Personal reflections on the Belfast conference

It is tradition for ICRDRH conference reports to begin with several comments on the size and scope of the event (see, e.g., Ritter, 2004; Verster, 2003), and this year’s report will not depart from this tradition. As a single delegate it was only ever possible to glimpse a tiny fraction of what occurred over the 5 days. The conference handbook listed over 500 papers, presented across 70 sessions. In addition, over 150 posters were also on display (Department of Health, Social Services and Public Safety, 2005).

The theme of this year’s conference was “Widening the agenda”, and to a degree, the range and diversity of the conference programme indicated that the agenda was already considerably rotund. The programme was subdivided into 10 major pathways, which ranged from law enforcement and harm reduction, through core harm reduction issues such as injecting behaviour, HIV/AIDS and hepatitis, harm reduction practice and treatment services, to broader issues such as young people and education, and the wider social policy response. As in Melbourne, the Film Fest had a major presence in Belfast. Over 40 short films were shown to a large and highly appreciative audience, confirming the power and value of visual media in broadcasting information on drug use and harm reduction.

So with this in mind, this report attempts to recount some of the key highlights from the 2005 conference. It is a highly personal account and is in essence simply what impressed one conference delegate. As a result, it may represent an exceedingly skewed view of a major international event. It is not intended to provide a definitive summary of the conference programme. Rather, for readers who did not attend the Belfast conference, it is hoped that it provides a flavour of what you missed this year. For those readers who did attend the conference, it aims to stimulate some consideration of what you thought were the conference highlights, and what key messages or new knowledge you took away from your five days in the Waterfront Hall.

Conference awards

Each year the conference presents a number of awards acknowledging excellence in harm reduction policy, practice and research. The Rolleston International Award is presented to an individual who has made an outstanding contribution to harm reduction at an international level. The 2005 recipient was Dr. Wu Zunyou (Director, Division of Health Education and Behavioural Intervention, National Centre for AIDS/STD Prevention and Control, and Co-ordinator, National Methadone Maintenance Treatment Working Group, China). The award was primarily in recognition of Dr. Wu’s role in the initiation, development and expansion of methadone maintenance services for opiate users in China.

Likewise, the 2005 Rolleston National Award recipient, Des Flanagan (Community Addiction Team, Home First Community Health and Social Services Trust, Northern Ireland), has clearly demonstrated an outstanding contribution to the development of harm reduction services. Des has been at the forefront of the campaign to develop high quality needle exchange and substitute prescribing services to injecting drug users in Northern Ireland.

Tom Waller Award is an award presented by the UK Harm Reduction Alliance. The 2005 recipient was Ian Smith in recognition of his work to further the aim of harm reduction within the UK. Sadly, Ian died in late 2004 (Tributes to Ian and his work can be found at: http://www.lifeline.org.uk/archive_iansmith.html).
award was collected on Ian’s behalf by his 10-year-old son Billy, who gave a deeply moving speech. The Travis Jenkins Award is presented each year to an injecting drug user or ex-injector who has made an outstanding contribution to reducing drug related harm. This annual award, inaugurated at the Belfast Conference, is made in honour of Travis Jenkins, Travis, who died of cancer in 2004 in Bangkok, was an extraordinary jazz musician and composer who managed to overcome an injecting heroin problem. This award is a donation from his family and friends, for other people like him, who make 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. This year’s award was presented to Paisan Suwannawong, of the Thai Drug User’s Network. Paisan has been a champion of human rights for drug users and has been at the forefront of the development of HIV services for drug users in a country that has witnessed an aggressive war on drugs.

It was encouraging to see the depth and breadth of the global harm reduction movement as represented by the award winners. It is only at conferences such as the ICRDRH that it becomes possible for most of us to gain an insight into the quality of the harm reduction work undertaken across the world, and in many cases undertaken in highly challenging situations.

Do it again, but better

Research has consistently confirmed what works in harm reduction. Mike Farrell (Abstract #1041) reminded us of the 40 years of research and evaluation on methadone maintenance, beginning with the original studies undertaken by Dr. Vincent Dole. Systematic reviews of this knowledge base have shown that methadone reduces injecting behaviour, reduces the risk of blood-borne viruses, reduces criminality, reduces commercial sexual risk, reduces injecting risk behaviour and improves well being. However, difficulties in accessing these benefits still exist.

One of the recurring messages from the conference was the need for ‘up-scaling’ of harm reduction services. On Sunday, Dr. Jim Yong Kim (#1058) described a highly ambitious and impressive attempt at up-scaling—the UNAIDS, 3 by 5 programme. This is a strategy to have 3 million people living with HIV/AIDS in developing and transitional countries on antiretroviral treatment (ART) by the end of 2005. In many of the countries covered by this strategy, the HIV/AIDS epidemic is driven by injecting drug use. While the numbers receiving ARTs within developing or transitional countries has increased to 700,000, there is still a long way to go to achieve the target. Dr. Kim acknowledged the additional efforts required to meet the needs of drugs users with HIV/AIDS. What was needed here, he suggested, was the strengthening of links between drug services and HIV/AIDS services.

Dr. Wu, the recipient of the International Rolleston award, gave details of a major up-scaling of methadone maintenance in China (#1032). By the end of 2005 about 100 clinics should be open treating some 20,000 drug users. The aim is for a further 1500 clinics treating some 300,000 users over the next 3 years. Parallels exist between the growth in services that is currently occurring within China and other countries, and that which occurred in New York in the 1970s and 1980s. Robert Newman gave a wonderful account of his conversion to harm reduction and the speed at which change was achieved in New York (#975). Within his presentation he stated “there was no reason to go slowly”. However, he did raise one doubt. His switch to harm reduction was due primarily to a conversation he had with someone in an elevator! In part, therefore, the harm reduction successes achieved in New York were down to chance encounter. Fortunately, the chance encounter was with someone who had a vision, was in the right place at the right time and was willing to act. As the field of harm reduction grows and thrives it is hoped its need for luck in achieving success diminishes.

Widening the agenda

Up-scaling is not only about providing more services; it is also about reaching out to marginalised and vulnerable populations who have difficulty accessing existing services. As this year’s conference theme was “widening the agenda” there were numerous examples of how harm reduction is being developed and refined in this way.

Young people

At a preliminary planning meeting for 2005 conference held in Belfast, one of the key themes that drug workers and researchers in Northern Ireland wanted to see included within the programme was harm reduction and young people. In this the presenters and conference organisers delivered. There were papers on the development of community-based services for young drug using offenders (Agustin Lapetina, #268), exciting alcohol and drug use harm reduction programmes for young people (such as the SHARHP Programme; Michael McKay, #139), and the development of innovative treatment services for adolescents (Ilana Crome, #1044). I arrived at the conference with a number of what I thought were quite unsolvable problems regarding the provision of harm reduction services to young people. What I found at the conference were many researchers and practitioners who had answers to these questions. This conference, I am sure, will have helped to spread current thinking in this area and have helped to stimulate new ideas and new directions.

Alcohol and tobacco

The amount of conference time dedicated to the discussion of issues surrounding alcohol and tobacco use is an indication
of another area where the agenda has widened. On Tuesday, Alan Marlatt (#801) reminded us of the long running debate within the alcohol field on the merits of “controlled drinking” versus “total abstinence”, a precursor to the later harm reduction debate. There is a lot the drugs field can learn from the alcohol field, for example in the area of relapse prevention. There are also, as Tim Stockwell (#978) highlighted, considerable benefits to be gained for the inclusion of harm reduction (and the wider concept of risk reduction) principles within the alcohol field. Ernst Buning (#271) reinforced this point, suggesting that alcohol policy needed to be expanded to include the reduction of alcohol related harm amongst the ‘normal drinking population’ as well as the reduction of consumption amongst problem drinkers. A greater interchange between alcohol and drug researchers and practitioners is to be welcomed and encouraged.

This exchange between alcohol and drugs is something that is happening within the alcohol marketing field. At one conference session on adolescent drug use there was discussion about the fact that many alcohol brands are now using drug use slang, such as 4:20 “an American slang term for cannabis”, to cross market their beers. There is a wide range of beers with forty-twenty in their name, and some of the international brewing companies use the term in their ads as a code word to brand products for the youth market.

Ron Borland (#1043) presented some interesting ideas on the reduction of harm due to smoking, and the barriers that exist due to the profit motive within the tobacco manufactures whose job is to sell us more cigarettes. In the past, companies have used harm reducing design innovations such as the filter, not so much to protect their customers, but more as a way of increasing sales. His argument was that real harm reduction for smoking would be difficult to achieve if this for-profit sales and marketing was allowed to remain. To an extent attempts at widening the agenda to include tobacco at this year’s conference were slightly disappointing. Around six tobacco abstracts were submitted to the Programme Committee for consideration. Of these, four were included in the programme, of which only one, Dr Borland’s, was actually presented. Greater coverage of tobacco in future conferences would be of some value.

Human rights

Joanne Csete (#263) and others (including those who participated in a major session on human rights and a concurrent session on advocacy) vigorously and successfully argued that harm reduction should widen its agenda to include human rights and the human rights movement. Human rights for drug users should be a core component within a harm reduction approach. Drug users should not have their human rights removed or suppressed simply because they are drug users. They should have the right to medical treatment, the right to medical equipment for the prevention of disease communication, the right to be free from violence and persecution, be it from national governments or paramilitary organisations such as those within Northern Ireland, and the right to have a voice in drug policy.

Refugees and asylum seekers

Refugees and asylum seekers are some of the most marginalised, vulnerable and oppressed groups within our society. Within the UK there has been a noticeable shift towards scapegoating asylum seekers for many of the social problems faced. As Jane Fountain (#168) and Mohammad Naim (#1045) both reported, the situation faced by many refugees and asylum seekers is one of poverty, poor housing, poor education, poor employment, limited social support and increased exploitation. These are also some of the key risk factors for drug problems and drug related harm. Not only are asylum seekers and refugees at increased vulnerability, but they also face numerous barriers to accessing suitable services. In particular, many may fear that contact with services may lead to further persecution, repatriation, or may harm their asylum application and therefore may avoid it. This is an area where up-scaling is required.

Harm reduction theory

Russell Newcomb (#51) gave a very interesting paper on harm reduction theory. One particular point he made was the need to widen the scope of harm reduction activity to include all risks associated with drug use and in particular the risks associated with the impurities found in most drug samples. The list he presented on adulterants found in cannabis was quite an eye opener.

There was also an important session on discourses within harm reduction. One of the arguments debated during this session was that current harm reduction theory and practice can be limited by the language and discourse used. In particular, the tendency to ignore the pleasure associated with drug use and to focus solely on the harm fails to fully understand the culture, context and motivation to use drugs. Pleasure is not just the pharmacological high that drugs induce, but is also the social aspects of what you do with friends when you are high. Pleasure is an important part of the early stages of drug use. Understanding pleasure, it was argued, should offer new opportunities for embedding harm reduction practices within current drug use culture.

American drug policy

While American drug policy does not fit well within the ‘widening the agenda’ theme, the increasing prohibitionist and anti-harm reduction stance of the American government hung like a cloud over the conference. Allan Clear in his Rolleston Oration gave a graphic, amusing, but somewhat depressing illustration of the hazards posed by a zero toler-
Anence approach to drug policy. All the arguments that harm reduction has traditionally used to criticise a prohibitionist stance – that it is illogical, irrational, immoral, and increases the health risks to individuals – are now being used to criticise harm reduction. He challenged us to fight for harm reduction for it delivers a drug policy that is “humane, compassionate and works”.

**Vancouver 2006**

As the Belfast conference ended, planning and preparation is already well advanced for the 2006 conference in Vancouver (April 30-May 4). Former Vancouver Mayor Philip Owens closed the Belfast conference with an invitation to attend the next year’s event. In his presentation he gave a short history of the development of drug policy within Vancouver and the central position of harm reduction within that “four-pillars policy”. This is reflected in the wealth of innovative harm reduction practice and research currently undertaken within the city.

**Acknowledgements**

The author would like to thank Simon Baldwin, Cameron Duff, Patrick McCrystal, Pat O’Hare, and Rob Phupps, who took the time to share with the author their own personal experiences of the conference, and also Adam Winstock who provided a video clip which ensured a amusing ending to the oral presentation of this conference report, but sadly could not be included in the printed version.

**References**

