experience and are perceived by the IDUs as more trustworthy and credible. second, drug-user network interventions take advantage of existing communities of drug users to disseminate information and interventions. Networks of IDUs in the region provide excellent opportunities for outreach programs to influence peer group and social norms. Members of the network are provided with information and HIV training and are encouraged to disseminate this information as well as HIV prevention materials to their sexual and drug-using networks.

Outcomes: Peer educators, outreach workers and networks can bring prevention services to the hardest-to-reach IDUs and help establish trust between them and health services.

Lessons learned: Such policy has a good result, because it allows to indicate the main needs (physical and psychological) of the drug users, analyze the situation, render maximum support to drug users.

725 Md. Jahangir Kabir/Coauthor: Md.Abu Taher

HIV/AIDS CAMPAIGN AMONG THE HIGH SCHOOL STUDENTS IN CHANDPUR MUNICIPALITY

Issue: HIV Prevention and Harm reduction

Objectives: Enhance the knowledge on HIV/AIDS/STI and Drugs Hazards among the youth people of Chandpur city.

Background: CARE Bangladesh is working with 252 injecting drug users (IDU) in Chandpur city since February 2004 to reduce the risk of HIV & drug related harms, and to promote safer behavior like injecting drugs use and safer sex practices following harm reduction strategy. Out of 252 IDUs a good number of IDUs are collage students and their friends. To address the issue CARE Bangladesh started comprehensive activities including Needle-Syringe exchange program among IDUs like education giving, clinical service, advocacy, detoxification program and awareness creation campaign. After conducting a series of awareness campaign youth group are stopping drugs & equipments sharing and unsafe sex practice, which ultimately leads to reduce the risk of HIV transmission and harm reduction in Chandpur city.

Strategies:

- Advocacy with Higher Secondary School authority for campaign with students
- Arrange participatory awareness session with students using BCC & IEC materials
- Follow up and feedback continuation

Lesson Learnt:

- Students become open on adult sex education and drugs related hazards.
- Increase the knowledge on HIV/AIDS, STI & illicit use of Drugs
- Create active peer group to abstain the drugs
- Involvement of youth group to implement the HIV Program

Conclusion: Awareness creation campaign at institutional level can help to reduce the risk of HIV/ AIDS transmission among the students, which will also lead them to prevent HIV in their future work place and also in personal life. So this activity should incorporate in all HIV Program activities all over the Bangladesh, as result Bangladesh might be always kept in a low prevalence country.

724 Yerassilova Issidora

EFFECTIVE PARTNERSHIP

Effective partnership between the state and non-governmental sectors of the Republic of Kazakhstan, and the Social Intervention Group, New York, USA, on prevention of HIV/AIDS/STD potential epidemic prevention in one of the rural areas of Kazakhstan - Shu city.

Shu city is situated on the way of drugs traffic, and is known as a place of hemp and marijuana vegetation. Traffic of these drugs increases annually.

Shu population is 34 thousand people, and 600 IDUs are officially registered there. However, according to the quick situation assessment number of IDUs is about 3,5 - 4 thousand.

Due to the joint efforts of the Republican AIDS Center, local administration and Columbian University Project Group on HIV prevention among IDUs and their sexual partners, IDUs got an access to the harm reduction, condoms distribution, syringes exchange programs, as well as to the information and medical services in the trust points established under the city polidinic. A seminar on HIV/AIDS problems took place for the administrations, medical workers and the representatives of police and education system. NGO iRenaissance was established, and volunteers were trained.

Thirty one IDUs among those who visited harm reduction program, passed a preliminary tests on HIV, hepatitis-C and syphilis. There was no HIV infection among them; 26 out of 31 (84%) were hepatitis-C-positive; 6 out of 31 (20%) were syphilis-positive, and therefore got treatment.

So, the program does really work.

727 Mrs. Rowshona Begum/Co-author: Mohammad Hafijul Islam

SEPARATE INTERVENTION FOR FEMALE DRUG USERS

Issue: To reduce injecting and sex related harm among the female DUs in Bangladesh need separate Intervention for them.

Approach: Why need separate Intervention -

- Low/subordinate status in the family/society
- Women are not decision makers
- Cannot negotiate for safe sex with condom
- Inaccessibility to treatment of STIs
- Pre/extramarital sexual relationship
- Rape/forced sex especially in young women
- Domestic violence
- Kept far away from education and development
- Multiple sex partner

- Born unwanted/unrecognized child
 - No address, recreation and rest facilities
- In Bangladesh which organization working with DUs for reducing HIV related harm under integrated approach e.g. provide DIC & Clinic service for both sex where maintain less privacy & importance for female DUs. HIV spreading among the DUs specially on IDUs through sharing drug/injecting equipment They have also more vulnerable because most of the female DUs are involved with formal/informal sex work. High levels of unprotected sex and multiple sex partners among DUs have been documented.

Key points: In order to deal effectively with the rapidly increasing HIV infection among female DUs in Bangladesh, several steps must be taken. It is crucial for us to-

- Launch separate Interventions early
- Implement prevention programs, outreach/community based programs
- Widely disseminate information on HIV prevention/transmission
- Make accessible means of behavior change including access to needles, syringes, VCT condoms and treatment of STIs. Offer options to reduce their levels of risk, rather than prescribing a single approach
- Support interventions programs
- Address the human rights/right to health of DUs and living with HIV.

Implications:

- Reducing the sharing of injecting equipment
- Reduce the incidence of injecting, use of street drugs
- Reduce the unsafe sex
- Reducing the violence against FDUs and use of prescribed drugs
- Increase abstinence from Drug use.

728 Skvira

ADVOCACY IN THE HEALTH CARE SYSTEM

Injection drug users who work in the sphere of commercial sex services are one of the most vulnerable to HIV infection group of population.

They need exact information, testing, consulting and other services connected with prevention of HIV/AIDS. However, they are marginalized group of population, who suffer as prejudged attitude and discrimination as non-observance of existing legislation which leads to violation of their rights. It is an obvious obstacle for their establishment of trusty relations with medical establishments. As a result they have a restricted access to getting necessary assistance. Besides their attitude to health is rather passive and the main problem is the absence of organized system of health services for this very group of population.

Due to the holding of advocacy campaign NGO iPoryatunoki is going to get a decree from local authorities to open the cabinet of trust for the target group representatives where they will be able to get professional medical and consultative services.

The services will be free for target group representatives and the work of the cabinet of trust will be supported by the costs of city local budget.

Advocacy campaign is fulfilled by Larisa Skvira who is:

- Trainer on advocacy and networks building;
- Coordinator of advocacy project;
- Consultant of harm reduction projects;
- Member of the coordinative Council on the issues of reproductive Health;
- Deputy of the city district Council;

For participation in the conference the scholarship is requested.

730 Halina Kaminska

SECONDARY NEEDLES EXCHANGE

Charity non governmental fund iSocial and psychological information 'All together' (Ukraine, Lviv and Chervonograd) realize Harm Reduction project's since 2000. Research of drug users community and conditions of drug using allow concluding that in Lviv and Chervonograd affect closed drug scene, street dealing doesn't exist mostly. That all defined forms and methods of Harm Reduction spreading and especially secondary needles exchange at home. During working of the project there were involved more than 1000 drug users by prevention influence on more than 40 points of secondary needles exchange. Secondary exchange at home gives opportunity to form and maintain friendly relations with injection drug users, rhythmic and regular distribution of sterile tools and means of disinfections, distribution medical help it time of problems with veins and prevention of abscesses, effective distribution of naloxon for overdose prevention, consultation and information work, involving drug users in to creation information resources. Our organization was the first to start secondary exchange at home, now this experience use almost all organizations, which implement Harm Reduction. Besides, the only organization in Ukraine made research of open and closed drug scene, defined HIV vulnerable moments of drug using in both cases, what gives opportunity to define strategic direct of prevention influence.

731 Caroline Corr

WHERE ARE THE NEW COMMUNITIES? BARRIERS TO ACCESSING DRUG SERVICES IN IRELAND

BACKGROUND: In 2003 Merchants Quay Ireland carried out the first study on drug use among new communities in Ireland, funded by the National Advisory Committee on Drugs. This paper identifies the numerous barriers faced by new communities in accessing drug services and concludes with recommendations on how drug services could become more accessible.

METHODS: This was an action research project employing ethnographic research methods. Three members of new communities were recruited and trained to carry out the fieldwork. They carried out 280 hours of fieldwork and kept daily research diaries. Ten in-depth interviews were carried out with problematic drug users and two focus groups were carried out with individuals working with new communities and drug service providers. The data were analysed using Nud*st 6.

RESULTS: The results showed that numerous barriers exist which prevent drug users from new communities accessing drug services in Ireland. The most significant barrier was lack of knowledge which was also related to language difficulties. Drug users were also concerned about confidentiality as they feared this could have implications on their asylum process. Other barriers included long waiting lists, bureaucracy, stigma, suspicion and concerns about encountering racism. Respondents also felt that drug services were oriented towards the needs of injecting opiate users.

CONCLUSIONS: There is a need in Ireland to make drug services more accessible for new communities. Drug services should provide information on their services in different languages in a wide variety of formats including websites, leaflets and posters as well as taking measures to recruit people with diverse backgrounds, offering assistance with translation where possible, and providing anti-racism training for their staff and clients. Dedicated services should be provided focusing on drug users from new communities such as outreach services, targeted drug awareness and prevention initiatives and targeted drug help-lines.

734 Asavari Herwadkar, Rebecca Peltenberg, Emma Betts

HIV AND ALCOHOL IN RURAL TRIBAL POPULATION IN INDIA

More than 5.1M adult and children in India are living with HIV. Currently in India 0.7-1% of all adults are thought to carry the HIV virus. The prevalence of HIV infection in all parts of the country highlights the spread of the disease from urban to rural areas and from high risk populations to the general population. Hardships and peer pressure has forced rural tribal population to indulge in rampant alcohol consumption, and poverty is forcing them to migrate seasonally to cities for work. In cities, away from families this tribal population is increasingly taking to the combination of alcohol and commercial sex risking themselves to HIV infection. As this population is migratory very few interventions have been implemented to prevent this risk behavior. They lack the basic knowledge of HIV. The project in the remote part of Nasik district, Maharashtra, India for the tribal population, is addressing these issues through integrated program of health, social issues and HIV/AIDS. Information and message on HIV, a consequence of alcoholism and indulgence in commercial sex, is spread by young health workers (men and women) who belong to the same tribal communities. As poverty overshadows any other problem including HIV, information on HIV is promoted in concurrence with other basic social and health problems. The spread of information is done through hilarious street plays which are acted out at the temple premises of each village. Information is also spread by door to door visits and through various youth, men and women's self help groups. The language of information is in the local dialect, so that the villagers can identify the vicious cycle of poverty to alcoholism and HIV. Unless such integrated programs are not promoted, India will feel the onslaught of HIV infection in remote rural in not so distant future.

740 kalavathy,vijayakumari,mahalingam

ACCESS TO FEMALE INJECTING DRUG USERS TACKLED BY EFFECTIVE OUTREACH IN CHENNAI, INDIA

Issue Female injecting drug users (IDUs) are a hidden population in the community. Accessing them through outreach work has been a major task.

Project Sahai trust is an NGO working among injecting drug users in Chennai, India for the past one decade. The project funded by Family Health International focuses mainly on HIV / AIDS prevention and care among injecting drug users and their spouses. Injecting drug use pattern was most commonly seen among the male gender in India. The extensive outreach activity done by our outreach workers had brought into light the female IDUs. Though they are very few in number they are mostly a hidden population. Most of the drug use among females is by way of peer compulsion by the husband. Due to lack of awareness they share the needles used by their husband. Some take up sex work for want of money for injecting drugs. So these women are forced in to multiple risks- abscess, blood borne infections,

Sexually transmitted infections (STIs), etc. Female out reach workers of our NGO identify them, explore about the risk factors and give them harm reduction messages -related to both drug and sex. Needles syringe exchange and condom promotion takes place in the field.

Lessons learnt: Delivering appropriate harm reduction message out in the field to the female IDUs by female out reach workers had created an impact as they understand their risks and follow harm reduction techniques.

Recommendations Out reach workers working for injecting drug users in countries with conservative culture should always be in the watch out for female injectors. Appropriate delivery of messages, effective screening and treatment of blood borne infections, STIs among female IDUs will reduce the incidence of HIV infection and other drug related harm.

741 Dr A Hamid Bhatti

PREVENTION & AWARENESS OF DRUG USERS IN PAKISTAN

HIV/AIDS is going to spread day by day in south Asia that is most infected continent after Sub-Saharan Africa. People are contracting disease by different route of transmission. Some countries of Asia are high affected whereas Pakistan is considered one of the high vulnerable countries with low prevalence. But despite of facts and figures, available in the record of GOVT, it is being considered a right statement by UNAIDS whose estimation is more than 80,000. But due to stigma and discrimination and the taboos and culture of Pakistan, people do not like to disclose their status before their families and communities. Most of infected people are drugs users. The second thing there is not proper reporting systems so that is why it is considered low prevalence country. In Lahore Punjab AIDS Prevention Association of Pakistan initiated work on the Drugs users, CSWs and their clients in view of their involvement in spreading disease so that drug users could be educated and further risk of transmission could be halted.

Objective:

- To provide concrete awareness to Drug users, CSWs and their families regarding HIV/AIDS.
- To provide medicines on common ailments to drug users.
- To provide condoms to CSWs on Social marketing concept
- To organize International AIDS, Health days participation by community and drugs users, vulnerable groups, People Living with HIV/AIDS.
- To make counseling to those found HIV positive in order to make them positive element of society.

Result:

- Awareness level of drugs users, CSWs and their families enhanced.
- Health of drugs users was improved.
- Usage of condoms increased
- Awareness level of community enhanced .
- Fear of HIV positive persons were reduced and were encouraged to live positively.

742 Aleksandras Slatvickis

SUBSTITUTION TREATMENT IN KLAIPEDA - 9 YEARS OF EXPERIENCE AND EVOLUTION

Methadone substitution treatment in Klaipeda (Lithuania) was introduced at the end of 1995. During almost nine years more than 230 patients with opiate addiction were admitted and received substitution treatment. Recently 50 patients receiving methadone as substitution and about 10 patients as short-term detoxification. More than half of them are stable physically and socially. More than 20 patients admitted for treatment during 9 years period were successfully detoxified from methadone and from that time remain adopted in community and drug-free for few years.

From the very beginning team of professionals worked with patients. In team were involved psychiatrist (leader of team), psychologist, counsellor-exuser, social worker and psychiatric nurses.

Since first practical training and recommendation for implementing of methadone maintenance treatment were received from Swedish colleagues "Scandinavian" or high-threshold model of such treatment was applied. Strict control for using of illicit drug and non-prescribed medicines was conducted by regular testing of patients' urine. For regular using of illicit substances patients were discharge from treatment. Such relationship between staff and clients created atmosphere of lie, fear and distrust. In spite of strict control many patients used illicit drugs, self-discharges from treatment and level of patients retention was very low.

After few years we refused of high-threshold model and introduced low-threshold model of substitution treatment with accent on clients' responsibility for treatment results and true behavior during treatment. During last 5 years of substitution treatment we almost refused urine checking and instead of it only asking clients about violation of treatment rules and requirements. Usually they admit their wrong behavior and after that discuss with team

member(s) what must be done to improve it.

Changed approaches allowed to create client-friendly and trustful atmosphere and increase patients retention on treatment.

743 Yoshida, Elisa Megumi; Haiek, Rita de Cassia; Turienzo, Giselda;

IEPAS AND THE EXPANSION OF RD IN THE METROPOLITAN AREA OF

Issue: Expand the HR philosophy offering solid resource scientific bases in the confrontation of the epidemic of HIV Hepatitis to the public net of health of the Metropolitan area of Santos.

Setting: Santos located in S, Paulo State - Brazil is coastal and port city with other cities in your spill. There is strong presence of the drug traffic in the area. The target population are IDU.

Considered the first attempt of implanting Needle Exchange in Brazil (impeded by the justice under penalty of fine to the public safes and the authors prison).

Project: The HR program in field has been accomplished with authorities of health. The objective: offer partnerships, explain methodology, transmit "know-how", train teams, accompany and motivate the public net to implant new places of Needle EXchange, promoting integral health to IDU and add efforts to combat HIV and Hepatitis. Pioneering project in Brazil, that an NGO negotiate, foment, propose and qualify public services to implant this actions.

Outcomes and lessons learned: The negotiation is accomplished since 2001 with the local governments. Two places of change were implanted officially. The negotiation was retaken in the cities that presented larger resistance. Still today the public politic of HR being seen as incentive to the use and fear as for the opinion it publishes. In some moments, the concern with the political image was put upon to the needs of the public health. The articulation, the respect to the divergences and the persistence can break resistances.

744 Dr Kulsoom Akhtar

PAKISTANI YOUTH AND THEIR RISKY BEHAVIOR

This project is proposed to build critical awareness through information dissemination on HIV/AIDS among youth and the enable to lead a prosperous and happy life by practicing socio-religious values.

Needs of the project. The situation of the Pakistan is ostensibly worse in this regard, two main reasons follow the highlighted point.

First of all, the low literacy rate and the lack of entertainment opportunities in the country, secondly the ignorance of the people about the subject (Lack of Awareness about the subject). However, in order to high light the importance of the preventing the disease, individuals, communities and the influential people need to be aware on the subject.

Objectives. To improve the sexual health of population, to address the issue of sexual violence, to address sexual knowledge and needs of adolescents, to provide care and support.

Goal of the project. To provide sufficient knowledge, change their attitude and attributes of their risky behavior.

Results and Conclusion. Poor sexual values and economic conditions have a broad impact on Pakistan overall health situation and increase the vulnerability of the youth population to the infection with HIV/STIs. It believed that their two major high risk behavior which are facilitating the spread of HIV/STIs in Pakistan. The first of these unsafe sex, which accounts for up to 70% of Pakistan's reported HIV infection, the second high risk behavior which may greatly influences the young people by injecting the drug users. Youth should be involved in awareness raising campaigns. Peer education philosophy should be introduced. Local communities should be involved in training and need assessment sessions. Local resources should be mobilized.

745 Lawal, R.A., Akinhanmi, O.A., Ogunsemi, O.O., Ekpo, M.

HIV RISK BEHAVIOUR OF SEX WORKERS IN LAGOS: FINDINGS FROM A SEX-RAR STUDY

BACKGROUND /OBJECTIVES Nigeria has the second largest HIV infected individuals in Africa, and heterosexual HIV spread is the most common. The objective of the study is to determine the HIV risk behaviours of sex workers interviewed during a WHO sponsored sex-rar study in Lagos.

METHODS Sex-rar methodology was used. This involved secondary data gathering, FGDs in the low (LDA) and high density (HDA) areas, in-depth interviews, observations and questionnaire administration on 62 sex workers of findings.

RESULTS Most started alcohol use either to experiment, to feel happy and to be their normal selves. Many of the sex workers were heavy drinkers, HDA 8 (72.7%), LDA 14 (87.5%). Many also claimed to have one primary sex partner, HDA 8 (66.7%); LDA 14 (73.7%), two-thirds of who were drinking before sex. About 50%

of those who responded in the HDA and 22.2% in the LDA admitted to some/major role for alcohol in their desire and performance of sex. Majority either did not use or used condoms occasionally with their primary partners, HDA 9 (69.3%), LDA 8 (61.5%). A considerable proportion of them did not use condoms with their casual partners, HDA (22.7%); LDA (35%). No less than two-thirds of them did not know that a person can be infected with HIV and look well, HDA (70.8%), LDA (66.7%). Some adopted self medication and traditional methods to prevent infection with HIV and other STDs, thus giving them false sense of security and encouraging more HIV risk behaviours.

CONCLUSION Nigerian sex workers indulge in HIV and other STI high risk behaviours. Knowledge about HIV and its mode of infection was generally low. **Recommendations** Condom use should be encouraged among sex workers. Sex workers should be encouraged to go for safer and more gainful vocations. Harm reduction needed to be employed to ensure a significant decline in the spread of HIV among sex workers

746 Lawal, R.A.; Ogunsemi, O.O.

HIV INFECTION AMONG HEROIN AND COCAINE USERS IN A CITY IN THE OIL PRODUCING NIGER DELTA AREA OF NIGERIA

BACKGROUND /OBJECTIVES Drug use, especially, IDU is a known risk factor in the rapid spread of HIV infection. This study examined drug use and HIV in Port Harcourt, Nigeria's oil capital.

METHODS It involves the use of rapid situation and response methodology which included, secondary data gathering, in-depth interviews, observations, questionnaire administration, serological tests and triangulation of findings. Ninety-one Injecting (IDUs) and non-injecting users (NIDUs) of heroin and cocaine were recruited from the streets for the survey.

RESULTS Most of the subjects were NIDUs, 95% of the males and 10 (90.9%) of the females. Only one-quarter of the subjects used condoms when having sexual intercourse with casual partners while only 11% of them did so always. Nine of the subjects (14.3% of analysed blood; National Average 5%) were HIV positive, 5 out of the 9 females (55.6%) and 5 out of the 54 males (7.4%) analysed. All the HIV positive subjects were non-injectors. About 56% of the HIV positive subjects each had sexual intercourse with someone of the opposite sex partners once a week or more and 89% of them had either never used condoms before (55.5%) or used it occasionally (33.3%).

CONCLUSION The subjects engaged in behaviours that predisposed them to infection with HIV, Hepatitis B & C and STI. They also double as sex workers (hetero and homo sexual) in order to get money to finance their drug habit. The proportionally high prevalence of HIV among the NIDUs probably indicates that heterosexual spread of HIV remains the main mode of HIV transmission. It is probable that drug use itself, the method of use notwithstanding, predisposes the users to risky behaviours that can lead to HIV infection.

Recommendations

- i. Programmes aimed at behaviour change should be introduced.
- ii. Voluntary testing and counseling should be encouraged by drug users.
- iii. Harm reduction should be employed to reduce HIV among drug users

747 Yoshida, Elisa Megumi; Luz, Renata O. Policarpo; Ochsendorf,Alex; Turienzo, Giselda; Carvalho, JosÉ Anibal

LAWYER AGAINST AIDS: A BRAZILIAN EXPERIENCE IN THE ADVOCACY OF CIVIL RIGHTS

Target Population: Drug users and/or people living with HIV.

Objective: Provide free juridical assistance to drug users and people living with HIV to assure their human and civil rights.

Description: IEPAS is a NGO with a traditional insertion in the IDU civil movement in Brazil and since May of 2001, through a branch of lawyers, is providing assistance under request to avoid discrimination against drug users.

Methodology: IEPAS hired a team of lawyers committed with the rights of drug users in partnership with some of the municipalities of the Santos Metropolitan Region in the State of Sao Paulo, Brazil. They have been working in assistance of the needs of the target population and in the last 6 months provided judicial support for over 50 drug users. Since then we are directing drug users for their rights such as: health care, social care, and civil, criminal and human suits by local courts.

Contextualization: in a society very tough in relation to criminalization of drug users behavior, this process is being very successful and is being pioneer in Brazil and Latin America. The individual suits are part a collective process of the defense of drug users rights.

Conclusion: By the enormous volume of this project so far looks that this strategy is being very important in the Brazilian movement for advocacy of drug users rights and also helpful in the movement against criminalization.

748 Araujo,PJ; Carvalho, HB; Reingold, A; Maeraw, IE; Lima, JRR; Santos, WH

FAILURE TO RETURN FOR HIV TESTING RESULT IN SAO VICENTE CITY, SAO PAULO, BRAZIL.

Background/objective: Failure to return is a reality when testing for HIV. Several studies describe this situation and report a range from 24% to 50% of failing to return, depending on the place that the test was taken, the risk perception, gender, vulnerability and number of partners. The HIV Counseling and Testing Center from Sao Vicente City (Sao Paulo - Brazil - 300.000 inh.) has been working since 1996 and has already tested approximately 9.000 people. The failure to return has never been analyzed before nor here nor in Brazil.

Objective: to describe the profile of the population tested for HIV in Sao Vicente City in the year of 2003, comparing the ones who return for their results and the ones who didn't.

Methods: to return will be considered the non-return in three months. The Ministry of Health developed a database for all HIV Counseling and Testing Centers to enter data of everybody that takes the HIV test. It contains information about the patient profile, risk behavior and HIV status. There is also a pretest questionnaire answered by all patients with complementary information about their profile.

Results: Preliminaries results indicate that: mean age of people tested is 32 years-old; 40% unemployed; 56% male; 55% single; 59% took the test because where under some risk situation; 50% had only one partner in the last year; 30% never used condom with the main partner. Data are still been analyzed in Stata-8.0 software.

Conclusion: Identifying the profile of people who failure to return allow the service to design a specific strategy to avoid this no return. That would increase the possibility of prevention of new HIV cases, new perspectives in pretest counseling and better quality of life to seropositives once that can know their serostatus before get sick.

750 Julian Vicente; Dagmar Hedrich; Paul Griffiths

ACUTE DRUG-RELATED DEATHS AND RESPONSES IN THE EU

Background: Until recently, acute drug-related deaths ("overdose deaths") received only limited attention in drug policies. This is changing with the European Union Drug Strategy 2000-2004 and the 2003 EU Council Recommendation, establishing the reduction of drug related deaths as a target.

Methods: Since its establishment, the EMCDDA monitors the number and trends of drug-related deaths in the EU member states. Three years ago, the Centre started also to systematically collect information on policy responses and interventions to reduce drug-related deaths through its National Focal Points.

Results: Drug overdose, mostly involving opiates, is one of the major causes of death among young people in Europe and currently the leading cause among European drug injectors (in year 2000, 8838 overdose deaths compared to 1507 deaths among Aids cases due to drug injection). Since 1990, almost 100.000 deaths have been reported in the former 15 EU countries, and there is considerable risk of substantial increases in the new Member States.

Most European countries have included this objective into their national drug strategies. Measures to reduce overdose deaths include notably increasing the proportion of drug users in treatment, especially substitution treatment; but also reaching out to untreated populations; education on risk; improvement of skills to manage overdoses; and emergency service coordination, including the police. Some countries have introduced facilities for supervised drug consumption by trained staff, although this initiative remains controversial.

Conclusions: Throughout the 1990s, drug-related deaths consistently rose in western Europe, while from 2000 some decline is observed, still remaining at high levels. Most European governments have defined the reduction of overdoses as a policy goal, but a significant reduction will only be achieved by the implementation of a range of interventions, as part of a comprehensive approach to respond to the wider health and social problems of drug users.

751 Andrej Kastelic, Tatja Kostnapfel Rihtar, Ante Ibančić

SITUATION IN THE SUBSTITUTION TREATMENT IN SOUTH EASTERN EUROPEAN ADRIATIC NETWORK

The authors will present the overview of the situation in the substitution treatment in South Eastern Europe, the obstacles for comprehensive treatment and advocacy efforts in the region as a good practice model for developing MMT. The opioid substitution treatment does not exist in Albania. MMT is going to be started in NGO Aksion Plus. Methadone can be applied in Bosnia and Herzegovina only in specialized institutions.

Methadone detoxification programme and MMT has been started in 2002. Bulgarian substitution treatment guidelines define detoxification and high-threshold MMT only in specialized out-patient clinics.

Methadone in Croatia was introduced in 1991. Outpatient treatment is dominant and is based on cooperation between Centres for outpatient treatment for drug addiction and general practitioners.

Macedonian substitution treatment guidelines include low and high threshold programmes.

There is no formal Serbian and Montenegro substitution treatment guidelines. There are different guidelines for Belgrade and Novi Sad (Vojvodina), neither officially approved. But HIV Prevention among Vulnerable Population Initiative (HPVPI) in Serbia and Montenegro with the support of British Government, Imperial College London and IHRD Programme (OSI) will hopefully launch MMT program in these countries in 2004.

MMT is one of the fundamental treatment and harm reduction programmes in current drug policy since 1994 in Slovenia. New national Centre for Treatment of Drug Addicts was established in February 2003.

South Eastern European Adriatic Network (SEEA) was established in 2003 to give support in training and developing substitution treatment programmes in the region and can hopefully be an example how to advocate for MMT in other regions.

Databases on all experts and institutions are under construction and own web site page has been formatted. *Ovisnosti-Ovisnosti-Zavisnosti-SEE* Addiction regional magazine has been published and new regional conference Vanguard 2004 was organised by SEEA network in Belgrade in May 2004.

753 Regina Bueno, Daniela Piconez, F-bio Mesquita

RISK AND BENEFITS. HOW TO REDUCE NEW USERS AND/OR AVOID BECAME STEROID ADDICTED?

Concern about body image or self defense may be leading teens and adult man and woman, to use anabolic steroids despite any consequence bad or good of these drugs. Anabolic steroids common name for synthetic substances related to testosterone the male hormone.

Objective: Present the risk and benefits of anabolic steroid use, reduce new steroids users and avoid became addicted;

Methods: To implement strategies, highlighted, peer education in school sport team, gym academy provide knowledge and discuss about what are anabolic steroids, what and why people use, about oral and injectable steroids, steroid abusers who share syringes/needles or nonsterili are at risk to infected by HIV/AIDS and hepatitis and other parenteral diseases.

Results: Help them how to build body by strength training and nutrition alternatives for teenagers and adults to prevent new users' anabolic steroid among teenagers and adults male and female.

Implication: Prevent side effects consequences, overdoses and death among teenagers, adults and addict anabolic steroid users.

758 Paul Dietze, Stuart Gilmour, Peter Miller, Linette Collins, Susan Clemens, Sharon Matthews

REFLECTING UPON AN EXAMINATION OF THE HEROIN SHORTAGE IN VICTORIA, AUSTRALIA

Objectives: In this paper we describe some of the long-term changes associated with the reduction in the supply of heroin in Victoria in early 2001. The paper's emphasis is upon the sustainability of the positive effects of the changes in heroin supply in light of its evident impacts on the prevalence of IDU and associated changes in drug using practices.

Methods: Data sources examined included statistics on needle and syringe distribution, fatal and non-fatal overdose, and property and drug-specific crime in Victoria as well as data obtained from IDUs and Key Informants.

Results: The reduction in heroin supply produced a decline in reported heroin use among sampled IDU in Melbourne, as well as in the number of fatal and non-fatal heroin overdoses and the number of needles and syringes distributed. Nevertheless, needle and syringe distribution rates in Victoria remained high suggesting little change in the overall size of the pool of IDU in Victoria. Similarly, there was little change in the rates of reported property crime in spite of large declines in heroin-specific incidents. Overall, IDU appeared to shift their drug use in response to the changes in heroin supply. The major changes reported by sampled IDU and Key Informants included increases in amphetamine use and injection and benzodiazepine and other opioid injection that appear sustained in the longer term. Given that there appeared to be little change in the size of the pool of IDU, it is not surprising that there were few effects of the change in heroin supply upon rates of reported property crime in the state.

Conclusions: While the changes in heroin supply in Victoria in 2001 produced a reduction in heroin related harms, there was little change observed in the overall extent of IDU as drug users shifted to the use of other drugs. These findings are considered in relation to the consequences of supply reduction strategies and the likelihood of a significant return of heroin supply.

760 Dr Richard Chenhall

THE NORTHERN TERRITORY'S FAMILY COPING PROGRAM: A REVIEW OF PRACTICE AND EVALUATION WITHIN AN INDIGENOUS AUSTRALIAN CONTEXT

Issue: This presentation examines a harm reduction approach in the treatment of alcohol and drug misuse in an Australian Indigenous context. It reviews and examines culturally appropriate evaluations in Indigenous contexts and suggests why these might not always be commensurable with government policy directives.

Key points: Stemming from a direct policy initiative, the Australian government funded an innovative program in the Northern Territory which aimed to reduce harm from Indigenous Australian substance misuse. Rather than focusing on harm reduction at the individual level, this program focused on families who are affected by individuals in their family with substance misuse problems. However, the program experienced considerable problems in its delivery and evaluation. Instead the Indigenous funding organisation sought their own resources to develop a program of research to evaluate and improve their services. This presentation looks at the ways in which research can and does matter to local organisations who are struggling to demonstrate the effectiveness of their programs due, in part, to a lack of systematic and sustained research which can inform public policy.

Approach: This is a historical analysis supplemented with a rapid assessment anthropological methodology.

Implications: Whilst some harm reduction strategies may not be successful, this presentation points to some of the important points around the capacity building of local Indigenous organisations who are funded to carry out programs. The current pattern of short-term project funding should be replaced with longer term, evidence based intervention that address the multiple risk and protective factors present in Indigenous communities. This should be accompanied with culturally appropriate evaluations which rely on a range of data collection approaches.

761 Claudine Degraeve/Dr Geoff Robinson

LEAVING METHADONE MAINTENANCE

ABSTRACT. PATIENTS LEAVING METHADONE MAINTENANCE TREATMENT: AN AUDIT OF THE WELLINGTON CLINIC

Degraeve C., Robinson G.M.

Opioid Treatment Service, Wellington.

The indications, reasons and modes of withdrawing from methadone maintenance treatment (MMT) are poorly defined despite nearly 40 years of the provision of this treatment.

A retrospective survey of patients leaving MMT was undertaken from January 2002 to April 2003, using the discharge database of the Wellington Clinic which is funded for 410 patients.

Results found 90 discharged patients of whom 20 transferred to another clinic. One died during methadone induction (day 7) of overdose. There were 33 patients involuntarily discharged of whom 14 were imprisoned and withdrawn, and 19 who were discharged for breach of programme conditions/safety reasons. Data on these patients' withdrawal regimes and detoxification programmes will be presented.

Data from the group of 36 patients completing voluntary withdrawal programmes will be presented, including stated reasons for withdrawing, support of treaters for this decision, duration of current MMT period mode(s) of managed withdrawal, and after-care treatments. This group will be compared to suggested operational criteria for patients deemed suitable for leaving MMT (1).

(1) Lenne M., Lintzeris N., Breen C., et al withdrawal from methadone maintenance treatment: prognosis and participant perspectives. *Aust NZ J Public Health* 2001;25:121-5.

Could be oral presentation or poster.

765 Madina Toktogulova

ESTABLISHING SELF-GROUPS OF PLWHA USING INJECTION DRUGS, INCLUDING THOSE IN PRISONS, IN THE CONTEXT OF HIV/AIDS EPIDEMIC SPREAD IN KYRGYZSTAN

Current drug laws, as well as corruption among some militia officers, in the Republic of Kyrgyz, criminalize drug users (the national criminal code provides for responsibility for keeping, selling and buying drugs in almost any quantity). Repressive drug policy contributes to the rapid spread of HIV-infection. By September 1, 2004, 610 HIV cases were officially registered, with 86% of them among drug users. Prevention measures among drug users have been introduced in the Republic, but harm reduction programs are still poorly equipped with other services, such as psychological assistance, social services, etc. AIDS service, primarily HIV treatment, remains a rather new issue - the country lacks expertise, while professionals, decision-makers and people affected by the epidemic lack competence. Self-help groups in the context of repressive drug policy and undeveloped HIV/AIDS policy present an important challenge, as it gives an

opportunity for people to voluntarily receive help and referrals to services. HIV activism movement in Kyrgyzstan is currently making the first move, so there is a necessity to establish an interregional group of HIV+, able to promote their interests and take part in solving emerging problems. It is the proper time to further develop the available capacity in regions and provide delivered by HIV+ themselves.

Since September 2000, NGO iRANARi has started establishing drug users' self-help groups. Currently two groups operate in the Republic. As our organization was created by PLWHA and drug users themselves, effectiveness of our activity is ensured by the peer support principle. Last year we established the PLWHA self-help group iRavnodenstviyei (Equinox), that unfortunately still remains the only group for PLWHA outside prisons in Kyrgyzstan. Two PLWHA self-help groups operate in two penal colonies, delivering services to a total of 44 people. In cooperation with NGO iAdilet Legal Clinic, we render legal assistance to PLWHA in prisons, where 80% of inmates have injection drug use careers.

767 Anna Doab, Carolyn Day, Carla Treloar, Gail Matthews, Greg Dore HEPATITIS C KNOWLEDGE, BARRIERS AND ATTITUDES TO TREATMENT IN ACTIVE INJECTING DRUG USERS IN AUSTRALIA

Objectives: Injecting drug users are at significant risk of hepatitis C infection. Until recently current IDUs in Australia had been excluded from hepatitis C treatment programs, and it remains unclear whether they are aware of and interested in receiving treatment, and whether they would be suitable for treatment, given treatment compliance demands and the possibility of reinfection. This paper examines hepatitis C treatment options for IDUs and their treatment knowledge, barriers and willingness to access hepatitis C treatment among current IDUs. Current research into the hepatitis C treatment among active IDUs is also outlined.

Methods: A convenience sample of current IDU (n=100) with self-reported hepatitis C drawn from a primary health facility and methadone clinic in inner Sydney completed an interviewer-administered questionnaire.

Results: Participants had a reasonable knowledge of hepatitis C natural history but very poor knowledge of hepatitis C genotypes and treatment outcomes and tended to over estimate hepatitis C disease progression. The majority believed that being a current IDU was an exclusion criterion for treatment and only 42% of participants believed that hepatitis C could be cured. Despite this, 70-86% reported that they would consider treatment under the following scenarios: requirement for liver biopsy, thrice weekly subcutaneous injections and common treatment related side effects. The proportion of participants who would consider hepatitis C treatment, based on treatment efficacy scenarios was (36%) for 20% efficacy, (63%) for 40% efficacy, and (93%) for 70% efficacy. Older participants and those on drug dependency treatment program had higher levels of treatment consideration.

Discussion: A high proportion of current IDUs appear willing to consider hepatitis C treatment. Given this, trials of HCV treatment for IDUs are warranted and trials involving IDU are discussed.

769 Sergey Ryabenko

ADVOCACY OF RIGHTS OF THE HARM REDUCTION PROJECT STAFF AND CLIENTS IN VORONEZH

'Strategy and practice'

Issue: The low level of legal culture of injecting drug users (IDUs), commercial sex workers (CSWs), PLWHA; lack of possibility to defend their right by themselves, lack of active attempts to rehabilitate their rights and interests violated; discrimination. Free of charge advocacy is needed.

Environment: Voronezh is the main city of the Centralno-Chernozemnyi region with population of 999,260. The prospective target group: IDUs, CSWs, PLWHA, and outreach workers.

Project: Free of charge admission room has been open since July, 1, 2002. 257 clients of the Harm Reduction program including 24 PLWHA have visited it. A collection of materials regulating rights of HIV-infected people has been prepared. Education seminars have been held for attorneys, lawyers-volunteers, iAntiAIDS Center staff and PLWHA mutual aid groups. Brochures on legal issues for IDUs, CSWs and PLWHA have been issued.

Website has been created for constant acknowledgement of PLWHA and general community on legal issues concerning rights of HIV-infected community members. The website contains all legislative acts. 2 seminars on PLWHA advocacy have been held with the deputies of the Duma of Voronezh.

Results and knowledge obtained:

Increasing of legal knowledge of HR program clients and outreach workers have stimulated HIV-positive people to take active stand in defending their rights and freedom. Personal meetings and communication with deputies, state authorities' representatives and mass media; as well as website, brochures, and informational

materials on legal policy issues have become methodological basis for working out initiatives on changing legislation with the aim to improve legal situation of IDUs, CSWs and PLWHA.

771 Henri Bergeron/Danilo Ballotta

THE EVOLUTION OF EUROPEAN NATIONAL DRUG POLICIES

This presentation will focus on the similarities between European national drug policies rather than on discrepancies and differences. We would like here to gather some arguments, which support the assumption of a relative convergence of European drug policies, ie:

1. The quite new and widespread adoption of national strategies and action plans that stress the importance of evidence based objectives and responses;
2. The adoption of harm reduction measures all across Europe;
3. The tendency in the "old" Member States to consider use of illicit drugs, or possession for personal use, as a more "minor" offence, in so far as - and only in so far as - jail sentences seem to be avoided as much as possible and therapeutic measures given preference;
4. The progressive, but still uneven, inclusion of licit drugs in drugs policies of many western countries.

We have little doubt that many of the present at the Conference are well aware of these changes and developments, but the added value, if any, in this presentation will be to grasp them in a synthetic fashion, will be to present well known phenomena through a common theoretical frame. That is why we will insist on the fact, somewhat obvious perhaps, at least for health sociologists and anthropologists, that the majority of those transformations concerning the drug field in particular have to be understood as stemming from a social transformation on a wider scale, that which makes health a key value of modern western societies.

773 Olena Danilova

HARM REDUCTION PROGRAM DEVELOPMENT

Issue: Recently Ukraine has become the epicenter of the HIV/AIDS epidemic in the region of eastern and Central Europe. According to the official data quantity of HIV-infected people since 1987 till 01.09.2004 in Ukraine is 70 283 . WHO estimated that number is about 500 000. In this connection since 1997 International Harm Reduction Development Program has been operating in Ukraine implementing HIV/AIDS prevention measures among the most vulnerable groups of society.

Setting: The Program has involved about 40 organizations, which allowed expanding its geographic. There are 11 cities from most endangered (so-called priority) regions and 16 from non-priority regions of Ukraine. The main target groups of this project are IDU's, WOM/IDU, and IDU/PWA. According to data of The Ukrainian Center for AIDS Prevention among HIV-infected there are 44 099 IDUs (about 62% of all HIV+ in Ukraine).

Project: The implementation of the program conducting in cooperation with a number of international agencies: International HIV/AIDS Alliance UNAIDS UNDP, BC, AFEW, MSF, and TPAA. This year owing to efforts of Global Fund to Fight AIDS, Malaria and Tuberculosis in respect of implementation project iReduction of HIV-infection among the most vulnerable Layers of societyi in cooperation with IRF was given grants to HIV-servicing NGO's for at least 550 000 \$.

For the period of 2004 a sum of \$300000 was allocated from OSI-NY for spending. All-Ukrainian Harm Reduction Association working already 2 years has become a strong network self-organization that unites about 40 organizations and work in a field of technical assistance of HR projects, implementing prison projects, study tours, and already gained a grant for substitution therapy projects.

Outcomes:

As an outcome of the project one may mention creation of a network of NGO's successfully implementing IHRD strategy in HIV prevention activity among vulnerable layers of society

775 Dagmar Hedrich, Lucas Wiessing, Paul Griffiths

AVAILABILITY OF STERILE INJECTING EQUIPMENT TO DRUG USERS IN EU COUNTRIES AND NORWAY

Background: The EU Drug Strategy 2000 - 2004 aims to reduce incidence of infectious diseases among drug users. Scientific evidence indicates that availability of clean injecting equipment plays an important role in reducing risk behaviour and transmission of infections.

Methods: The EMCDDA collects information on national strategies for responding to infectious diseases among drug users, including the role of needle and syringe programmes (NSPs), through a network of 26 National Focal Points. Data collected include level of provision of NSPs, numbers of syringes provided, types of exchange/distribution points, their geographical distribution. Where reliable

estimates exist of total volume of syringes and of total prevalence of drug injection, the level of coverage is assessed.

Results: NSPs now exist in all EU countries and Norway. In most countries they are a predominant element of strategies to reduce drug-related infectious diseases, but are less developed in some new Member States as well as in a few old MS. Since 1999, when the EU Drug Strategy was adopted, available data show an overall increase in the volume of syringes and geographical coverage of NSPs, although in some countries the volume declined recently and in others, coverage remains still limited to a few urban areas. Access to clean syringes free of cost is mostly provided through exchange points at specialised drugs services, outreach workers and peer networks, but in several countries pharmacy distribution is free or strongly subsidised.

Conclusions: Availability and quality of information on NSP service delivery and pharmacy sales vary between countries. More information is needed on patterns and sources of syringe supply to drug injectors, especially through pharmacy outlets, and on the role of peer networks in increasing availability among hard to reach groups. Despite gaps in knowledge, it is clear that there are substantial differences between countries in the availability of sterile injecting equipment.

776 JUNQUEIRA, L.V.B.1,2; BASTOS JR, W.1,2; REGINA1; AMORIM, J.E.1; PADULA, A.M.1

WOMEN, CRACK AND HARM REDUCTION - AN ACTION PROPOSAL

Issue: 28,6% of the cases of aids in Juiz de Fora/MG/Brazil were reported by women, being the proportion of 1,6 when compared with the male population. As for the exposing category among the injectable drug users (IDU) 12,5% were women. Due to the harm reduction program there was a decrease of the number of assistance given to IDU (from 90 in sept of 2001 to 15 in dec of 2002), and simultaneously an increase of the number of assisted crack users.(80 in dec of 2002).

Setting: Two low social-cultural level neighborhood were the priority in this program, due to their high level of commerce and use of crack. The gains obtained by this population are generally due to drug dealing, robbery and prostitution.

Project: Aiming to put the female population of drug users and preventive actions together, individual and preventive assistance was offered to the female users and/or sexual partners of drug users. The contact with these women happened in an anonymous and voluntary way. The visit took place every 15 days at their houses, which were generally very simple, and lasted around 2 hours each. During the visits their sons and daughters were frequently present. The information and stimulation were given towards preventive behavior concerning HIV/AIDS/DST/Hepatitis and other pathologies through a participative approach where there are exchanges of experiences among these women related to different safe sexual practices, emphasizing hygiene, place, partners, the conditions that they make sex and the use of individual pipes for crack users. We made use of folders, posters, prospectus about DST and a Kit for the use of crack as materials. At the end of each visit, it was given a condom, folders and individual crack users kit. Outcomes: 128 women from the ages of 16 to 52 were assisted from July of 2003 to July of 2004. 4951 female condoms, 3564 male ones and 140 kits containing a crack pipe and other materials were distributed. The job done with the crack user kit began in July of 2003 and 94 women were also led to health services and suggested to have HIV test.

777 Degol Hailu

DETERMINANTS OF KHAT PRODUCTION

Degol Hailu. SOAS, University of London.

Much has been said about farmers' decision to substitute traditional crops with khat. The literature notes that land fragmentation and state control of agricultural marketing contributed to the growth of khat cultivation. Farmers, mainly reacting to fluctuations in international coffee prices, increased khat cultivation. Yet, nothing has been said about how a country's development strategy leads to the expansion of khat cultivation. This paper argues successes of Ethiopia's agriculture-based development strategy inadvertently encourage khat production. The strategy, essentially a mechanism to increase land productivity through extension services (construction of rural roads, fertilizer inputs, subsidised credit, improved seeds and water management), has led to increases in yield of annual cereal and food crops. However, prices of these crops have been falling in the face of fixed demand associated with modest urbanisation, underdeveloped agro-processing industry, and non-existent export markets. At the same time, acreage and yield for khat are increasing precisely because domestic and export demand are rapidly growing. The domestic market is rising as consumption of khat is crossing age, gender, social status, income, and geographical boundaries. The export market is marked by the rise of mass consumerism in neighbouring countries (Djibouti and Somalia) as well as consumption among the Diaspora in display of the self and identity - closely related to migration of Ethiopians and Somalis to Europe and North America. These

markets are aided by significant intermediate activities such as packaging, branding, retailing, and transport. In sum, the knowledge, expertise and material gained through the extension programs are devoted to the growth of khat production in response to decline in price of cereals (domestically) and coffee (internationally).

780 M. Scott Young, Ph.D., Holly A. Hills, Ph.D., & Nancy Lemrow, M.S. USING AN ADMINISTRATIVE DATABASE TO ASSESS THE RELATIVE DEGREE OF PROBLEMS ASSOCIATED WITH USE OF DIFFERENT DRUGS

BACKGROUND Publicly funded substance abuse treatment (SAT) providers in Florida are required to submit information to the State, including information on clients' drug use and diagnoses. Such large clinical administrative databases afford an opportunity to assess the relative degree of problems associated with using different drugs.

METHODS FY 2001-2003 data included information on 165,809 admissions to Florida SAT facilities. Each admission record includes 3 fields for documenting up to 3 drugs contributing to the need for treatment. Each record also contains 2 additional fields to document ICD-9 primary and secondary diagnoses (DX), including substance-related DX.

The frequencies with which various drugs were listed in admission records were calculated to determine the most common drugs. Simply listing a drug (i.e., cannabis) does not necessarily indicate problematic use. However, having a DX related to the drug (i.e., cannabis abuse) does suggest problematic use. The relative degree of problems associated with using different drugs was examined by comparing the proportion of admissions listing each drug that contained a DX specific to the drug.

RESULTS Alcohol was the drug most commonly reported, appearing on 63% of admission records. The next most common drugs were cannabis (41%), cocaine (30%), and opiates (13%).

For admissions listing these substances, the proportion including an accompanying DX specific to the drug was next computed. Higher proportions suggest a greater degree of problems. Over half (63%) of admissions listing an opiate drug had an accompanying opiate-related DX. The next most problematic drugs included alcohol (62%) and cocaine (57%); under half (46%) of admissions noting cannabis use had a cannabis-related DX.

CONCLUSIONS Though cannabis use was associated with a substantial proportion (41%) of SAT admissions, under half of these admissions had an accompanying cannabis-related DX. Relative to use of alcohol, cocaine, and opiates, results suggest that cannabis use is associated with a lower degree of problems.

783 Susan Clemens, Alison Ritter, Eric Tyssen

A MULTIPLIER METHOD TO DETERMINE PREVALENCE OF PROBLEMATIC ALCOHOL USE AND TREATMENT UTILISATION

Drug treatment is a component of harm reduction by functioning as a demand reduction strategy. Therefore, constructing reliable substance use prevalence estimates and ensuring adequate treatment allocation is necessary. This study used a multiplier method based on a treatment multiplier rather than the traditional mortality multiplier. An alcohol and drug telephone helpline in Victoria, Australia was the source of the multiplier rate. This multiplier was applied to the number of clients receiving government-funded treatment for alcohol in Victoria from a national dataset. Callers to the helpline that listed a drug of concern of alcohol were asked whether they had received any treatment for alcohol in the past year. Participants were asked for the name of the treatment agency and results were compared back to the national dataset. The multiplier was constructed based on agencies known to report to this dataset, however, responses including self-help or other non-government funded treatment options were also recorded. Preliminary results indicate that 26.4% of callers received treatment from a government-funded treatment agency in the past year. There were approximately 9,800 clients recorded in the national dataset, which results in an estimate of 37,200 problematic alcohol users in Victoria. This is well below state estimates of 351,400 individuals consuming alcohol at risky levels. There are several explanations for the disparity in results. First, the rate of treatment observed among helpline callers was two to four times higher than estimates from population surveys. Second, government-funded treatment is a finite resource, and supply ceilings may have reduced these estimates below optimal demand levels. Both of these conditions would deflate estimates using a multiplier technique. A better interpretation of these data may be that the multiplier is estimating treatment demand rather than substance use prevalence. Final results will be available for presentation at the conference.

793 Adeola Akinremi**DEALING WITH TOBACCO AND ALCOHOL HARM IN NIGERIA: STRATEGIC GOVERNMENT LOBBYING AS SOLUTION**

Background/objective: Tobacco use is known to be harmful to public health globally and conscious efforts are being taken to control the trend, whereas in Nigeria tobacco use has been on steady rise among the youths and adolescents. The objective is to reduce the demand for tobacco products so as to control and gradually reduce the supply of tobacco products in order to reduce morbidity and mortality due to tobacco related diseases.

Methodology: There were phases of method used.

1. Public enlightenment campaign was organized in major cities across Nigeria for public understanding of the harms of tobacco used and to drum support for the enactment of law banning smoking in public places. Signatures were collected from members of the public and sent to the Nigerian legislators eliciting their support to enact laws to reduce the supply and use of tobacco products.

2. Parliamentary briefing and workshops were organized for key officers of the House of Representatives such as Health committee chairman, Leader of the House and other stakeholders to enhance their understanding of tobacco harm. The briefing provided the lawmakers with evidenced based, sufficient, and irrefutable statistics on harms involved in tobacco use.

Results: In march 2002, the Nigerian lower House passed the first anti-tobacco legislation prohibiting smoking in public places with punitive measures despite the consistent manipulative and lobbying styles of the tobacco manufacturers to stop the process. Smoking prevalence has also been reduced compared to what obtained before the passage of the law.

Conclusion:

It is important to inculcate strategic lobbying in policies that target harm reduction. Key lawmakers must be the priority when considering enactment of law against harmful products like tobacco and the necessity to keep the public informed often. This proved to be speedy with low cost and high impact.

794 Seun Akiyo**STEMMING DRUG ADDICTION AMONG NIGERIAN STUDENTS: STUDENTSClub AS A PANACEA**

PURPOSE: To provide a melting point for youths to meet as well as equip the youths with the necessary skills to fight against Tobacco addiction and Drugs.

METHODOLOGY: Some high schools were selected at random in Nigeria where a health symposia were held preceding the establishment of the health club to stem the high prevalence of tobacco use and reduce the risk of hard drug among the youths. The club serves as a resource centre for the youths, it provides a melting point for the youths to discuss among themselves and strategize the needed steps to recovery and prevention. At the different fora, students with tobacco addiction and drug dependence who suffered brain damage and other harmful effects as a result of drug dependence have received adequate attention from counsellors. Harm Reduction campaign rallies were also held in the schools and extended to the neighbourhood and motor parks, where drug and tobacco awareness is low. Massive campaign materials like T. Shirts, Caps, posters, banners and handbills were freely given out. The club holds meetings regularly to appraise its efforts and plan ahead, while the members are also involved in advocacy addressing press conferences to draw public attention to the harmful effect of drug and smoking on human beings.

Results: This project raised questions about the level of awareness of the youths on drugs and harms. public debate was also generated, while more youths are joining the clubs not only to learn more about the great challenge posed by drug addiction to safety of lives and protection of public properties, but also to act as peer educators, setting goals and providing purposeful leadership in the campaign against violence and promotion of harm reduction. Schools policy has changed to accommodate more harm reduction programmes.

CONCLUSION: The club has proved to be the missing link in the harm reduction chain of the African youth with the students committing themselves to the fight against harm ignorance in Nigeria and could be used elsewhere across the globe.

803 Ronan Gomes**HARM MINIMIZATION INTERVENTION FOR CSWs WHO ARE IDUs, - An ongoing success story of CARE - BANGLADESH**

Author: Ronan Gomes

Co-author: Dr. Munir Ahmed
Md. Omar Faruque

Issue: Sold by pimp - a tragic start of life and stigmatization, discrimination, rape and a lack of access to medical help: these are the problems faced by women lured into sex work. The problems become serious due to ignorance about STI and HIV. Lack of medical, social, legal and psychiatric assistance creates serious

consequences not only to the health of the women but also for the clients around them. These problems are acute especially for street CSWs who are IDUs. Society blame them for the growth of HIV and the increase of HIV - Transmission through sexual intercourse without realizing the fact that it is their clients who demonstrate irresponsible behavior by paying extra money for unprotected sex and raping the women.

Setting: Mainly the harm-reduction program started in Dhaka since 1996 but this intervention starts in 2003 considering the high-risk behavior and marginalized situation of sex workers who are also IDUs. The program has given CSWs access to medical facilities and referral. Peer educator training also helps them to reduce dangerous behavior. Doctors satisfy the patients and maintain confidentiality. To empower and establish their rights CARE wants to establish one self-help group for them.

Project: The project is concerned with minimizing the harmful implication of drug use, STI/HIV transmission, abscess marginalization and harassment of female who are IDUs. Outreach workers operate needle exchange, distribute condoms and facilitate safe injecting sessions.

Outcomes: More than 1225 female IDUs covered by PEER training along with medical facilities. Training also helps them to establish their medical rights to government hospital. CARE has also completed the groundwork to form a self-help group. Special attention is given to pregnant HIV-positive women and provides medical, social and psychological help.

807 Simon Azariah**INTRODUCTION OF HARM REDUCTION AS A PUBLIC POLICY AND PRACTICE IN PAKISTAN**

Issue Introduction and acceptance of Harm Reduction (HR) as a legitimate public policy, approach and practice in Pakistan.

Setting The 'HIV/AIDS Prevention with Drug Harm Reduction in Pakistan (HAPDHRP) Project' is a part of national Enhanced HIV/AIDS Control Programme and also its forerunner. HR Services are being provided through Non-Government partners for extremely marginalized Street (Injecting) Drug Users. The project scope is:

- Street outreach, motivation and referral
- Registration
- Basic medical services
- Management of STIs
- Social services
- Behaviour change communication
- Syringe exchange programme
- Condom provision and promotion
- VCT
- Referral for detoxification and rehabilitation.

Project: Futures Group manages the project. With intensive advocacy and a formula for power sharing within government counterparts the initial intense resistance has evolved into high ownership, support and involvement from the government. All decisions are made by a Steering Committee comprised of Government and International stakeholders.

The project is testing formal NGO Contract-based public-private partnership for the first time in Pakistan, where NGOs implement Government's agenda.

The selection of NGOs was done based on rigorous criteria. Six NGOs were contracted based on the World Bank Brazil NGO Contract model to provide services in five cities in Pakistan. It was estimated that there were about 16,000 - 20,000 IDUs in Pakistan despite exaggerated projections of up to 60,000 IDUs. The contracted NGOs reach approximately 14,000 IDUs.

Intensive NGO capacity building and performance monitoring has been done by project managers and government counterparts.

Outcomes

1. Formal NGO Contracts in the ambit of Public Private Partnership.
2. Acceptance and full support of Harm Reduction Policy and Practice by government.
3. HR Service Provision (through static and mobile HR Units) in provincial headquarters and a small town.
4. Improved NGO Capacity on HR.
5. Approx. 14,000 IDUs accessing effective HR Services.

808 Simon Azariah**CONTRACTING NGOS FOR HIV/AIDS PREVENTION WITH DRUG HARM REDUCTION (HR) IN PAKISTAN**

Issues: This abstract presents the experience of DFID funded HIV/AIDS Prevention with Drug Harm Reduction in Pakistan (HAPDHRP) Project in contracting NGOs for HR service provision and developing coordination among government stakeholders. The project, managed by Futures Group Europe, is a component of Enhanced

HIV/AIDS Control Program of Pakistan. Description: Service provision to marginalised populations is not possible for government due to access and experience issues, so the government has reverted to contracting NGOs as the best way of using grant money by not allowing profit making from development activities. Lessons learned: Government has an inherent tendency to treat NGOs as subservient employees instead of acknowledging their independence and rights. Prescribing detailed TORs and asking NGOs to deliver on precise dates (as part of contracting) without having sufficient rational and research evidence appears obstructive to NGOs. NGOs operate very differently from the government which needs to be acknowledged and respected, however NGO capacity building and monitoring is mandatory. Government seems to mistrust NGOs on their probity and competence while the government itself has neither technical capacity nor prior experience of working with NGOs, and this conflict generates resentment in NGOs. Collaborative action alleviates such apprehensions and generates bilateral support. Ensuring intensive participation of government in a clear and standardised contracting process has increased confidence and trust within government in contracting NGOs. This has also resulted in good intersectoral co-ordination among government stakeholders with effective and efficient decision-making and support from government, providing sustained political will and support needed for effective NGO Contracting. Recommendations: A participatory approach based on trust, clarity of purpose and process makes effective NGO contracting possible.

809 Fred Okoth; William Lore; Frederick Owiti

HIV, HBV AND HCV SEROPREVALENCE AMONG INJECTING DRUG USERS IN NAIROBI, KENYA: FINDINGS OF WORLD HEALTH ORGANIZATION DRUG INJECTING STUDY PHASE II

Background/Objectives: Recent rapid assessment and response study conducted in Nairobi by this team revealed widespread heroin use (both injection and non-injection). The study reported here is a second part of WHO Multi-City Drug Injecting Study Phase II conducted in Nairobi. To investigate behavioral variables related to drug use in general and injecting drug use in particular and to determine HIV, HBC and HCV seroprevalence among the heroin users in Nairobi, Kenya.

Methods: The WHO Drug Injecting Study Phase II questionnaire was used to collect behavioral information and blood sample was drawn, with the consent of each respondent, after questionnaire administration and used for serological testing for HIV, HBV & HCV.

Results: Of 348 drug users (323 M and 25 F; sample mean age, 29.48 ± 7.14) 55.2% (192/348) were never injectors and 44.8% (156/348) IDUs. Out of 332 blood samples analyzed, the overall seroprevalence for HIV, HBV and HCV was 22.9% (76/332), 4.5% (15/332) and 21.1% (73/331) respectively. The HIV and HCV prevalence among IDUs was 52.5% (53/101) and 61.4% (62/101) respectively, as compared to 13.51% (25/185) and 3.24% (6/185) respectively among never injectors. Among female heroin users the prevalence rates were: HIV + 68% (17/25) and HCV + 48% (12/25). The prevalence rates were higher for female IDUs: HIV + 80% (12/15) and HCV + 73.3% (11/15).

Conclusion: The results of this study clearly demonstrate that there are IDUs in Kenya. The presence of HIV infection among IDUs has the potential to fuel an already devastating HIV/AIDS epidemic in Kenya. Appropriate interventions are needed to prevent such occurrence.

810 Lamabam Birendrajit

ADDRESSING THE MARGINALIZED FEMALE IDUS IN IMPHAL

Issue: Amidst the scarcity of service availability in terms of drug treatment in Imphal, Manipur state, India it's a pathetic for the female IDUs who are disposed in a serious state of disadvantages. The gender inequality that prevails in the society often drives the female IDUs more underground reciprocating the risk associated spreading the infections. Limited service coverage for the female drug users shows that the public health is compromised for this population. 90% of the female IDUs are involved in sex work, as it is a means to serve their needs. They are well exposed to the risk of unsafe sexual practice or injecting behavioral. Taking up the challenge the recent undertaking of the project ISASO/Alliance HIV/AIDS Intervention among female IDUs launched during the month of July 2004 has drawn attraction to a good number of female IDUs.

Approach: Data based survey in Imphal city spotted about 75 female IDUs, Questionnaire Interviews, FGD, Interacting & SHG meetings

Key points: 63 subjects have started seeking drug treatment and health-oriented services, as they seem to respond in creating an enabling environment. The behavioral aspects could be addressed after assessing the risk they are exposed too. This is a breakthrough and bringing about an ownership in the program is a major challenge, as it has to be replicated and sustained. Targeting the most sensitive and underprivileged section is a major point of interest as the Organisation serves as a payback to the society.

Implication: Lessons learnt from this project undertaking could be shared in forms

of best practices and consider over sustainability as the female genders influenced by these habits needs to be redesigned reassessed which could be compounded and reinforced by a sound Harm Reduction undertaking. The already alarmed situation of this dual epidemic could be responded only when programs are designed so as to suit the subjects in proper orders and there lies the backbone of public health.

811 Zhubaibek Baurzhan

PEER-TO-PEER

Working experience of the NGO 'Youth against AIDS' of the Republic of Kazakhstan under the 'peer-to-peer' program.

I am a student. 3 years I have been working as a volunteer together with the specialists from the international non-governmental organization PSI.

I established the NGO 'Youth against AIDS'. I am a member of the AIDS Servicing Organizations Association in Kazakhstan, and work under the peer-to-peer program among schoolchildren, students of colleges and universities in Almaty City.

Together with the PSI Group I visit rural areas to carry out training on HIV/AIDS/STI prophylaxis, as my coevals need the information on prevention measures against HIV and STI, their diagnostics and testing with further relevant consultation.

According to the conducted questionnaire, knowledge of STI (syphilis, gonorrhea, trichomoniasis) and their symptoms is in the range of 34 % - 78 % of the respondents; knowledge of HIV prevention matters is 54,1 % (1385 respondents). It turned out that education, place of residence (city or village) and nationality influenced on the level of knowledge of HIV and STI.

I established the group of leaders in four universities in Almaty city, who themselves conduct lessons on HIV infection and STI under the peer-to-peer program in their own universities and in one rural school. My coevals do not regularly watch and read official information. Peer-to-peer programs are more effective.

816 Dmitry Samoylov

ACCESS TO ANTIRETROVIRAL THERAPY AMONG DRUG USERS IN RUSSIAN FEDERATION

Issue: By WHO assessments about 1 million people live with HIV/AIDS in Russian. Injecting drug users (IDUs), who have contacted virus through used syringes and needles, make up about 75 % of them. Discrimination is the most acute issues for people living with HIV/AIDS (PLWHA). HIV-positive IDUs are often refused medical care, employment, entering educational institutions. We face zero tolerance from the society, caused by poor knowledge or ignorance.

Approach: Our statements are based on the experience and continuous feed back from the community.

Key points: IDUs are chopped off the medical care and support services. Medical professionals refuse to prescribe antiretroviral therapy (ARV) to them, being based on their incapability to keep the regime. In spite of the scientific evidence that IDUs can be adherent to ARV, this is the usual argument for many countries worldwide. WHO protocols ratify the equal access to treatment. At the same time the head of the Moscow AIDS-centre, M.D. Mazur postulates: 'Only those drug users, who has saved from their disastrous habit, should be treated'. Discrimination of PLWHA is direct violation of human rights. By the Federal Law each citizen of the country has equal rights for access to medical care, regardless drug using habits.

Implication: We need to strive for access to quality medical care for all PLWHA ARV is not accessible for the majority of positive people: the needs are covered for 10% only and IDUs are insignificant part of people taking the treatment. Our community organization of HIV-positive people advocates for access to treatment. We organize mass campaigns, negotiate with pharmaceutical companies, and support interests of PLWHA. We hope that by the joint efforts of Russian and international organization we will obtain significant changes in the situation with access to treatment for positive people in our country.

817 Mikhail Rukavishnikov

SUBSTITUTION THERAPY FOR HIV-POSITIVE INJECTING DRUG USERS IN RUSSIAN FEDERATION

Issue: Substitution therapy is not provided for injecting drug users (IDUs), including those HIV-positive, in Russia. IDUs have been the most affected part of the society at the beginning of the HIV infection epidemic in the region and are in urgent need for AIDS treatment now. Medical specialists and authorities responsible for the aid provision, consider drug users to be the dregs of society, which could be refused help - both specialized expensive antiretroviral therapy (ARV) and elementary medical care and social service.

Key points: Now, no substitution maintenance or other opioid replacement

programs exist. Methadone and buprenorphin are including in the list of drugs, which turnover is prohibited or limited by the Law. However, we suppose that substitution therapy is very important component of HIV prevention among IDUs and integral part of adherence to antiretroviral treatment for those HIV-positive. HIV-positive drug users, prescribed any opioid replacement medication can take ARV under the control of the substitution program. Thus, the high ARV adherence level is achieved, the effectiveness of AIDS treatment is increased, while a chance for resistant virus genotypes to appear slows down. As well, substitution therapy reduce the harm brought by the injecting drug use to the immune system, works for nutrition normalization, alleviate stress and other factors known to influence AIDS progression. Many HIV-positive opiate users suppress their hard emotions related to being HIV-positive by uncontrolled heavy drug use, which possess serious danger for their health and life.

Implications: We assume substitution maintenance programs should be implemented as soon as possible in Russia. The named problem which demands legislation changing is still set aside the local decision makers. We claim to represent community needs wherever possible and contribute to process of the substitution therapy introduction.

819 *shambhu dutta joshi¹, n. pandit¹, s.kumar bk¹, rajan Prasad bhandari², mandeep dutta joshi³

HIV/AIDS PREVENTION AMONG YOUTH DRUG USERS (HAPAYDU) PROJECT

Issues: The ministry of health of nepal reports that about 45-55 percent of IDUs are high risk group for HIV infection. Drug use is illegal in nepal, and the provision of needles and syringes to IDUs is prohibited. Government implemented AIDS prevention programs have been unable to reach this population.

Description: The HAPAYDU project aims to increase the coverage of HIV/AIDS interventions among IDUs in high risk population area. The project is a doing between the Hospital medical students, an IDU counseling group, a support group for PHAs infected from drug use, and an NGO. The project focuses on IDUs who mostly use different types of drugs, non-IDUs who mostly use amphetamines, and PLHA infected through drug use. Working with these three groups, the project developed models for promoting safer sex practices among drug users, including increasing access to AIDS prevention information. The project uses a participatory approach involving drug users in the planning, implementation and evaluation of interventions.

Lessons learned: Different types of activities are necessary for different types of drug users. Working with non-IDUs involves youth who are both in and out-of school, including HIV/AIDS and drug-use prevention activities with provision of treatment in some cases. Working with IDUs includes trust-building activities and developing relationships with IDUs. Activities for this group provide health promotion through peer support, including alternative activities to drug use. The least is known about how to work with IDUs who are HIV positive.

Recommendations: In order to work with these different groups, it is necessary to incorporate people who were previously drug users as volunteers. Networks for drug-users should assist in sharing experiences and information. Activities also need to focus on communities' attitudes to facilitate reintegration of drug users who have stopped using.

820 *mandeep dutta joshi, shambhu dutta joshi, n. pandit, s.kumar bk, rajan Prasad bhandar

HIV AND DRUG ADDICTION IN DEVELOPING COUNTRY

Issue: The constant struggle for survival in the conflict situation of nepal is leading more and more people to find solace in drugs. Today, over 80 per cent of them are now into injections and Spasmo Proxyvon, a pain-killing drug. This drug has captured the minds and hearts of youths aged 15 to 30 years. Many have fallen victim to it. There is now an emergence of HIV/AIDS cases among females that shows it is no longer confined to intravenous drug users who comprises of mostly men. There is increasing evidence that women and children are now prone to the epidemic. The entire system is collapsing and needs to be overhauled.

Description: Within the context of political, economic and social dimensions of armed conflict and violence, CYHAIN, AVN school and its partners nmct medical students are undertaking intervention efforts to mitigate impact of HIV/AIDS on drug users. It is working with the youth, women, children and men to: raise awareness; improve quality of life, change attitudes and to build capacity. Lessons learnt: There has been a marked decrease in needle sharing among intravenous drug users as a result of new needles and syringes being provided through partner organisations. Injecting drug users are receiving rehabilitation support and more HIV+ women and men are accessing psychosocial support - this is especially significant given the culture of denial, stigma and discrimination, especially against HIV+ women. However, relapse rates of drug users are still very high. Very few women are involved in decision-making process or even in programme designing. Therefore, the focus on HIV and related problems are not addressed properly.

Recommendations: Women need to be involved in the decision making process, HIV to be mainstreamed in development programmes, more government lobbying required.

821 Andres Marachlian

HARM REDUCTION FROM DE PRACTICE

Issue: The Drugs Clinic is designed and built as an issue in the community in order to help people that consume drugs in the local area. From its foundation this clinic was orientated towards drug users and their families. One of the main problem that we have to face is the lack of resources in the bedridden treatment for the drug users. Our service is mainly a health centre, that is why we do not provide the bedridden service.

Setting: The service is open to the public two to three times a week (it depends on the demand) in the premises of the Public Clinic in Parque Bellan, that belongs to the Ministry of Montevideo, Uruguay. In general, these drug consumers live in the areas next to the Clinic, in the areas of: Belvedere, Nuevo Paris and La Teja.

Project: The policy consists in harm reduction. The service that we provide is a health centre, that has the coordination of health and social resources, and offers a space to listen and to accompany the people that are consuming drugs. Our main aim is to improve the quality of their lives, to diminish and to change their consumption into a better one.

The whole treatment lasts a period of six months. Our intervention consists of psychotherapy, advising in harm reduction and promoting safe sex, advising the families and giving them psychosocial support, as well as making psychiatric evaluations of the conditions of the drug users.

Outcomes: Since its origins the Clinic has had more demands over the years. In the last year, drug users have consumed a new substance that is particularly vicious (la pasta base de cocaína *1). This type of consumption brought out the strong shortcomings that exists in the services for drug abuse in our country. The technicians when facing such complicated subjects, must have the ability to tolerate the frustrations derived from the lack of perseverance that drug consumers present within the treatment.

*1- It is the product obtained in the first step in getting from cocaine.

822 Celentano, Andrea; Inchaurreaga, Silvia

DRUGS - VULNERABILITY - POVERTY. RISKS ASSOCIATED TO THE DRUG CONSUMPTION IN POVERTY CONTEXTS.

Background: This study was made by the CEADS in the city of Rosario with the primary target to study conducts and attitudes of risk associated to the drug use, beginning and transition to the injectable use, in poverty contexts and this way to contribute to the prevention and reduction of identified damages taking care of the particularities of this population.

Method: Focal groups were made, interviews with drug users. In addition, a questionnaire to 200 drug users was applied in poverty situation. Results: The rank of ages of the interviewed people oscillates between the 11 and 30 years, with a medium one of 18 years. 64% pass most of the day in the street, of these 22% consumes inhalants (glues, reliable) because they like their effects, 15% because it is obtained easy. 26% of the interviewed people argued to live on the robbery, to take care of cars, to clean glasses, "to rescue" drugs, 11% exerts prostitution. Like risk context, it is possible to indicate that 59% were in prison and of these 94% injected some drug. 57% of the interviewed people began in the alcohol consumption between the 6 and 13 years. In average they begin in the consumption of drugs to the 13 years. The main drug of beginning is the inhalants (29%), followed by the tranquillisers (19%). 42% consume drugs and alcohol jointly. 34% use the injectable route and they began in average to the 16 years. 45% injected other substances nonconsidered drugs. 79% shared injection equipment, of these 33% are HIV (+/-) and 10% are HCV (+/-).

Conclusions: It is necessary to reinforce the intervention in relation to the associated risks to new modalities of use and new drugs (paste bases, fungi, ketamine). The predominant roll of the alcohol use in contexts of poverty associated to the drug consumption (inhalants, cocaine, marijuana, tranquillisers) determined the management and design of specific communicational material.

825 De Greiff G., Inchaurreaga S., Guanabara L.P., Moreno M.M, Caceres B., Lapetina A.

FACING THE CHALLENGE OF VIENNA 2008: THE CREATION OF

During the Andean Amazonian Forum held in September 2004 in Popayán, Colombia, representatives of several "drug policy reform" Latin American organizations members of the Independent Global Commission, launched the network REFORMA to prepare a plan of action in view of the 2008 meeting of the UN on "drugs", which should address the elimination or reduction of narcotic crops. REFORMA comprises experts and activists from the region as well as

drug users, farmers and indigenous groups; among them: Mama Coca from Colombia, Psicotropicus from Brasil, ARDA from Argentina, El Abrojo from Uruguay, the Andean Council on Coca Farmers and DRIS from Peru, NORML Jamaica, as well as the Brazilian and Argentinean harm reduction movements.

Objectives:

to promote a public debate on national and international drug policy legislations; to contribute to reform proposals from anti-prohibitionist and a harm reduction health perspectives; to support proposals towards the decriminalization of personal possession and use of illicit substances, in particular the legalization of coca leaf for traditional industrialization and medical marijuana; to defend scientific research on all substances outlawed by the UN Conventions on "drugs"; to denounce the impact of the Plan Colombia. The REFORMA constitutive document points out that effective harm reduction policies cannot be possible in Latin America unless a series of measures to address failing prohibition on "drugs" is initiated. REFORMA promote exchanges between victims of the "war on drugs" targeting farmers, users and regional legislators. Working with regional and international experts REFORMA will draft drug laws reform. Building on the experience and expertise of several on-going initiatives, REFORMA will develop messages to present new approaches to a "holistic" harm reduction, which will include drug users, farmers and producers as well as traffic routes addressing the peculiarities of the impact of "drug" prohibition on those constituencies.

829 Galina Karmanova, Martha Sickles

DRUG DEMAND REDUCTION PROGRAM (DDRP)

DDRP in Uzbekistan, Tajikistan and Ferghana Valley of Kyrgyzstan is an innovative USAID-funded five-year program which tackles the problem of increasing drug usage and spread of the HIV/AIDS epidemic in Central Asia. The program is implemented by a consortium of partners led by the AOSI including: OSI/ Network's SFKg and OSI Tajikistan, Eurasia Foundation, PSI, AFEW, Accord, Internews Uzbekistan and Tajikistan. OSI's IHRD provides advisory support to DDRP.

DDRP's mission/strategic objective is increased utilization by select populations of quality drug demand reduction services, social support and other healthy alternatives to heroin/opiate use.

The Program represents a major contribution to the mitigation of the HIV/AIDS epidemic in Central Asia through its approach to drug demand reduction in the region. A full spectrum of drug demand reduction incorporates universal prevention, which targets non-users, selective prevention which targets at risk individuals, and indicated prevention which aims to reduce occasions of heroin/opiate use, minimize health risks associated with use, and move regular drug users towards treatment (UNODCCP, 2002). This last element of indicated prevention is sometimes called low-threshold treatment readiness, which involves providing low-threshold, outpatient services such as counseling, stress reduction techniques, and other support to enable drug users to seek treatment. According to the International Narcotics Control Board (INCB), treatment and rehabilitation of drug abusers are also key elements of drug demand reduction strategies (INCB, 1998).

DDRP provides this spectrum of activities to a broad range of target populations, from raising awareness of the general population as to the harms of drug use to more selected and indicated services provided groups vulnerable to drug use. The program also aims to strengthen and institutionalize local professional capacity to provide services in the field of drug demand reduction.

830 Mike Trace

TOWARDS A REVIEW OF GLOBAL POLICIES ON ILLEGAL DRUGS

The Beckley Foundation Drug Policy Programme has been established to promote objective and evidence based review of national and international drug policies. In this presentation, Mr Trace will explain the findings of their research and analysis so far: - That fundamental review is long overdue, as current systems are not achieving their objectives.

- That a practical methodology for assessing the effectiveness of drug policies is available.

- That future policies should focus more on harms, than on overall reductions in the scale of the market.

The author has worked at the highest level in drug policy formulation in the UK, the EU, and the United Nations. The BFDPP is an independent NGO initiative that seeks to improve the quality of drug policy debate.

This presentation would work best in a plenary setting - I hope I am correct in indicating the 'symposium' option above.

831 Ananda Pun

INJECTION DRUG USERS AS LEADERS FOR HISTORICAL COMMUNITY MOBILIZATION AND EFFECTIVE HIV PROGRAMS

Issues: Community Support Group(CSG) is a NGO led by and for injection drug users (IDUs) in Nepal to design their own programs, which can be shared and adapted with other countries to increase IDU access to design effective programs and policies.

Description: The NGO is designed to build the capacity along with leadership and advocacy skills of IDU to participate meaningfully in policy dialogue, improve understanding of DUs and PLHAs issues and to build effective partnerships to reduce stigma and discrimination in the community.

CSG believes that the multi sectoral responses are necessary to minimize the impact of HIV/AIDS epidemic. In order to mobilize a community at different levels CSG organized a week long "MAHAYAGYA" (religious ceremonial fire) this September by mobilizing different sectors in HIV/AIDS prevention and care activities. This is the very first of its kind nationwide. The main aims were to initiate the faith-based response in Nepal, sensitize the community and to raise a fund to establish an "End of life care centre" for PLHA.

Conclusion: In this historical momentum in Nepal, thousands of people across all strata of Nepalese population joined their hand in hand to provide an enabling environment, raised 4.2 million Nepalese rupees for IDUs and contributed and supported entirely and effectively the issue raised by DU and PLHA. Meaningful involvement and acceptance of IDUs as leaders is essential for changing behaviour, perceptions and stigma and discrimination. Skilled and extensive support to IDUs can make them the effective partners and leaders in the fight against HIV and AIDS.

834 Binay Amatya

SEXUAL RISK REDUCTION STRATEGY IS AN URGENT NEED IN ORDER TO COMBAT HIV BY INJECTING DRUG USERS.

Background: The specific objective of this study was to reveal the injecting and sexual practices of Injecting Drug users in and around Indo-Nepal cross-border town, initiated by Student Awareness Forum (BIJAM).

Method: The behavioral data were collected from 100 IDUs and 50 of their sexual partners using structured interviews and questions soliciting information like recruitment information, demographics, drug use patterns, injection and sexual risky behaviors and adverse health consequences.

Result: The age of the respondent was 20 to 39, two-third (64%) were married, 31% injecting heroin/ brown sugar or 69% tedgesic. The age at initiation of injection was 16 to 24, sharing of injecting equipment was common (74%) and frequent sex with multiple partner (54%). Interestingly 51% of sexually active IDUs did not feel to be at a risk of HIV/STDs, and only 24% were using condoms consistently. 37 IDUs were offered voluntary counseling testing and 21 were infected with HIV.

Conclusion: The study has indicated that injection risk behavior changes over time but sexual risk behavior persists. In order to decrease further HIV infections, it is critical to protect sexual partners by implementing risk reduction strategies targeting sexual risky behavior among IDUs and their sexual partners.

840 Sonia Afrin; Munir Ahmed; Mohammad Omar Faruque; Shakawat Alam; Mousumi

BREAST FEEDING MOTHER AS A DRUG USER IMPOSE A THREAT TO THEIR BABIES

Issue: Female drug users especially with injecting drug taking behavior in Bangladesh who are breast-feeding mother also shares that the drug withdrawal symptoms are more or less same to their babies.

Settings: Since mid 1998, CARE Bangladesh HIV program has been implementing HIV/AIDS Prevention program on the basis of harm reduction strategy among 4000 injecting drug users and 5000 heroin smoker in the capital city of Dhaka in which a good number are female drug users. Female IDUs are more hidden and stigmatized than male IDUs as most of them are involved in sex trade which makes them more vulnerable for HIV infection. Recently it has been found that from in-depth interview of some female drug user from RSA and from peer training session that the female drug users who also are breast-feeding mother withdrawal symptoms come up to their babies if the mother do not feed the baby in time. It has been also found that the babies of drug user mother are not as healthy as like non-drug users mother. There are some studies that justify that there are some drugs which active component can pass through breast-feeding. This chemical is more concentrated in the mother's milk than it is in her blood. It may be linked to physical development problem of the babies also.

Project: CARE Bangladesh has been trying to bring female drug users under an umbrella through peer approach so that their risk taking behavior could be minimized. Recently with the financial support from World Bank through UNICEF under HIV/AIDS Prevention Project CARE Bangladesh have started two DIC only for

female drug users. Special attention is now ensuring to them to reduce their vulnerability, to improve their health and hygiene.

Lesson Learned: It is very crucial now to start a qualitative research with the female drug users to find the impact of drugs on breast-feeding babies. And based on the study findings, CARE Bangladesh should start Harm reduction program with special focus on breast-feeding babies of female injecting drug users.

842 Md. Shakawat Alam, Dr. Taslim Uddin, Dr. Munir Ahmed, Mohammad Omar Faruqe, Kamrul, Khurshid

ROLE OF EX-DRUG USER ORGANIZATION IN HARM REDUCTION PROGRAM.

Issue: Ex-Drug Users (DUs) can play a vital role to effective harm reduction program for themselves and I/DUs by mobilizing their self-help group (SHG).

Description: In mid 1998, Injecting Drug User Intervention under HIV program of CARE Bangladesh installed Harm Reduction (HR) program following peer based approach among the IDUs in Dhaka, Bangladesh. Besides other activities intervention initiated Community Based Detoxification Camp (CBDC) based on perceived demand for de-addiction of out reach workers and I/DUs. Receiving treatment from CBDC and driven from shared experiences about 15 ex-DUs became organized and decided to develop a SHG of their own named BODAR (Organization of Bangladesh Drug addicts Rehabilitation) with an intention to improve their self esteem and images in the society to create acceptance to the community and regain social empowerment in the main stream society. Through their participation in organizing and managing CBDC, follow up, representation to deferent forums and advocacy sessions, involvement in NSEP for HR to improving their self-image. Interaction within their own community helps to keep them away from drug abuse practices, which enable them to create avenues of drug free living.

Out comes and lessons learned:

 BODAR affiliated registration as an NGO from Social Welfare Department of Bangladesh.

 Integration of ex-DUs in these programs explored more opportunities to identify the current users to develop easy & communicable accesses for providing services broaden the intervention.

 Over the period BODAR managed 25 CBDC and provided de-addiction services to 250 I/DUs and around 30% of them are free from drugs. (Till to date)

 BODAR has been playing a vital role in advocating Police, DNC and other local elites in favor of HR program.

Recommendation: Ex-DUs organization can play vital role in program implementation and social integration of ex-DUs, which would carry out HIV prevention program effectively.

846 Katarina Jiresova, Sona Javorkova

THE QUALITATIVE STUDY ON DRUG USING BEHAVIOUR AMONG INJECTING DRUG USERS (IDUS) IN TWO CITIES - WITH AND WITHOUT ACCESS TO STERILE NEEDLES AND SYRINGES

BACKGROUND: In general public and among professionals in Slovakia exists judgement that IDUs are uninterested in health and therefore not willing to use NEPs or to buy the needles in the pharmacies. There is strong evidence in the foreign literature about the efficiency of NEP but there was need of country based study.

OBJECTIVES: 1. To identifies risky patterns in the drug use and preparation; 2. The knowledge/access of the IDUs about/to the NEPs; 3. IDUs' opinion about the meaning and attitude towards NEPs; 4. The knowledge of IDUs about HIV, HBV and HCV; 5. personal history of drug use. Results were analyzed in two levels: I. the city level; II. comparison of the city.

METHODS: Personal stories (affirmations), directed interviews and questionnaires. The sample were IDUs in two Slovak cities - capital city (city B) with NEPs and pharmacies selling the needles and syringes to the IDUs and district town (city A) with no NEP/pharmacy willing to sell the needles.

RESULTS: 1. results of the city A are similar to city B before the start of NEPs in city. 2. main source of information about NEPs are friends; 3. NEPs are seen as positive and needed; 4. in city B the respondents had insufficient information about the infection transmission, but all of them had correct information about the relation between IDU and infection transmission while the users in the city A had more information about other ways of the transmission. The knowledge about the parents to child transmission and unprotected sex was insufficient in both groups. 5. All respondents started their drug use with the legal drugs. There was significant difference in first illegal drug use among city A and city B and the age of first illegal drug use.

More detailed results and conclusions will be presented at the conference.

848 MUHAMMAD ARIF

TRAINING ON HIV RELATING TO HUMAN RIGHTS

ISSUE: The HIV/AIDS Prevention intervention in Rahimyarkhan District are being carried out among the various high risk behavior target groups. Through various aspects are covered and strategies are used to combat HIV/AIDS, a main aspect of Human Rights issue which is very closely related to the prevention of HIV/AIDS has been ignored and un-noticed by the implementing NGOs and target groups are being affected, as a result of which human rights violation is being practiced on the target groups by several ways. The main reason for that is lack of knowledge on legal and human rights issues amongst the target groups and NGOs.

PROJECT DESCRIPTION: Aiming to educate the local NGOs and target groups on legal and human rights, the PRWSWO organized a series of training seminars in Rahimyarkhan District, which includes the strategies like:-

1. Lectures on Legal & Human Rights Issues.
2. Group Discussion
3. Interaction
4. Face to Face Discussion.

Finally, a Core Group was constituted amongst the target group audience to follow up work. The PRWSWO successfully trained 240 persons in a short span of 3 months.

OUTCOMES: After completion of the training program on legal and human rights, a Core Group which consists of Lawyers, Police Officials, Media Personnel, Medical Officials, Political Leaders, Religious Leaders, NGOs and selected persons from the target groups formed to deal with the human rights violation caused to the target groups in the appropriate way.

849 Alena Asaeva

CRIMINALIZATION OF CANNABIS. ACTION 'THE WORLD HEMPEN MARCH'

Issue: The use of hemp derivatives is criminalized in Russia, and that leads to violent marginalization of the youth. Many high-ranked officials distribute false information on cannabis, for example, saying that it is so-called 'igatesi' to hard drugs. Cannabis is prohibited for medical, and the procedure of getting license for industrial production is very complicated.

Environment: In March, 2004, with the support of Kolodets and New Drug Policy, the organizational committee was created on holding 'iMillion Marijuana Marchi', on May, 4. Everybody interested in changing the legal status of marijuana were supposed to participate. The action was forbidden by Prefecture. Finally 65 persons were detained.

Project: The organizers renamed the action into 'the World Hempen Marchi', created logotype, the website, informational list. It is new name was adapted to the Russian society. More than 8,000 leaflets and stickers were distributed inviting to the action and demanding: 'iNo to Arrests!', 'iStop the lie!', 'iCannabis is a medicine!', and 'iCannabis is textile and paper!'

Results and knowledge obtained: Once again we were made sure that if organized with interaction with mass media, public actions invariably have positive results and attract much greater amount of people than local actions. The Internet response has demonstrated public readiness to take part in such actions if informed. Many journalists receive one-sided information from official sources. Thus, the main result of the March is a great dose of true information in newspapers and on TV, leading to changes in public opinion. Once again we were made sure that declarations of the Russian policy makers on unpreparedness of the society to legalization of light drugs are unsupported by evidence. By holding the acting, we are sure to have contributed our share to forming the public opinion, the right wing. After the March was held, the State Drug Control Committee has come into contact with us.

851 Anna Kucheruk

THE NEWSPAPER AS ONE OF THE TOOLS OF HARM REDUCTION SERVICES DEVELOPMENT

Issue: Ukraine became one of the epicenters of HIV/AIDS epidemic in CEE region. 70283 HIV+ were registered by Sept 1 2004. In Vinnitsa region 783 HIV+ (including 71,5% IDU) were registered by Oct 1 2004. The share of sexually transmitted HIV increased 3 times in the region.

Above 70% of HIV+ live in countryside. Rural problems are aggravated by lack of relevant information, low access to medical care, stigmatization, absence of governmental preventive programs for IDU/SW. Lack of information led to low knowledge of HIV/AIDS, relevant rights, lack of motivation to change behaviour.

Setting: In 2001 our NGO started publishing newspaper 'iPLUS-MINUS'. The target group: IDU/SW/PLHA, their close people, medical specialists, AIDS-servicing NGO/GO, local authorities, police. The newspaper was distributed in Vinnitsa region including small towns. In 2004 we received written applications from 24 AIDS/HR-servicing NGO/GO of Ukraine and Moldova. We started distribution by mail.

Project: The newspaper's materials devoted to relevant social, medical, legal and psychological aspects. The main themes: epidemiological situation, HIV/AIDS, harm reduction, motivation to safe behavior, world/local news, addresses of support, science and HIV/AIDS, substitution therapy, law, TB, women health, advices of medical specialists, psychologist, lawyer; fighting stigma, motivation to healthy life style; healthy meals, humor. Target groups are involved: their life stories, poems, pictures, feedbacks are published. Volunteers participate in distribution. Circulation - 3500.

Outcomes: 'PLUS-MINUS' is highly estimated by TG. Awareness about ways of HIV transmission increased from 61% to 87%. Intervention when publishing is a part of HR services resulted in significant changes in behaviour to safer. In 1998 - 100% of clients used any syringes but in 2004 only 3,4% noted use of smb. else's syringes. Condom use 33% increased. Mayors of 2 towns allocated \$3774 for syringe exchange. The part of HIV+ IDU decreased from 71,5% (for all years) to 42,2% from newly registered in 2004 in the region.

856 Ante Ivancic

WHAT HAPPENS WHEN METHADONE IS PROVIDED ONLY BY GPS-CROATIAN EXPERIENCE

Like many other European countries, Croatia has faced heroin addiction epidemic in early 1990s. But, unlike to many other countries, treatment model is created by medical experts without major influence of the politicians.

The key premise of the Croatian approach is that heroin addiction is not substantially different than any other chronic disease and methadone not much different than any other medicine. Consecutively, there is no methadone centres in Croatia and methadone treatment is provided only by GPs. Out of 2400 GPs in Croatia, more than 1000 have patients in MT.

But the model is accused to be too liberal, making methadone itoo available, and there is a permanent pressure to change it and substitute it with the centralized, high threshold programs.

However, after 14 years of experience, key indicators: retention rate, drug related deaths rate, HIV and AIDS at addicts, gives no motive to change the main points of the treatment.

The epidemiological data, accomplishments and problems will be presented and discussed in order to extract the core value of the Croatian experience, that could contribute to iglobal learningi in the field of addiction.

857 Thomas Kerr, Mark Tyndall, Elisa Lloyd-Smith, Will Small, Julio Montaner, Evan Wood

RESULTS FROM THE SCIENTIFIC EVALUATION OF VANCOUVER'S MEDICALLY SUPERVISED SAFER INJECTION FACILITY

Background/Objectives: In September 2003, North America's first medically supervised safer injection facility (SIF) opened in Vancouver, Canada. Our objective is to report on 18 months of evaluation results from the Vancouver SIF scientific evaluation project.

Methods: The SIF evaluation methodology involves a comprehensive database located at the SIF, a randomly selected prospective cohort of SIF users, and two pre-existing external control cohorts.

Results: In addition to reporting process data and descriptions of the SIF users, we report on data indicating that the establishment of the SIF has been independently associated with reductions in public drug use ($p < 0.001$), discarded syringes ($p < 0.001$), injecting litter ($p < 0.001$), and syringe sharing (AOR = 0.3[95%CI: 0.1 - 0.7]; $p = 0.013$). As well, we report on data indicating that the SIF has not been associated with increased relapse into injection drug use among an external cohort of injection drug users ($p = 0.884$).

Conclusions: The Vancouver SIF has been well accepted by the target population, and while adverse events such as overdoses have occurred, these events have been successfully managed. Externally compiled data indicate that the SIF has been associated with substantial declines in public disorder associated with injection drug use, syringe sharing, and has not prompted relapse into injection drug use. Ongoing evaluation activities will involve assessing the impact of the SIF on a variety of outcomes, including infectious disease transmission, fatal overdose, and utilization of health and social services.

859 Paveto, R., Romero, J., Segovia, D.; Maillot, J.

CHALLENGES OF HARM REDUCTION PROGRAMS AMONG MARGINAL POPULATIONS IN BUENOS AIRES CITY

Issue: Harms related to drug use seems to be increasing in association with poverty and unemployment. In Argentina 53% of population is poor. 37% of all AIDS cases are related to intravenous drug use and HIV is spreading disproportionately in marginal populations with low access to health services and information.

Setting: Homelessness, unemployment, street children, sex work, obstacles for

outreach in shanty-towns, the use of glue, free base, crack and injecting cocaine are showing new challenges for harm reduction in Buenos Aires. The Argentinean Harm Reduction Association (ARDA) is developing several programs in poor neighborhoods and shantytowns in Buenos Aires City.

Project: We will discuss the key role of outreach, education and delivering of injection kits in the context of frequency of injection, limitations on developing Needle Exchanges and adequate programs coverage and the impact of the involvement of marginal users and dealers in proper communities. Several programs and interventions will be presented. The goal is to reduce drug related harms and risks related to drug, unsafe use and risks of injection and risks associated with the law, enforcement of the law and violence ("If you use drugs, know your rights" - ARDA National Campaign of Decriminalisation)

Outcomes: In current national situations with no official harm reduction policy and where national government has gone two steps back related to drug users, the developing of programs addressed to the most disadvantaged groups, run by an Argentinean harm reduction organization must be highlighted. The partnership with drug user organizations and regional agencies are showing new alternatives of working together in difficult frameworks, with few resources but big social commitment.

861 Thomas Kerr, Tomiye Ishida, Karyn Kaplan, Paisan Suwannawong, Evan Wood

THE DEVELOPMENT OF A PEER-DRIVEN HIV PREVENTION AND CARE INITIATIVE FOR INJECTION DRUG USERS IN THAILAND

ISSUE/SETTING: The HIV epidemic among injection drug users (IDUs) in Thailand has been characterized by a persistently high incidence rate. Although there has been considerable commitment to addressing HIV/AIDS in Thailand, the Thai government has not implemented an evidence-based strategy to address the HIV prevention and care needs of Thai IDUs.

PROJECT: In light of the Thai government's current policy emphasis on enforcement of drug laws, and the lack of HIV prevention and care programs for Thai IDUs, the Thai Drug Users' Network (TDN) set out to develop a national peer-driven HIV prevention and care initiative. Through a series of consultations and peer-trainings, leaders within TDN articulated a comprehensive peer-driven initiative aimed at preventing HIV infection and promoting access to HIV care among Thai IDUs. Included in the initiative are various activities related to capacity-building, outreach, education, and community-based research. Working with national and international collaborators, a proposal based on this initiative was submitted to the third-round review of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

OUTCOMES: The proposal submitted by TDN to the Global Fund was approved, despite the fact that it was not endorsed by the Thai government. The proposal included compelling rationale for this peer-driven initiative, and was supported by letters and appeals from various international supporters. Over the coming year, TDN will continue to work with national and international partners in developing peer-trainings and establishing fixed harm reduction centres in various locations throughout Thailand.

862 K Shannon (1), T Ishida (1), M Oleson (1,2), R Morgan (2), A Bear (2), C Lai (1), MW Tyndall(1,3); British Columbia Centre for Excellence in HIV/ AIDS (1), Vancouver Area Network of Drug Users' (VANDU) (2), Faculty of Medicine, UBC (3)

HEALTH RELATED HARMS ASSOCIATED WITH CRACK COCAINE USE IN VANCOUVER'S DOWNTOWN EASTSIDE

Background: Vancouver's Downtown Eastside (DTES) has garnered international attention due to illicit drug use, entrenched poverty and high rates of Hepatitis C and HIV infection. Research studies have focused primarily on the adverse health outcomes associated with injection drug use, while the serious health consequences of crack cocaine smoking have received less attention.

Methods: In a participatory collaboration with VANDU Rock User's Group, CHASE, a community-based research project, is conducting research on crack use and related harms with an anticipated 500 crack cocaine users. Through a questionnaire and daily crack use diary, the research elicits responses related to poly drug use, binge behaviours, sharing of equipment, police presence, sexual behaviours, and acceptance of a safe inhalation/ smoking site.

Results: Preliminary data from CHASE, a prospective open cohort of 2985 community residents, suggests high rates of crack cocaine smoking in this population with 52% (n=1543) of participants having used crack cocaine in the previous 6 months, and 27% (n=790) daily crack cocaine users. Through innovative participatory research techniques, including a daily crack use diary, this study will offer crucial information on health risks associated with crack cocaine smoking.

Conclusions: The increasing use of crack cocaine by people in the DTES community has led to a range of new health concerns. It is anticipated that this collaborative

research will offer valuable information on the sexual risks and drug related harms of crack cocaine smoking that can be used to inform future harm reduction strategies for this population.

863 B.Vicknasingam and V.Navaratnam

DRUG TREATMENT POLICY IN MALAYSIA: TOTAL ABSTINENCE TO HARM REDUCTION

Like many countries in the world Malaysia's drug problem is also linked to the HIV epidemic. Drug treatment and rehabilitation programs in Malaysia are largely carried out by the government and were based strictly on a policy of total abstinence. The treatment program carried out by the government is institutional rehabilitation with community supervision. Results from this treatment program are far from satisfactory where relapse rates are around 80%. Almost 80% of HIV infected persons in Malaysia are drug users. Drug users in Malaysia primarily use heroin and about 20% of them inject heroin.

This paper will show how the Malaysian government has experimented with other modalities of drug treatment. Results from the national naltrexone study, methadone maintenance program and buprenorphine treatment program will be discussed in this paper. In addition, harm reduction measures (e.g. needle exchange) being carried out by local NGO's will also be discussed. Harm reduction measures have not been officially sanctioned by the government but local NGO's over the past few years have initiated some harm reduction measures.

864 Janice Duddy (1), Vicki Bright (2), Kate Shannon (1), Megan Oleson (1), Mark Tyndall (1,3); (1) British Columbia Centre for Excellence in HIV/AIDS, (2) WISH Drop-In Centre Society, (3) University of British Columbia, Faculty of Medicine

VANCOUVER'S CAREGIVERS HAVE A RESPONSIBILITY TO CREATE SOCIALLY RELEVANT HIV/AIDS TREATMENT FOR WOMEN SEX WORKERS

Issue: Women sex workers, a group that has been disproportionately affected by the HIV/AIDS epidemic in Vancouver, are not accessing life-saving drugs. Community members, service providers, medical professions, and researchers have a social responsibility to find ways to protect these women and to keep them healthy.

Approach: Using the antiretroviral (ARV) distribution programs in the Downtown Eastside (DTES) as a case study, the issue of access for women sex workers is explored.

Key Points: Women are vastly underrepresented in the DTES' ARV distribution programs. This in spite of the fact that female injection drug users in Vancouver have been found to have a 40% higher incidence rate of HIV than male injection drug users. Given that current programs are not working, it is unacceptable for service providers to simply 'stay-the-course'. It is essential to create a treatment programme that is flexible enough so that women sex workers can feel confident in accessing services, while staying stringent enough to protect the integrity of the drug treatment.

Implications: If a new ARV treatment program that addresses the specific needs of women sex workers is not created many women in the DTES will suffer the consequences of HIV/AIDS simply because they are invisible in medical waiting rooms and no one thought to look for them.

The British Columbia Centre for Excellence in HIV/AIDS and the WISH Drop-In Centre Society, a non-profit, drop-in centre for women sex workers, have recognized the urgency of this situation. They are working in partnership, using innovation, creativity, and input from women sex workers to create the space needed for women to access treatment and be supported in sustainable ARV uptake.

869 Tyndall MW (1,2), Lai C (1), Shannon K (1), Ishida T (1), Cook D (3), Kerr T (1), British Columbia Centre for Excellence in HIV/ AIDS (1), University of British Columbia, Canada (2), British Columbia Centre for Disease Control (3)

CONTINUED HIGH RATES OF HIV TRANSMISSION AMONG A VULNERABLE COMMUNITY IN VANCOUVER: THE CHASE PROJECT

Background and Objectives: Vancouver's Downtown Eastside (DTES) has attracted international attention due to high rates of HIV in an environment of illicit drug use and serious social problems. Through a large prospective cohort study we estimated the HIV rates among the residents of this community between 1993 and 2002.

Methods: The CHASE Project is an ongoing prospective cohort study that began recruitment in January 2003 and has recruited over 3,200 residents of the DTES. In addition to the collection of self-reported information, linkages were made with the HIV provincial database at the BC Centre for Disease Control in order to determine

the rates of infection using all previous test results accrued by the study participants.

Results: The CHASE cohort consists of 70% males and 30% females. The mean age is 36 years, 35% identify as Aboriginal, 71% live in unstable housing, and 45% have used injection drugs in the past 6 months. Between 1993 and 2002, the cumulative HIV prevalence has increased from 1.6% to 22.4% and the annual incidence rate remains high at 1.8 per 100 person years in 2002.

Conclusions: HIV rates remain unacceptably high among participants in the CHASE cohort. Although the introduction of new interventions and services are ongoing, the transmission of blood borne infections, along with the profound adverse health consequences of illicit drug use and poverty continue in this community.

870 Robyn Dwyer

MODES OF EXCHANGE IN A LOCAL DRUG MARKETPLACE.

Background/Objectives: Discussions of drug markets abound in the drug literature, yet drug markets themselves remain under-theorised. With some exceptions, conceptualisations of the structure and dynamics of drug markets are informed by economic supply and demand models. With their emphasis on individual utility maximization, measured in terms of price, such models abstract drug markets from their particular social contexts. Through an ethnographic examination of modes of exchange within a local heroin marketplace, a more socially nuanced understanding of the dynamics of drug marketplaces is developed that moves beyond a reliance on price, purity and availability data.

Methods: The paper draws on 18 months of participant-observation in an active and highly visible drug marketplace in an inner-city suburb of Melbourne, Australia. **Results:** During fieldwork, the price of a 'cap', the smallest available heroin package, was between \$40 and \$50. The exchange of money for heroin, however, is but one of the kinds of exchange that operate within this marketplace. Other modes of exchange include barter, gifts, charity, theft, exchange for service and exchange for prestige. Underlying these kinds of exchange is a system of classifications of commodities, social relationships and intended outcomes of the exchange. It is through these exchanges that the social order of the marketplace is produced and reproduced.

Conclusion: Supply and demand models of drug marketplaces disembody them from the social relations and social meanings by which they are constituted. Comprehending the social meaning of people's practices is essential in order to understand how local environments might create and sustain vulnerability to harm. Such understanding allows for the development of public health interventions that are informed, sensitive and culturally relevant.

875 Wood E, Hogg RS, Kerr T, Strathdee SA, Palepu A, Montaner JS

RATES OF INAPPROPRIATE ANTIRETROVIRAL PRESCRIPTION AMONG INJECTION DRUG USERS

Background: Since the advent of HIV antiretroviral therapy (ART), there have been growing concerns regarding access to HIV treatment among HIV-infected injection drug users (IDUs).

Methods: The Barriers to Antiretroviral Therapy (BART) cohort is a prospective study of HIV-infected injection drug using individuals who have been recruited through self-referral and street outreach from Vancouver's Downtown Eastside. We examined the rate of ART in a prospective cohort of HIV-infected injection drug users and examined the prevalence of ART prescriptions that were inappropriate given the recommendations of therapeutic guidelines at the time ART was initiated.

Results: Between May 1996 and May 2003, 431 HIV infected individuals were enrolled into the BART cohort. We noted that there were instances of inappropriate antiretroviral prescription in each Era, with 9 (53%) in Era 1, 3 (12%) in Era 2, 22 (28%) in Era 3, and 23 (15%) in Era 4. In Eras 1 and 2, all inappropriate prescriptions involved individuals being prescribed mono therapy when they should have received dual therapy based on their CD4 cell count. In Era 3, all inappropriate prescriptions involved subjects who should have received triple therapy based on their plasma HIV RNA, but received dual therapy (2 NRTIs in all cases).

Conclusion: In the present study, we documented high rates of inappropriate ART prescribing patterns among injection drug users. Since HIV therapeutic guidelines will likely continue to evolve as novel agents become available and additional information about ART benefits and toxicities arises, it is critical that mechanisms be put in place to ensure that physicians are providing ART combinations that are up to date with current knowledge.

877 Dianne Schmidtke and David Tonkin

ZONING IN ON PARTNERSHIP AND PEER EDUCATION

ISSUE Young people are identified as a marginalised population within society. If you are young and identify as having substance abuse issues, you are more likely

to be marginalised, therefore having limited capacity and motivation to access mainstream health and educative services and systems.

KEY POINT Peer educators have direct experience of drug use and understanding of drug using practices and culture. Peer educators are therefore ideally placed to communicate information about reducing risks of alcohol and other drug-related harms, transmission of Hepatitis C and other health messages.

APPROACH Our approach to education and decision making is fundamental in bringing about sustainable change to drug use practices and culture. Reinforcing harm minimisation strategies that can be integrated into their social repertoires. The Peer Education program is portable- the peer educators go to the client. Zones is client centred, young participants develop and implement the program.

IMPLICATIONS Zones Alcohol and other Drug Day Program is an innovative program which provides post-withdrawal support for people aged between 12-21. Peer education provides opportunities for personal development of harm reduction strategies, along with development of public speaking skills. Peer educators are paid for presentations which may be in Juvenile Justice, school, youth residential withdrawal units and staff groups. Most recently four peer educators presented at an alcohol and other drug conference, in Warnambool Victoria, with amazing results both for the audience and the young people and their personal development. The strong collaborative partnership between Zones and the Adolescent Forensic Health Service- Peer Education is an integral part of the success of the program and the promotion of positive outcomes for young people who identify as having alcohol and other drug issues.

The presentation will demonstrate how the client group has actively participated in project development and implementation via a short multi-media presentation.

878 Jim Pasinis Cheryl Delalande

INTEGRATING INJECTING DRUG USERS IN COMMUNITY HEALTH. A PATHWAY TO BETTER HEALTH OUTCOMES

Banyule & Darebin Community Health Services (BCHS) have provided services to drug users since the mid 1970's. Traditionally one of the main deterrents for injecting drug users accessing health care has been a perception by users that they will not receive the same treatment as other clients of health services. Drug using clients access BCHS knowing that they will be treated with respect and dignity. The introduction of a best practice Needle & Syringe Program (NSP), a harm reduction Pharmacotherapy Prescribing Service (PPS) and a comprehensive Drug & Alcohol counselling service has resulted in drug using clients having access to a "one-stop-shop". Statistics show that clients who attend the PPS have accessed many other services at BCHS. These include community midwives, community health nurses, youth services, dental and medical services, legal and financial services and emergency relief programs. This presentation will examine the primary health care model of service delivery and the highly successful integration of injecting drug users through a large community health service.

879 LIMA, HELENA; MENDES, ILVARO

HARM REDUCTION AMONG MESCLA USERS IN NORTH BORDER - ACRE/ BRAZIL

BACKGROUND/OBJECTIVES: THIS RESEARCH WITH RAPID ASSESSMENT, RESPONSE AND EVALUATION METHODS STARTED AT MARCH, 2002 WITH TRAINING SPONSORED BY CENTERS FOR DISEASE CONTROL AND PREVENTION AND NATIONAL PROGRAM OF STD/AIDS TECHNICAL SUPPORT. TARGET-POPULATION: MESCLA USERS IN CAPITAL RIO BRANCO AND BORDER WITH BOLIVIA - IMPORTANT CENTER OF TRAFFIC AND USE OF COCAINE IN DIFFERENT FORMS: BASIC PASTE, FREE BASE, MESCLA (WITH TOBACCO OR MARIJUANA). **METHODS:** DEEP INTERVIEWS WITH 95 MESCLA USERS, 25 PUBLIC HEALTH PROFESSIONALS AND 35 OTHERS (POLICEMAN, POLICY MAKERS, EDUCATIONAL PROFESSIONALS); FOCUS GROUPS WITH USERS, HEALTH PROFESSIONALS AND OTHERS; OBSERVATIONS AND MAPPING IN CAPITAL AND BORDER. **RESULTS:** ALL THE MESCLA USERS DRINKS ALCOHOL DURING THE SMOKE'S SESSIONS, AND BELIEVE THEY ARE DOING "HARM REDUCTION" BECAUSE THEIR SYMPTOMS ARE LESS. THEY HAVE A LOT OF BUREAUCRACY TO GET CONDOMS AND DON'T HAVE GOOD RECEPTION BY HEALTH PROFESSIONALS. IN BORDER, THEY HAVE A LOT OF PROBLEMS WITH VIOLENCE, POLICEMAN AND RELIGIOUS LEADERS. THEY STARTED TO USE MESCLA BETWEEN 11 AND 18 YEARS-OLD, AND IS COMMON TO CHANGE SEX TO GET DRUGS OR MONEY - WITHOUT CORRECT PROTECTION OR OTHER CARE BEHAVIORS. THE BOLIVIAN ARE GOING TO BRAZILIAN HEALTH SERVICES TO KNOW ABOUT CONDOMS ACCESS AND OTHER ISSUES RELATED WITH STD AND AIDS. THE LEVEL OF KNOWLEDGE ABOUT STD IS VERY LOW, AND THE AIDS PREVENTION IS LIMITED TO HARM REDUCTION AMONG INJECTABLE DRUG USERS, BUT DON'T HAVE STRATEGIES WITH MESCLA'S USERS. HEPATITIS HAS 80% OF PREVALENCE AND THEY DON'T HAVE INFORMATION ABOUT VACCINES AND TRANSMISSION BY SALIVA. **CONCLUSIONS:** IT'S NECESSARY TO DEVELOP A CAMPAIGN TO BASIC INFORMATIONS ABOUT MESCLA AND ALCOHOL USE: IT'S NOT A HARM

REDUCTION. THEY NEED TO GET CONDOMS WITHOUT BUREAUCRACY, AND THE CHILDREN AND TEENAGERS' PROGRAMS MUST START TO WORK WITH ORIENTATION AND PREVENTION AGAINST DRUG ABUSE, HEPATITIS AND STD/AIDS.

880 Romero J.

FIRST STEPS OF THE BUENOS AIRES HARM REDUCTION PROGRAMME SUPPORTED BY GLOBAL FUND

The aim of the project is the training on harm reduction of drug using population exposed to high vulnerability in order to prevent HIV/AIDS, sexual risks behaviors and promoting health care. The programme looks for a replication action through the training of drug users as health agents that work as outreach workers and peer educators.

First contacts were developed on shanty-town 31 on southern buenos aires metropolitan area where community tasks and delivering of condoms were just established. Approximately 10,000 inhabitants live in the shanty-town in extreme poverty and unemployment conditions. Most of youth are related to alcohol and drugs problems and the majority of the population is not in contact with the health system. We will present the obstacles related to stigmatization, social exclusion and no tradition to access to health care institutions as well as fear of prosecution and arrests. We will analyse related problems as violence, isolation and social stigma.

Community support and involvement of family are seen as main facilitating agents. Harm reduction workshops and establishment of networks to make possible the programme will be detailed. The project is just beginning and showing us the importance of creativity and commitment.

881 Shamim Rabbani; Monica Beg; Smarajit Jana; Mobasharul Islam; Asad; Moti

A SCENARIO OF THE OPIOID/OPIATE DRUG USE IN DHAKA CITY AND PABNA DISTRICT.

Background: The needle exchange program was started in Dhaka -the capital city of Bangladesh in 1998 by CARE- Bangladesh. In 2003, after five years of intervention a study was conducted in collaboration with FHI Bangladesh. Dhaka city Harm Reduction intervention and non-intervention areas were under taken to conduct the study. The Main objectives of the study were to obtain an updated and current scenario of the opioid/opiate drug use in Dhaka city and Pabna district.

Specific Objectives: To identify the hard to reach DUs (IDUs, HSs) in Dhaka for inclusion in the existing targeted intervention., To compare the behavioral data obtained in the intervention base line study, conducted in 1997. To identify the existing gaps, Re-estimation of Drug User, Reason for non accessing services, To understand the special needs of drug users of higher socio-economic class, To have the basis for future program and scale-up.

Method: Both Qualitative and quantitative data collection methodologies were followed during conduction of the study. Current IDUs, Ex- IDUs, 20 trained research assistants and CARE staffs were took part in the study. 424 IDUs were interviewed during the conduction of the study along with FGDs and In-depth interviews with female DUs. 20 Nos of Key informant were also interviewed.

Results: IDUs and heroin smoker groups were identified in all sites, most of the heroin smokers and 424 IDUs were male. Low grade, low priced heroin is increasingly available and most commonly injecting drug is Buprenorphine. Mean age 32 for heroin smokers and 34 for IDUs. 40% HS and 30% IDUs are illiterate, condom uses during last sex 16% HS and 31% IDUs. IDUs ever had abscess 56%, STDs 8% and 10% respectively among HS and IDUs. Syringe-needle sharing in the last injecting episode is 22%, HIV/AIDS knowledge level is higher in the intervention areas but low in the Non- Intervention areas.

Conclusions: Harm Reduction targeted Intervention can make difference of vulnerable population's high risk behavior between intervention and non-intervention areas.

882 HELENA LIMA; MARIA OTILIA M O MATHIAS

WORKING PREVENTION AMONG COLLEGE STUDENTS IN BRAZIL: THE REJECTION AGAINST HARM REDUCTION AND THE SKILLS TO CHANGE IDEAS

BACKGROUND/OBJECTIVES: TEACH TO PSYCHOLOGIST AND EDUCATIONAL STUDENTS (1) WHAT IS HARM REDUCTION, (2) HOW IMPORTANT IS TO FUTURE HEALTH PROFESSIONAL UNDERSTAND THEIR PRINCIPLES IN A COUNTRY WITH CULTURAL DIFFERENCES AND ISSUES AS BRAZIL AND (3) HARM REDUCTION AS A NATIONAL POLICY ON DRUGS. IN PONTIFICAL UNIVERSIDADE CATOLICA DE SAO PAULO, THEY DON'T KNOW ABOUT HARM REDUCTION AND IN FIRST CONTACT A LOT OF STUDENTS HATES AND REJECTED THE IDEA - AND THE PRACTICES. THE PRINCIPAL WORDS AGAINST HARM REDUCTION ARE: "INCENTIVE", "IMPROVE DRUG ABUSE", "NOTHING TO DO WITH INJECTABLE DRUG USERS", "THERE ARE

NO IDU IN SAO PAULO'.

METHODS: THEY HAVE CLASSES TO LEARN ABOUT HARM REDUCTION PRINCIPLES INSIDE THE CONTENTS OF GRADUATION. AFTER CLASSES, OFFICIAL MOVIE PRODUCED BY MINISTRY OF HEALTH, THEY VISIT INTERNET WEBSITES ABOUT HARM REDUCTION, READ BOOKS AND TEXTS, AND VISIT STD/AIDS CENTERS IN SAO PAULO, WHERE HARM REDUCTION IS IMPLEMENTED SINCE 2001. THEY MUST TO FINALIZE THE CLASSES WITH DRAMATIZATION USING PAULO FREIRE'S

METHODOLOGY: PERSONAL ISSUES STARTING DISCUSSION AND DEVELOP A PROJECT TO BE IMPLEMENTED IN OTHER HEALTH SERVICES. TWO TEACHERS, EXERCISES, WORKSHOPS, DEEP INTERVIEWS AND FOCUS GROUPS ARE DEVELOPED DURING 6 MONTHS. THE EVALUATION IS IN CONSTRUCTIVISM PARADIGMA: DAY BY DAY, SURVEYS BEFORE AND AFTER VISITS, CLASSES, DIALOGUES.

RESULTS: SINCE 2001 THIS METHODOLOGY WAS IMPLEMENTED, WITH 250 STUDENTS BY YEAR - 2000 STUDENTS FROM EDUCATION (TO BE TEACHERS) AND PSYCHOLOGY WERE TRAINED. THEY CHANGED THEIR INITIAL HARM REDUCTION CONCEPTS AFTER THE COURSE, AND UNDERSTAND (1) WHAT IS HARM REDUCTION, (2) THE ROLE OR HARM REDUCTION IN PUBLIC HEALTH (AND PUBLIC HEALTH SERVICES) AND (3) THE NATIONAL POLICY OF DRUGS AND HARM REDUCTION'S SECTION.

CONCLUSIONS: THE STUDENTS DON'T HAVE RISK'S PERCEPTION AND STILL BELIEVE IN 'RISK GROUPS' AND 'DRUGS-POISON-EVIL'. HARM REDUCTION MUST BE TEACH IN ALL HEALTH GRADUATIONS, THEORY AND PRACTICES, WORKING WITH DRUG ABUSE AND STD/AIDS PREVENTION.

884 Kazi Faisal Mahmud; Fatema Zannat; Mostafizur Rahman; Faiyad Mahmud; Furkan Hossain; Shamim Rabbani; Enamul Haque INVOLVING TRADITIONAL PRACTITIONERS IN SUBSTITUTION THERAPY

Background: Traditional practitioners are the major sharer of national health systems and in most of the cases the drug users seek treatment from them.

Method: The qualitative study was conducted using the Focus Group discussion, Key informant interview and in depth interview involving the traditional medical practitioners, drug users, general population and service providers. PRA techniques were applied to determine the treatment seeking behaviour.

Results: The study suggests that traditional practitioners have rapport and linkage with drug users, similarly drug users have confidence and dependence to them. Majority of the general people and drug users feel if the traditional practitioners are adequately trained and involved in substitution therapy they will be in a position to play effective role in substitution therapy.

Conclusion: Most of the cases the substitution therapy reveals less success in Bangladesh. As this therapy needs continuous mentoring, support and counselling and traditional practitioners have a commendable rapport with drug users and community so their involvement is vital, trustworthy and effective.

885 HELENA LIMA; PAULINA DUARTE

HARM REDUCTION IN NATIONAL POLICY OF DRUGS IN BRAZIL

ISSUE: UNTIL 1998, THERE WERE NO NATIONAL POLICY ABOUT DRUGS IN BRAZIL. THE FIRST NATIONAL POLICY WAS BUILT ON 1999, IN NATIONAL SECRETARY AGAINST DRUGS (SENAD), FROM 15 TECHNICAL SPECIALISTS INVITED BY FEDERAL GOVERNMENT. IN 2001, THERE WAS A DISCUSSION WITH PUBLIC HEALTH PROFESSIONALS, TEACHERS, POLICEMAN AND OTHER 200 PEOPLE TO CHANGE THE FORMAT AND THEY DECIDED TO 6 POINTS: GENERAL GOALS, PRINCIPLES, PREVENTION, TREATMENT, RESEARCH/ EVALUATION, OFFER REDUCTION AND HARM REDUCTION. THERE WERE FUNDAMENTAL POINTS TO GUIDE NATIONAL PROGRAMS AND PROJECTS IN BRAZIL.

SETTING: BRAZIL - A COUNTRY WITH 26 STATES AND 5 507 CITIES. POPULATION IN 2004 = 181.955.933 INHABITANTS AND 8.514.876,599 km². THE NATIONAL POLICY PURPOSE TO GUIDE ALL THE CITIZENS ABOUT DRUGS ISSUES, AND MUST TO BE SHARE WITH OTHER PUBLIC AREAS: MENTAL HEALTH, HUMAN RIGHTS, JUSTICE, ETC. THERE WERE A COPY IN A WEBSITE (WWW.SENAD.GOV.BR) BUT THE PRINCIPAL CRITICISM WAS A FEW POPULAR PARTICIPATION IN DIFFERENT SUBJECTS.

PROJECT: IN 2004, THE GOVERNMENT INVITED A TEAM OF TECHNICAL SPECIALISTS TO COORDINATE A NEW STEP IN THE NATIONAL POLICY. ON JUNE, 2004, THERE WAS AN INTERNATIONAL SYMPOSIUM WITH NETHERLANDS, PORTUGAL, CANADA, SWITZERLAND, ITALY, UNITED KINGDOM, FRANCE - THEY SHOWED ABOUT THEIR POLICIES AND STRATEGIES TO WORK WITH DRUG ISSUE. DURING AUGUST-OCTOBER, THERE WERE 6 REGIONAL FORUMS IN DIFFERENT PARTS OF THE LARGEST COUNTRY OF LATIN AMERICA TO DISCUSS ABOUT EACH POINT OF NATIONAL POLICY. THERE WILL BE A NATIONAL FORUM ON NOVEMBER 2004 TO FINALIZE THE PROCESS AND WORK TO IMPLEMENTATION DURING 2005.

OUTCOMES: IN EACH FORUM THEY HAVE 400 - 750 PEOPLE TALKING ABOUT EACH POINT OF NATIONAL POLICY, AND THEY WERE REPRESENTING MORE THAN 2000 BRAZILIAN INSTITUTIONS. HARM REDUCTION AS A NATIONAL STRATEGY IS A STARTING POINT TO DEVELOP ARTICULATION WITH DIFFERENT SECTORS OF SOCIETY, WORKING WITH TOOLS TO BUILD A BRIDGE IN A HEALTH PROMOTION PERSPECTIVE.

886 Mr. Chinh Duc Nguyen

STUDY OF EFFECTS OF HEALTH WARNING STATEMENTS PRINTED ON TOBACCO PRODUCTS

According to a report by the Ministry of Vietnam in April 2003, a proportion of 50% of men and 3,4% of women are smokers. One of the measures taken by many countries to minimize the number of smokers has been to print a health warning statement on each packet of cigarettes.

The study is aimed at finding the impact on smokers by the health warning statements, which are printed on packets of cigarettes sold, on harmful effects of smoking to health, especially adolescents and passive smokers; thus contributing to recommending a regulation to specify a certain health warning format and hygienic standards to be applied to cigarettes made in Vietnam.

Methodology: IEC theories, especially marketing, were put into use, based on quantitative and qualitative research.

Using the theory of social marketing and the theoretical framework of steps of changing behaviours

Findings 1. The understanding of the participants about the harmful effects of cigarette smoking to health is still limited. 2. Participants' attention to the health warning statement: In general, more or less the participants did pay attention to it. 3. The belief in the health warning statement counts for a small percentage in the group of smokers. 4. All the groups of participants said that changes should be made to both the form and content of the health warning statement. 5. The printing of the health warning statement is not clearly assigned in terms of state management.

Recommendations: 1. The control of cigarette labeling should reach a unanimous agreement, in terms of state management, by a specific agency which is the MOH. 2. There should be an official regulations to replace the interim regulations on criteria of hygiene of cigarettes produced in Vietnam. 3. There must be sanction strictly imposed on those manufacturers who fail to abide by the regulations on printing of health warning statements. 4. Apart from the printing of health warning statements, other IEC activities should be carried out by massive media on harmful effects of cigarette smoking.

889 Robyn Dwyer

THE SOCIAL LIFE OF 'SMOKES': INCORPORATING THE ETHNOGRAPHER IN A SOCIAL FIELD.

Background/Objectives: Establishing and maintaining a research presence among street-based drug users is challenging because many of their activities are illegal and they are, understandably, suspicious of outsiders. In this paper I reflect on the processes of incorporating myself, as an ethnographer, into the social field of a local drug marketplace. I explore these processes using the example of interactions based around the exchange of cigarettes.

The discussion draws on 18 months of participant-observation in an active and highly visible drug marketplace in an inner-city suburb of Melbourne, Australia.

Results: Exchanging tobacco was a useful way of opening up a space for engagement with people in order to create social relationships. Although initially these exchanges were unbalanced (i.e. primarily from me to them), my developing relationships were reflected in a shift to more balanced exchanges and, with a few people, exchange became generalized such that everyone's tobacco became communal property. With continuing engagement, cigarettes became one of the ways that participants in this marketplace identified and positioned me within their social world. Cigarettes were also a vehicle by which the status I had been accorded was expressed and transmitted to other members of the group.

Conclusions: tobacco was simultaneously a means through which drug users and I negotiated my position within their social world, and a lens through which I came to read these processes. The social processes I participated in as an ethnographer entering a new social world are the same as those by which members of that world produce and reproduce their everyday social life. These exchanges also provided the realisation that cigarettes, like all drugs, have meanings beyond their pharmacological properties and physiological effects. As with any object that people use or exchange, cigarettes are one of the means by which people establish and affirm their social relationships.

890 Fatema Zannat; Kazi Faisal Mahmud; Fatema Rafat**INVOLVING MASS MEDIA TO COMPLEMENT HARM REDUCTION PROGRAM**

Issue: In Bangladesh the main access to information about HIV/AIDS is through media. The media can play a primary role both in providing information about the disease, in shaping public attitudes towards both the disease and those affected by it. Besides mass media is in a position to effectively complement in harm reduction program.

Approach: A situation / context will be brought from the field along with community initiatives, perception, knowledge, attitudes on HIV/AIDS in relation to vulnerable groups, local and community leaders, different power structures, government officials, adolescent groups, religious leaders, HIV affected persons, civil society members and other stake holders. The specific focus will be the drug users. Following that Experts, policy makers, vulnerable group representatives, NGO and donor representatives will have a focus discussion on the context / situation raised from the outreach part and will have a specific recommendation on it.

Key point: To implement harm reduction program ;change the attitude of general population towards drug users and policy level advocacy mass media involvement will be very effective and complementary.

Implications: Mass media program will create awareness on social dimensions of AIDS and generate debate on matters related to social features, which are beyond the scope of Government initiatives. It will also generate community based initiatives, disseminate new epidemiological & scientific information, disseminate government / NGOs policies and initiatives in regard to HIV/AIDS, creating enabling environment for social marketing of condom, addressing rights of infected and affected persons on HIV / AIDS & rights of the service providers which in the long run shall complement and supplement harm reduction program.

892 John Packiaraj, Queen Mary and Ruban Daniels**AWARENESS CLASSES ON DRUG USE PREVENTION CREATES AN IMPACT ON NEW ENTRANTS TO DRUGS AMONG THE VULNERABLE YOUTH IN CHENNAI, INDIA.**

Issue: To identify and screen the potential drug users in the educational institutions. It was the felt need of the Heads of the leading Educational Institutions like Colleges, Industrial Training Institute and Higher Secondary Schools that students of the age group between 16 to 20 of both the Gender need to be addressed with the information regarding substance use and HIV/AIDS.

Setting: The activity takes place in the Northern part of Chennai, a Metropolitan City of India. The area is identified to be vulnerable for drug use and peddling of drugs and unprotected sexual activities. Added to this is the fact of 62.81% of HIV prevalence among Injecting Drug Users (TNSACS, 2003). The intended audience, here are Youth who are vulnerable to drug use.

SAHAI TRUST is a community based Voluntary Organization based in Chennai, India. The Organisation caters to the needs of Injecting Drug users and their families. It takes up research activities and intervention projects.

Project: The project titled “HIV prevention among Injecting Drug Users and their Sexual Partners” is taken up by SAHAI TRUST in Collaboration with CAPACS, a Govt. undertaking. The project Team caters to the needs of Drug Users with Harm Reduction Approach.

As part of the behaviour change communication, based on the primary prevention, the Team addresses the Youth of Various Educational Institutions. Majority of the students are using tobacco, alcohol and local drugs. Awareness is created so that harm is reduced at this level. They also indulge in unprotected sex. **Outcomes:** Besides clarification on the issue, phone calls and referrals were there by students. Many exhibited their vulnerability to drugs and sought Professional help.

Lessons Learned & Suggestions: It helps to screen the youth with addictive personality. Students (youth) need such awareness classes, Mental Health Program, which needs to be part of the Curriculum. There needs to be a counselor to address to the mental health needs of the students.

904 Dr Thiyam Bharat Singh**EVALUATION OF NGOS PERFORMANCE**

Issues: The opportunity cost of resources allocated for NGOs in Imphal is very high. Anecdote evidence suggests that available physical and financial resources are not attaining optimum utilization. New clients are not availed of their fundamental requisites. Double counting of client's record, lack of skills, financial imprudence, inadequate availability of injecting paraphernalia among drug users, lack of communication and coordination between NGOs are the real cause of worry.

Approach: The objective of this work is to undertake a research for evaluating over the performances of NGOs in Imphal. The methodology will include evaluation of NGOs in terms of their proper utilization of physical and financial resources, coordination, networking between NGOs. A new effective policy option would be explored for the NGOs based on the result of the research.

Key Points: There are many NGOs operating in Imphal area to reduce harms associated with drug and alcoholic use. Many NGOs are working below par and only a few NGOs are effective in controlling the issues. There is so far no definite mechanism for evaluating the performances of the NGOs in Imphal. There is an incidence of double counting of client's record because they shift from one NGOs to some other NGOs for their treatment. This deprives not only opportunity of new clients of HIV/AIDS patients but also prevent their entry.

Implication: There is a major implication for new clients belonging to poor socio-economic background in Imphal. They should be made availed of basic necessities. This will be possible by making the programmes of NGOs more effective, transparency and promotion of coordination, communication, networking, and financial prudence amongst the NGOs should be initiated.

905 Formankova S., Slezakova S., Klempova D., Okruhlica L.**TEN YEARS OF NEEDLE DISPENSE PROGRAMME IN BRATISLAVA**

Background: The needle dispense programme in Bratislava started at the very beginning of the heroin epidemic in 1994. It is one of the five sub-programmes of the Public Health Protection Programme implemented among IVUs at the Centre for Treatment of Drug Dependencies, Bratislava: needle dispense programme, HBV vaccination program, MMTP, education of users and testing for blood-borne viruses. The Objective of the study was to monitor participation in the programme as well as risk taking behaviours among NEP clients. Methods: The risk-taking behavior among NEP clients was surveyed by a short semi-structured interview.

Results: By the end of September 2004, there were 2,874 intravenous drug users who ever registered in the programme during 10 years of its functioning. More than 430 000 sterile needles and syringes were provided since the beginning of the programme till the end of October 2004. The percentage of IDUs who used a sterile needle and syringe instead of a shared one increased from 52% in 1999 to 64 % in 2001 and to 73 % in 2003.

Conclusions: The results of a short survey revealed that despite of the previously mentioned comparatively good indicators of the spread of blood-borne infectious diseases among IDUs in Bratislava, there is still remaining a high, although decreasing, proportion of risk-taking behaviors among them.

906 Sebastian Saville; Katy Swaine; Niamh Eastwood and Janice Toh**DRUGS, THE LAW AND HUMAN RIGHTS: LEGAL SERVICES AND HARM REDUCTION**

1. **Issue** Legal problems arising from issues such as debt and lack of adequate housing create added pressure for those coping with drug dependency.

It can be very difficult for drug users to access the type of professional help that can be required to address legal issues.

Providing accessible assistance with these fundamental issues can therefore be key to harm reduction.

2. **Setting** The Release legal team has successfully provided legal outreach services within drug projects in London for over 15 years.

We are currently under contract with four London drug agencies to provide free legal advice and assistance to their clients. The services is provided by the three qualified lawyers on our legal team, through weekly drop-in sessions and follow-up work back in the Release office.

Clients are also able to access us by telephone or email.

3. **Project** Legal advice and assistance is provided to clients of the drug projects.

Here are some examples of the areas in which we provide advice and assistance:

- Housing: disrepair/possession proceedings
- Homelessness
- Debt
- Benefits appeals
- Complaints about police
- Claims to the Criminal Injuries Compensation Authority
- Basic criminal matters

Our service is intended to cover situations where clients cannot obtain legally aided advice and assistance.

4. **Outcomes**

Often simple steps, such as advocacy or negotiation on behalf of a client, can solve a problem that had seemed insurmountable.

Demand for the legal outreach service is consistently high and the work is time-consuming.

We would welcome the opportunity to share our experience with colleagues worldwide and to hear about the experiences of others in relation to legal services and harm reduction.

907 Sutton AJ (HPA, CDSC, Colindale, and Imperial College, London), Edmunds WJ, Gay NJ (HPA, CDSC, Colindale)**MODELLING THE TRANSMISSION OF HEPATITIS B IN THE INJECTING DRUG USER POPULATION IN ENGLAND AND WALES**

Background: Injecting drug users (IDUs) are a core group for the transmission of hepatitis B (HBV) in England and Wales. An increased knowledge of the transmission dynamics of HBV in the IDU population will help to inform policy making, particularly for targeted vaccination strategies.

Methods: A deterministic compartmental, mathematical model was developed to describe the transmission dynamics of HBV in the injecting drug user population of England and Wales. Analysis of prevalence surveys in IDUs has shown that the risk of infection with HBV is particularly high in the first year of injecting. Therefore the model was structured by injecting career length and incorporated a heterogeneous risk of infection. The model was used to predict the impact of alternative vaccination policies including vaccinating IDUs in the community and vaccinating on reception into prison.

Results: Results suggest that prison vaccination may have a significant impact on HBV transmission within the IDU population in the community. The sensitivity of the results to model assumptions was investigated.

Conclusion: These results will assist in designing targeted vaccination and other intervention strategies.

908 Sutton AJ, Gay NJ (HPA CDSC, Colindale), Hickman M (Imperial College, London)**ESTIMATING THE INCIDENCE OF HEPATITIS B, HEPATITIS C, AND HIV INFECTION IN INJECTING DRUG USERS IN ENGLAND AND WALES**

Background: IDUs are a core group for the transmission of blood-borne viruses in England and Wales. Monitoring the rates at which susceptible IDUs acquire these infections is a key part of surveillance.

Method: Voluntary unlinked anonymous surveys have been performed on IDUs in contact with specialist agencies throughout England and Wales. Since 1990 more than 20,000 saliva samples from current IDUs have been tested for markers of infection with HBV and HIV. HCV testing has been included since 1998. The analysis here considers those IDUs tested for HBV, HCV, and HIV ($n=9,508$). This study derives maximum likelihood estimates of the force of infection (the rate at which susceptible IDUs acquire infection) for HBV, HCV, and HIV in the IDU population and their trends over time and injecting career length. Also considered is the presence of individual heterogeneity of risk behaviour and background hepatitis B prevalence due to routes of transmission other than injecting.

Results: Results suggest that for all three viruses, IDUs have the greatest risk from infection in their first year of injecting although independently of this there is evidence of heterogeneity of risk behaviour within the surveyed IDU population. For HCV there has been an increase in the force of infection in recent years, although no other trends over time were detected. No evidence of any HBV transmission due to routes other than injecting was detected.

Conclusions: These results are based on a survey of IDUs in contact with services and the extent to which they reflect the risk of infection in IDUs not in contact with services is unclear.

909 Oleksiy Smirnov**DRUG POLICY IN UKRAINE**

1) Social transformation after the fall of the Soviet Union and the increase of drug abuse

- a) Use of different drugs, depending on social group
- b) Use of self-made drugs among poor layers of society leading to the larger harm
- c) Injecting drugs and HIV/AIDS

2) Government drug policy - the Soviet Union tradition and Ukrainian specifics

- a) Drug persecution and encouraging of alcohol and tobacco abuse as a result of low prices for these goods
- b) Ignorance and stereotypes of Ukrainian society towards drugs leading to stigmatization of drug users on the one hand, and to the larger harm of drug use on the other one.
- c) Lack of differentiation between drugs depending on their harm

3) The gap between law and practice

- a) Law regulations regarding drugs
- b) Police corruption and bribery in Ukraine leading to the situation, when drug users but not drug dealers are persecuted and arrested

4) Way of solving the problem

- a) General changing of the post-Soviet system which shall lead to the

improvement of social conditions

- b) Changes of the law: differentiation between drugs depending on their harm and different attitude towards them
- c) Changes of practice by improvement of the police service quality: reducing the number of policemen and increasing of their salaries
- d) Practical implementation of these plans: rising of drug issue discussion in the society (campaign in mass media).

918 Rakhima Nazarova**DRUG DEMAND REDUCTION PROGRAM (DDRP) IN UZBEKISTAN, NGOS AND GOS INVOLVEMENT**

The Drug Demand Reduction Program in Uzbekistan, Tajikistan and Ferghana valley of Kyrgyzstan is an important part of the USAID strategy in Central Asia, a region currently facing a sharp increase in heroin/opiate use that has the potential to spur a raging HIV/AIDS epidemic. The program is implemented by a consortium of partners led by the Alliance for Open Society International. Eurasia Foundation coordinates program activities in Uzbekistan through the Country Program Office.

The Program's principles are based on the belief that vulnerable populations' heroin/opiate use can only be adequately confronted by understanding underlying social issues and devising strategies that address them. Key components include educating the target populations on heroin/opiate-related issues; promoting healthy lifestyles; providing access to alternative occupational and leisure activities; and supporting the development of pragmatic drug demand-reduction strategies at the national and local levels.

The successful implementation of the DDRP is impossible without the close collaboration of government, community organizations and mass media. It is of critical importance that the organizations with extensive experience in the area participate in the Program, and most importantly that they are open to learning and implementing new methods. The DDRP aims to obtain the active participation of community organizations that have experience in working with vulnerable populations. Equally important will be the participation of and support from government agencies. The grant component of the Program is playing the significant role in strengthening capacity of the governmental and nongovernmental organizations on drug related issues.

919 Bhawani Shanker Kusum**INTERVENTION AMONG THE TRIBAL WOMEN INVOLVED IN SEX WORK IN RURAL INDIA**

Issue Intervention among the tribal women IDUs involved in sex work in the rural India is a very intricate problem because of ignorance and lack of health services.

Settings The project was implemented among the women IDUs of Tribal communities eg. Rajnats and Kanzers traditionally involved in sex work in 10 villages of district Tonk in the Rajasthan state of India.

Project The main object of the project was to identify the Tribal women IDUs and develop intervention programme among them. Focus of the project was on awareness generation with regard to drug related harm reduction and treatment of STDs, RTIs etc. under a very specific indigenous strategy.

Generally the Tribal women intake drugs like spasmoproxyvon, opium and heroin which are within their easy approach. They mix the powder of spasmoproxyvon capsules with water and inject it. Since its effect is short lived, it is injected 4-5 times a day.

Under the project 3 fold programmes were designed eg. awareness generation, altering the models of intake of substances and continuum of treatment.

Activities carried out include focus group discussions, video films and puppet shows for awareness and education, counseling through YOGA (the Indian method of meditation) and treatment through AYURVEDIC (the Indian traditional) therapy. Over 1,000 women IDUs were benefited from the project.

Outcomes

- Specific strategy and programme for access to the women IDUs is essential
- Indigenous strategy can be more effective
- Adequate monitoring must be ensured
- Active involvement of women IDUs in planning and implementation needs to be prioritized

920 Ed Sipler**REDUCING HARM THROUGH DEVELOPING PROTECTIVE FACTORS:****A Focus of Prevention**

The revised Drug Strategy identifies young people as our highest priority and states success will be only be achieved if we stop young people developing drug related problems.

With drug use a feature in so many young peoples' lives how can this be attempted?

One response is to strive to reduce known risk factors for developing problematic drug use and enhancing known protective factors to reduce drug related harm. Research consistently shows when risk factors are reduced and protective factors enhanced, children are less likely to develop problems. (Hawkins, J.D.; Catalano, R.F.; and Miller, J.Y.1992)

Involving parents in this work is crucial to enhance known protective factors including improved relationships, skills, raised self-esteem and family expectations among others.

This workshop will present two approaches to involve parents in prevention activities in both the school and community settings. Chrysalis is a middle school I (key stage 3) prevention programme. Talking to our Children about Tough Issues is a workshop for parents addressing strategies and skills to build protective factors.

This proposed workshop will:

- Review the development, content and evaluations of these programmes.
- Identify those risk and critical protective factors that are addressed through these prevention programmes.
- Explore processes used to actively engage parents
- Examine how prevention programmes such as Chrysalis and Talking to our Children about Tough Issues and can reduce the harm associated with substance misuse.

This workshop will be skills based and will actively explore the underlying processes of enhancing protective factors and involving parents in preventative work.

Ed Sipler

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926 Huong Pham; Tien Chu; Hien Le; Dong Ha; Minh Luu; Patrick Chong; Mitchell Wolfe; Mary Kamb; Richard Needle

COMMUNITY OUTREACH PROGRAM FOR PREVENTING HIV AMONG INJECTION DRUG USERS (IDU) IN VIETNAM

Issue: The Vietnam HIV epidemic is fuelled primarily by injection drug use. Community outreach (CO) programmes for HIV prevention and care, targeted at IDU, have been used since 1994. A 2000 program evaluation found program limitations such as low coverage, few HIV-infected peers, minimal referral systems, and lack of training in risk reduction skills. Based on these findings, Vietnam Ministry of Health (MOH) initiated a national CO programme for IDU in 2002.

Setting: Before programme initiation, a meeting with provincial leaders was conducted to clarify programme goals. Peer educators (PEs) were selected and trained in outreach using the WHO toolkit model adapted for Viet Nam.

Project: Major programme services included: demonstrations of cleaning needles; correct condom use; distribution of bleach and condoms; collection and disposal of used syringes/needles; and referrals to pharmacies selling sterile needles/syringes, to VCT services, and to existing community HIV prevention and care services. PEs were trained on principles of voluntary and confidential testing, respect for clients, and high quality services. Quality assurance monitoring was built into the programmes.

Outcomes: 18 provinces have CO programs in place. 320/472 persons trained are working in the programme, and have made 34,371 contacts, distributed 156,640 condoms and 21,171 bottled bleach kits, and have provided correct condom or needle cleaning demonstrations to about half of contacts. The most common referrals are to VCT services or pharmacies. Expected quality assurance goals were met in 30% of programs. Early results suggest program activities are well accepted. Based on the evaluation, IDU services were dramatically improved.

Future programme goals will focus on stronger quality assurance monitoring with an emphasis on referrals and skill building for risk reduction.

929 Irina Skriabina

THE CATASTROPHIC STATE OF HIV POSITIVE IDUS IN LITHUANIA

Situation. By the end of 2004 year it was registered 200 cases of HIV, 26 AIDS cases and 24 deaths from AIDS in Lithuania.

Activity. NGO "The Initiative of Drug Users' Mutual Support" (IDUMS) has done a survey to find out what treatment, detoxification and rehabilitation are accessible for drug users and methadone program patients. There were polled 400 drug users from 5 cities of Lithuania. The results were surprising - no one HIV positive IDU did know anything about ARV treatment, also about prophylaxis of opportunistic infections. The fact is, that there are no one drug user from 30 persons that receive ARV treatment in Lithuania, though about 80 per cent of HIV positive are drug users. HIV positive drug users are discriminated and stigmatized, even doctors say

that drug users can't get treatment, because they can't keep regular hours and ARV doesn't go well with methadone. Some IDUMS members work in mobile syringes exchange and consultation service "The Blue bus" in Vilnius and have contacts with 100 IDUS daily. Until now we found 12 HIV positive IDUs willing to establish a self support group, get and exchange information about their disease and to advocate for their rights to proper treatment and care.

Outcomes. IDUMS having 3 year experience in advocacy and now working on organizing self - support drug user' groups in the biggest Lithuania's towns, is ready to help them to organize themselves and sooner get the life-saving treatment they need.

931 Elza Ferreira; Anna Gryschek; Maria Abbate; Rosangela Vieira; Daniela Trigueiros; Sirlei Alfaia; Debora Malheiros;

THE ADHERENCE OF THE BASIC HEALTH UNITS TO THE HARM REDUCTION PREVENTION POLICIES

Issue: The STD/AIDS Municipal Program of the Health Secretary of the city of S_o Paulo introduced its Harm Reduction Project in September of 2001. The name of this project is PRD Sampa and it has the purpose to contribute for diminishing the probability of transmission of HIV/AIDS and hepatitis among the population of drug addicts and their socialization net.

Setting: At this time, 09/2001, the project was launched through the 21 STD/AIDS health facilities and the harm reduction outreach workers were able to do the field work.

Project: The objective was to amplify the adherence of the basic health units to the harm reduction prevention policies, mainly in the south area of the city of S_o Paulo with the partnership of the Health Coordination of this region many qualification meetings were done with the health coordinators of the south area of the city of S_o Paulo, the central harm reduction coordination of the project and the managers of the basic health units. All the health professionals of the basic health units were trained, by the central harm reduction team about these subjects: STD/HIV/AIDS, prevention policies, harm reduction outreach work, ethics, citizenship and legal issues. At one meeting with the STD/ AIDS Program of the state of S_o Paulo it was determined that all the drug injection kits (needles, syringe, swab, distilled water, condoms and educational material) should be given directly to the basic health units by them.

Outcomes: This project has just began, but we agree that training the professional teams of the basic health units and giving them support will be a great way to empower the harm reduction policies of the city of S_o Paulo and to let it be a public strategy.

934 Dr. Mamasobir Burkhanov

METHADONE SUBSTITUTION AND HIV/AIDS PREVENTION

Kyrgyzstan is situated along one of the main drug traffic routes. At present, illicit drug traffic is well established through Osh oblast on the route: Afghanistan and Tajikistan - Khorog - Osh - Bishkek - CIS - Eastern Europe. Drugs are cheap and easily accessible: a heroin portion in Osh city costs USD 0.5. Whereby the level of drug addiction in Kyrgyzstan is the highest among all Central Asian countries and reaches 1,644-2,054 per 100,000. (UNODC Assessment). Reduction of IDU vulnerability to HIV/AIDS is one of the three priority areas of the National Strategic Plan and State Programme of the Kyrgyz Republic approved by the Government of the Republic on 13 December 2001. Harm reduction programmes gained political and social support. Since 1999, targeted prevention interventions among IDU have been organized in the Republic. Since 2000, syringe exchange programmes have been implemented, and since 2002 two pilot projects of methadone substitution treatment for IDU in Bishkek and Osh have been launched. Substitution therapy is an effective means of HIV/AIDS prevention among IDU especially among people with HIV/AIDS, hepatitis, tuberculosis and other diseases.

The goal of the methadone substitution therapy is treatment and care for the clients with opioid dependency and as well as improving of social integration of methadone clients to the society. 40% of Osh programme are people living with HIV with 10 years of average length of drug abuse. Osh methadone substitution therapy programme has established links with other HIV/AIDS programmes: syringe exchange, sex workers and Osh AIDS Center's activities. It also established good relations with local government, police, religious leaders, mass media other medical institutions, and international organizations. As of today it is a complex programme offering clients from the syringe exchange programme to join pilot methadone programme and then smoothly move to the rehabilitation center.

937 Turienzo, Giselda; Guerra, Eliana; Maerawi, Ilham

REDUC ON LINE: A BRAZILIAN HARM REDUCTION WEBSITE

ISSUE: REDUC (Brazilian Harm Reduction Network) congregates a multiprofessional

team committed to study and better understand drug abusing patterns in nowadays society. The organization main goal is to amplify and strengthen drug using advocacy, recommending changes in the currently Brazilian drug police. The main objective is to advocate for drug using human rights. Since its foundation, REDUC has been working as a support institution and a source of information/knowledge about drug using population rights. To achieve those goals, our actions are based mainly on the organization of opened meetings to stimulate debates about drug using rights, elaboration and distribution of educational materials and bulletins about Harm Reduction

DESCRIPTION: In order to improve its activities and scope REDUC organized a website, increasing the visibility of harm reduction activities around Brazil (www.reduc.org.br). The website is continually updated, and offers a broad range of harm reduction news, e-newsletters, educational materials, divulge meetings, publishes papers and other readings materials related to harm reduction fields. All available materials can be searched and downloaded online.

LESSON LEARNED: The activities organized and conducted by REDUC are an important way to divulge information and researches about harm reduction to a broad audience, besides been an open website to address FAQ, creating an opportunity to improve networking in Brazil (a country with continental size).

RECOMMENDATIONS: REDUC's website is an important tool to improve the dialogue between different actors, acting as an online forum for a broad range of individuals: drug users, outreach workers, health professionals, police makers. The information sharing and networking are key aspects to improve harm reduction activities and visibility around the globe.

938 Elovich, Richard

LOW THRESHOLD TREATMENT READINESS PROGRAMS IN CENTRAL ASIA: DRUG TREATMENT THAT GROWS OUT OF HARM REDUCTION

Drug treatment is often positioned as separate from or even in opposition to harm reduction, and its outcomes, processes, and goals are portrayed as fixed and universal for all individuals who are heroin involved. In Central Asia, where rates of injection of opiates have skyrocketed in the last decade, and where Soviet style detoxification, is costly, and involves registration of drug users with the police or other authorities, a new, low-threshold approach is developing. "Treatment readiness" programs see drug use and dependence as complex and varied across individuals and contexts, rather than monolithic. These programs, emerging in Tajikistan and Kyrgyzstan call into question what treatment is, where and when it can begin, where it can happen and what forms it can take, as well as who can provide it. Based on the harm reduction philosophy of reducing barriers (such as demand for abstinence, labeling, hierarchical positioning of professionals and need for services to take place in the clinic), treatment readiness builds on and expands effective outreach team to include drug counselors, indigenous social workers, and doctors who start treatment where the drug user is at, in "natural settings" where drug users gather, and operates consciously outside of the context of Soviet style narcology centers often deployed as an arm of the state. Treatment readiness represents a shift both from dominant American paradigm of addiction/abstinence and the Soviet system of narcology. As such, it offers a model not just for Central Asia, where it is being currently emerging but shows that, even in different regions, program development and implementation varies by the social context, local culture, and available resources.

940 Fergutz, Bertoldo; Batista, Sandra

HARM REDUCTION MAKING A DIFFERENCE FOR DRUG USERS

Issue The objective of this work is a wide discussion about the social and economic damage, the financial repercussion regarded the illicit drug commerce and repressive laws in different communities: where there is harm reduction projects and there isn't.

Approach data from justice and criminal system were used to compare how much the local system spent per year in drug users repression based on possession for illicit drugs for consumption instead of harm reduction approaches. The discussions based on these data were done at the community.

Key- points How much money we could save if drug users rights would be respected? If governments take seriously Human Rights and Citizenship? If produce, distribute and consume drugs were treated as an economic issue instead of a criminal one? If the concerns were put on the drug quality, scientific information available instead of moral judgment, stigmatization and prejudice?

Implication - a hard resistance was found among communities in general because people still believe that drugs are the worst thing in the world because they had just information based on war on drug, specially the war on drug users, they repeat the same words without reflection. When we discussed the same issue in communities where harm reduction projects are running out, people in general were more active, they had their own opinion, they fight for their rights, they're trying to change the policies. Is very important to drug users be assisted by a harm

reduction project where they can get some support and opportunities to organize themselves and strengthening their net.

946 Tetyana Deshko

LOCAL ADVOCACY FOR HARM REDUCTION IN UKRAINE

Harm reduction has almost a 10 year history in Ukraine and is generally acknowledged by Ukrainian government to be an efficient HIV prevention strategy. Nevertheless certain harm reduction efforts fail as a result of conceptual and practical inconsistencies of Ukrainian healthcare system. In this paper we would like to observe some of the problems that occur on the ground level in non-profit organizations (NGOs) that work with injecting drug users (IDUs). Sumy NGO Pace forward to Meeting and Kyiv Club Eney have been doing harm reduction for several years now. Although needle and syringe exchange programmes went relatively well, both organizations felt need to address deeper factors of IDU vulnerability to HIV. Pace forward to Meeting developed an advocacy project to facilitate introduction of methadone maintenance in Sumy and Club Eney decided to advocate its syringe exchange programme targeting local drug police. Both projects were supported by the International HIV/AIDS Alliance in Ukraine in 2004.

Pace forward to Meeting and Eney projects were successful in benefiting from international and local expertise, developing regional HIV/AIDS programmes, conducting policy meetings and press-conferences. They both established good working relations with the local police. The projects are still underway (August 2004 - February 2005), but it is intended that by the end of February 2005, 25 IDUs of Sumy will be receiving substitution therapy and Eney will have signed agreement with the local police office on drugs to carry out mutual harm reduction activities

948 Panacea

PANACEA

Foundation Panacea was established in 1997 year as public purpose foundation. The main lines of our work are health care and social activities. Since 2000 year the organization dealing with projects for reductions of health and social harms of using drugs, through implementing specialized outreach programs. These programs works in the drug users community with main purpose to reduce the risks of infections with HIV and Hepatitis B and C, reducing adverse health consequences, enhancing the motivation for treatment, reducing the risk practices. We have developed four places for field work and drop-in centre.

At this moment we are working on two HRD programs and one peer education program for gatekeepers. They are:

To reduce risky sexual behavior and injecting practices among commercial sex workers financed by The Global Fund against Dissemination of HIV/AIDS, malaria and tuberculosis, 2004-2005 year.

'Maintaining a low level of HIV/AIDS dissemination among intravenous drug users' financed by The Global Fund against Dissemination of HIV/AIDS, malaria and tuberculosis, 2004-2005 year.

'RISKNET' which is regional HIV/AIDS prevention project funded by the United States Agency for International Development and coordinated by PSI Romania. For this conference we want to apply with two delegates which to represent the organization:

1. Chairman and Coordinator on IDUs projects - Asya Stoyanova, Passport number 321927266, country of resident - Bulgaria, code- BGR Date of birth 28.01.1963, personal number 6301284496,
2. Program assistant and Coordinator on Commercial sex workers project - Dobroslava Barziska, Passport number 331849135 country of resident - Bulgaria, code- BGR Date of birth 04.11.1972, personal number 7211043452

949 Panacea

Foundation Panacea was established in 1997 year as public purpose foundation. The main lines of our work are health care and social activities. Since 2000 year the organization dealing with projects for reductions of health and social harms of using drugs, through implementing specialized outreach programs. These programs works in the drug users community with main purpose to reduce the risks of infections with HIV and Hepatitis B and C, reducing adverse health consequences, enhancing the motivation for treatment, reducing the risk practices. Our organization hold up a good connections with other NGO's working with drug users and also with local government departments. A public recognition for our work is inclusion of our organization in Municipality Council of Drug Substance in Municipality of Plovdiv; also in Regional committee for HIV prevention in Municipality of Plovdiv. Also we are Members of National Anti AIDS coalition and

National Drug coalition and CEE HRN.

For this conference we want to apply with two delegates which to represent the organization:

1. Chairman and Coordinator on IDUs projects - Asya Stoyanova, passport #8470;321927266, country of resident - Bulgaria, code- BGR Date of birth 28.01.1963, personal number 6301284496,
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950 Dr. Tom O'Brien PhD

THE HEGEMONY OF BIOMEDICINE IN THE TREATMENT OF OPIATE ADDICTION

The research was carried out in 2002 using qualitative methodologies that sought to understand the meaning of drug treatment knowledge among adolescent opiate users attending a Dublin inner city community based treatment service. In particular the research sought to understand how methadone had come to dominate the treatment culture of a service rooted in the principles of community education/development.

The study found that the young people had internalised methadone as the dominant script in the treatment process. This over reliance on methadone as a path to recovery and rehabilitation blocked the receptors of their imagination for change and discouraged them from becoming the authoritative authors of their own script, through the development of agency.

In examining the epistemology or the knowledge/power relationship of the service the research found that biomedicine dominated the treatment process. The research describes this medical dominance as a biomedical-hegemony i.e. the subtle and hidden ways power is exercised over the treatment of addiction through the practice of biomedicine.

The research highlights critically the position adopted by community education/development and its failure to challenge this medical hegemony in drug treatment. The biomedical-hegemony acts to marginalize community education/development to an ancillary service that lacks the power of influence within a dominant medical paradigm of treatment.

The research critically evaluates medical knowledge and explores critically the knowledge/power relationship that exists between evidence based medical research, the medical profession and the pharmaceutical industry and their part in the biomedical-hegemony and the promotion and marketing of methadone. Finally the research examines the policy implications of this critique and summarizes the challenge for a more equity in the power/knowledge relationships of biomedicine, psychotherapy and community education/development.

955 Dr Moudad Alamatori

DR

STI/HIV prevention in Syria. Syria is one of the middle east countries population nearly 15 Million inhabitants STI/HIV epidemic in Syria is at an early stage compared with those in other countries in Asia. And low number of AIDS cases (low STI/HIV prevalence) of STD/HIV knowledge and there is coordinate between public sector health and private sector the Ministry of Health reports high rates of other sexually transmitted infections, chlamydia. There is less than 500 cases with HIV. We think that is changing. The role of religions in the life of society Islam prevents the sex relationship out of the family (husband or wife). A ban of homosexuality. Less number of sex workers. Less number of sex places. The role of ministry of Health Control and Prevention HIV/AIDS prevention campaign in the schools, sex education in the schools deal with infected cases treatment. An annual epidemiological studies for STI/HIV continues Laboratory investigation for the High risk group (STI cases Sex workers). Continues study for HIV cases-Education and psycho-education for the patients psychological counseling team interviews the person concerned with the aim of helping him to deal with the social problems related to his state of health and informing him of the means for preventing the transmission of infection to other persons and the occurrence of opportunistic conditions in his own case. Free and secret Laboratory investigation for susceptible cases. A ban of traveling for the HIV patients like most of centuries. Coordinate between Ministry of Health and government to make a low active to deal with HIV/STI. Conclusion Preventing AIDS is a real challenge that requires the implementation of particular strategies less numbers of HIV in Syria let us to continue all the cases carefully And reduce the infections in the society Concentrate on high risk factor STD patients. Education to population through Media, school groups partnerships between government agencies, and the private sector make the cases under control.

959 Tobin KE, Davey MA, Latkin CA

WITNESS PERCEPTIONS OF COSTS AND BENEFITS TO HELPING DURING DRUG OVERDOSE

Background: Fear of arrest is commonly reported as a barrier to seeking professional medical assistance during drug overdose. However, few studies have explored other barriers to seeking help or drug users' perceptions about the costs and benefits to helping an overdose victim. The purpose of this study was to 1) explore overdose witness perceptions of costs and benefits to helping and 2) to identify factors that are associated with perceived costs and benefits to helping during a drug overdose. **Methods:** A total of 589 participants (n=354 male, n=235 female), who reported having ever witnessed an overdose, were interviewed for a follow-up survey of the SHIELD study, an experimental HIV prevention intervention.

Results: The majority of the sample was male and African-American with a history of injection drug use. Most participants agreed that helping during an overdose was could save a life (94%) and was the right thing to do (91%). Half of the sample thought it was likely that they or the victim would get a drug charge if the police arrived and 75% of the sample reported fear of a murder charge during a fatal overdose, despite low reports of this occurring. Of 589 cases, the police were present in 54% of the time. Of these, 12 (4%) reported arrests. Of these arrests all were drug-related, such as possession of drugs or paraphernalia. Gender and overdose history were associated with perceived costs and these differences may be due to social marginalization or overestimation of arrest risk.

Discussion: Results from this study indicate that witnesses to drug overdoses do perceive helping as beneficial, though fear of victim arrest, personal arrest, and charges of homicide were likely. These results underscore the importance of working with local police departments and educating drug users about law enforcement policies and Good Samaritan laws. Further research is warranted to explore how perceived costs influence helping behavior.

960 Tobin KE, Gaasch W, Latkin CA

THE EMERGENCY MEDICAL SERVICE PROVIDER PERSPECTIVE: INTERACTIONS WITH DRUG USERS AND BYSTANDERS DURING DRUG OVERDOSE

Background: Emergency Medical Service Providers (EMS) play an important role in the health care of drug users. EMS providers may be ideal for dissemination of information about overdose risks to drug users. Yet, little is known about their interactions with drug users. **Methods:** An anonymous voluntary survey among 327 EMS was conducted from September 3, 2003 through September 30, 2003. Participants were asked about their experiences when responding to an overdose, their interactions with overdose victims and bystanders, and their interests in education about drug user health issues. **Results:** The response rate was 54% and the majority of the sample was male (74%). The average number of years working as an EMS was 7 (SD=6). In the majority of cases of overdoses that they responded to in the past 30 days, participants reported that bystanders were waiting for them some to all of the time (88%) and provided information about the drug that the victim had consumed (59%). In approximately half of the time (52%) EMS requested police support, yet police rarely or never arrest the victim or bystanders (95%). Participants report a variety of responses from the overdose victim ranging from angry (36%) or hostile (18%), grateful (28%), scared (16%), ashamed (19%), and denial (18%). Most participants agree that there are not enough services for drug users (73%) yet one-third reported that drug users appreciate the services provided by EMS. One third (30%) were interested in continuing education about addiction and 36% were interested in a course about drug user health issues. **Conclusion:** Interaction between EMS and overdose bystanders is common. Improving EMS knowledge and sensitivity about drug user issues is a critical component to the public health response to overdose.

961 Tobin K, Sherman S, Welsh C, Bielensohn P, Gann D, Latkin C.

EVALUATION OF THE STAYING ALIVE OVERDOSE PREVENTION PILOT PROGRAM AMONG INJECTION DRUG USERS IN BALTIMORE MARYLAND, USA

Background: The Staying Alive pilot program in Baltimore Maryland USA was implemented in April, 2004 to provide injection drug users with overdose (OD) prevention education, training in naloxone administration and rescue breathing, and distribution of naloxone kits. By October 2004, 150 drug users had received the training. The evaluation of the Staying Alive program aims to determine effectiveness of decreasing fatalities associated with opiate OD, increasing ODs reversed, and increases in OD preventive behaviors.

Methods: Evaluation consists of pre and 6-month post program quantitative surveys and qualitative interviews with participants who reported witnessing an overdose. In the surveys, participants are report their own OD experiences, ODs witnessed, knowledge about OD risk factors and naloxone, and attitudes towards helping OD victims. At the current time, baseline data is available on 41

participants. Follow-up data will be available in 2005.

Results:

The majority of the sample was male (83%) and African-American (63%). Eighty-five percent reported daily injection of heroin and/or cocaine. 90% ever witnessed an OD (mean = 5 witnessed ODs, SD = 11) and of those 49% had ever witnessed a fatal OD. Most were knowledgeable about risk factors for OD such as mixing depressants (93%), using too quickly (78%), and low tolerance (85%). 49% reported knowing how to perform rescue breathing, 35% knew how to place someone in the recovery position, and 16% reported knowing how to administer naloxone. Over one-third (39%) reported concern about hurting the overdose victim from performing rescue breathing and 19% reported fear of getting a disease. 15% reported concerns about calling for emergency medical services because of legal concerns (e.g. outstanding warrants).

Conclusions:

Results of this study suggest that this OD prevention program is attracting participants who have basic knowledge of risks but few resuscitation skills. Moreover, participant concerns about helping OD victims should be addressed by program personnel.

962 KAKOOZA ROBERT

QUALITATIVE RESEARCH ON OUTCOMES OF HARM REDUCTION IN AFRICA:

Background: Harm reduction is a relatively new and controversial Model for treating drug users, with little formal research on its operation and effectiveness in Africa. In order to advance the study of harm reduction programs and our understanding of how drug users define their progress, qualitative research was conducted to develop outcomes of harm reduction programming that are culturally relevant and incremental.

METHODS The Study used nominal group technique (NGT) to develop the outcomes in phase 1. In Phase two the study used focus group interviews to a selection of people between the age of 14-35 years to validate the findings.

Study participants were recruited from a large harm-reduction program in central Kampala in Uganda and involved approximately 120 clients in 10 groups in phase 1. In Phase two 120 clients were involved in 10 focus groups.

Results: Outcomes of 10 life areas important to drug users were developed that included 10 to 15 incremental measures per outcome. The outcomes included ways of:

- 1-Making Money.
- 2-Getting something good to eat
- 3-Being housed/homeless.
- 4-Relating to families.
- 5-Getting need programs /benefits/service.
- 6-Handling health problems .
- 7-Handling negative emotions.

Findings also provided insights into drug users lives and values, as well as a window into understanding how this population envisions a better quality of life. Results challenged traditional ways of measuring drug users based solely on quantity used and frequency of use. They suggest that more appropriate measures are based on the extent to which drug users organize their lives around drug use and how much drug use is integrated into their lives.

Conclusions Harm reduction and other programs serving active drug users and other marginalized people should not rely on institutionalized, provider-defined solutions to problems in living faced by their clients.

Recommendations: Holistic program approach should be planned to address the emotional, physical and social aspects of drug users.

963 Thierry Marignac

PROPAGANDA

ISSUE: Propaganda as a means to change public perception of drugs and the addicts, and of Harm reduction itself - The role of culture - The notion of pleasure and enjoyability of propaganda for Harm Reduction.

APPROACH:

- Historical as in reference to outstanding works of art as the novel " Naked Lunch " (William S. Burroughs) and most recently the Russian book " Nizchi Pilotage " (Baôane Chirianov) an account of Piervitine (a form of amphetamine) use in the Perestroika years, published in 2000 in Moscow by Ad Marginem with the support of " Doctors without Borders ", to name a few.

KEY POINTS:

- How in fact the whole phenomenon and social impact of drugs can only be understood and assessed to its fullest extent and its ambivalence through works of art.

IMPLICATIONS:

- Cooperation, financial and moral help, use of the

data available by HR workers should be given to artists, publications, publishing houses and film companies.

- Creative journalism (as the nonfiction book undertaken in 2004 by Thierry Marignac, author of these lines, a diary of the frontline of drugs and Harm Reduction in the Ukraine.

- Given the significance of all this, there should be minds at work in Harm Reduction, willing to spend time selecting cultural products to support according to very specific criteria:

- 1) Respect of the basic ambivalence: the paradoxical blend of pleasure, displeasure, death and self-medication at play in the drug world. The forces of repression would only be too happy to point out anything remotely resembling a commercial for drugs.
- 2) Enjoyability in itself is an Harm reduction alternative to drugs, through entertainment value and charm.

965 Tracey Boyce

THE NORTHERN IRELAND MEDICINES GOVERNANCE TEAM

Prescribed medication may be used, intentionally or accidentally, by members of the public to harm themselves. But how often do health care systems accidentally cause patient harm via the inappropriate use of medicines?

Medication related incidents, are known to be a major cause of preventable patient injury. They are thought to occur in 2-14% of patients admitted to hospital and have been estimated to cost the United Kingdom health service £500 million pa in additional hospital bed days alone.

The Northern Ireland Medicines Governance Team was launched in August 2002 with the aim of minimising the occurrence of medication-related adverse events in Northern Ireland's 18 hospitals. The team consists of six senior pharmacists with a dedicated medicines risk management function.

To date the team have addressed three main areas:

- the development of the risk management process, including identification, analysis and evaluation of medication related risk;
- the development of "good practice" policies and procedures; and
- risk awareness education for healthcare staff.

During its first year the team developed a medication incident coding system and undertook a large study to ascertain why healthcare staff do not openly report medication incidents. The findings of the study were used to address under reporting and as a result there has been a ten fold increase in the total number of medication incidents being reported in the hospitals.

Following analysis of the incident data, the team have issued seven "Safety Memos", four best practice policies and various medication safety posters. A website and a quarterly medication safety newsletter for medical, nursing and pharmacy staff have also been developed. The team also provide medication risk awareness training for post and undergraduate medical, nursing and pharmacy staff.

The Northern Ireland Medicines Governance Team aims to improve medication related patient safety by a systematic regional approach to medication risk management.

967 Tiggy May and Gillian Hunter

FEMALE STREET SEX WORKERS AND PROBLEMATIC DRUG USE: WHAT SHOULD SERVICES BE OFFERING?

There is a growing body of evidence documenting the connections between problematic drug use and sex work, and a growing concern about the impact this has on sex workers. A significant proportion of street-based sex workers are heavy users of both licit and illicit drugs and drug use often locks women into street sex working. However, it is difficult to demonstrate a causal relationship between involvement in sex work and problematic drug use, although they share many of the same inter-connecting risk factors, including disrupted family lives, disrupted schooling, socio-economic deprivation, child physical and sexual abuse, experience of local authority care, homelessness, and involvement in crime. In designing and providing services for sex workers harm reduction agencies need to be sensitive to the many needs of sex workers and not just concentrate on their drug use and sex work. For example, homelessness has been identified as a risk factor for involvement in sex work and being homeless is a common issue for many female sex workers. The majority of street sex workers also report multiple experiences of violence, not only from their clients and partners but also from passers-by. Health issues associated with problematic drug use also need to be addressed. This presentation outlines what works in providing effective services for street sex workers, including: primary prevention and harm reduction measures as they apply to both sex work and problematic drug use.

969 Raquel Peyraube, Cecilia Dell'Acqua

PHARMACOLOGICAL AND BEHAVIOURAL RESOURCES ON ALCOHOL HARM REDUCTION IN URUGUAY

Background/objectives Uruguay, a small Latin-American country with a total population of three million people, has not a global public harm reduction policy. Nevertheless, there are some few harm reduction practices and programs, which only one of them works on treatment. Alcohol is a widely extended problem in this country and the most spread responses to it are different kinds of treatments for abstinence.

Methods An approach designed on medicine based on evidence criteria is proposed as a possible treatment for alcohol abusers who are not already prepared to give up drinking but are planning to do so, and also for those alcohol heavy users who do not want or cannot stop drinking, but want or need to control their abuse.

Naltrexone is an opiate antagonist which has been used in abstinence treatments and well-known to prevent relapse. This work basically describes a maintenance treatment with naltrexone and neurological protection, both associated to behavioural resources. This strategy was thought for alcohol abusers in serious risk of neurological damage, or other kind of important morbidity as cardiac or related with accidents.

Results After two years of this practice, clinical evidences are: a 63% retention rate, a higher than 50% reduction of alcohol usual daily intake, and a decrease of at least 78% on acute intoxication episodes. Male users show a better performance than female ones. Life quality is improved mainly on health, violent behaviours, and work related problems. As far, no serious side effects were found.

Conclusions Even though the naltrexone is a quite expensive drug to be paid by public health services users, these results, as well as users' tolerance and opinion about the treatment suggest that it could be a useful harm reduction treatment for heavy alcohol abusers.

970 Raquel Peyraube, Nairi Aharoni-n, Marcelo Aprile, Alejandro Ant' nez, Alba Negrin

IRD CAF...S (HR CAF...S): A HARM REDUCTION OPEN DEVICE

This project results from identifying needs in a Latin American developing country's tourist city with serious problems related to Drug Misuse and STD, an other context characteristics: coexistence of extremely rich and poor people, local population and tourists coming abroad, generalised and normalised legal drug misuse (high levels of alcohol consumption), even for early teenagers (either associated to other drugs or in single use pattern), use/misuse of illegal (preferably cocaine/basic paste/crack, ecstasy and cannabis), problems denial attitude and festive mood, ambivalence to face the problem, almost none specific response.

In this context a programme should: attend to the different drug misuse related harm, be flexible, versatile and culturally accepted, operate with social, clinical and preventive conditions, work either with acute or chronic problems, ease drug users' access to health network.

IRD CAF...S is a socio-sanitary multi-target opened low threshold approach including different interventions: condoms, leaflets and information supply, outreach and community work, 24 hours toll-free help line, chill out, acute intoxication treatment, counselling and HR measures for chronic patients.

Its objective is to promote drug users' social integration and access to the health network, taking care of socio-sanitary urgencies and drugs misuse related harm. An interdisciplinary team -including drug users- specialised in drug abuse and trained on urgency and HR measures is responsible of the intervention in a duty system.

Because of the public service provided, it has gained recognition and partial support by the National Telephone Company, Tourism Ministry, and National Drug Council. During its first ten weeks, RD CAF...S received 320 assistance demands for overdose, first aids and for drug users' relatives, teachers and community people orientation. It has become a referent, and media consult the project for professional opinion and public discussion about HR strategies and drug policy. Other cities of the country are demanding us to set up this device.

971 Sharon Standliff

CONTINUED USE OF ILLICIT SUBSTANCES AMONG METHADONE PATIENTS: A HARM REDUCTION BASED APPROACH

Many patients on opioid maintenance continue to use illicit drugs, most often early in treatment but others persist for years. Based on the literature documenting poor outcomes among persons leaving methadone treatment these patients should be retained in treatment and offered an array of voluntary interventions and activities rather than required to accept mandatory maintenance dose increases, mandatory participation in psychosocial treatments and activities. Involuntary discharge has not been shown to have value in promoting health among persistent drug users. This presentation will describe interventions in treating such patients using evidence-

based approaches and will also address the value of deferring intervention. Continued use of illicit opioids, cocaine and benzodiazepines will be discussed as will the role of promoting access to sterile syringes. The presentation will be illustrated with case presentations. Ample time should be provided for discussion, as this is an area of controversy.

972 Kieran Devlin / Leo Foy

SENSIBLE SERVE

"Duty of Care - Sensible Serve"

DEVELOP A COMPREHENSIVE TRAINING PROGRAMME FOR LICENSED VENUES IN THE NEWRY & MOURNE AREA

The development and piloting of a "Duty of Care - Sensible Serve" Training Package for Licensed Venues to compliment the ongoing work of the Partnership in the Newry and Mourne area.

Setting Newry and Mourne drug and Alcohol Partnership and the Federation of the Retail Licensed Trade have combined to create a training course for bar staff. This course will educate staff in drug and alcohol awareness, creating and maintaining a safer environment for customers, legislation around both drugs and alcohol and customer care.

Project To develop a training pack for bar staff to contribute to and create a safer environment for young people and staff in entertainment venues.

Outcomes A training course for licensed entertainment venue bar A set of guidelines, training manual and resource pack will be produced.

- Members of the licensed entertainment industry throughout Newry and Mourne will have received training.
- Important formalised links will have been forged with the licensed entertainment industry.
- A model of good practice will have been introduced to the drinks industry
- The health and safety factor of club goers in the area will have been increased.
- Parents will feel safer knowing their children's best interests are being catered for.

Implications The immediate impact from this proposal will be the expansion of drugs and alcohol awareness/education programmes to a specific group (bar staff) within the local community, impacting upon both adult and young people throughout Newry and Mourne through increased awareness and safety for young people accessing the entertainment industry.

974 Ilinka Serdarević, Dejan Travica

HOW CAN HARM REDUCTION PROGRAM BE EFFICIENT IN MOTIVATING DRUG USERS TO JOIN MEDICAL TREATMENTS?

Abstract: Policy and practice

Harm Reduction development in Terra

Issue: How can Harm Reduction program be efficient in motivating drug users to join medical treatments?

Setting: Association Terra had started Program of Reducing Health and Social consequences of using drugs, targeting drug using population in Rijeka and larger surrounding area including islands on north-west part of Croatian Adriatic coast.

Project: General aims of program are reducing health and social consequences of using drugs, and making broader community more sensitive and educated about drug related problems. At the beginning of Needle exchange program, besides increasing availability of clean equipment, needles and syringes have been used as a mean for making contact, and building trust. After 6 months of work, emerges the need for counseling of drug users, and later for their parents. We start group of users, and some of users are starting to enter individual counseling/ therapeutically processes.

At the same time, we further develop needle exchange, drop in center, and start outreach program to reach as many users as possible. Base of users that has formed in drop in are being used as contacts for reaching out the users on the street.

Through all activities there is continuous work on building the trust, education and motivation for changes in behavior. This result in rising the knowledge and awareness of risks related to drug use, possibilities of treatment, and foster clients to join treatment of addiction.

Outcomes:

- more then 600 clients reached;
- 40 went to therapeutically communes
- 12 on detox in hospital
- 65 (100) went on methadone treatment
- 30% of our clients were included in some form of therapeutic counseling (individual or group sessions)

Conclusions: Harm reduction offers isteps from risky behavior to less risky that can eventually lead to treatment of addiction

976 Lorraine Barnaby; Victoria Okazawa; Barb Panter & Lorie Steer
THE SAFER CRACK USE COALITION KIT DISTRIBUTION PROJECT

Issue: The lack of services for marginalized crack smokers led to the formation of the Safer Crack Use Coalition (SCUC) in 2000. Since then, we have developed a citywide kit distribution project that has connected thousands of crack users to other social and health related services.

Setting: Currently, there are 14 community based agencies that distribute SCUC kits across the city of Toronto. This workshop would be beneficial to frontline healthcare and social service workers, crack users, program planners, harm reduction and poverty activists, researchers and policy makers.

Project: SCUC kit distribution first began as a practical response to address the urgent health needs of drug users, who were not accessing needle exchange programs. A central concern was the alarming Hepatitis C rate (~ 40%) amongst crack smokers and the lack of awareness about prevention and health services. SCUC's collaborative approach allowed activists, crack users and frontline workers to effectively work together to produce a kit that promotes health and helps to prevent infection transmission. The kits are distributed by SCUC partners through street outreach programs, onsite needle exchanges and educational training workshops.

Outcome: Over the past four years, SCUC has grown into the largest crack specific coalition in Canada. Our current projects now include research, education, direct intervention, and consultation. The SCUC kit is an excellent outreach and educational tool that has been used to promote health and increase public awareness and understanding about crack use. Without adequate funding, however, keeping up with the expanding demand has been an ongoing challenge. SCUC will continue to seek funding and draw attention to the serious public health implications that may result, if an inclusive harm reduction strategy is not implemented very soon.

Format: Policy and practice format in a skills sharing workshop

977 Franz Trautmann

THE NEED FOR AN EU-LEVEL ANALYSIS OF HARM AND HARM REDUCTION

Background The EU Drugs Strategy 2000 - 2004 defines six targets and is complemented by an action plan translating it into concrete steps. Its second target addresses the reduction of severe health consequences of drug use. A further EU instrument that deal specifically with health-related harm associated with drug use is the Council Recommendation of 18 June 2003. In this text, the European Council recommends that EU countries apply evidence-based measures to prevent and reduce health-related harm, that they monitor, evaluate and systematically report the results.

Issues Against the background of targets set and recommendations made in the two documents, this presentation takes up the conclusions drawn by the four other speakers of the session. It examines critically the overall availability of information on the key-areas of drug use-related harm and harm reduction responses that were addressed in the four previous presentations of the session.

Discussion The presentation will provide input for the discussion on the general approach and feasible indicators for monitoring harm and harm reduction. Based on the critical assessment of available monitoring results, the advantages and disadvantages of the current systems, their cost/benefit relation and their potential to inform policy development and evaluation will be summarised. Possible alternative approaches and steps to close the existing gaps in knowledge and to increased data quality will be discussed.

979 Plamularsih Swandari, Muhammad Sophian, Risa Alexander
“ THE ANCHOR ” AN INDONESIAN HARM REDUCTION NETWORK

Issue: In 2002, Indonesia adopted a national, HIV prevention strategy which encompasses prevention services for injecting drug users and explicitly identifies harm reduction as an appropriate methodology. However in some of province of Indonesia had harm Reduction Implementing Agencies starting to show and publication their activity after that.

Setting: JANGKAR (The Anchor) as of Indonesia's first Harm Reduction Network, had 12 province coordinator in Indonesia as a representative board. Through them, we develop local network of Harm Reduction Implementing Agencies and build partnerships with law enforcement agencies, health and social welfare ministries, the media and religious leaders.

Project: JANGKAR through supported by AHRN had the activities; training, experience sharing, targeted advocacy, dissemination of up-to-date harm reduction materials, a network newsletter, and through the creation, management of a resource database and harm reduction discussion group in Bahasa Indonesia. In 2004, Jangkar started the workshop for built work plan and build system among members to link information with local government (authority, police, health center) in each province and NGOs. JANGKAR collaboration with National Aids Commission, IHPCP, FHI-ASA-AHRN and CHR prepared for the first National Harm

Reduction Conference on December 2004.

Outcomes: JANGKAR has provided to support their members a focus for increased government support in each province, contributed to a unified understanding of harm reduction and improved skills among harm reduction implementers. Through an integrated approach and targeted advocacy, we are collaboration with local government and authority for Harm Reduction implementing in the field. Partnership with other relevant organizations in programming and implementation should be encouraged to maximize cost effectiveness and ensure maximum coverage.

980 Mohana and Dr.S.Shanmuganandan

WOMEN, INJECTING DRUG USE AND ASSOCIATED HARMS: A CASE STUDY OF INDIA AND STRATEGIES FOR PREVENTION

Estimated 1 million Indians are believed to be infected with HIV. At present rate of transmission 5 million will be infected by the year 2000 A.D. 75% of infection through sexual contact. Women have little or no access to affordable health services. Poverty makes them socially vulnerable to HIV. Women can seldom negotiate condom usage or other risk reducing strategies. Lack of access to information is linked directly to women's lack of participation in decision affecting their lives. Lack of primary education increases women's vulnerability to HIV AIDS (inadequate information too). Cultural constraints add to women's vulnerability. Topic of sexuality, taboo, sex educations are non-existent in many cultures. Women's inferior general health and poor genital health in particular. The present attempts to analyse the women and injecting drug use and related harms as a result of their socioeconomic status and position in the society. The study also explains the various drug related harms as imposed by men on women and the related drug related harms on them. The study was based on the secondary and primary data and also with the help of a questionnaire survey the perception of the women was studied among 150 women college students. The data were analyzed with the help of the descriptive and inferential statistical techniques. It was observed that politically, there is accelerating instability, economically it is extremely difficult for a women to earn a decent wage or pursue a livelihood that enables her to live a comfortable existence. Young village girls educated in the metropolis and towns are unwilling to return home to the traditional occupations of weaving and agriculture. Socially and culturally, the state is in transition - on the one hand even as ethnicity is being strongly asserted, some age-old values, traditions, religious beliefs are being questioned.

984 Andrew Reynolds

INCORPORATING HCV ANTIBODY TESTING INTO HIV TEST COUNSELING: AN INTEGRATED PREVENTION MODEL FOR IDUS

Issue: HIV test counseling and syringe exchange has been shown to be an effective intervention for reducing HIV infections among IDUs. However, HCV infection has proven to be much more difficult to reduce. In San Francisco, the rates of HCV among IDUs can reach as high as 90%.

Setting: The Haight Ashbury Free Medical Clinic provides HIV and HCV antibody testing and risk reduction counseling in a variety of settings, including a syringe exchange site, a drop-in center, and a medical clinic. We offer confidential and anonymous counseling, using oral fluid (for HIV) or blood (HIV and HCV) samples.

Project: In an effort to reduce HCV risk behavior and transmission, and engage those already infected into primary care, HCV antibody testing and risk reduction counseling is incorporated into the HIV test counseling program. A HCV risk questionnaire is used to guide the session, and a specialized HCV training program for test counselors is provided for all new volunteers. Regular updates on HCV and counseling skills are also provided. HCV test counseling is offered to all participants who disclose behaviors related to risk or express an interest in knowing their HCV status. Those who test positive for the antibodies are then referred to an HCV Post Disclosure Counselor for further health education and linkage to primary care.

Outcomes: HCV risk reduction counseling is a relatively simple and effective opportunity to provide health education for IDUs. Very basic harm reduction and motivational interviewing techniques can be used to raise awareness of risk and to develop the skills to prevent transmission. HCV antibody testing attracts IDUs for HIV test counseling as well, and serves as a point of entry for prevention case management, further counseling, and primary care.

988 Lorraine Barnaby; Victoria Okazawa; Barb Panter & Lorie Steer
FALLING THROUGH THE CRACKS: RESPONDING TO THE GROWING HEALTH CRISIS AMONGST CRACK SMOKERS

Issue: Front-line workers, crack users, researchers and advocates formed the Safer Crack Use Coalition (SCUC) in 2000 in response to a growing concern for the health

and well-being of marginalized crack users. SCUC formed in reaction to the need for a unified response to the growing public health crisis among crack users. We provide an effective model for addressing health and social issues affecting crack users.

Setting: SCUC's primary service region is Greater Toronto, a diverse, large urban centre. Much of our work is done in areas where homeless people, sex trade workers and drug users tend to congregate. Recently, SCUC has reached out to regional and national stakeholders to provide leadership and education.

Project: Our mandate is to advocate for marginalized crack users and support the development of a comprehensive harm reduction model that addresses the health and social issues facing crack users; and to facilitate the exchange of information between crack users, service providers, researchers, and policy developers across Canada. Some of the ways in which this is achieved is through the Safer Crack Use Kit Distribution Project, educational workshops, lobbying policy makers, media relations, research and regular coalition meetings.

Outcomes: SCUC has grown in to the largest crack-specific coalition in Canada. Highlights include: the Safer Crack Use Kit Distribution Project involves over 12 agencies that provide outreach to users. Our work with Toronto Public Health has led to the initiation a research project to track the HCV rates of crack smokers. Through the provision of educational workshops and consultation throughout the region, we have increased the community's capacity to address the needs of crack users and create healthy public policy. The proposed workshop will provide participants with an overview of the development of SCUC, our current projects (including research, education, direct intervention and consultation), our challenges and successes and the role of community development and advocacy within the coalition.

990 Lorraine Barnaby; Victoria Okazawa; Barb Panter & Lorie Steer

TALKING WITH CRACK SMOKERS; A COMMUNITY BASED RESEARCH STUDY

Background: Scientific data about the extent of and problems associated with crack smoking in Canada are lacking. As well, the consequences of the burns, cuts, lesions and other oral injuries associated with frequent crack smoking are poorly understood but worrisome from a public health perspective. Large, population-based studies of substance use collect data from students and adults about crack use but these studies tend to miss many crack users who are street-involved and/or homeless. As well, studies often group cocaine and crack together and fail to distinguish between different methods of consumption (e.g. snorting versus smoking). In Toronto, estimates suggest that 1% of adults reported crack or cocaine use in the past year (City of Toronto, 2001). Another study among street youth in Toronto showed that 31% had used crack in the past year (Smart et al., 1992). As well, evidence suggests that after cannabis, crack smoking is the most common type of illicit drug use in Toronto (City of Toronto, 2001).

Methods: The Safer Crack Use Coalition of Toronto designed this research project to track the health and social issues facing marginalized crack smokers in Toronto. The objective was to learn directly from crack users what they saw as key issues regarding their well being. Using questionnaires and focus groups, we consulted over 100 crack smokers. They were also asked to make recommendations about appropriate and useful interventions and services.

Results: Study participants identified several health and social issues that they were dealing with, including HIV, Hep C, homelessness, frequent incarcerations, violent victimization, unemployment and mental health problems. The results of this study will be discussed further.

Conclusions: There is a clear need for more research in this area and the development of a comprehensive and crack inclusive harm reduction strategy.

992 Imran Haider

ADVERSE DRUG REACTIONS RELATED VISITS AND ADMISSIONS TO A HOSPITAL IN RAWALPINDI, PAKISTAN

The association between Adverse Drug Reactions and its impact on hospitals visits, admissions, morbidity, mortality and economic burden on health care is well established. This has lead to considerable concern about the monitoring and prevention of ADRs. It is important to have estimates of ADRs within the country for a better management of health care system. However, accurate and independent data about the prevalence of ADRs and its impact on public health is not available in Pakistan. ADRs can be reduced by multidisciplinary prevention strategies among physicians, pharmacists, other healthcare professionals, and patients. One way of reducing this problem is by creating clinical pharmacy services and education of health professionals along with better patient counseling. Availability of a national ADRs reporting system can play an important role in monitoring and creating preventive strategies.

This research primarily aims at proposing a protocol for a study to assess magnitude, preventability and patterns of Adverse Drug Reactions in order to inspire the health authorities to develop a national ADRs reporting system in Pakistan.

A cross sectional study will be conducted to address this objective. The study will focus on one hospital department at a time for one week and this study will be performed at all departments of the hospital. All patients visiting and admitted to that particular department will be included in the study. Certain exclusion criteria are also adopted. Adverse Drug Reactions will be evaluated in two sessions. First patients will undergo inquiry by physicians and information will be recorded on pre-developed reporting form. After that a study pharmacist will interview the same patient. Pharmacist will collect the data on special patient interview forms.

Keywords:

Adverse drug reactions (ADRs), Adverse drug events (ADEs), Pharmacovigilance, Pharmacoepidemiology, Patient interview, Epidemiology, Pakistan

999 Michael Wheatley

SUBSTANCE MISUSE SERVICES IN HIGH SECURITY PRISONS, ENGLAND & WALES - POLICY & PRACTICE

Issue: Following the 1998 White Paper, "Tackling Drugs to Build a Better Britain", Her Majesty's Prison Service developed a new improved drug strategy to build on existing custodial initiatives. Around 55% of all prisoners received into prison are problematic drug misusers, with around 80% reporting some substance misuse. In certain prisons approximately 80% tested positive for opiates on reception. With 70,000 drug-misusing offenders passing through prison annually, 39,000 can be present at any one time. Effective delivery of drug interventions is vital if the link between drug use and crime is to be broken and healthier lifestyles promoted.

Setting: This presentation will concentrate on describing the substance misuse strategy and six specific services developed and implemented in the 9 maximum-security prisons in England and Wales, to address problematic substance use. Data on the number of prisoners engaging with these services will be explained along with a brief profile of a "typical" service user. The multi-disciplinary staff profiles and competencies will be discussed.

Project: Each substance misuse service will be described focusing on policy guidelines and operational implementation issues.

Outcomes: The lessons learned from the development and implementation of this strategy and services will be described. Practice implications for service development and delivery in other custodial settings will be discussed.

1000 Cormac Quinn

NEW YOUTH PROJECT FOR DRUGS

Someone Who Knows¹ was a research project commissioned in 1999 by the Drug Co-ordinating team, which revealed that there was an increased number of young people using drugs in the Western Board area. It was thought that the best way to tackle this was the establishment of a partnership between the statutory and voluntary sectors. This was developed between Foyle Trust and Northlands, and the New Youth Project for Drugs came into existence.

PROJECT AIM To facilitate early recognition of, and intervention in the problems associated with substance use with particular emphasis on the needs of young people.

OBJECTIVES

- To extend the range of interventions and treatment options for all young drug and alcohol misusers.
- To provide young people with a one to one easy access counselling service.
- To provide drug and alcohol awareness programs to local organisations.
- To improve the knowledge of primary care staff.

METHODS Our counsellors provide information sessions at residential settings where research has shown that young people are at increased risk of abusing alcohol and drugs. This has proven to be a success as these people can easily access our treatment facility and address their problems. We believe that they find it easier to engage in treatment having already met a member of the team in an informal setting. Before we deliver a program of information the counsellor meets the group and agrees a format of the sessions, thus giving the group ownership of the program.

Our service can be easily accessed by means of self-referral or referral by anyone who has concerns surrounding a persons' drug or alcohol misuse.

Clients who wish to engage are seen for assessment by a counsellor within two weeks. The goals of treatment are then planned and agreed between the client and the counsellor.

RESULTS To date the service has received approximately 800 individual referrals seeking help in relation to their drug or alcohol problem. We have also provided information sessions in all the residential settings and continue to do so.

1002 Sara McGrail**MAINSTREAMING POLICY**

While integration has become a by word for effective health and social care services, central government implementation of the drugs strategy in England is fragmented and has developed via separate silos. This has meant that those who plan drugs strategy and commissioning locally have become marginal to local policy and strategy.

This presentation will explore the extent to which this marginalisation has enabled the domination of the agenda over the past four years by criminal justice, and what implications this has had for the health objectives of the National Drugs Strategy.

The presenter will then go on to discuss how we could reverse this dominance at a national and local level by exploring opportunities for mainstreaming drugs policy, strategic implementation, commissioning and services

1003 David Scott, SinÉad McGilloway and Michael Donnelly**RESPONDING TO ALCOHOL/DRUG ADDICTION AND MENTAL ILLNESS WITHIN THE CRIMINAL JUSTICE SYSTEM: A POLICE LIAISON SERVICE IN BELFAST**

Background: Since the early 1990s, the UK government has promoted the diversion of Mentally Disordered Offenders (MDOs) away from the criminal justice system (CJS) into health and social care.

Aims: This paper describes a multi-agency police liaison scheme in Belfast implemented with the aim of detecting detainees with psychiatric and addiction problems and linking them to appropriate services. The 7-day-a-week service is based at an inner city police station and staffed by two mental health nurses.

Method: A mental health assessment 'pack' was devised to assess drug and alcohol abuse/dependency, psychiatric symptoms and risk of harm to self or others. Face-to-face interviews were conducted with service-users and key stakeholders to evaluate the extent to which the service provides an appropriate and inclusive approach.

Results: Sixteen per cent of all detainees (787/4917) were identified during the first 18 months as having a mental disorder. Almost half (48%) received an assessment, 91% (348/382) of whom had a mental health problem including alcohol/drug-abuse. Most detainees were single, unemployed males, approximately half of whom had a history of harming self and/or others. Sixty-eight per cent reported harmful alcohol consumption, 62% had severe psychiatric disorder; and 32% had problems with drug misuse. All detainees were referred to follow-up services. The service was valued highly by both service-users and stakeholders. It was particularly successful in developing strong multi-agency working between addiction and mental health services and the CJS as well as promoting a better understanding of the needs of offenders with addiction problems and psychiatric illness.

Conclusion: The service effectively identified, assessed and linked most MDOs to existing services. However, a substantial proportion of offenders - especially those with violent tendencies and/or a dual diagnosis involving alcohol or drugs - have complex needs which can only be met through an integrated community forensic mental health service.

1006 Dr Tinni Dutta**THE ROLE OF PSYCHOTHERAPEUTIC INTERVENTION IN STRENGTHENING COPING MECHANISM AMONG PLWHA**

Issue: People living with HIV/AIDS often need to require strengthening of their coping mechanisms through psychosocial support as they feel they are powerless in and of themselves. At these critical moments of life psycho-spirituality offers enriched dramatic instances in key psychological processes- meeting a person's cognitive, emotional and spiritual needs through holistic empowerment approach.

Approach: Holistic empowerment approaches involve acceptance, well being, positive self image, enhanced quality of life, love and hope and awareness of the divine in which trust can be reposed.

Key points: Spiritual psychotherapy could be provided to PLWHA in both home based/ community based care along with other psycho-social support. In the therapeutic sessions through the parent child relationship the therapist provides the person with warmth and empathy and enables the person to develop his inner voice by replacing the feeling "fear to trust", "self pity to gratitude", "resentment to acceptance". Thus psychotherapy provides empowerment and helps the suffering soul to transform and heal and enable him to cope effectively with fatal disease like HIV/AIDS.

Implications: Spirituality through psychotherapeutic intervention plays a highly positive role in mental health. It bridges the gap between hopelessness and meaningfulness in life, and teaches inner reward of harmony when one suffers from dreadly disease like HIV/AIDS.

1010 Martin Plant**HARM MINIMISATION & ALCOHOL: WHAT IS IT?**

This presentation will set out to define what is meant by 'harm minimisation' in relation to beverage alcohol. It will be stressed that the key to this is the avoidance of problematic drinking, rather than necessarily reducing all alcohol consumption within the population. The latter approach has been referred to as 'draining the ocean to prevent shark attacks.'

Examples of successful harm minimisation will be provided and general conclusions will be presented in relation to the impact of approaches such as health promotion, law enforcement and taxation. It will be stressed that it is important that policy options should be evidence-led, socially acceptable, effective and sustained. This review will be presented from an international perspective, but will also refer (critically) to the Alcohol Harm Reduction Strategy for England.

1017 Irena Klavs¹; Lucas Wiessing². 1 Institute of Public Health of the Republic of Slovenia, Ljubljana, Slovenia. 2 European Monitoring Centre for Drugs and Drug Addiction, Lisbon, Portugal.**DRUG-RELATED INFECTIOUS DISEASES AND RISK BEHAVIOUR IN THE EU**

Background Reliable and comparable information on drug-related infectious diseases (DRIDs) in EU Member States is essential for informing prevention policy and evaluating the progress towards achieving a substantial reduction in the incidence of drug-related health damage in accordance with the European Action Plan on Drugs 2000-2004 and the 2003 EU Council Recommendation.

Methods The EMCDDA co-ordinates an EU wide surveillance network on DRIDs. Comparable aggregated information on prevalence of human immunodeficiency virus (HIV), hepatitis C virus (HCV), and hepatitis B virus (HBV) infection among injecting drug users (IDUs) and national reported incidence rates of newly diagnosed cases of HCV and HBV with transmission information is collected using a standard reporting form. Other available surveillance information and results of special studies are collected also.

Results The national and local HIV infection prevalence estimates among IDUs in EU Member States vary from 0% to as high as 41% (a study in Tallin in 2001). Some of the new Member States have been experiencing extremely rapid spread of HIV among IDUs (991 newly diagnosed cases per million population in Estonia in 2001). The prevalence of HCV antibodies (17% to 95%) and HBV antibodies (6-85%) among IDUs in the EU Member States is generally extremely high, but relatively low in some new Member States. IDUs are also vulnerable to a range of bacterial infections. Comparable injecting and sexual risk behavioural surveillance information is scarce.

Conclusions There are substantial differences in the burden of DRIDs among IDUs in EU Member States. Due to methodological differences, these results should be interpreted with caution. The EMCDDA should sustain and improve the collection, analysis and dissemination of reliable and comparable information on DRIDs. Common DRIDs and risk behavioural surveillance and research framework tools kit should be developed with the list of core indicators and suggested methodological approaches for data collection.

1020 Franz Trautmann**THE NEED FOR AN EU-LEVEL ANALYSIS OF HARM AND HARM REDUCTION**

Background: The EU Drugs Strategy 2000 - 2004 defines six targets and is complemented by an action plan translating it into concrete steps. Its second target addresses the reduction of severe health consequences of drug use. A further EU instrument that deal specifically with health-related harm associated with drug use is the Council Recommendation of 18 June 2003. In this text, the European Council recommends that EU countries apply evidence-based measures to prevent and reduce health-related harm, that they monitor, evaluate and systematically report the results.

Issue: Against the background of targets set and recommendations made in the two documents, this presentation takes up the conclusions drawn by the four other speakers of the session. It examines critically the overall availability of information on the key-areas of drug use-related harm and harm reduction responses addressed in the four presentations.

Conclusions: By assessing the potential of available information to inform policy development and evaluation and by identifying gaps in knowledge, the presentation provides input for the discussion on a general approach and feasible indicators for monitoring harm reduction and on needs for improvements in data quality.

1024 Degol Hailu**DETERMINANTS OF KHAT PRODUCTION**

Much has been said about farmers' decision to substitute traditional crops with khat. The literature notes that land fragmentation and state control of agricultural marketing contributed to the growth of khat cultivation. Farmers, mainly reacting to fluctuations in international coffee prices, increased khat cultivation. Yet, nothing has been said about how a country's development strategy leads to the expansion of khat cultivation. This paper argues successes of Ethiopia's agriculture-based development strategy inadvertently encourage khat production. The strategy, essentially a mechanism to increase land productivity through extension services (fertilizer inputs, subsidised credit, improved seeds and water management), has led to increases in yield of annual cereal and food crops. However, prices of these crops have been falling in the face of fixed demand associated with modest urbanisation, underdeveloped agro-processing industry, and non-existent export markets. At the same time, acreage and yield for khat are increasing precisely because domestic and export demand are rapidly increasing. The domestic market is growing as consumption of khat is crossing age, gender, social status, income, and geographical boundaries. The export market is marked by the rise of mass consumerism in neighbouring countries (Djibouti and Somalia) as well as consumption among the Diaspora in display of the self and identity - closely related to migration of Ethiopians and Somalis to Europe and North America. These markets are aided by significant intermediate activities such packaging, branding, retailing, and transport. In sum, the knowledge, expertise and material gained through the extension programs are devoted to the growth of khat production in response to decline in price of cereals (domestically) and coffee (internationally).

1025 Caroline Corr**CHALLENGES IN WORKING WITH HOMELESS DRUG USERS IN IRELAND**

BACKGROUND: In 2003, the Research Department of Merchants Quay Ireland carried out a study on the nature, extent and context of drug use among the homeless population in Ireland. This study was funded by the National Advisory Committee on Drugs.

METHOD: The fieldwork was carried out in four cities and employed quantitative and qualitative methodologies. This paper will concentrate on the qualitative data. During July and August 2003, 14 focus groups were carried out with a purposive sample of 64 homeless and drug service providers. Interviewees covered all sectors of drugs and homeless services and each focus group represented a different aspect of service provision. The data were analysed using Nud*st 6.

RESULTS: The general perception among service providers was that the needs of homeless drug users were not being met adequately by either homeless or drug services. Barriers faced by homeless services included lack of knowledge and training around drug issues, lack of experience and the negative attitude of some staff towards drug users, lack of resources and alienating clients by adopting an abstinence approach. Drug service providers also felt that their services were under-resourced and short-staffed. They reported that as well as difficulties accessing clean injecting equipment, homeless drug users also had difficulties accessing methadone maintenance due to lack of permanent address, waiting lists and inflexible appointments. They also complained that treatment programmes generally did not suit homeless drug users and the lack of aftercare meant they were often set up to fail.

CONCLUSIONS: It is clear that homeless and drug services in Ireland need to develop and improve in order to meet the needs of homeless drug users. There is a need to increase the availability, capacity and effectiveness of drug services for homeless people, while homeless services need to take an inclusive approach to drug users.

1028 Evelyn Brett**DRUGS & ALCOHOL AND OLDER PEOPLE: DOMICILIARY OUTREACH PROGRAMME. POLICY AND PRACTICE FORMAT.**

1) Identify the specific problems or needs addressed The area surrounding alcohol/drugs misuse in older people is a hidden and often neglected area. This is partly due to under detection as physical symptoms are commonly misidentified as age related disorders, mortality of heavy drinking and the difficulty in accepting that alcohol/drug dependency/abuse does exist in this age group. However older people have the heaviest use of prescribed medication as health declines, in addition over the counter drugs are used more frequently. Changes in the body, as it ages determines the need to be aware of the effects of alcohol/drug abuse. Up to 30% of elderly suicides are due to alcohol abuse.

2/ Setting - Geographic Location The Western Health and Social Services Board in Northern Ireland has a population of 283,000 and extends to an area of 5,000 km. the WHSSB includes the council districts of Derry, Limavady, Omagh and Fermanagh.

The 2001 census identifies that 31,400 of the population in the WHSSB area are over 65 years old. This age group is expected to increase in the Foyle Trust area by 15% by the year 2008.

3/ Policy/Project The Northern Ireland Drugs and Alcohol Regional Action Plan places special emphasis in tackling community based problems and further developing the strength of local people. The Domiciliary Outreach Programme Drugs & Alcohol and Older People is an unique pilot project, ended until March 2006, based in the Foyle Trust area. The project concentrates on older people, their families and carers and provides specialised advice, education information and support both to older people and all professionals involved in their care through direct outreach using a harm reduction approach.

4/ Outcome It is evident that older people have unique needs in treatment for alcohol/drugs abuse and the success rate is higher if this is recognised in the approach to treatment. Case examples will be available within the presentation these will demonstrate lessons learnt and implications for the future.

1033 MARIE LAWLESS AND CAROLINE CORR**NATURE, EXTENT AND CONTEXT OF DRUG USE AMONG THE HOMELESS POPULATION IN IRELAND**

Background/objectives: In 2002, the National Advisory Committee on Drugs (NACD) commissioned the first Irish study to examine the nature, extent and context of drug use (including alcohol) among the homeless population.

Methods: The research study employed both quantitative and qualitative methodologies throughout city locations in Ireland. This presentation focuses on survey data collected from 355 homeless. Problematic alcohol use was measured by the employment of the AUDIT screening instrument. The drug component of the questionnaire followed the EMCDDA template of lifetime, current and recent use of various drug classifications. This was complemented by the Drug Abuse Screening Test (DAST), used to identify problematic drug use and the Severity of Dependence Scale (SDS), designed to measure the degree of dependence.

Results: Alcohol remains the primary drug of choice among the homeless population. Over half of the total study population reported current illicit drug use, with the majority reporting use of more than one drug. Drug use among those experiencing homelessness highlighted regional variations by drug type and level of use. Rates of problematic and dependent drug use varied by homeless accommodation type. Higher levels of problematic drug use were found among rough sleepers than among those staying in hostel or B&B accommodation.

Conclusions: Research findings highlight a distinct service remit which requires an action orientated approach. The extent to which drug using individuals are homeless is a matter of significance for current delivery and management of drug services. More targeted treatment practices are required for this client group. However, drug use is not solely an issue for drug service providers. Homeless drug users do and will access homeless services. It is important that homeless service responses facilitate homeless individuals who use drugs.

1040 Jean-Paul C. Grund**A LONG AND BUMPY ROAD: THE RISE OF HARM REDUCTION AS A NEW PUBLIC HEALTH PARADIGM**

Harm reduction strategies towards problematic drug use have greatly changed the landscape of drug policy in many countries and its application and influence continues to grow across the globe. In particular the growing evidence base of the success of practical harm reduction applications, such as needle exchange and substitution treatment, in slowing down and even reversing IDU-driven HIV epidemics has resulted in increasing numbers of countries adopting this new public health paradigm.

Nonetheless, the development of harm reduction policies remains an uphill battle, in particular in countries and regions that are most at risk for IDU-driven HIV epidemics spinning out of control towards generalized epidemics, especially in Asia and the former Soviet Union. Likewise, the acceptance of harm reduction, e.g. by the United Nations, remains largely limited to its practical applications pertaining to injecting drug use and associated infectious diseases.

This presentation will look back on more than 20 years of harm reduction work; discuss some of its highs and lows and consider its current status in the international public health community. It will argue that, in order for harm reduction to grow to maturity, it must be positioned as a set of policy principles that can be applied to both pillars of current drug control efforts. In working towards that objective, harm reduction must foster linkages and coalitions beyond the drug policy field, and become a prominent voice in the Global Justice Movement.

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- Review of Levine, Secret of global drug prohibition2.doc
- The United Nations and HIV Prevention3.doc



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