



ABSTRACTS

Plenary speakers' abstracts have been listed first in alphabetical order by their surname. All other abstracts for oral or poster presentations are listed in numerical order by their abstract identification number. Abstracts for films shown in the Film Fest and those in the training sessions are listed separately

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PLENARY SPEAKERS' ABSTRACTS

David Bewley-Taylor

HARM REDUCTION AND THE GLOBAL DRUG CONTROL REGIME: CONTEMPORARY PROBLEMS AND FUTURE PROSPECTS

Faced with changing patterns of illicit drug use and the spread of HIV amongst injecting drug users (IDUs), increasing numbers of nations are quietly reviewing their stance on the international drug control system. This process has involved the implementation, or serious discussion, of harm reduction policies that deviate from the predominantly prohibitive ethos of the global drug control regime. Through liberal interpretation of treaty provisions several European states, and other countries such as Australia and Canada, are currently exploiting the latitude that exists within the extant international legal framework.

This presentation suggests that such an approach is not without its problems, however. Liberal minded nations must endure condemnation from parts of the UN drug control apparatus, particularly the International Narcotics Control Board (INCB) and prohibition oriented members of the Commission on Narcotic Drugs (CND); not least the regime's most enthusiastic and influential supporter, the United States of America. Their rigid interpretation of the Conventions, and in the case of the USA various forms of suasion, often does little to encourage policy experimentation and evaluation that is in line the letter, if not the spirit of the regime. Moreover, with efforts to implement harm reduction approaches to the multidimensional issue of drug use at the national level comes the growing recognition that the flexibility of the international Conventions is not unlimited. It is likely that the time is not too distant when further movement within states away from the prohibitive paradigm will only be possible through some sort of change in or defection from the regime. Both options are fraught with difficulties. Yet, as the presentation argues, revisiting the Conventions is a worthwhile pursuit. A coalition of like-minded nations, assisted by civil society, may well be able to initiate a reassessment of the current system, including the place of harm reduction within it.

Neal Blewett

ABSTRACT UNAVAILABLE AT TIME OF PRINTING

Scott Burris

CHALLENGING PARTNERSHIPS: LAW, HARM REDUCTION AND PUBLIC HEALTH

Law matters to the health of drug users and therefore to the harm reduction movement. Partnership with law enforcement and other government agencies is a necessity but also a challenge. The law has not

been good for the health of injection drug users: the health of drug users is a low policy priority, and drug prohibition stands as an inescapable impediment to harm reduction. Moreover, legal systems everywhere are failing in important ways, often incapable of delivering on their promises of fair and effective social control and sometimes merely acting as a tool for corruption.

In spite of these difficult conditions, people in the harm reduction movement are making important progress by working with law as it is actually put into practice by specific people in specific institutions in particular places. By seeing law as a set of local social practices, harm reductionists are finding ways to change what actually happens to drug users. Learning about how people in law enforcement think about their work, what resources and incentives they have, what tools they use, how their missions are defined and how they fit into larger networks of power allows harm reductionists to find levers for change and opportunities for collaboration.

Harm reduction is still hampered by an ambivalence about the nature of its broader social goals and commitments. Despite its day-to-day effects, drug prohibition is not the fundamental cause of the IDU health crisis and not the best target of harm reduction as a social movement. Drug use and harm are influenced by illegality, but drug prohibition is just one mechanism and drug-related harm just one manifestation of fundamental social inequality. Harm reduction has much to offer to and much to learn from the ongoing movement for health equity, in which law is one important field of struggle.

Larry Campbell

FOUR PILLARS – THE VANCOUVER EXPERIENCE

The City of Vancouver experienced a rapid escalation of both heroin and cocaine use during the 1990's. This resulted in the deaths of hundreds of people not only in Vancouver but throughout the Province of British Columbia. Specifically, the downtown core of Vancouver deteriorated to the point where open drug dealing, injecting and smoking were the norm rather than the exception. The rate of HIV infection increased dramatically as did the incidence of Hepatitis A, B and C.

A collation was formed and produced a plan called the Four Pillars. This plan led to a coordinated effort to deal with the drug problem as a medical crisis rather than a criminal event. This resulted in the first Supervised Injecting Site in North America. While still in its infancy, the Four Pillars Strategy has resulted in enforcement (police) and harm reduction (Supervised Injecting Site) coming together in a concerted effort to address the drug issue. More important is the fact that municipal, provincial and federal governments all worked together to ensure that the plan went forward and that harm reduction is an integral part of this situation.



Astrid Forscher

THE INTERNATIONAL DRUG USERS MOVEMENT PERSPECTIVE ON HARM REDUCTION

Harm reduction as an international movement has had a powerful impact on the lives of drug users in many countries. It has been the impetus for needle and syringe programs, substitution treatments, drug user organisations and a variety of other initiatives.

This presentation, which includes the perspectives of the drug users in the many countries that make up the international drug users movement, will explore and discuss:

- A brief historical analysis of the growth of harm reduction and consumer involvement and empowerment;
- Past and present policy and legislative frameworks that help and hinder the implementation of sound harm reduction initiatives; and
- The work of the international drug users movement and its pivotal role in the development and implementation of credible harm reduction initiatives.

In concluding the presentation will share with delegates the views of the drug users' movement regarding the future growth and sustainability of harm reduction as a policy that can have real and lasting to benefit of people who use/inject illicit drugs.

Ivan Glukhov

ABSTRACT UNAVAILABLE AT TIME OF PRINTING

Karyn Kaplan

HOW DRUG USERS GOT A GLOBAL FUND GRANT - THE EXAMPLE OF THAILAND

Issue: Approximately 50 percent of Thailand's injecting drug users are HIV-positive. Despite mention by the Thai National AIDS Strategic Plan of the need for targeted prevention activities, no effective plan has been implemented. Until recently, government policy excluded HIV-positive IDU from accessing antiretroviral treatment. The Prime Minister's violent war on drugs led to the extrajudicial killing of thousands of people allegedly involved with drugs, and by pushing users underground and away from critical support services, increased their risk of HIV. The crackdown also exacerbated community-based discrimination toward IDU, including in the health-care setting. NGOs and researchers working with users halted outreach efforts, reporting fear of government reprisal.

In this atmosphere of violent repression, where is the hope for key health prevention, treatment, care and support services for criminalized, socially marginalized and highly HIV-vulnerable groups such as injectors? The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the multilateral financing mechanism established in 2001 to respond to three top global health emergencies, offers one option for affected communities to access support despite hostile national conditions.

Setting: Thailand

Project: Thai drug users developed and submitted a grant request to the GFATM for a peer-driven project to prevent HIV/AIDS and increase care and support for injecting drug users. They educated and advocated relevant sectors to build key alliances. Their proposal bypassed the traditional country-level screening mechanism due to hostile political conditions.

Outcome: The proposal received approval at the Sixth GFATM Board Meeting in October 2003. The debate around this particular proposal has opened discussion on the need for clarification of GFATM policies and screening criteria toward ensuring access to Fund support for extremely marginalized groups such as IDU. The Thai experience offers a unique case study for affected communities to gain support for HIV prevention and treatment.

Marina Mahathir

CHANGING MINDSETS IN CHANGING HIV EPIDEMICS: WHY ASIA NEEDS HARM REDUCTION

In recent years, HIV transmission through injecting drug use has seen rapid increases in many Asian countries including Indonesia and Thailand. These

add to already existing IDU-fuelled HIV/AIDS epidemics in Myanmar, Malaysia, Vietnam and parts of India and China. Despite these increases governments have been slow to respond. Most are concerned about the criminal aspects rather than the public health implications of drug use. Many such as Thailand are still focussed on prevention of sexually transmitted infections while others such as Malaysia have cited legal and political barriers to harm reduction programmes, deferring to zero-tolerance drug policies. The lack of understanding that national epidemics can change character is one of the barriers to realistic and effective prevention programmes. Stereotypes about drug users means that women are often excluded from programmes. This paper examines the reasons for the reluctance of many Asian countries to tackle IDU prevention head-on and offers some suggestions as to what needs to be done.

Tony McCartney

ABSTRACT UNAVAILABLE AT TIME OF PRINTING

Robert Newman

PHARMACOTHERAPY OF OPIOID DEPENDENCE: WHAT'S NEW IN INFORMATION AND ACTION?

For pharmacotherapy of opioid dependence, the last 40 years have been the best of times and the worst of times. From the 22 heroin addicts in the original 1964 study of Dole and Nyswander, the number receiving medication-based treatment is now over a half-million world-wide. The discovery that the endocrine system produces powerful endogenous opioids has lent credibility to their then-heretical hypothesis that "addiction is a metabolic disease". Those who treat opioid dependence now have a number of options in addition to methadone: agonists (LAAM, codeine and morphine preparations, and – increasingly – heroin); antagonists (naloxone, naltrexone); mixed agonist-antagonists (cyclazocine, buprenorphine); and non-opioid agents (clonidine, ibugaine). The greatest experience by far has been with methadone; its efficacy for maintenance and detoxification has been demonstrated in disparate geographic and socio-economic settings, with patients using a variety of opiates by different routes of administration.

On the other hand, since then our understanding of addiction has advanced very little – we are no closer to a cure. Paradoxically, there is widespread refusal to accept pharmacotherapy because it is not curative, and offers "only" reduction of the morbidity and mortality associated with opioid dependence. A huge gap persists between the need for and availability of treatment; in many countries applicants must wait years for admission (assuming they do not die first); in others there is no treatment for which to wait!

On balance, the bottom line for activists is decidedly positive. The most significant advance since 1964 has been the demonstration that effective treatment can be expanded rapidly, on a massive scale, with modest resources. That this is possible provides an opportunity that is almost unique in addressing medical problems of comparable severity and complexity. If we who are committed to harm reduction do not seize this opportunity, who will?

Christine Nixon

ABSTRACT UNAVAILABLE AT TIME OF PRINTING

Peter Reuter

HOW MUCH DRUG ENFORCEMENT IS ENOUGH

In a prohibitionist world, a central policy question is how rigorously to enforce laws against the sale of drugs. The United States has taken the position that toughness reduces drug use and problems. Most other rich countries are much less punitive, both in rhetoric and in reality. This paper examines the evidence on the effects of locking up large numbers of drug sellers; it relies mostly US data but explores the less complete data available from Western Europe.

Tough enforcement aims to make drugs more expensive and less

available. Using a number of measures I show that enforcement has become much harsher in the US over the last twenty years but that prices for cocaine and heroin, the principal drugs targeted, both fallen sharply over that period. Less good data on perceived availability also show no indication that it is harder to get these drugs now.

The explanation for this may be found in a number of sources but the role of violence is critical. In the conventional model more violent markets will have higher prices because sellers need to be compensated for the risk of getting killed or injured. The aging of dealers in the US may have lowered prices since older dealers are less violent. However there are also a number of paradoxical effects associated with tougher enforcement. For example the arrest of a particularly violent dealer reduces costs borne by other dealers and thus may actually be price reducing.

Governments, particularly in the Anglo-Saxon countries, regularly claim that they will be guided by the scientific evidence on policy effects. The last part of this paper explores the policy implications of the lack of evidence that tough enforcement has reduced prices and of the credibility of arguments about its negative effects.

Robin Room

ALCOHOL AND HARM REDUCTION, THEN AND NOW

In the period when the movement for alcohol prohibition was a leading social movement in many countries, there was also a countermovement for alcohol, the liquor control movement, which was in terms of political position the equivalent of the present-day drug harm reduction movement. The liquor control proponents and literature sought to limit the harm from drinking with a wide variety of strategies, notably by government ownership and operation of parts of the alcohol trade, limited hours and places of sale, substantial taxes to ensure high prices, and in some places individualized rationing of sales and bans on purchasing. In a number of countries, there were also diverse efforts to control or reduce the harm from habitual drunkenness by local community boards or agencies. In countries which experienced a period of prohibition or came close to it, liquor control eventually triumphed, leaving behind alcohol control systems which have since been eroded but of which elements persist today.

The liquor control discussion was firmly oriented towards public health and order in the population as a whole. While there was a concern with marginalized populations – sometimes to help them, sometimes to punish them, often both -- the main thrust was to construct an alternative to prohibition which nevertheless minimized the social and health harm from drinking. Such a population-oriented approach is needed also in the modern era if a credible alternative to prohibition is to be provided. The century-long experience with the alcohol control systems and measures initiated by the liquor control movement is considered from the perspective of lessons for present-day harm reduction.

Anya Sarang

NEEDLE AND SYRINGE PROGRAMS IN CENTRAL AND EASTERN EUROPE: WHAT IS THE FUTURE?

Harm reduction interventions began in Central and Eastern Europe in the early 1990s with the introduction of methadone substitution programmes. In the mid-1990s, the first needle and syringe programs (NSP) were established in selected countries of the region. Following the introduction of NSP Armenia in 2003, there is now no country in the region without at least one NSP. The number of programs continues to increase via a combination of international and country funding. As elsewhere, NSP has become an important symbol of a progressive and pragmatic approach to HIV prevention, and is often taken as a signifier of a country having mobilized towards harm reduction and more progressive policies to combat HIV among injecting drug users. The main challenge today is to move from a symbolic to more of a practical meaning of NSPs and consider refining the policies, expansion of programs as well as integrating them into the health care environment. What is the future of NSP in the region? At the present point it appears controversial and challenging in terms that we have to decide upon directions and look at emerging conflicts such as:

institutionalization' of NSP at the national level against preserving the quality of services provided; the balance between the 'professionalization' of services against the potential loss of enthusiasm and advocacy spirit; and the balance between separating out service provision for drug users against integrating services (and drug users) into generic health promotion and care. Human rights protection and challenging existing drug policies need to be moved higher on the agenda of harm reduction movement. These are a few of the issues pertinent to developing or transitional countries within and outside the region that we begin to face now as HIV increases and the political and financial situation around HIV prevention rapidly changes. We will have to learn how to balance those issues to keep improving lives of people reducing suffering and harm.

Tariana Turia

HEALING THE WOUNDED SPIRIT – PREVENTING DRUG ABUSE AMONG INDIGENOUS PEOPLES

Successful approaches to prevention and treatment of alcohol and drug abuse among indigenous peoples in Aotearoa New Zealand increasingly recognise individuals in the fullness of who they are – as members of whanau and hapu (tribal communities), participants in distinctive cultures, and integral parts of their natural and spiritual landscapes.

Individuals are seen to be vulnerable to drug abuse and addiction when family, cultural and spiritual relationships are broken down and no longer able to protect them from harm. The disability caused by 'amputation' of culture, land and identity must be acknowledged and addressed in treatment.

Health policy in Aotearoa New Zealand recognises that healing and restoration must involve the wider community, and aims to restore the capacity of the community to look after its members, to manage its relations with the natural, social, cultural and spiritual environment in accordance with its own tikanga (custom and tradition), and control its own destiny.

Alex Wodak

THE PAST, PRESENT AND FUTURE OF HARM REDUCTION: DECADES OF MISUNDERSTANDING

The approach now known as 'harm reduction' has long existed in clinical medicine and public health, including alcohol and drug policy and practice. The growing recognition from 1981 that injecting drug users were central to control of HIV/AIDS in most regions of the world, substantially increased interest in and support for the concept of harm reduction. However, harm reduction has had to face entrenched and strident opposition from global drug prohibition supporters. It has often been misunderstood and misinterpreted, sometimes wilfully. The first phase of a revitalised harm reduction started in the 1980s and focussed on reducing drug-related adverse health consequences within a prohibition framework, especially achieving HIV control among and from injecting drug users. Concerns then extended to reducing other health, social and economic harms. In some parts of the world, a second phase has commenced recognising the need to reform drug laws which are inherently (and inadvertently) harm augmenting. There has been a strong growth over the last 15 years of harm reduction in various forms: published and electronic literature, manuals, conferences, training, organisations, centres and consultants. Support has grown steadily with increasing endorsement from nations and major international organisations. In little over a decade and a half, harm reduction has been transformed from a marginal movement to become the mainstream in an increasing number of countries and regions. The advocacy phase of harm reduction is now slowly being replaced by new challenges: identifying funding, training staff, establishing programmes, acquiring necessary equipment, translating materials into languages other than English and disseminating information. Harm reduction supporters can face the future with increasing confidence but conscious that HIV, the rationale for the recent revival in interest, still continues to spread far faster among and from injecting drug users than the adoption of harm reduction policies or programmes.



ABSTRACTS – GENERAL

40 **J Farrell**

HIV PREVENTION SERVICES FOR DRUG INJECTORS

This session will provide useful information on the types of HIV prevention services specifically targeting substance users. How substance users social networks can be utilized as reinforcers of safer behaviors to prevent the transmission of infectious diseases.

Participants will walk thru steps needed to implement strategies that incorporate harm reduction and client centered services. These services will include syringe exchange, substance use management, and peer based HIV prevention.

47 **J Ganguly**

COMMUNITY BASED HARM MINIMIZATION INTERVENTION FOR IDUS INFECTED IN CHURACHANDPUR, MANIPUR, INDIA

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.

50 **M Noffs**

ADVERTISING AND COMMUNITY AWARENESS IN THE AOD SECTOR. IS IT AN EFFECTIVE HARM REDUCTION TOOL?

Issue: Advertising and Community Awareness in the AOD sector. Is it an effective Harm Reduction tool?

Approach: The approach used to discuss this topic will be analysed through historical research into all forms of community awareness over the past decade. This will include a comparative analysis of current trends in corporate, government and non-profit advertising in relation to the tobacco and alcohol industry and its implication on harm reduction.

Key points:

- The impact of Community Awareness
- How does a harm reductionist communicate his/her message to the general public effectively?
- Does the media's representation of a 'war on drugs' help raising the

profile of harm reduction in the community?

- The effectiveness of the alcohol and tobacco industry in communicating to their consumers
- Past approaches to community awareness strategies
- Current approaches to government and non-government 'anti-drug' campaigns
- Future strategies and approaches to advertising in the AOD and charity sector

Implications:

- Australia's current approach to raising community awareness and advertising strategies in the AOD sector are ineffective in promoting harm reduction.
- It is difficult to promote harm reduction in a society where 'scare tactic' advertising is commonplace.
- The idea of a 'war on drugs' blurs the message of harm reduction.
- By using 'scare tactics', the AOD government and non-government sector are lessening the impact of harm reduction by rebelling against the alcohol and tobacco industry.
- The lack of positive results in the AOD sector in the past is a product of the poor communication and mismanagement of advertising strategies in the community.
- Most of the current strategies that are being used by the government are reverting back to archaic styles of communication and are fused with an overall 'scare tactic' message.
- We can make a huge difference to how we communicate harm reduction in the awareness strategies we use.

51 **R Ragalinskas**

CARE OF HIV INFECTED INTRAVENOUS DRUG USERS (IDU) IN HARM REDUCTION CONSULTING ROOM (HRC)

Background: The first Lithuanian injecting drug user was diagnosed with HIV in 1994. Reportedly, HIV started spreading among IDUs in 1996. In 1997, 70% of all HIV registered cases were associated with drug injecting. 2002 saw HIV outbreak in Alytus Prison, because of this intravenous drug account for even 80,7% of all HIV infected.

Objectives: Wide range prevention work among IDUs has been initiated in 1992. 1998 April witnessed the shift from the street-where contacts were found, different surveys in order to find the need for such activities were carried out, knowledge and behavior were assessed and where approach towards drugs abuse was identified-Harm Reduction Consulting-Room. HRC aims at slowing down the spread of HIV and other infections (HBV, HCV) among IDUs and to provide aim to HIV infected.

Results: 1987 IDUs were registered in HRC during five years. There are 58 HIV positive persons visiting HRC. HIV infected visitors of the HRC are taught safe behavior, syringes and needles are exchanged and condoms are distributed. HRC provides medical care for HIV infected: doctor's consultation, laboratory testing.

Conclusions: The tasks of HRC are effectively fulfilled and objectives are accomplished only when joined efforts are made. HRC achieved its goals because the number of newly HIV infected among HRC visitors is considerably low.

53 **B Rakesh, B Prabha**

WIDOWS AND ORPHANS MAY OUTNUMBER-HIV, DRUGS AND AMRITSAR, AN INDO PAK BORDER CITY

Amritsar is a holy city (highest seat of Sikhs) on India Pakistan Border with 3 million population. Although it has no specific red light area yet the number of HIV positives are 1200+ officially. Drug trafficking across the border contributes a lot to the HIV menace here. The city has 2 medical colleges (tertiary care) one civil hospital (secondary care) n 10 dispensaries (primary care). But only 3/4 doctors are looking after the needs of HIV victims. In a retrospective analysis of confirmed HIV patients (Jan 2K1

till date) registered with one of the specialist of the area ,male to female ratio was 3:1(n170),50% sikhs and 71% young(21-40 years)72% were from poor strata(<40\$ per month income).23.5%(40/170) were widows or orphans of truckers mainly,who acquired the disease thru highway sex.The number of IVDU's was however observed to be increasing over a year.Deaddiction camps organised with the help of police and NGO might have done that.The average viral load amongst the widows and children was 72426;Cd4 426 at the start of treatment.more than 50% of these left treatment in between for economic reasons and the social reasons of being discarded by both parents and in laws and the society never accepts the discardeds of the family.

The authors have a gut feeling and a hunch that the day is not far off when orphans and widows will outnumber the others in the HIV scenario of Amritsar, atleast.While the developed are talking about testing drug resistance the developing can not even think of doing PCR.The cost of getting mRNA and Cd4 varies from 60-80\$ despite tall claims of doing them free by National AIDS Control Organisation.What then will happen to widows and orphans?Is the international community listening????, ,HIV/AIDS- treatment and care,PC with Powerpoint and LCD/Video Data

57 M Trivedi

DEBRIEFING HEALTH AND HYGIENE SEEKING BEHAVIOUR OF INJECTING DRUG USERS IN INDIA

Problem of illicit drug use is steadily rising in India. A comprehensive, Injecting Drug Users (IDU) focused Qualitative, ethnographic, exploratory study was undertaken to understand the various ethnographic facets like Injecting practices, hygiene and sanitation practices, concept of health and illness, Hierarchy of resorts, knowledge of diseases etc. The study tools include in-depth interviews, informal group discussions, and observation. Purposive sampling method was employed.

Most of the IDUs were young and uneducated. Rag picking, begging and rickshaw pulling were the primary occupations. No knowledge of viral hepatitis/water related diseases, except diarrhoea was found. Income was a vital deciding factor in the IDUs seeking health care. Health was not in their list of priority, unlike drugs and food. The opportunity cost of availing health care services was a discouraging factor. The services were accessed only in the later stage of illnesses. The 'in service' IDUs have fewer barriers to accessing health services.

I.V. route of administration was the most common. Injections were given in the chest, penis and neck in cases of non-potency of other veins. The cleaning of the site was done primarily to spot the vein. Washing of hands before injecting was not considered essential. Indirect sharing is commonly seen. Bathing was not a customary practice. The presence of the wide spread notion of a drop in the "high" after bathing is a major factor leading to poor, irregular bathing practices.

Multi vulnerability – poor hygiene and health seeking behaviour, homelessness and suppression of the immune system due to injecting predisposes the users to various preventable infections.

Study Recommendations

Participatory approach for community mobilization should be adopted.

Adequate and continuous access to cleaning measures should be ensured. Scientific database of IDU related health problems should be developed. Monitoring system aiming at identifying areas for improvement should be evolved.

61 O Korzh

ALCOHOL USE AS A PREDICTOR OF OUTCOME IN ACUTE ISCHEMIC STROKE

The goal of this study was to analyze the relationship between alcohol use and outcomes of acute ischemic stroke (AIS). METHODS: A retrospective review was performed of the medical records of patients with AIS treated at a single institution between January 1997 and December 2002. Only patients who presented with AIS were included in the study. The

covariates chosen for the statistical analysis included the following: patient age, sex, and race; systolic and mean arterial blood pressure measurements on hospital admission; Hunt and Hess and Fisher grades; pre-existent major systemic disease; and history of alcohol or tobacco use. The records of 174 patients were reviewed and 121 of these presented with AIS. Of these 121 patients, 37 (30.6%) had used alcohol within 24 hours before presentation. A Hunt and Hess grade of IV or V was assigned to 18 (48.6%) of 37 patients who used alcohol, compared with nine (10.7%) of 84 patients who did not; this difference was found to be statistically significant ($p < 0.001$). Thirty patients (81.1%) in the alcohol user group and 22 patients (26.2%) in the non-alcohol user group experienced clinically significant, angiographically confirmed vasospasm during their hospital course ($p < 0.001$). Alcohol use was associated with a 2.4-fold greater risk of developing vasospasm (95% confidence interval [CI] 1.75-4.14). Alcohol use was associated with a 3.1-fold greater risk of poor outcome (95% CI 2.21-4.75). This association was found to be independent of Hunt and Hess grade as well as of vasospasm.

CONCLUSIONS: Alcohol adversely affects both the presentation of and outcome in patients with AIS who are undergoing treatment for this disease. The vasoactive properties of the drug appear to aggravate the already tenuous situation of AIS and increase both the occurrence and influence of cerebral vasospasm. Statistical analysis demonstrates that alcohol directly affects both presentation and outcome in a significant manner.

62 M Thompson, K Don

STREET BASED NEEDLE SYRINGE PROGRAM OUTREACH IN THE MELBOURNE CBD

Youth Projects Foot Patrol is a mobile street based outreach needle syringe program. Foot Patrol began in May 1996 and is a unique and innovative service operating within Melbourne. The primary focus of the service is Blood Borne Virus Prevention and the provision of disposal information and referrals for IDUs. This work is undertaken by pairs of workers walking around the Melbourne CBD.

The community safety "Clean Up" program was developed in partnership with Melbourne City Council. Clean up's are achieved by having staff patrol city laneways and alleys collecting and disposing of any discarded needles and syringes found. This role has been extended to the neighbourhoods providing community development and immediate monitoring of hot spot and emerging issues.

Another important service offered by Foot Patrol is a Community Syringe Disposal Project. The project workers attend specific locations at the request of traders, residents, local government and Police in order to pick up and dispose of needles and syringes. In addition, this component of the service includes training opportunities for traders and residents on safe needle handling. This service also develops monitoring of community safety issues in the broader municipality.

Foot Patrol continues to develop and implement a range of projects in response to emerging issues for IDUs and the community. Current examples include a women's project, a men's project and a project focusing on drug safety.

The success of Foot Patrol lies in the ability of the service to work with all key stakeholders in the municipality of Melbourne.

63 M Thompson, K Don

EVIDENCE BASED PRACTICE IN THE INNER WEST

Inner West Outreach Service (IWOS) is a mobile needle syringe program operating in Melbourne's inner western suburbs. IWOS has been operating since April 2001 and was established in response to the imminent closure of a secondary NSP outlet in Kensington. Rather than having no service in this location, IWOS was developed to make sure that clean injecting equipment continued to be available and to ensure appropriate syringe disposal and retrieval. However, IWOS was initially proposed as a stop gap rather than necessarily being a long-term solution.



Part of the ongoing planning for the delivery of NSP services in the inner western suburbs included an evaluation of the mobile model to contextualise this model and its effectiveness in the community in which it is located. It was also hoped that this would enable a better understanding of the mix of NSP services required in a region. In any event the evaluation was to contribute to a broader consultative approach to effective service planning in the inner west.

This presentation will provide a background to the establishment of the service, outline the framework used to undertake the evaluation, provide a brief overview of the methodology used for this research and report on the research findings. The outcomes of the report will aim to contribute to a discussion on the issues that arose from the evaluation in an attempt to suggest ways forward beyond 2003.

64 **O Korzh**

MONITORING OF CARDIOVASCULAR DAMAGE IN YOUNG PATIENTS AFTER ACUTE ALCOHOL INTOXICATION

The direct toxic effect of alcohol on liver and cardiomyocytes muscle cells is well known in chronic alcoholics but alcohol consumption is also the most important cause of acute poisoning in teenagers. Many biochemical parameters are usually employed for the evaluation of alcohol liver toxicity; different tests are useful markers for acute or chronic abuse. The aim of this study was the evaluation of cardiovascular damage by determination of creatine kinase and its isoenzymes (CPKMM, MB, BB) in 52 young patients admitted in hospital for acute and occasional heavy alcohol intake. We noted normal values of blood liver markers: on the contrary a common pathological pattern of CPK subunits. Altered ratio of MB is related to alcohol cardiotoxicity and myopathy, while the appearance of BB in serum is considered a marker of neurotoxicity. Our data confirm a close correlation between these abnormalities and clinical symptoms during acute alcohol intake and we believe that alcohol can trigger cardiovascular damage in young subjects even during occasional consumption outside of chronic abuse and suggest the determination of CPK and its isoenzymes.

65 **L T Nguyen**

INJECTING DRUG USERS IN NORTHERN VIETNAM: RISKS AND SEXUAL RELATIONSHIPS

Background: Currently, the transmission of AIDS in Vietnam is mostly linked to drug injection. There is a potential of HIV transmission from intravenous drug users (IDUs) to their sexual partners. HIV education programs focus on the personal responsibility model of risk in their risk-reduction messages, yet failing to address adequately other aspects of AIDS risks in social contexts.

Method: This study examines the association between AIDS risks (unsafe drug use and unsafe sex) and gender relations among IDUs. It is based on ethnographic fieldwork conducted in Hanoi and Quang Ninh, Vietnam, in 2002, with 56 audio-taped interviews (25 male IDUs and 31 female IDUs), 04 focus group discussions and 03 case studies. Three patterns of heterosexual intimate relationships are analyzed: 1- IDU-IDU relationships; 2- IDU- drug-smoking partner relationships; 3- IDU- non drug-using partner relationships. The analysis is based mainly on social theories of risk.

Results: Intimate relationships play an important role in managing AIDS risks among IDUs. The meanings of (non-) condom use and sexual relationships are discussed. Trust and love can be seen as solutions to dangers and uncertainties. In some cases, women could exert control over the use of condom in contrast with the stereotypic gender roles and the implied subordination of women. There is a significant variability in the perceived effects of heroin on sexual experiences. The implications of these findings are discussed.

Conclusion: HIV prevention should take into account the positive aspect of non-condom use in a loving-trusting relationship. A safer injecting training, including some necessary skills and information should be provided for IDUs. It is advantageous to utilize aspects of IDUs' own subculture to

change behaviour. Of key importance, intervention programs must pay attention to the specific context of their lives.

Key words: IDUs, sex partners, AIDS risk, syringe sharing, condom use.

67 **A Latypov**

UNINTENDED CONSEQUENCES PRODUCED BY THE NEW PSYCHOTROPIC SUBSTANCES REGULATIONS IN TAJIKISTAN

Issue: Psychotropic medications recommended for treatment and management of mental disorders are subject to strict control in accordance with UN drug conventions and related regulations. In Tajikistan, this responsibility was assigned to the Interagency Commission for licensing importation and distribution of psychotropic substances, which was jointly established by the Tajik Drug Control Agency, Ministry of Interior, and Ministry of Health in 2001. Since this time, it has become extremely difficult to obtain prescribed psychotropic medications in most of the country.

Approach: This paper reviews conditions resulting from the new system of psychotropic substances control in Tajikistan. It describes the public health burden and suffering of the mentally ill and elucidates the role of government in responding to health crises.

Key points: The post-soviet mental health situation in Tajikistan is likely to lead to a humanitarian emergency. There is a very limited number of practicing psychiatrists. In the absence of appropriate training, mental health care providers still apply bizarre ineffective electrosleep and electrophoresis therapies guided by outdated textbooks published as early as in 1959. The public health burden of mental disorders is believed to be linked to increasing rates of suicide and drug abuse. The establishment of the Interagency Commission to prevent abuse and diversion of controlled substances has inadvertently exacerbated these problems. Without having an adequate infrastructure and trained medical personnel, most drug stores were unable to obtain the license and comply with new rules. This has significantly reduced the availability of essential psychotropics to patients who needed them for therapeutic purposes. Illegal markets have appeared in the north of Tajikistan, where medications were often sold with faked certificates.

Implications: There is an urgent need to prioritize mental health of Tajik people and make medications available to patients. Governments should envisage all potential consequences while following UN drug regulations.

69 **S Grigoryan**

BEHAVIORAL PATTERNS DRIVING THE EPIDEMIC AMONG IDUS

Issue: The study was aimed at assessing HIV prevalence among IDUs, detecting behavioral patterns driving the epidemic as well as the factors conditioning such behavior, developing recommendations on the preventive interventions.

Setting: Biological and behavioral HIV surveillance was conducted among 201 IDUs in Yerevan, the capital of the Republic of Armenia as well as in Shirak, Syunik, Ararat Marzes (the country regions) of Armenia within the framework of Second Generation HIV surveillance. IDUs are characterized by high risk of HIV infection associated with the peculiarities of their behavior conditioned by the low level of awareness and motivation as well as with current legislation.

Project: Surveys, interviews were conducted among IDUs within the frames of Second Generation HIV Surveillance.

Outcomes: 30 IDUs of those tested were detected to be HIV seropositive. Therefore, estimation conducted in the 90% of the confidence interval shows that HIV prevalence among IDUs is in the range of 11-20%, which constitute the average of 15%. The data of the behavioral surveillance, conducted among IDUs revealed high-risk behavior characterized by the following:

1. only 2/3 of IDUs use disposable syringes
2. 66% of IDUs have had more than one sexual partner during the last year
3. the majority of IDUs (86%) have sexual contacts with female non-

drug users

4. only 1/4 of IDUs always use condoms
5. 60% of IDUs have a history of STIs
6. 47% of IDUs have a history of Hepatitis B,C.
7. 64% of those aged 30 and older have more than one sexual partner during a year
8. those who inject drugs more than 5 year exhibit rather high-risk behavior: 65.5% of them have a history of Hepatitis B, C, 56% have a history of STIs, 48% have more than one sexual partner during a year, 52% do not use condoms.

The low accessibility of the IDUs hinders the implementation of preventive interventions.

71 I Korzh

HUMAN IMMUNODEFICIENCY VIRUS INFECTION IN INJECTION DRUG USERS: RISK FACTORS FOR SEROPOSITIVITY

BACKGROUND: Human Immunodeficiency Virus (HIV) infection is the common disease among intravenous drug users (IDUs). **PATIENTS AND METHOD:** All patients admitted to the detoxification unit 1995-2002 and meeting ICD-10 diagnosis of opioid dependency were tested for anti-HIV serology. **RESULTS:** Eight hundred and seventy five patients were included in the study. About 57.2% of the IDUs were anti-HIV positive. Increasing age (PR: 1.35; 95% CI: 1.23-1.50), living with a significant other drug user (PR: 1.07; 95% CI: 0.95-1.21), history of therapy (PR: 1.52; 95% CI: 1.40-1.57), history of imprisonment (PR: 1.38; 95% CI: 1.26-1.51), history of emergency treatment (PR: 1.13; 95% CI: 1.02-1.25), additional daily consumption of benzodiazepines (PR: 1.10; 95% CI: 1.00-2.21) or alcohol (PR: 1.16; 95% CI: 1.04-1.28), and type of opioid dependency (methadone: PR: 1.16; 95% CI: 1.03-1.31) were significant factors, considered as individual factors, for positive anti-HIV serology. Using multiple logistic regression we found that older age (OR: 3.43, 95% CI: 1.20-9.57), longer duration of opioid use (OR: 5.63; 95% CI: 1.72-18.03), living with a significant other drug user (OR: 1.37; 95% CI: 0.91-2.06), history of therapy (OR: 4.73; 95% CI: 1.57-14.10), history of imprisonment (OR: 1.82; 95% CI: 1.02-3.18), history of emergency treatment (OR: 1.34; 95% CI: 0.96-1.87) and additional daily consumption of alcohol (OR: 1.39; 95% CI: 0.94-2.03) remained independently associated with positive anti-HIV serology. **CONCLUSIONS:** These data support the need for early prevention strategies, namely, education of teachers in schools and further training of counsellors informing IDUs of what they can do to minimise the risk of becoming infected or of transmitting infectious agents to others.

72 S Zamani, M Kihara, M Ono-kihara, M Goya, E Razzaghi, M Vazirian, H Yamazaki, G Mostashari, Mojtahedzadeh

A QUALITATIVE STUDY ON DRUG ABUSERS' RISK BEHAVIORS AND ATTITUDES TOWARD HIV/AIDS IN IRAN

Background: Since 1987, more than 4,800 HIV/AIDS cases have been identified in Iran, of which 65% have acquired the infection through injecting drug use. This qualitative study aimed at a better understanding of the drug abusers' risk behaviors and attitudes toward HIV/AIDS.

Method: Focus group discussions and in-depth interviews were conducted with 19 selected visitors at a drug treatment clinic in Tehran.

Results: The main reasons of these injecting drug users (IDUs) for shifting from non-injecting to injecting drug use were "tolerance to the previous drug or their desire for a better euphoria", "cost of the drug", and "history of incarceration". Injecting drug users reported a common behavior –*Khoon bazi*, which is a booting practice after or during drug injecting for some to seek pleasure.

Though having a generally good knowledge about HIV/AIDS, some of the IDUs showed little intention to follow measurements to prevent HIV acquisition or transmission. Both IDUs and non-IDUs had a fairly negative attitude towards condom use.

Conclusions: This study revealed possible reasons for initiating injecting

drug use, attitudes towards prevention, and a booting behavior among IDUs. Though yet to be confirmed in large surveys, these findings will be important in developing prevention programs for drug abusers in Iran.

73 M Khidirov, A Khidirova

STIGMA, LEGAL ASSISTANCE, PROPHYLAXIS OF HIV/AIDS

Issue: Among the population the uncooperative attitude, both to IDU is generated, and to HIV positive owing to what their trust and their legal protection is difficult to win becomes inconvenient.

Setting: After studying a degree of infringement of rights of clients of HR project in Dushanbe and HIV positive. In June 2003 at financial support OSI by us in city of Dushanbe the project "Stigma, Legal Assistance, Prophylaxis of HIV/AIDS" is realized.

Project: The Project is directed on maintenance: free-of-charge legal consultations of clients NEP and HIV positive in 4 trust points. Practice has shown, that the majority of clients' losses of habitation, blackmail address on questions of restoration of the lost documents basically of passports, on the part of workers of law enforcement bodies. For the short period of work of the project, the parliament of the country accepts on consideration our offers on modification and additions for the benefit of protection of rights of drugs users and HIV positive – in Laws on public health services, on drugs, on the narcological helps and in the Criminal Code. Changes and addition concern questions of a cancellation of compulsory treatment and by quantity of drugs found out in of drugs users for criminal punishment, and also alternative to punishment of passage of rehabilitation.

Outcomes: The Projects directed on protection become right stigmatized of groups of the population may serious help in preventive maintenance HIV/AIDS, advocacy rights IDU and HIV positive, increases of trust from party IDU and HIV positive, formations of tolerance on the part of a society and workers of law enforcement bodies in relation to IDU and HIV positive.

74 M Khidirov, A Khidirova

LEVEL OF DRUGS USE ON THE TRAFFIC OF DRUGS THROUGH 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 2002; á) the data on withdrawal of drugs from illegal circulation by law enforcement bodies of Tajikistan with 1991 for 2002; 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 2002.

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 70,9 % in 2002. 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 2002 became more in 8 times (6840) of them of 75,2 % dependent from heroin, IDU 34,1 %. According to experts in the country from 55000 up to 275000 of drugs users from them IDU 67 %.

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.

75 S Kozlov, M Khidirov, A Khidirova

SUCCESSES AND PROBLEMS OF THE PROJECT "HARM REDUCTION IN DUSHANBE"

In city of Dushanbe at financial support OSI in November, 2000, the NGO "RAN", the first trust point of an exchange of syringes and needles (NEP)



for service 100 injecting drugs users (IDU) was open within the framework of program Harm Reduction (HR).

In 2001 in the project we have selected primary activity outreach work and a secondary exchange, the number of clients began to be increased sharply owing to what, the second was organized NEP. The number of clients in the project has increased up to 546, instead of 100, from them 64 (11,7 %) women made.

In 2002 amount NEP became 4, the number of clients has grown up to 1100 of them 316 women (28,7 %), financial support alongside with OSI began to render USAID.

In 2003 the number of clients became 1362, visit NEP 179, scope outreach work makes 411, scope by a secondary exchange – 772 of them persons of a male – 420 (71,2 %), a female – 170 (28,8 %). Age groups: 15-19 – 183 (31,0 %), 20-29 – 369 (62,6 %), 30-39 – 36 (6,1 %), 40-49 – 2 (0,3 %).

It is known, that development HR of programs in any region is one of major factors of restraint of development of epidemic HIV/AIDS.

In Republic of Tajikistan while, epidemic HIV, amount registered HIV infected restrains, on 01.03.03 makes 92 persons. From total HIV of infected, 74 % are IDU.

Thus, along with significant successes in project HR in Dushanbe there are problems with the further expansion of scope IDU in Dushanbe program HR.

76 **A Khidirova, M Khidirov**

HIGH RISK OF HIV INFECTION AMONG COMMERCIAL SEX WORKERS IN CITY OF TURSUNZADE OF REPUBLIC OF TAJIKISTAN

Objectives: Studying of behavior the Commercial Sex workers (Sw), living in family hostels.

Methods: The Analysis of questionnaire of 142 (Sw), living in family hostels of city of Tursunzade of republic of Tajikistan.

Results: 42 % of the (Sw), en living in family hostels, render sex of service for compensations. Single 46,20 %, it is married 31,64 %, dissolved of 29,11 %, widows of 5,70 %, apparently from the given data sex of service are given not only not by married women, but also among married women it is a lot of those who is ready though for small compensation to render sex of service. Age (Sw) changes from 13-17 years till 35-45 years. Is widespread among age group from 15 till 30 years (86,71 %) more. From words of interviewees (Sw) all kinds of sexual services, including oral and anal sex are given on the requirement of the client. More often sex of service are paid by money, cost may change from 1 somoni (about 0,30 US dollars) for 1-2 hours stay of the client till 10-15 \$ for night. Sex of service bottles of vodka or a doze of heroin may be given and for compensations, at times for a small amount of foodstuffs. Desires of the client use condoms approximately about 1-2 % (Sw) from for not.

Conclusions: High the degree of risk of distribution HIV of an infection among (Sw) demands fast reaction, introduction HR program in city of Tursunzade of republic of Tajikistan.

77 **Z Abdulaeva**

DEVELOPMENT OF HARM REDUCTION PROJECTS IN TAJIKISTAN

By results of the researches, by the carried out Republican center of struggle about AIDS and preventive maintenance HIV infection, in 1999, in city of Dushanbe it was totaled 20 thousand IDU.

In many countries of the world the not medical use of drugs by means of injections is closely connected to distribution HIV infection, virus hepatitis B and C, and also other diseases transmitted through blood and sexual way.

The serious aggravation of a problem of drugs abusing in Tajikistan, especially growth of number IDU has compelled to development HR of projects in Tajikistan.

The first 3 HR projects with financial support OSI were introduced in cities of Dushanbe, Khudjand and Khorog in November 2000.

In 2002 at joint financing OSI and USAID were introduced 4 more HR

projects in Khatlon and Sogd areas, and also in prisons of city of Dushanbe.

Thus now at joint financial support OSI and USAID in Tajikistan operate 7 HR projects, as the deterrent of distribution HIV infection, virus hepatitis B and C, and also other diseases transmitted through blood and sexual way.

80 **O Roman**

ADVOCATING FOR THE HEALTH RELATED ISSUES OF SUBSTANCE-USING POPULATION

Advocating for the Health Related Issues of Substance-Using Population (International)

Issue: Being an effective advocate of health issues within substance using populations, in diseases such as HIV/AIDS, Hepatitis, Vein Care, Psychiatric and expanding herbal medicine development.

Setting: International settings to share experiences, foster growth and to develop strategies.

Project: Connecting advocacy efforts across the myriad of substance using health related issues of AIDS, hepatitis, drug-addiction therapies and vein care.

Presentation will consist of interactions with illicit substances, such as methadone interactions with HAART to explain liver enzymes, connect HIV, endocarditis and vein care, and disease prevention techniques.

Outcomes: Gain effective advocating skills in listing health outcomes relevant to substance using populations: and addressing consumers directed involvement within local, national and international organizations, governmental entities and pharmaceuticals.

List strategic examples for advocating, lessons to be learned from Roche's Fuzeon (T-20) first injectable HIV/AIDS medication and the side effect of injection site reactions (ISR), How new drugs effect substance using populations, improving current Hep C research and medications. Advocating for more complementary and alternative medicines (CAM). Study current trends in advocacy and apply skills sharing.

82 **Dr S T Ndiaye**

KHAT ABUSE IN VULNERABLE INDIVIDUALS: PATHOPHYSIOLOGICAL BASIS.

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.

86 **R Fabode**

CONCERTS AND PROMOTION AS STRATEGIES FOR TOBACCO CESSATION IN NIGERIA

Using concert and promotions as strategy to combat tobacco smoking in Nigerian society. **STUDY FOCUS:** This study focused on tobacco smoking in the lives of students of Lagos State University. **METHODOLOGY:** We organized concert and promotion in four deferent areas in Nigeria. These concerts are organized to combat and pass the message to the youth the danger in tobacco smoking. Local and foreign artistes were invited. Such as musician from Republic of Congo, comedian from Ghana, Dj's from South Africa, Doctors from different Health Organisation, to render songs, comedy, Pastors and Imams to give sermon and speeches by Doctors and Ex-smokers to enlighten and educate them on harm and effects of tobacco smoking. This includes a promotion by promoting young talents in developing their skills and to fulfill their dream. From the questionnaire distributed, the data gathered showed that more than 2478 student were in attendance altogether 894 responded to the questionnaires 70.1 percent (1737) were male and 29.9 percent (741) were female, 1369 were smokers 1,109 were non smokers 1343 were male 1135 were female, 259 showed intension of quitting smoking 245 never decided whether to quit or not and 390 said they cannot quit smoking.**RESULT:** At a time we survey round and gathered that 6.4 percent had really quitted smoking while 13 percent still engage in it. **CONCLUSION:** Concert and promotion is a solid foundation of passing a message to educate and enlighten people the danger in tobacco smoking, when all these are powerfully packed it will change lives of many beyond my country Nigeria.

89 **B Nepal, A Tamang, M Shrestha, P Pelto, J Ross, L Acharya**

SEXUAL BEHAVIORS OF DRUG INJECTORS IN KATHMANDU: IMPLICATIONS FOR HIV TRANSMISSION INTO GENERAL POPULATION

Background: HIV prevalence among male injecting drug users (IDUs) in Kathmandu jumped from below 2% in the mid-1990s to 68% in 2002, apparently mainly due to widespread unsafe needle sharing. This paper examines whether, and how, infected IDUs are likely to contribute to spreading HIV to the general population. Method: In-depth ethnographic interviews were conducted with 63 male IDUs from various locations in the Kathmandu Valley in 2002. Results: Although the male IDUs reported lowered interest in sex, their involvement in regular and casual sex was not uncommon. Sex partners included spouses, 'girl-friends', sex workers, and female IDUs. Some engaged in group-sex with sex workers. Desire for greater enjoyment, difficulty in obtaining condoms, sex during drug "trip", and wish to demonstrate faithfulness led to low condom use. Regarding condom use, IDUs were concerned mainly with avoiding infections from partners but not vice versa. Conclusion: Because of the multiple-partners and risky sexual behaviors of the male IDUs in Kathmandu, HIV can gradually spread from them to the general population through both commercial and non-commercial (non-injecting) sex partners. Interventions should promote safer sexual behavior by changing the IDUs' attitudes towards condom use and enhancing their realization that they could also pass HIV on their partners.

90 **B Limbu**

GAP BETWEEN POLICY LEVEL AND ACTUAL SERVICE NEED OF IDUS INCREASES HIV RISK BEHAVIOURS IN NEPAL

Background/Objectives: The sudden cessation of nationwide harm reduction programs in Nepal from May-August 2003 forced IDUs to return to high risk behaviours like sharing injecting equipment and unprotected sex. Nepal's only Methadone program also stopped in recent times without consideration of the effect this decision would have on clients.

Up until May 2003, 19 programs were operating 26 drop-in centres

plus outreach services including needle and syringe exchange (NSP) to IDUs nation wide. High level Programming and Policy level decisions then forced the closure of all these successfully operating programs, leaving drug users without services. This study was undertaken in response to the closure to assess the effect these policy level decisions had on risk behaviour and HIV vulnerability amongst Nepal's IDU population.

Method: In-depth interviews with conducted with 96 IDUs from July – August 2003.

Results: The study highlighted great increases in unsafe behaviour amongst drug users, immediately following the policy level decisions and subsequent program closures. Study results show that 47.8% of IDUs had shared syringes the last time they had injected due to having no access to clean injecting equipment. Many stated they had used saliva, water and/or bleach to clean the equipment before injecting, but since service providers closed, even bleach was not often accessible. Sadly the majority had accepted that sharing injecting equipment had become a compulsion due to financial constraints and the closure of their services.

Conclusions: Despite Nepal having very idealistic policies for the provision of harm reduction services to drug users, a wide gap has been identified between the IDU's actual needs and the interests of policy makers. Decisions made at high levels that affect and even force closure of services, even if only temporarily (a 4-month gap) have dire consequences for the clients who rely on these services to protect themselves and their families from HIV Infection.

91 **H Nanao**

A PROFILE OF ABSCESSES UNMANAGED

Issue: Injecting trend has taken a new picture in the context of Manipur (INDIA). With the rise in the injection of non-injectable capsules such as Spasmo proxyvon (Dextropropoxyphene) abscess wounds became a prominent picture in the drug-injecting scenario. Service provisions for abscess management are negligibly limited. Although dressing up of the wounds took place at irregular events at some few agencies there are no medicinal facilities to heal it. Subjects are therefore left stranded and succumbed to their injuries ultimately leading to amputation of limbs and even death. There is a huge service gap as the subject's needs is un-addressed hence alienates them.

Approach: Project: HIV/AIDS intervention among IDUs and their partners in eastern Imphal.

Identifications at field visits, client's visit at the DIC, FGD, formal and informal discussions.

Key Points: It is a common enquiry to get access to free medicines. Needless to say, service providers were driven to uncomfortable situations to address such queries, as there are no provisions on this aspect. If not for some minor dressings for the subjects it winds up in obvious "desperation". Subjects are advised to consume orally or inject heroin as a Harm Reduction approach. At this point it is worth noting the comment quoted by a subject " My limbs are all swollen and there is no visible veins in my body but I still like to inject".

Implication: With the high prevalence of HIV among IDUS in the state (59.79%MACS report) the abscess wounds will contribute more towards the vulnerability of this pandemic. It is high time to take up client centered effective measures so as to contain the issue and respond humanely to curb the seriously disadvantaged situation of IDUs. Programs need to be redesigned so as to meet the vital needs. Health authorities need to draw their attention in this issue in the interest of public health.

92 **M Elvira**

ADVOCATE FOR LEGAL SUPPORT OF HARM REDUCTION

Advocate for Legal support of Harm Reduction. I'd like to suggest alternative method of the Legal support of Harm Reduction programs. Most of Harm Reduction program's clients are suffered by police. The Harm Reduction programs is not legal, but at the same time it's not illegal too. That's why it's important to solve this delicate problem.



There two methods of achieving the objective:

- Preparing and legislation the conception or law document of Legal support of Harm Reduction.
- Conduct training for trainers among police in order to provide with training all policemen.

From the experience of Policy development in Penal system, I saw that we could make changes in our low through developing low document on Harm Reduction. We could call this document as conception. Work group should consist from all interest agencies and persons from Governmental, Non governmental and donor organizations, and human right activists. In Kyrgyzstan now is time of Reforms and I hope that this conception will approved and accepted as addition to existed low on HIV/AIDS and Human rights. The Harm Reduction program is one of the main alternative method of HIV/AIDS prevention, moreover in Central Asia region, where epidemic of HIV is disseminating through injection drug users (IDUs). It's need to accept document of Legal support of Harm reduction in Kyrgyzstan.

All our Harm reduction projects achieved very good results on implementation of Harm Reduction program, but main problem is police. When we asked to be trainer one person from police, who was in study tour in Poland, we saw that effectiveness of training raised to 50-60%.

In order to cover with trainings all policemen we need to create group of 10-15 trainers from police. After this we need to include into trainers team one Harm Reduction project activist and one medical specialist.

93 **L B Singh**

CHANGE IN INJECTING TREND AND ITS CONSEQUENCES

Mr. John.H is a resident of Imphal East (INDIA) who is about aged 30. At a very young age during his schooling days he started to drink alcohol and live up with this habit until he finally dropped out of school. Gradually he started to fix heroin at the age of 18. He got involved in a series of unsocial events that leads him to a chaotic lifestyle so as to support his habits. He was jailed 12 times and reported fixing sometimes inside the jail. Consumptions of sedatives and painkillers were a habit for him during phases of his short abstinence. He succumbed to his own misery until he joins a Buprenorphine substitution program for about a year during 2001 to 2002, organized by SASO. Life takes a better turn during this period as he was contented with the program and considerably reduces from exposing to risk behaviors and became productive and accountable.

He started to fix heroin as soon as the substitution program winded up. Since the price of heroin is high he finally resorted to fixing Spasmo Proxyvon (Dextropropoxyphene) and got serious abscesses around his limbs and could no longer support his habits by pulling Rickshaw. He never turns back to fixing heroin again. Meanwhile his health deteriorates and the abscess gets worsen. So long, he got access to clean needles and syringes and advice to get his abscess attended.

Conclusion: With the rise in the transition from injecting heroin to injecting non-injectable pharmaceuticals the abscess wounds scenario in Manipur (INDIA) has taken a bizarre scene and is ever increasing. The above case study implies that current existing services in Manipur need to be redefined, redesigned and reviewed in order to respond in a comprehensive Harm reduction approach in the firm interest of public health measures.

94 **D Staneková, K Jíre_ová, M Habeková, S Wimmerova, M Cuitti, L Vavrinèiková, V Mayer**

HIV INFECTION AND RISK BEHAVIOUR OF CSWS AND IVDUS IN SLOVAKIA

Objectives: The aim of the study was to determine risk behaviour and HIV prevalence among CSWs and IVDUs in 2 towns in Slovakia.

Methods: Study was provided during harm reduction programmes in Bratislava and Banska Bystrica. Saliva was collected to test the presence of HIV antibodies using saliva collection device Omni-SAL /Saliva Diagnostic Systems, Singapore, Ltd/. HIV antibodies were tested by the test Wellcozyme HIV 1 + 2 GACELISA /Murex/. HIV-reactive samples were retested by the assay Test-Pack /Abbott/. Anonymous questionnaire

regarding risk behaviour was completed.

Results: 21 clients were involved in the study. 89.1% of participants were tested for HIV-antibodies, one person was confirmed HIV-positive. In the past 47.9% of participants and 22.3% of their partners were tested for the presence of HIV-antibodies. 59.6% of clients were tested for antibodies against hepatitis B or C, 13.2% of them were found positive, too. 12.4% of persons suffered from other STI in the past. 47.9% of participants were using tattooing. 94.2. % of clients were taking drugs, 90.9% of them intravenously. 26.5% of clients were CSWs. The average number of their partners per week was 12.3. Following sexual services were provided by CSWs: mutual masturbation /62.5%/, vaginal sex /81.2%/, oral sex /96.9%/, anal sex /3%/, others /0.8%/. Only 14% of all participants stated to use condoms by each sexual intercourse while 46.3% never used condoms. Women used condoms more often by sexual contacts with partners than men used condoms / $p < 0.094$ / 31.4% of responders proclaimed disruption of condom during sexual intercourse. Significant correlation was found between condom usage with partners and testing for other STD / $p < 0.013$ /.

Conclusion: Our study revealed high risk behaviour of CSWs and IVDUs in the streets of 2 towns in SR, although HIV infection was rare. More effort should be done to improve HIV/AIDS prevention in these groups with high risk behaviour.

97 **A Graham**

POST-PRISON MORTALITY: UNNATURAL DEATH AMONG THOSE RELEASED FROM VICTORIAN PRISONS BETWEEN JANUARY 1990 AND DECEMBER 1999

Objective: To study the nature and extent of unnatural death among those released from Victorian prisons between January 1990 and December 1999. Methods Identifying cases of interest: Records of all releases from Victorian prisons between January 1990 and December 2000 were extracted from the Prisoner Information Management System (PIMS). To determine if any of the subjects had died unnatural deaths prior to June 2000, the material extracted from PIMS was matched with coronial data. Analysis: Standardised mortality ratios were calculated so that comparison of the extent of unnatural death among ex-prisoners could be contrasted with death rates in the general Victorian community. To determine whether, during periods of 'freedom', the survival rates depended on the number of previous releases, gender and aboriginality four Cox regression survival analyses were conducted. Results 820 men and women released during the time period of interest were identified as having died unnatural deaths prior to July 2000. The unnatural death rate of ex-prisoners was ten times that found in the general Victorian population. Risk of unnatural death was greatest during the weeks immediately following release and risk was greater among those who had previous imprisonments. Over half of the unnatural deaths were heroin-related deaths. Ex-prisoner heroin-related deaths accounted for at least 25% of all the Victorian heroin-related deaths. Conclusion Programs that effectively reduced the number of ex-prisoners dying as a result of drug use would have a substantial impact on the overall number of drug-related deaths in the state. The material presented in this abstract is based on a study that was published in the Australian and New Zealand Journal of Criminology Volume 36, Number 1 April 2003.

98 **S Dhakal**

OVERCOMING ISSUES ASSOCIATED WITH ESTABLISHMENT OF HARM REDUCTION PROGRAM IN SEMI-RURAL AREAS

Issue: Beginning to operate as a harm reduction service provider in a semi-rural area of a developing nation can be a daunting task. Many obstacles and issues are faced in the early days of establishing and implementing a program. One major issue when starting out as a service provider is being able to contact clients and building a trusting relationship between the service providers and clients, ensuring clients feel comfortable accessing the services available.

Setting: Our program operates in the border district of Jhapa in eastern

Nepal. The national highway runs through the town of Kakarvitta on the border and is a major entry point for drugs into Nepal. Consequently this District has high level of drug use, trafficking and injecting behaviour.

Project: Our program began operating with support from the Centre for Harm Reduction in July 2002. In the beginning of the program it was difficult to identify clients and to ensure them our services sole intention was for their benefit. At first different rumours circulated amongst the users about our program having intentions to register users and deliver them to authorities. After hiring a team of outreach workers and specifically local peer educators whom spent each day in the field with clients, a trusting relationship gradually developed between clients and our project staff.

Outcomes: In order to achieve successful coverage of IDUs in a specific location, a working relationship must be achieved between clients and program staff. Mobilising Peer Educators was found to be the most effective method of establishing a trusting relationship between our program and the local drug using community. Orientation and targeted advocacy with local police and other local authorities enhanced the success of our operations by enabling our program area to be a user friendly zone, free of police harassment.

100 S Friedman, B Tempalski, P Flom, H Cooper, M Keem, R Friedman

VARIATION IN IDUS' ACCESS TO TREATMENT AND TO HIV COUNSELING & TESTING: THE SOCIAL STRUCTURING OF INADEQUATE ACCESS

Background/Objectives: Drug treatment and HIV counseling & testing (C&T) have been shown to reduce HIV risk. In most countries, both services are difficult for IDUs to obtain. We study variation and predictors of use of these services by IDUs in US metropolitan areas (MSA).

Methods: We estimated the number of IDUs in each of 96 large MSAs in 1998 (as elsewhere described). Data on treatment slots for IDUs and on C&T events involving IDUs in each MSA were obtained from US government sources.

Results: The proportion of IDUs in treatment ranged from less than 5% (13 MSAs) to 26% (2 other MSAs treated 20%+). C&T events per IDU ranged from below 5% (18 MSAs) to 30% (with the second highest at 18%). Variables significantly associated with the proportion of IDUs in treatment were HIV prevalence among IDUs; a lower percent of MSA population in poverty; region (with New England significantly higher than all others except the Mountain region); and not being in a state with right to work laws that restrict unionization. (Variables not related to treatment per IDU included AIDS cases per capita, police per capita, arrests for possession of cocaine or heroin per capita, income inequality, racial residential segregation indicators, racial/ethnic composition of the population, and racial/ethnic composition of IDUs entering drug treatment.) Independent significant predictors of the proportion of IDUs in treatment were New England region and a lower percent of MSA population in poverty. AIDS cases per capita and IDU AIDS cases per capita were significantly associated with C&T events / IDU; but only total AIDS cases per capita was an independent significant predictors of this variable.

Conclusions: Treatment and HIV C&T are reaching only small proportions of IDUs even where they are most available. Treatment rates are lowest where poverty is highest, which may indicate governmental inability to afford treatment provision in poorer localities and/or IDUs being less able to pay fees in a market-based medical system.

101 S Friedman, M Bolyard, C Maslow, P Mateu-Gelabert, M Sandoval

WHEN WE GET VACCINES FOR HIV AND HCV, THEN WHAT?: HEPATITIS B (HBV) VACCINATION IN A COMMUNITY WITH MANY IDUS

Background/Objectives: To use data on HBV vaccination as a model to assess current vaccination strategies. Bushwick has many IDUs, and high rates of HBV, HCV, and HIV among IDUs. Vaccination was recommended for US adolescents in 1995 and is also recommended for injection drug users and men who have sex with men (MSM).

Methods: 293 subjects (including 203 'non-exposed' to HBV, of whom 62 had ever injected drugs) were recruited in 2002 and 2003 in a sexual and injection network serosurvey in a Brooklyn, NY neighborhood with widespread injection drug use (IDU). 67 subjects positive for surface antibody and negative for HBsAg and anti-HBc were considered 'immunized'; those positive for HBsAg or anti-HBc were considered 'exposed'. Network diagrams will be displayed. 'Youths' aged < 25 approximately define those under 18 when youth vaccination was recommended. Multiple logistic regression was possible only among 'youths.'

Results: 55% (54/98) of 'youths' and 12% (13/105) of those 25+ are immunized. Among those 25+, immunization is higher among those who say their friends would object if they had sex without a condom, married women, and men who have been physically abused by an authority figure; but IDU is unrelated to immunization. Significant independent predictors of immunization among 'youths' were religious attendance > 1/year (OR 1.86; 95% CI 1.10, 3.15) and never having engaged in IDU or MSM (OR 4.41; 1.09, 17.9).

Conclusions: Recommended vaccinations have reached only a bare majority of unexposed 'youths' (and appear to be less common among the socially unintegrated); and only 25% of unexposed but very vulnerable IDU youths and 16% of unexposed older IDUs, in this very high-risk neighborhood. For hepatitis B, and potential later vaccines for HIV and hepatitis C, research and program innovation will be needed if effective vaccination programs are to occur.

107 T Vongchak, S Kawichai, M Razak, J Jittiwutikarn, C Kitisri, P Saokhieo, K Wiboonnatakul, V Suriyanon, D Celentano

CONTINUED RISK FOR HIV INFECTION AFTER DRUG TREATMENT IN NORTHERN THAI INJECTION DRUG USERS (IDU)

Background: The HIV prevalence among IDU in Thailand is >30%. Understanding IDU risk behavior longitudinally allows developing more effective HIV prevention.

Method: During May 1999 to December 2002, 378 HIV negative IDU detoxified at Northern Drug Dependence Treatment Center (NDTC) enrolled in a prospective study and followed at 3, 6, 12, 18, and 24 months. We obtained risk behaviors and HIV status at each visit.

Results: The follow-up rate at 24 months visit was 89% (336 cases). Overall, 77% continued injecting drugs, 19% began smoking drugs and 4% stop using drug. Among the recidivists, 70% re-entered drug treatment, 25% attempted to stop themselves, and 31% were jailed. Those who continued had a higher rate of re-entering drug treatment (70% vs 46%, p<0.001), being jailed (31% vs 9%, P<0.001), and selling drugs (34% vs 20% p<0.03). The HIV incidence among recidivists was 7.2 per 100 person-years and nil among non-IDU

Conclusions: Most IDU relapsed, re-entered treatment and attempted self-detoxification. There is a high intention to stop using drugs. Intensive detoxification and rehabilitation including job-training and job-opportunities may reduce relapsing rate among recidivists.

108 S Carruthers, K Arden

FIT HABITS: A BRIEF INTERVENTION TO REDUCE THE RISK OF HEPATITIS C TRANSMISSION

Background: The prevalence of hepatitis C infection among those who inject is in the region of fifty per cent and projected estimates of new infections have recently risen from 11000 to approximately 16000 new cases per year. With the likelihood of a preventive vaccine remote in the foreseeable future more attention must be paid to developing effective prevention initiatives. Past research has clearly demonstrated that there are multiple opportunities for the transmission of blood borne viruses, hepatitis C in particular, within the process of injecting.

Method: The study reported in this paper was a randomised controlled trial of a video-based prevention program. 45 subjects were recruited and their injecting practices assessed by recorded observation and by



completing the purpose designed Risk Assessment Checklist. Subjects were then randomly allocated to the control or intervention group. The control group received written information about hepatitis C and injecting while the intervention group took part in a two hour workshop during which they watched a short hepatitis C information video, discussed their personal injecting practices, watched a demonstration of safe injecting and discussed ways in which they might reduce the risk of exposure to blood borne viruses when injecting with others. All subjects were followed up four to six weeks post intervention.

Findings: The intervention was found to be acceptable to the target group and a 89 per cent retention rate was recorded. The mean summed Risk Behaviour Checklist score for the intervention group decreased significantly when compared to the score for the control group ($F = 6.18$; $\text{sig} = 0.017$).

Conclusions: The FIT HABITS brief intervention was successful in reducing the risk behaviours of injectors at four week follow-up. Although further research with a larger group of subjects and an extended follow-up period will be needed to confirm these findings, the results of this trial are promising and confirm that injectors can reduce the risks associated with injecting.

110 C Venkatachalam

TRADITIONAL DRUGS IN HARM REDUCTION – EXPERIENCE FROM A SOUTH INDIAN VILLAGE

Drugs are used in many forms in the names of ayurvedha, unani, etc., to get relief from the diseases, apart from the practice yoga to maintain considerably better health particularly in Indian villages, where myriad of cultures are being accomplished. This paper focuses its primary attention on the cultural values which are associated with the people belief in the traditional or folk drugs. Majority of the people in rural areas, depending upon their religions and castes affiliations use the traditional/folk drugs which include use of charms, amulets, whiffs and herbs seek relief from pain and sufferings. The people who have the strongest faiths in these types of drugs where the present study was conducted in Tamil Nadu, one of the South Indian States, feel that the drugs are being used by them have no any negative impact unlike modern/drugs. Many sensible studies also which have been conducted from time to time in villages of India to a large extent show that the cultural and value systems are still predominant among the people and importantly the traditional/folk drugs/health practices involves less cost resultant they won't disturb their economy. A few diseases are associated with values, customs, religious taboos are intertwined with them much. The common sense knowledge shared by the people through their social networks which have been built up through the neighborhood relationships, caste groups, friendships cohort, kinship system and the elderly is a deciding factor for matter of health, disease, drugs to be taken and treatments are concerned. So much of values are associated with the health or disease like deeds in the past, attributing diseases to sins committed and consequent of wraths of gods and goddesses and treatment practices through religious commitment by consuming traditional drugs

112 R Waikhom

CURRENT INJECTING DRUG USERS AND THE CARE & TREATMENT

ISSUE: Hard to achieve quality care and treatment amongst current injecting drug users. Failing to adhere causes constant drop outs from the treatment. Treatment becomes secondary to drug using thus leading to treatment failure. High chances of transmitting the mutant virus that maybe drug resistant

SETTING: CARE Foundation is an ex-users organization that cares persons afflicted by drug use and HIV/AIDS. Location: Manipur, India. Area of operation: Imphal east, Imphal west and Bishnupur districts. These are three high prevalence districts: 70% IDUs and 73% of HIV positives inhabits. Target audience: 500 PLWHAs & 500 IDUs.

PROJECT: The major activities are as follows:

1. Home & Community Based Care Unit: Enrolled 242 PLWHAs. Home care services; free health camps; free medicines, condoms and needles

syringes distribution; referrals and continuum of care.

2. Antiretroviral Unit: Enrolled 63 clients. Facilitated and monitored of their ARV treatment. Records maintained; monthly free health check ups; distribution of OI medicines; procured ARVs at 26% subsidized rate; regular follow ups; basic clinical management training and counseling that ensures adherence.

3. Rapid Intervention & Care Unit: Enrolled 680 IDUs. Community sensitization & mobilization; risk reduction education; outreach work; condom promotion & social marketing and needle syringe exchange program are the main activities of RIAC.

OUTCOME: Drugs are more important than their health. Out of those remained in the program 85% constitutes ex-drug users.

Non adherence to the medication may cause treatment failure.

ARV Drugs seem to lose its efficacy.

Safer injecting practices fails sometimes: chances of spreading ARV exposed mutant virus that may be drug resistant.

Follow ups becomes too difficult as they constantly break the appointments. Abscess too common and it further complicates the OI or ARV treatment.

Financial constraints are worsened, clients usually opts for drug of choice than the treatment.

115 H Nanao

A SOCIAL PERSPECTIVE OF DRUG OVERDOSES IN MANIPUR

Issue: Overdose cases are not a new phenomenon in the drug use history of Manipur. They mostly occur as inaccessible isolated cases and do occur in groups, their companions, more often than not, abandon the victim fearing reprisals from the society as well as the risk of resultant exposure. Even for the fortunate victim ending up in a medical institute, the attendees have to deal with the indifferent attitude of the doctors as well as the opportunistic chemists who peddle antagonistic drugs below the counter exorbitantly taking undue advantage of the situation. Due to the sky-high prices, most families are incapable of affording the life saving drugs and are left high and dry alone with their prayers. To make matters worse, police preyed upon the victim's families harassing them with endless questions and threats of lodging a police case until bribed them to appease and hush up the matter. It is overall a helter-skelter situation. All these aspects serve as a deterrent factor to drug users in seeking help in a medical institution.

Approach: OD encounters, Information from victims, NGO information

Key Points: The overall scenario in Manipur of drugs related casualties and management is pathetic and is in a no-win situation. Owing to the social stigma attached, drug users are at a serious disadvantage and normally treated with an indifferent attitude, if not contempt, by one and all.

Implication: The emergence of these issues is mainly due to lack of awareness and proper sensitization of the different sectors of people involved. A more friendly and understanding approach needs to be adopted in dealing with these cases. Drug use is an interminable social phenomenon and the solution to the problem lies in how to accommodate them rather than ostracizing them completely in the general interest of public health.

117 N Pandit

YOUNG PEOPLE AND COMMUNITY VIOLENCE DUE TO DRUG AND ALCOHOL ABUSERS

ISSUE: Violence against woman in a poor developing communities are due to dowry system, gender inequality, illiteracy, poverty, early forced marriage, drug and alcohol abuse. It creates fatal outcomes such as rape, suicide, homicide, HIV/AIDS, increase maternal and infant mortality, family break and negative health behavior.

Setting: Katmandu valley, rural-urban areas people, different school-colleges students and hospital out patients were interviewed and taken both the qualitative and quantitative survey data & was analysed. the age group were 15-60 years old. Total family group 250, respondents were 1620.

Project: a team of medical students done this with the assistance of

experts. To identify the root cause of drug and alcohol users and its consequences among community 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 transmits the hiv due to drug injecting. We found that 68 % of people takes alcohol among this 23% are inj. Drug users. HIV positive in those group are 4%. About 60% of family group are affected due to alcohol, 15% wants to stay in rehabilitation center.

Lesson learned: educating young people and students to avoid drug and alcohol so that they can share their knowledge and skills with their family, neighborhood and friends. Equal education & opportunity to girls & 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.

118 B Newton-Taylor, L Gliksmann, J Patra, M Greenaway

HARM REDUCTION "SUCCESS" INDICATORS FROM A DRUG TREATMENT COURT PROGRAM

Harm Reduction "Success" Indicators From a Drug Treatment Court Program

Background/Objectives: Based on the concept of therapeutic jurisprudence, the Toronto Drug Treatment Court (TDTC) provides substance dependent criminal offenders the opportunity of court-supervised treatment in place of traditional incarceration. The underlying philosophy of the TDTC is harm reduction, although abstinence from substance use is a requirement for program graduation. The purpose of this paper is to examine the construct of program "success" within a harm reduction versus abstinence based framework.

Methods: To date, 281 clients have exited the TDTC program. Of these, 84.7% either withdrew or were expelled, and 15.3% have graduated from the program. Extensive court, treatment and personal data are collected for all clients at admission, during the program, and at two follow-up periods (6 and 18 months).

Results: Compared to their data at intake, both graduate and expelled clients exhibited significant reductions in harms associated with drug-taking behaviour at their 18-month follow-up. Based on a repeated measure ANOVA analysis TDTC program graduates, and expelled clients who participated in the program for a minimum of 5 months, displayed similar improvements in overall psychological well-being ($F(2,38)=7.05, p<.01$) including depression ($F(2,38)=10.32, p<.000$), anxiety ($F(2,38)=6.51, p<.01$), and improvements in physical health ($F(2,18)=4.43, p<.05$) and social stability ($F(2,38)=5.45, p<.01$). In addition, both client groups significantly reduced their substance use and criminal behaviour between intake and their 18-month follow-up.

Conclusion: The results from this analysis indicate that client engagement in the TDTC program, even for a minimal amount of time, resulted in significant personal, legal and social harm reduction outcomes regardless of whether or not they achieved abstinence from substance abuse and formally completed the program. Therefore, program "success" is a multi-faceted construct that should not be based on any single indicator.

121 C Singh

IMPACT OF BUPRENORPHINE SUBSTITUTION PROGRAM IN IMPHAL

ISSUE: Manipur is known for highest HIV infection rate among the IDUs in India a serious implication of injecting drug use came into prominence becoming a prime public health concern of the State. Sero-prevalence among IDUs is (65.24%) end of 2000. UNESCO – RSA 2000 indicates that drug injecting by an estimated 92% of the total of 14000-drug user. Sharing of injecting paraphernalia is eminent with significance by 85%, HIV transmission is still incident in a big scale.

SETTING: The state is having an area of 22,237sq. km. with a population of 23,88,634 census 2001. Sharing Indo-Myanmar International border of 358 kms. Main transits for smuggling heroin from "the Golden Triangle".

Project: Sublingual Buprenorphine substitution therapy launched in Imphal by SASO in 1999.

NSEP, Drug Substitution, STI & TB treatment, Abscess management, Referrals – treatment, health & testing, Counseling, Education, Condom promotion, Capacity building for peers, Home detoxification, Community program, SHG

RESULT: 441 registered 8 female, 224 phase out, 132 Drop out , 675 enrolled in NSEP, 5 Jailed, 14 abstained, 49 rehab, 30 expired (ARC 22 & OD 8), 17 Care (sick), 411 detoxification, 1137 provided free OI medicine, 33.7% clients gave up injecting habits, 36% clients reduced injecting significantly.

OUTCOME: can address both the issues of drug abuse and HIV/AIDS spread effectively, reduce injecting incidence significantly, address relapses with a wider perspective, an effective alternative for IDUs who don't hate the resoucpes to abstain drom drues, qtabilize IDUs by settine them fpee drom drue cravine, cpime and un-productivity, help il retaining drug useps il a aontinuum of treatmelts, attpactive to IDUs, conqistnt peha` lilitatimn op caping proaess by itself tm bring mut a poqitite life-qtyles, peha` lilitatimn ppoceqs dmne `efope op without detoxidication, empowep drug uqers to qtop risky behaviors, maneuvers IDUs towards abstinence

122 C Singh

ON OUTREACH CARE FOR PLHAS

ISSUE: The Serious epidemic of AIDS related a death has increased in Manipur. Out of 15,584 HIV positive people 59.79% i.e., (6480) are IDUs. SACS July 2002. Due to stigma & discrimination of IDUs & PLHAs many of them stay under ground and such as HIV infection has been spread through general population. PLWAs are in serious disadvantage to treatment, care and support. Treatment facilities are scarce and inaccessible. Lack of support and inadequate treatment facilities. Increases number of PLWAs seeking treatment. Home and community based care is needed. Economic enhancement for self-support is essential.

SETTING: The state is having an area of 22,237-sq. km. with a population of 23,88,634 census 2001. Sharing Indo-Myanmar International border of 358 kms. Highest HIV sero-prevalence rate among IDUs in India (65.24%) end of 2000. SASO provide free Home Based Care service for infected and affected IDUs and their spouses and children.

PROJECT: Home based care (1999August June 2003)

Health care facilities, Medicine support, Counseling, Outreach, Condom distribution, Training, Networking and referrals

Enrolled 319 PLWAs, 231 males, 65 females (42 widows), 23 children, 84 expired (3 children, 70 males & 11 females)

RESULT: 55 females are vocationally trained, 75% are co-infected with TB, 87 Referred,

24 training for Family & SHG, 20 clients are medicinally supported every month (Old & New recruits), 60 clients were under the DOT program, 2 SHG for PLHAs

(Male & Female), SHG for widows

OUTCOMES: Home-based care is effective in Manipur, Easy accessibility to treatment & care improves health condition with involvement in social functioning, Behavioral changes through risk reduction, education and counseling, Socio-economic condition improves through income generation, Family & community involvement in the service reduces stigma and discrimination, Peer outreach serves an entry point to the program.

124 L Alijev

SUPPORT GROUPS IN PRISONE

Convictus Eesti is a nongovernmental organisation. At the moment it is one and only in Estonia to support HIV positive individuals with abuse problems.



The idea of Convictus Eesti is to support HIV positive people, to help young addicts to start living normal life without using drugs, to offer psychosocial help, to cooperate with health and social services, rehabilitation centres and other organisations, to educate other people about the danger of drugs and what kind of problems do HIV positive people have.

NGO Convictus Eesti is working in Tallinn and in the oldest and biggest Estonian prisons-Prison of Murru. Murru Prison HIV positive prisoners have three support groups. Convictus Eesti makes group and individual counseling, educates and fights against stigma and discrimination. When we started our work we set the next main objectives: to create and support self-help groups for HIV

+ prisoners and for prisoners who are using intravenous drugs.

Outside the prisons Convictus have another support group for HIV+ people. The members of this group are mostly ex-prisoners and people who stopped to use drugs and want to start a new life.

To continue our work we need educated volunteers who will educate other prisoners and will organise support groups. We are planning a programme "Harm Reduction in prison".

We have been able to create a productive relationship with NGO Vozvrasheniye (St. Petersburg from Russia) and NGO Convictus Sweden (Stockholm from Sweden)

127 L Cusick

SEX WORKER'S DRUG USE WITH CLIENTS

Problematic drug use is strongly associated with low status sex work in unsafe environments. In these circumstances, sex workers may use drugs instrumentally: to engage in the work or for role disengagement. Women selling sex in higher status markets are much less likely to be problematic drug users but some do use drugs at work: for performance enhancement; and as a social aspect of occupational role playing.

Data from UK studies of sex work and drug use in 1994 and 2004 were reviewed to focus on sex workers' drug use at work. This review aimed to relate variation in drug use patterns to the structural or environmental conditions of different sex work markets and change over time. Findings were used to identify opportunities for breaking sex work-drug use links.

Drug use appears to have become more widespread amongst sex workers in all commercial sex markets. It is more freely admitted and drug use with clients is widespread. Drug use for performance enhancement and as role play is a growth service amongst 'escorts' and 'sugar daddies' girls'. Drug purchasers are seeking sex workers based on the streets and in crack-houses for their presumed access to drugs markets. Sex work has become a front for drug markets in both settings. In contrast, where saunas, flats and massage parlours are managed to provide a front for sex work, drug use is effectively prevented or carefully hidden so that 'respectable business' can continue.

'High class' sex workers working alone with private clients increasingly play 'wild party girl' roles on cocaine and champagne and 'low status' sex workers with high visibility are recruited as drug sellers. Meanwhile, saunas, flats and massage parlours provide the best protection to sex workers who do not want to use drugs at work. Managed premises can separate sex work and drug use to provide harm minimisation opportunities unavailable in other sex markets.

128 L Cusick, M Hickman

ACCOUNTING FOR ACTION AND INACTION AT OVERDOSE EVENTS

Background/objectives: International literature on the circumstances of drug related deaths show that these deaths commonly occur in the vicinity of another person. This implies that drug users have opportunities to prevent death from overdose amongst their fellows. In 2002, life-saver training was introduced to UK drug users. This study investigates whether lack of skills and knowledge alone barred their involvement and explores alternative explanations for non-intervention. This insight may enhance the potential for life-saver training to reduce drug related deaths.

Method: This study investigated drug users' accounts of how they and others acted when a friend overdosed. These were collected from official

witness reports made to London coroners courts in 2001 and from 'overdose stories' circulating socially amongst drug users. An expert panel of drug-user-analysts commented on and interpreted explanations contained in these accounts for action or inaction at the overdose scene. This innovative method captured a cultural stock of beliefs and attitudes related to behaviour when overdose occurred. By using drug user's expertise and cultural understandings, this study was able to uncover not only the beliefs that might influence behaviour but sources of those beliefs.

Results: Beliefs, ideas, 'reasons' and 'excuses' in relation to overdose events show that knowledge of lifesaving techniques is not sufficient to prevent overdose death. On the basis that they were generally distrusted, drug users did not expect endorsement of their life-saving efforts. Our expert-panel explained the deep penetration of limiting self-concepts amongst drug users as a result of their day-to-day rejection experiences.

Conclusion: Potential lifesavers need confidence that their actions will be interpreted as altruistic but drug users seldom hold this belief. The 'master status' that labels drug users as generally rather than specifically deviant underlies their social exclusion and undermines their capacity for heroism.

133 G Elo

NO MORE TIME FOR EXCUSES

Twenty-one years after the first clinical notification of the HIV virus, AIDS has become then the most destructive agent the world has ever known. It's today the first cause of death in every society, especially in Africa. Unfortunately, the inequality between rich and poor nations in the treatment of HIV infected people not only represents a moral scandal but has also become a major economic, political and social challenge that threatens world's stability. Today, it's quiet evident when we consider the statistics that the pandemic is beyond control in poor countries. In the year 2001, in the rich countries, 500 000 people living with HIV had access to treatment and 25 000 of them died every year. But, at the same time, in the poor countries, specially in Africa where the sickness kills more, only 30 000 people out of 30 millions living with HIV had access to treatment and 2,3 millions died (6 300 per day). This paper will review the evidence supporting the wider use of antiretroviral drugs in resource limited setting, with a focus on the following issues: 1) access to treatment should facilitate rather than become a blockage; 2) drugs can now be made available at differential and affordable prices in developing countries; 3) access to drugs will create support for strengthening health care existing structures; 4) regulated efforts to improve access to drugs treatment should reduce the inequality with regard to access to care. In conclusion, health privatisation has greatly compromised the access to primary care and has therefore helped to propagate the HIV virus. We have reached a turning point in AIDS where access to care and drugs treatment for HIV infected people in developing countries can no longer be refused on grounds of cost, lack of infrastructures, political or other priorities.

136 C Singh

RESPONSIBLE CLEAN-UP KEEPS HARM REDUCTION FEASIBLE

ISSUE: Prohibition, stigmatization and strict implementation of laws on injecting paraphernalia have turned marshy riverbanks near main drug peddling areas in Imphal into major injecting areas. Drug users also prefer to get their 'fix' right where they 'score' to avoid hassles with the law or from pressure groups. As a result, these prominent peddling and injecting sites are fast becoming dumping grounds for blood-stained contaminated "sharps", putting residents, who depend on the river for their daily water requirements, at high risk of becoming infected by blood-borne pathogens. Other drug users are also at risk from reuse of the hastily discarded needles and syringes.

APPROACH: Field visits, FGD and interaction

Clean-up drive of used needle and syringes discarded along riverbanks

Operation G 2, 1 – local slang for syringe; 2 = 2 ml; 1 = 1ml syringe

Objective gets rid contaminated injecting equipment dumped at three marshy areas

KEY POINTS: Hidden injecting sites do exist in city
 Sharing injecting paraphernalia still exists
 Negative sentiment of the community towards NSEPs
 Become dumping ground for contaminated "sharps" disbursed by agencies and pharmacies
 Needles/syringes irresponsibly disposed around me after being used by DUs
 I don't like your work out here

IMPLICATIONS: Proper incineration of the returned and used syringes is another issue. Public health responses such as NSEP must be friendly to the environment and to the public, where equal focuses must be given to both target group and the area. The situation in Imphal is an example of how used, and possibly contaminated, NS left astray in a public domain pose a risk to the general population. When incidents like this happen, support and participation from the public diminishes. The retrieval and disposal of these strayed contaminated sharps is paramount and frequency of retrieval should correspond to the frequency of drug injecting incidences.

137 N Rinehart

THE SMART PROJECT: A HARM REDUCTION PROJECT FROM KNOX COMMUNITY HEALTH SERVICE

Issue: Resiliency has been likened to the ability to navigate the best path through life's ups and downs. Resilience generally develops through a range of experiences that result in personal skills and individual values that aid a person cognitively, emotionally and socially. Insufficient resilience in adolescence has been linked with drug and alcohol problems, academic problems, and criminal activities.

Setting: Knox Community Health Service in Eastern Metropolitan Region of Victoria has designed and implemented a school-based program targeting 10-17yo in Knox.

Project

The SMART (Skills, Mentoring And Resilience Training) project aims to encourage life-skills development to raise resilience in adolescents. Harm reduction has a special emphasis within the project due to the alarming rise in adolescents who use drugs and alcohol.

The project, now in its second year, has designed, implemented and evaluated a range of life-skills workshops that are run in the region's schools. Life-skills topics include: Drug Education, Anger Management, Self-esteem, Problem Solving, Bullying, and Coping Skills. Additionally, the SMART Mentoring component links adolescents who are experiencing a period of difficulty, with a responsible adult to provide them with extra support and encouragement. The mentor component utilises a role model, task-focused mentoring structure. During the 6-month program, mentors and young people complete an activity of their choice and present their achievement on the completion of the program.

Outcomes

Student and teacher evaluations of the life-skills workshops have indicated that workshops help students with a range of problems with friends, parents, teachers, bullying, emotions, studying, and decisions regarding drug and alcohol use and illegal behaviours. Results of the mentoring program will also be discussed.

The SMART program is showing that building resiliency in young people is achievable within a school/community framework.

139 L Maher, K Chant, B Jalaludin, R Jayasuriya, T Sladden, J Kaldor, P Sargent

HCV INCIDENCE AND RISK BEHAVIOURS IN A MULTI-SITE PROSPECTIVE COHORT STUDY OF INJECTING DRUG USERS

Background/Objectives: We report on a prospective cohort study of HCV incidence and risk behaviours in Injecting Drug Users (IDUs) in NSW, Australia. The study, which included an extended ethnographic component, aimed to determine the incidence of HCV infection and relative risks associated with specific injection-related practices among IDUS in three

sites (metropolitan, urban and rural). We present here preliminary results and reflections on methodological and process issues.

Methods: Using a combination of sampling and recruitment strategies, IDUs were screened using a structured questionnaire, provided with pre and post-test counseling and tested for exposure to HCV and HBV. Entry criteria were IDU in the last six months and antibody hepatitis c status unknown. Those testing HCV antibody negative were enrolled and followed up at three to six-monthly intervals. Participants testing antibody positive at follow-up were designated incident cases and specimens subjected to analysis for evidence of viraemia by PCR. Incident cases also completed in-depth qualitative interviews about the circumstances surrounding seroconversion.

Results: A total of 584 IDUs were screened for HCV antibodies: prevalence was 31%. Seronegative IDUs (n=369) were enrolled and 74 percent followed up over three years. Overall crude incidence was 29.5 per 100 person-years (95% CI), ranging from zero to 41.7 per 100 person-years, with the majority of seroconversions (90%) occurring in one site.

Conclusions: Preliminary analyses indicate a high incidence of HCV infection and significant and ongoing risk of exposure among Australian IDUs. Variations in incidence between the study sites suggest that environmental factors and characteristics of specific sub-populations may influence the transmission of HCV. Specific behavioural practices such as back loading, being injected by others and hand/blood contact may also play a role in transmission.

140 L Maher, H Coupland, P Sargent

RISKY BEHAVIOURS OR RISKY ENVIRONMENTS? BLOOD-BORNE EPIDEMICS AMONG INJECTING DRUG USERS

Background: Individual behaviour change remains the primary focus of interventions designed to reduce the harms associated with injecting drug use. Recent outbreaks of HIV infection in North America and South East Asia highlight the shortcomings of this model, drawing attention to the linkages between local risk environments and the global political economy in facilitating the spread of blood-borne viruses. We draw on data from a multi-site prospective cohort study to examine the roles of risk behaviours and risk environments in the transmission of blood-borne viruses.

Methods: The study aimed to determine the incidence of HCV infection among IDUs and to estimate the relative risks of transmission associated with specific behavioural practices. The epidemiological component was complemented by an ethnographic study which included extended fieldwork, observations and in-depth interviews designed to explore the contexts of injecting drug use, inform the development of instruments and assist with interpretation of epidemiological data. IDUs were screened using a structured questionnaire, provided with pre and post-test counseling and tested for exposure to HCV and HBV. Entry criteria were IDU in the last six months and antibody HCV status unknown.

Results: Ethnographic data were used to develop a template of the local risk environment and epidemiological data confirm that individual risk behaviours are embedded in this environment. These data illustrate how specific features of risk environments, including injecting practices, constraints on the availability of sterile equipment and intensive policing, exacerbate the harms associated with injecting drug use.

Conclusions: both ethnographic and epidemiological data and, in particular, variations in HCV incidence between the study sites, suggest that environmental factors influence the transmission of HCV. Results suggest that expanded efforts to target individual behaviour change may have only marginal utility and indicate a need for structural interventions which target risk environments.

142 J Anderson

DRUG COURTS: A MYTHOPOETIC CRITIQUE

In the USA, there has been an enormous expansion of drug courts despite a lack of serious study or research. Some would even go so far as to note that success has been declared in the absence of any real evaluation. Why are there such strong beliefs that drug courts work despite a lack of sound



empirical evidence supporting effectiveness or a clear conceptual framework needed to adequately argue and test specific hypotheses? This paper examines the mythopoetic origins of this phenomenon. The analysis hinges on mankind's focus on primary human concerns and their expression through myths or stories. Expression of these concerns has evolved from highly imaginative oral narrative to abstract conceptual argument and concrete descriptive science. The latter modes, however, never replace mythology. Bizarre hybrids can occur where ideology and rhetoric become default positions using shoddy concepts bolstered by pseudo-science. Authentic myths are inevitably adapted into forms consistent with societal norms and expectations, i.e., societal adaptation, but may become severely distorted into demonic parodies, gross misrepresentations of the truth. Drug courts fall into the latter category. Suggestions are made to elevate them to a level closer to the authentic freedom myth.

143 **C Reinerman, P Cohen**

LINEAMENTS OF CANNABIS CULTURE: RULES REGULATING USE IN AMSTERDAM AND SAN FRANCISCO

That cannabis users frequently conceal their use should not be surprising. In nearly every nation cannabis users have been arrested and often imprisoned. US law enforcement agencies made 723,627 arrests for marijuana offenses in 2001. The one country in which this is not the case is the Netherlands, where for the past 25 years there has been de facto decriminalization of cannabis. Yet even there users exercise care in deciding when, where, and with whom to use. Fear of criminal penalties, then, cannot be the only reason behind the decisions cannabis users make about their use.

In this paper we present findings from a comparative study of representative samples of experienced cannabis users in 2 cities with many similarities but with different drug control regimes -- Amsterdam (decriminalization) and San Francisco (criminalization). An extensive survey of experienced cannabis users in Amsterdam was replicated in San Francisco using the same survey instrument and interviewing procedures. San Francisco was selected as the US comparison site not because it is representative of the U.S., but because it is the US city most comparable to Amsterdam. Both cities are large, highly urbanized ports with diverse populations of over 700,000. Both are financial and entertainment hubs for larger regional conurbations. Both are cosmopolitan, politically liberal, and culturally tolerant.

In both cities, users reported concealing their use from some people and in some situations but not all. Their selectivity is patterned so as to prevent cannabis use from interfering with normal social functioning. Like other leisure activities and forms of consumption, cannabis use occurs within a normative architecture that functions to prevent the disruption of daily routines. The data presented provide clues as to the unwritten, common-sense rules by which cannabis users regulate their use, rules that reveal the lineaments of what Becker called "user culture." Cannabis, Overhead Projector and

144 **S Moore, H Liman**

XINJIANG AUSTRALIAN RED CROSS HIV PREVENTION AND CARE PE+ PROJECT

Issue: Sharing of needles among injecting drug users has the potential to rapidly increase HIV infection rates. Among the close-knit community in this project, infection rates are as high as 70%. Little information was known by the general public or by injecting drug users about prevention or care for PLWHA. As a result double stigma and discrimination was felt by IDU and PLWHA.

Setting: Xinjiang Uygur Autonomous region in the far north west of China has the second highest rate of HIV infection in China. In Yinning city, which borders with Kazakhstan, rates are as high as 70% amongst IDU. This project model may aid NGOs and local organisations wanting to establish peer-based prevention, care and support projects.

Project: A Positive Peer Education program was commenced in late 2002 in an inner city community area. Positive and affected peer educators

(PE+) were selected and trained in a six-day participatory facilitator training program. PE+ then conducted informal education among their community areas. Information included talking about safer injecting, safer sex, how HIV is transmitted and basic home based care for PLWHA. Evaluation in August 2003 identified the programs strengths and weaknesses and prompted some new initiatives.

Outcomes: PE+ working as Red Cross volunteers reported an increase in their self-esteem and increased respect from their local community. Community evaluation reflected a shift in attitude towards PLWHA and IDU and an increased willingness to talk openly about HIV. Demand for advanced training in home based care has driven the development of a simple low literacy Uygur pamphlet covering home based care for PLWHA. An external evaluation indicated a need for advanced training in talking about safer sex with IDU and their partners. Discarded needles found in the community prompted a new initiative in partnership with the Yinning Health Department and CDC, with the PE+ trained in safe collection and commencing a mobile discarded needle collection team.

145 **N Singh**

A STUDY ON INJECTING OF NON INJECTABLE DRUGS SPASMO PROXYVON IN IMPHAL CITY

BACKGROUND: Manipur is known for one of the highest HIV infection rate among the IDUs. According to RSA-2000, there are UNCSO14,000 drug users in Imphal out of which 92% are IDUs. Introduction of Pharmaceutical drugs/ampoules among IDUs were in 70s, heroin became popular among youths in 80s and 90s. The present trend has change by the injectors to pharmaceuticals drugs again, "Spasmo Proxyvon" non-injectable drugs composed of dicyclomine 10mg, dextropropoxyphine Hcl.65mg, and acetaminophen 400mg.

OBJECTIVE: Primary – to find out the reason of using SP instead of heroin, probable outcome of injecting SP, specific intervention measures.

Secondary-to find out the awareness level of HIV, relationship between others drugs and SP, factors influencing, preference in the mode of use and health problems.

METHOD: The study is exploratory, inductive, quantitative and synchronic at a point of time and not over a period of time – 100 respondents-primary and secondary data were used and area of study is in a small part of Imphal.

RESULT: Average age of the SP injectors is 24, Median 25 and the mode 22, the oldest SPI was 39 & youngest 17.

72% had used heroin, 88% cannabis, 86% alcohol, 78% of the SPI prefer SP to other drugs.

Cause of initiation-17% economic, 42% curiosity, 19% peer influence, 22% to get more thrill.

Mode of use-63% preferred injecting, 3% oral, 35% both oral & injecting, 61% health complication, 34% abscess, 44% have HIV/AIDS knowledge, 53% incomplete, 3% no knowledge.

CONCLUSION: Injecting frequency is high compared to other drugs, high chances of getting blood borne diseases, abscess, thrombosis, secondary infections. No alternative treatment options for detoxification, same genetic medicine has to use. Ignored treating abscess due to time & money. Need for good network with all sectors to subside the seriousness. Government should take appropriate measure to curb the illegal sales.

146 **J Rowe**

PRIMARY HEALTH CARE FOR STREET-BASED INJECTING DRUG USERS

Background/Objectives: Research was undertaken to assess the obstacles street-based drug users (eg. the homeless and street-based sex workers) faced when attempting to access mainstream health care services. The objective was to inform the design of a fixed site primary health care facility able to meet the specific needs of street-based injecting drug users.

Methods: This research was designed to incorporate and report on the direct experiences of street-based injecting drug users. The research was conducted at the St Kilda Health Information Exchange (HIE), the Needle and Syringe Program with the highest throughput in Australia. Research

was conducted in three stages: Snapshot questions were asked of all HIE clients over a six week period; surveys were conducted with 150 broadly representative HIE clients; and in-depth interviews conducted with 32 'street-based' injecting drug users.

Results: Several obstacles were reportedly faced by users attempting to access mainstream health care services. These could be grouped under two headings: Accessibility and Staffing Issues. For example, tightly structured appointment-based health services are highly impractical for many street-based drug users. Additionally, staff attitudes (eg. discrimination) meant many 'visibly' homeless users were reluctant to use these services.

Street-based drug users offered considered and valuable insights as to how best address these obstacles. Street-based users also prioritised the services most relevant to their lifestyle and that they would most like to see offered by a fixed site primary health care facility.

Conclusions: Government funding for a primary health care facility, to be located next door to the HIE, has been approved. Engaging street-based users in the research undertaken to inform the design of this facility has resulted in the information needed to ensure that services will be sympathetic to the needs of its client base while avoiding the obstacles presented by mainstream health care services.

147 **L Singh**

A PRACTICAL EXPERIENCES OF AN EX-DRUG USERS ORGANIZATION IN MANIPUR (INDIA)

ISSUE: Manipur became the first heroin user state in India. There are 14000 (approx.) drug users in Imphal and 90% is IDUs (UNESCO, RSA Imphal 2000).The first detection of HIV was in 1989/90 from an IDU. HIV infection rose from 0 to 54% in one year time (1991). HIV transmission related to IDUs constituted 76% in 1998 (MACS).According to Sero-Surveillance report of MSACS in July, 2003, 55.79% are IDUs.

SASO is an NGO established by ex-drug users on 1st of January 1991.A purpose of a collective effort as PAY-BACK to the society and also to fight the STIGMA & DISCRIMINATION against them.

SETTING: Manipur is a state in North Eastern India having an area of 22,237 sq. km. with a population of 2.3 million (2001 Census).It is located in the Indo-Myanmar border sharing an International border of 358 kms which makes it the main transit point for smuggling heroin from "the Golden Triangle" through Myanmar to India and to the rest of the world from the early 1980's.Manipur become one of the major heroin trafficking route in the world during 1979-80. According to the U.S Drug Enforcement Agency's report, Myanmar produced 2650 metric tons of raw opium during 1996. In fact, Myanmar is the world's largest single producer and exporter of heroin.

PROJECT: RIAC Project (Imphal, Kakching & Chandel), OXFAM GB project, FHI projects for IDUs and EJAF/ISGF project (Initiated in April 2003), Buprenorphine maintenance therapy (Wind up in Aug, 2003), Free Drug Detoxification Camps ETC.

So far more than 4553 Injecting Drug Users has been covered in various services under the Projects of SASO.

OUT COMES: SASO's support networks for drug free lives, drug treatment, and current users can be linked in a continuum of services. Harm reduction is an effective approach. Care & support/Home Based Care – enhance HIV prevention.

148 **B O'Reilly, F Leibrick, R Chenhall**

CRIME AND POLICING IMPLICATIONS OF A MORPHINE DOMINATED OPIATE MARKET

Background: An atypical opiate market developed in Australia's Northern Territory capital of Darwin. Although similar in supply and demand characteristics to heroin markets of other capital cities, it is dominated by illicitly used prescription morphine and emerged in the only jurisdiction where licit opiate substitution treatments were unavailable. This study examines whether Darwin's atypical opiate market, compared to more conventional illicit heroin markets operating in centres like Sydney,

produced any of the benefits associated with opiate substitution treatment programs, particularly reductions in drug-related and drug-specific crime.

Methods: In 200 and 2001 injecting drug users (IDUs) were surveyed in two Australian IDU populations: one in the morphine-based opiate market in Darwin, Northern Territory and the other in the heroin dominated market in Sydney, New South Wales. IDUs reported on patterns of drug use, criminal activity, contact with the criminal justice system and perceptions of police activity

Results: In both years, Darwin IDUs reported less involvement in drug dealing, violent and property crime than Sydney IDUs. In the previous year, fewer Darwin IDUs were arrested, had contact with police or knew if there had been any changes in police activity. Darwin IDUs who used pharmaceutical opiates most had less involvement in criminal activity and contact with the criminal justice system than IDUs who did not use pharmaceutical opiates.

Conclusions: It is unlikely that Sydney IDUs are inherently more criminogenic than their Darwin counterparts. One of the key contributing factors to the observed differences was Darwin's atypical opiate market, which appears to have functioned as a de-facto, quasi-regulated licit opiate substitution program. Policing illicit drug use and drug-related and drug-specific crime might be less onerous in a quasi-regulated market of known purity, price and availability. The results contain important implications for drug policy, particularly that relating to criminal activity and law enforcement objectives.

149 **C Iliuta**

HARM REDUCTION IN ROMANIAN CONTEXT

In 2002, it was realised a rapid assessment of the injection drug using population in Romania. The data shows that only in Bucharest the estimated number of IDUs is over 30.000 persons. The main substance used is heroin and the drugs administration through injection is a daily activity, over 40% from IDUs injected 3-5 times per day.

The statistics of Ministry of Health and Family shows that in 2002 40% of 152 IDUs were positive for Hepatitis C, and 20% for Hepatitis B, suggesting a high rate of needle sharing and infection potential (Ministry of Health and Family, 2002).

There are many barriers preventing IDUs from accessing health care services and information for reducing the harm caused by injecting drug use: 1.the drug use is illegal in Romania; 2. the stigma of injection drug use and their life-style creates social barriers for IDUs; 3 the access to sterile equipment is limited due to the fact that in pharmacies syringes are not sold.

The ARAS organization started in 1999 the first HIV prevention project among sex workers in Romania, which offers important information regarding the intervention among commercial sex worker. The project showed that the CSWs need to understand better the HIV/ STD transmission and to be aware of the risk related to unsafe sex, drug use, and the interaction between drug use and commercial sex.

In 2001 the project developed a new service: needle exchange. The field experience underlined the need of an harm reduction type project, because we saw that in the communities where commercial sex were practiced the drug use became a very common phenomenon. Established communication channels with CSWs who use drugs and their entourage, the project has collected valuable information about the interaction between the drug use and commercial sex.

150 **J Foster, I Griffiths**

YOUR PLACE OR MINE: SECONDARY NEEDLE EXCHANGES IN THE COMMUNITY

Issue: Access to primary needle exchanges for homeless injecting drug users (IDU's) is often restricted by organisational service delivery.

As such accessing and engaging hidden homeless IDU's requires different approaches to distribute needle exchange provision.

Approach: To overcome limitations within service delivery approaches utilising outreach, detached and community development models have



been adopted. Conversely such models have not always been successful and can fail to reach hidden homeless IDU's communities.

Setting: Working within homeless IDU's own settings such as flats, squats and crack houses enables agencies and drug users to work together.

Utilising and empowering peers within drug using networks can assist in meeting the needs of hidden homeless IDU's, engaging them into services, provide equitable access to needle exchange provision and supply a needle exchange distribution system that reaches marginalised hidden homeless IDU's.

Outcome: By utilising a mixed model of detached and community development theory we are able to empower peers within the injecting drug using community to take responsibility and provide secondary needle exchanges within their own settings.

153 **P Sarosi**

MARIJUANA MARCH IN HUNGARY: A SIGNAL OF MISUNDERSTANDING

The Hungarian Hempseed Association is an NGO founded by young cannabis users in Budapest, 2002. It aims to promote the legalization of hemp derivatives (ie. marijuana and hashish) in Hungary, where the present law does not make any distinction between soft and hard drugs.

While the Association has a short history, it has made serious efforts to initiate a public debate on decriminalization of cannabis use, which is our first goal to reach. We joined the international initiative of Millions Marijuana March, which organized outings in more than 200 towns all around the earth in the first couple of days of May. Our demonstration took place in Budapest on the 4th of May.

The demonstration was interrupted by vandal extremists, who were misled by the demagog propaganda of conservative politicians. The speakers tried to communicate with the berserk crowd but they did not show any sign of willingness to communicate, just to suppress any dialogue. The police did not make any efforts to set them back, but they called on both parts to leave the square.

My presentation attempts to demonstrate these sad episode with its political background, media-feedback, lack of proper police interruption and violence of civil rights. With the use of our original video and photo materials, everybody can follow up the events and get a close introspection to "war on drugs"-milieu in Eastern-Central Europe.

154 **M Farrell, S Welch, N Hammond**

A PRELIMINARY INVESTIGATION INTO THE MORTALITY RATE POST-DISCHARGE FROM THE ACUTE ASSESSMENT UNIT – A RETROSPECTIVE STUDY

Study objective – Obtained was a mortality cohort from a sample group of substance users post discharge from a treatment episode for substance use.

Method– Retrospective analysis of data was derived from the treatment unit's database providing a cohort of 2,703 treatment episodes. Additional examination and cross matching of data with the Office of National Statistics (ONS) provided the mortality cohort for inferential analysis.

Analysis – Presentation of demographic data as the preliminary stage of a service based investigation. This inferential data can be used for statistical analysis

Setting- The Acute Assessment Unit (AAU) is a unique service provider in Southeast London, England. Its remit is to provide a short-stay (max. 14 days) intensive treatment package for the substance user in 'crisis'.

Subjects – All clients treatment episodes to the AAU during the units operation.

Results- Out of 1,531 computer automated matches with the ONS provided a mortality cohort of 146, with a range of 228 substances used in this cohort. Alcohol detoxification alone accounted for 90 of this cohort however 114 required alcohol detoxification as part of their treatment package. Only 4 drug clients used a single substance with the majority using two or more substances at the time of referral. The female to male ratio was calculated as 1:4 with 115 male death and 31 female deaths.

The highest percentage of clients died within the first year of discharge, 32% (n=47). The prevalence of death in the first year was greatest in the first month, 19% (n=9). The ethnic breakdown indicated the majority of clients were white UK. GP referrals into treatment had the greatest number of clients in this cohort, the mean age of admission was 42.6 years and the mean age of death was 44.8 years.

Conclusions – Clinical development pertaining to risk management to be highlighted / discussed.

157 **B Siroj, V Chaitep, S Panupintu, K Tongsit, R Niramit, A Kampanatbovon, S Manowanna, K Sintupat, N Thomson**

APPROACHING METHAMPHETAMINE (MA) USERS THE HARD TO REACH GROUP IN COMMUNITY: THAILAND

Issues: Most of Thai MA users are young and may exposed to HIV infection due to substances abuse and risky sexual behaviors. A UNAIDS report suggested that young people account for 50% of all those becoming HIV infected. Approaching MA users in their communities is difficult due to underground nature of drug use. It is critical however to understand context of drug use and implication for HIV/STDS infection.

Approach: "Reaching Methamphetamine users in community" the ethnographic study conducted among MA users in 2 different contextual communities in Chiangmai, during July 2002-March 2003.

Key points: Method of approaching is changed depending on situations. The methods used to approach MA users in their communities included 1) Approaching through local agencies and/or community leaders. 2) Forming bridge based on relationship with the potential groups to explore and approach MA users in the groups. 3) Using poster and leaflet providing information facilitating confidential contact 4) Using peers outreach nearby to bridge between ethnographers and drug users.

Implication: Forming relationship with potential target groups and using peer outreach nearby are effective approaches to reach MA users in the community. The methods help to gain an insight of drug use context and risks related to HIV/STIS.

158 **G Booth, L Trask, C Treloar, W Cao, M MacDonald, A Weatherall, J Dixon, A Lowth, M Denoe**

ACCESSING AN "INACCESSABLE" POPULATION: A SURVEY OF "HIDDEN" IDU IN SOUTH EAST SYDNEY

Issue: NSP service utilisation data show that NSPs clients are not representative of the population of South East Sydney. This study sought information on options, barriers and enablers for IDUs in negotiating access to new equipment and health education information.

Setting: The Access project conducted a survey of IDUs living, working or visiting South East Sydney who do not regularly obtain injecting equipment from primary NSPs.

South East Sydney Area Health Service encompasses 264 suburbs across an area of over 500 square kilometers. Whilst Sydney inner city area is arguably well served in relation to service providers and access to injecting equipment there appears to be a disparity in service providers and adequate services for IDU who frequent areas outside the inner city areas.

We employed peer interviewers to access networks previously untapped. Peer interviewers were selected to achieve a sample population that encompasses culturally and linguistically diverse communities and indigenous populations.

Project: The Access project aimed to (1) identify and map subpopulations of IDU that utilise alternate pathways when accessing new equipment and health education information and (2) implement effective strategies in consultation with IDU that will continue to minimise the risk of BBV transmission.

Outcome: Information from this survey of IDU who do not regularly access NSPs will be used to (1) inform service delivery planning and development to improve access to information and new equipment and (2)

community development initiatives will address the issues in the affected community. Future development in the sector will address educational needs for above mentioned sub populations and harm reduction messages focused at clients with additional emphasis on community.

The presentation will inform the audience of implications, both positive and negative, associated with using peers to gain access to hidden networks.

159 D Schaeffer

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

Drug user self help- a way of harm reduction and HIV/AIDS prevention- My presentation focus on an acceptance – orientated drug user self help in germany and their work in the field of harm reduction and HIV/AIDS prevention.

The main goal of this presentation is, to show professionals in other countries working in the field of harm reduction, drug use and prevention that support drug user self help is a way to regain or to develop personal resources of drug users in order to build up social relationships and to stabilise and improve their health.

I give an insight into the history, the structures, working concepts and services of the german drug user self help network with 30 local groups called JES (Junkies, ex-user and „substituierte –the german term for drug users in methadone treatment.

In addition i give a summary of the major results of a study supported by the german department of health between 1999 and 2001 which analysed the methods, goals, needs and the success of an acceptance-orientated outpatient self help for drug users. Maybe this presentation is an inspiration for drug service organisations in asia, eastern europe and other countries to support drug users to build up a drug user self help.

160 R Tomalsana

WOMEN'S ROLE IN PREVENTION INTERVENTIONS THROUGH HARM REDUCTION MEASURES

ISSUE: Although the HIV prevalence rate amongst IDU is substantially decreased the rate of transmission to the spouses and further to their children is rapidly increasing. Therefore wives and widows of IDUs need to be given more emphasis and empower through skills building, SHG formation, encouraging more involvement and assist them in generating income.

SETTING: CARE Foundation has been implementing RIAC project (Rapid Intervention and Care) at two sub-divisions of Bishnupur district of Manipur. The said district has some 1000 IDUs and 499 HIV positive (MSACS) .Out of which 650 are so far enrolled in the project.

PROJECT: RIAC, a Harm Reduction based project, is sponsored by NACO through MACS. The targeted population is 18,000 IDUs. It is rapid intervention integrated with care and support. The activities are: Community Sensitization and mobilization, Risk reduction education, Condom Promotion and social marketing, NSEP, Bleach & Teach, Home based service, referral service & Formation of SHGs.

OUTCOME: Peer educators consist of current drug users and widows of IDUs. Out of 650 IDUs enrolled 142 are regularly exchanging the needle syringe. 128 are married, 53 are having extra marital affairs. 145 unmarried clients have experienced premarital sex. Condom promotion is one of the most challenging activities. 120 are enrolled as condom clients but the average weekly distribution of condom per client is 3 pieces. Clients are found to be sexually inactive probably due to the drugs. Education, outreach services and opening more outlets enhances condom use. A SHG that comprises of 12 infected widows of IDUs was established. Women are more outspoken and co-operative than the male clients. But the women IDUs are extremely negligible. Involvement of widows or widows in outreach or care service is indeed very effective and this has helped in reaching the hard to reach female users or PLHWAs.

161 J Fountain

WHY ARE MINORITY ETHNIC POPULATIONS IN THE EUROPEAN UNION SO POORLY SERVED BY DRUG SERVICES? FINDINGS FROM AN EMCDDA PROJECT

The objectives of a project funded by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) were to collect data on the drug use amongst minority ethnic populations throughout the European Union (EU) and Norway, and to examine the consequences and correlates of the situation. The research method – and its successes and limitations – were described at last year’s conference, highlighting the sensitivity surrounding this issue and the large differences between response rates between EU countries.

At this year’s conference, some results from the study will be presented, and concentrate on the key finding that minority ethnic drug users are under-represented as clients of drug treatment services.

The focus of the presentation is on the barriers that minority ethnic populations face to accessing drug treatment, education, and prevention services. These include a lack of cultural sensitivity by the service, a distrust of confidentiality, communication problems because of language, a lack of awareness of drugs and drug services, the stigma surrounding drug use within their community, and the failure of drug services to target effectively these populations of drug users.

Many minority ethnic populations are already socially excluded: failure to consider their drug service needs exacerbates this situation. There is considerable variation in the drug services provided for these populations both within and between member states, but across the EU as a whole, drug policy and practice reflect the needs of the white indigenous population. Although the data collected for the study indicate that the drug-using patterns of minority ethnic groups are not substantially different from those of socially-excluded, white, indigenous populations, it does not follow that these groups can simply 'slot into' existing drug services. Responses may have to be different in order that the barriers to drug service access can be overcome.

162 J Cohen

SYRINGE ACCESS LAW AND THE HEALTH AND HUMAN RIGHTS OF INJECTION DRUG USERS IN CALIFORNIA

Restrictive syringe access laws have been associated with high-risk injection behaviors among injection drug users and, in turn, HIV and HCV transmission. To assess the impact of syringe laws on disease transmission in California, interviews were conducted with 67 injection drug users in seven counties and with public health and law enforcement officials. California law prohibits syringe exchange programs unless cities or counties declare a local emergency due to a critical injection-driven HIV/AIDS epidemic. In counties where syringe exchange had not been legalized, injectors reported risking arrest to make contact with underground syringe exchange programs. Arrests of syringe exchange personnel significantly impeded the distribution of sterile syringes and, according to injectors and experts, led to sharing and reuse of syringes. In counties that had legalized syringe exchange programs, many program clients reported being stopped, searched, arrested and sometimes jailed under drug paraphernalia laws. Especially vulnerable to arrest were homeless injectors, sex workers, probationers, parolees, and others who experienced chronic encounters with police. Numerous injectors expressed reluctance to use syringe exchange programs or to dispose of syringes safely out of fear of arrest. Laws that hinder access to sterile syringes constitute state interference with public health under the International Covenant on Economic Social and Cultural Rights, as well as a form of discrimination on the basis of substance-related disability. Interviews with injection drug users suggest that an effective, rights-based approach to syringe access requires the total decriminalization of possession and distribution of syringes for the purpose of disease prevention. This would include the establishment of syringe exchange programs regardless of the declaration of a local emergency as well as programs that permit the nonprescription purchase and sale of syringes from pharmacies.



163 **B Greet, H Morgan, L Connor**

HARM REDUCTION IN INDIGENOUS COMMUNITIES: A WORK IN PROGRESS, HARM REDUCTION IN INDIGENOUS COMMUNITIES: A WORK IN PROGRESS!

Background: Due to the significant levels of Hepatitis C and the emerging issues of injecting drug use in the Indigenous community the Office of Aboriginal and Torres Strait Islander Health funded a project under a memorandum of Understanding (MOU) between the Victorian Aboriginal Community Controlled Organisation Inc, Hepatitis C Council Victoria Inc, and Aids, Hepatitis and Sexual Health Line Inc.

The task was to develop a program to upskill and support Indigenous workers in the area of Blood Borne Viruses (BBV) and Injecting Drug Use (IDU).

The presentation: The presentation will be in the form of a video with the representatives of the MOU present to answer questions.

The presentation will give an overview of the program. The most important aspect of the presentation will be the opportunity to show how the program was conceived. It will review the process, the choices made, and the outcomes. The presentation will show the discussion on the benefits and the ways it may have been done differently. Allowing an opportunity to look at changes to future projects in order to provide the best possible outcomes and sustainability for the Indigenous community.

Another focus of the presentation will be the development of a partnership between Indigenous and mainstream services.

The presentation will reflect upon the different issues and experiences that faced the Indigenous and mainstream organisations in working together and the process involved in developing a quality relationship that recognises the concept and work practise of Aboriginal self-determination and community control.

164 **L Ng**

BARRIERS AND OBSTACLES IN PROVIDING HARM MINIMIZATION PRACTICES TO STREET BASED DRUG USERS IN KUALA LUMPUR

Malaysia has a rapidly growing HIV epidemic that is at present mainly concentrated in drug users. As of end of December 2002 the number of reported HIV cases in Malaysia totaled approximately 52 000 cases with around 75% of these due to injecting drug use. At present Ikhlas is the only street based NGO that is actively trying to implement the principles & practices of minimization of drug related harm in Malaysia. The drop-in center located in an area with a high prevalence of injecting drug users caters to approximately 1700 male, 250 transsexual & women drug users each month.

Harm minimization practices have not been implemented at Ikhlas due to the following problems and obstacles; drug use in Malaysia is a criminal offense, therefore Needle & Syringe Exchange Programs cannot be implemented at Ikhlas under existing laws. In view of these laws drug users are reluctant to come to Ikhlas for services for fear of being apprehended. Drug substitution methods such as buprenorphine and methadone are too costly with very few medical practitioners currently familiar with its use and no infrastructure available to provide such services. The activities provided by the organization are only in Kuala Lumpur with very little capacity to expand to other much needed parts of the country. Furthermore in promoting harm minimization practices the organization is often looked upon as abetting drug use or prolonging addiction even amongst other NGOs working in the drug use field. Finally Ikhlas does not receive any financial support from the government; with its current funding contract due to expire in the very near future.

Conclusion: NGOs such as Ikhlas play a vital role in helping curb the rapidly growing HIV epidemic in Malaysia. However unless current obstacles particularly the punitive drug laws and poor financial support are addressed, the organization will not be able to provide their much needed services to injecting drug users in Kuala Lumpur.

168 **S Haydon**

SOUTHERN HEALTH ALCOHOL AND DRUG HOSPITAL LIAISON PROGRAM

Issue: The Hospital setting represents people with both acute and chronic AOD issues. The medical model of health care tends to approach patients from the disease model and thus promotes abstinence. It is often difficult for people in this setting to access treatment within AOD services due to issues of chronic illness or personal chaos.

Setting: Monash Medical Centre (MMC), Clayton and Dandenong Hospital (DH) are 2 major hospitals within Southern Health servicing the Southern Region of Melbourne. An initial pilot project undertaken for 6 months in 1998 identified these two sites as being hospitals with Emergency Departments receiving significant numbers of patients with AOD issues who were either triaged out of the Emergency Department or into wards within these hospitals.

Project: Funding was allocated in 2001 for 3 years to a program to be undertaken at MMC and DH. Staff were appointed within the AOD Treatment Service of Southern Health to work as Senior AOD Clinicians within these campuses. Staff roles include provision of Primary Consultations to patients who have been identified as having AOD issues within the Emergency Department and other ward areas and Secondary Consultation to staff concerning their patients. Training and Education is also provided to staff in order to upskill and therefore enable better identification and treatment of patients with AOD issues. Development of policies and guidelines for treatment of these patients is also a role of the program.

Outcomes: Staff are better at managing issues such as withdrawal, substitution pharmacotherapy and ongoing treatment through more in-depth knowledge of AOD issues. Patients are receiving inpatient support, harm minimization information and appropriate referral into services where applicable, supporting a model of integrated care into Primary Health Care Services within Southern Health and community AOD treatment sector.

169 **D Saique**

THE ROLE OF THE SOCIAL WORKER: PREVALENCE OF GENDER-BASED VIOLENCE CAUSED BY DRUG-RELATED HARM AND THEIR PREVENTION IN THE POLICE SETTING

BACKGROUND: The Philippine has one of the biggest population reaching now to 80 Million Filipinos. When population rises, crime indicator also rises. Hence, violence, drug abuse, prostitution are threats in the community.

OBJECTIVES: To present the study on the prevalence of cases on gender-based violence caused by drug-related factors as reported at the Women and Children's Protection Desk of Dasmariñas Municipal Police Station in the municipality of Dasmariñas, province of Cavite, for the period of one (1) year, from July, 2002 to June, 2003.

To share the learnings and working experiences of the Author, as a Social Worker, performing her roles as a Counselor and as an Educator in the police setting in the prevention of violence and drug abuse.

METHOD: PREVALENCE. The statistical and demographic data gathering and data analysis will be presented thru tables and pies based on these variables:

1. The Victim : sex, age and nature of violence/abuse.
2. The Perpetrator : sex, relationship to the victim and the condition during the commission of crime, whether:
 - drug-related (under the influence of drug or alcohol)
 - non drug-related (not under the influence of drug or alcohol)

PREVENTION. Breaking the cycle of violence thru:

1. Counselling
2. Education

RESULT: The study showed that, indeed, violence is gender-based since women has the biggest percentage (%) as victims, while the perpetrators mostly are men with the highest number who are under the influence of drugs and alcohol when they committed the violence.

Effectivity of the promotion on the prevention of violence and drug

abuse depends on the reciprocity of the relatives of the victim and the victim herself, while the community can prepare their Action Planning in the prevention of violence and drug abuse.

CONCLUSION: The Social Worker or any person in the helping profession must possess "wholistic approach" in any work setting as a Counselor and as an Educator in the prevention of gender-based violence, drug abuse and crime.

171 **H Ho and L Maher**

PLAYING A DANGEROUS GAME: BLOOD BELIEFS AND OVERDOSE MANAGEMENT PRACTICES OF VIETNAMESE-AUSTRALIAN IDUS

Background/Objectives: Vietnamese-Australian IDUs (VIDU) commonly attempt to treat heroin and other drug overdoses by withdrawing blood from the body. Central to this practice are cultural beliefs about the role and function of blood in the human body and the effects of drugs on blood and the body. We show how these beliefs inform the explanatory model of drug overdose used by VIDUs.

Methods: Ethnographic fieldwork and in-depth interviews were conducted with VIDUs in South Western Sydney to explore cultural beliefs and practices, including explanatory models of health and illness and influences on risk-taking behaviours. Interviews were tape-recorded and transcribed and open coding used to classify data into themes. Data were examined for regularities and variations in relationships between and within themes.

Results: Interviews identified the practice of withdrawing blood in the event of overdose. Withdrawing blood is widely believed to be an effective antidote to overdose and is informed by the belief that drugs primarily affect the circulatory system, especially the heart. The practice is consistent with an explanatory model of overdose employed by VIDUs which has its roots in traditional Vietnamese medicine (thuoc nam). VIDUs believe that withdrawing blood reduces the amount of drugs in the blood stream, takes the load off the heart and reduces its "heaviness", cools the system down by removing some of the "hot" drugs and improves circulation.

Conclusions: This case study illustrates how different explanatory models (in this case, understandings of blood, drugs and overdose mechanisms) lead to differences in management and response which may result in preventable deaths. Our data indicate that harm reduction interventions are unlikely to be effective unless they explicitly take into account the beliefs and practices of diverse cultural groups and suggest a need for interventions based on culturally specific meanings and contexts of health, illness and risk.

179 **R Taghizadeh Asl, P Afshar**

SUBSTANCE ABUSE IN PRISONS OF I.R.IRAN

Background/objective(s): Abuse of illicit drugs in prisons is a complex and complicated issue. Also in order to decision making and implementing harm reduction interventions we should have an accurate perspective and information about existing situation and related factors.

This study assessed the prevalence of substance abuse among prisoners (before and after incarceration) in I.R. Iran. Also it evaluated accuracy questionnaires by random lab test, knowledge and attitude of prisoners regarding drug abuse.

Methods: This was a cross-sectional study, by qualitative and qualitative approach to different objectives. As a whole 1200 male prisoners (>18 yr) participated in this study from prisons of 5 different provinces. Instruments of study have been demographic and substances abuse (knowledge & attitude) questionnaires, SCL 90-R, urine exam (RCG&TLC).

Results: 30.7% of prisoners confirmed substance abuse in prison, it indicates significant reduction ($P < 0.001$) in compare with prevalence of before incarceration abuse.

No significant difference observed in substance abuse by age groups or marital status as well education. 57.5% of prisoners have had high level awareness (knowledge) regarding substance abuse and only (14.5%) of prisoners showed low level knowledge in this regard.

Most frequent source of gaining information regarding drugs reported friends (55.9%). Only 15% of prisoner have high attitude and (34%) have

low attitude regarding drug abuse Results of SCL 90-R with cut off point of 0.4 manifested 87.5% of cases suspected to mental disorders. Most prevalent disorders were paranoid ideation, depression, mental sensitivity and obsessive-compulsive. A significant association have been found between drug abuse and suspicious mental disorder symptoms ($P = 0.019$).

Conclusion: Above-mentioned summarized results emphasis in harm reduction interventions among prisoners especially by using education focused on counseling and peers.

180 **V Volkanevskii, R S Broadhead, B Sergeev, A Mamina, M Ryabkova, El Sher**

COMPARING A STANDARD TO A SIMPLIFIED PEER-DRIVEN HIV INTERVENTION FOR IDUS: A FIELD EXPERIMENT IN BRAGINO AND RYBINSK, RUSSIA

Background/Objectives: We report on an innovative HIV prevention field experiment in two Russian cities, Bragino and Rybinsk, funded by the National Institute on Drug Abuse (RO1 DA14691). The present experiment of the "peer-driven intervention" model is a third-generation study aimed relying on injection drug users to reach other IDUs to reduce HIV. The goal of the experiment is to compare a Standard to a Simplified PDI model in terms of their recruitment and education effectiveness, and cost.

Methods: We outline the context in which the field experiment is unfolding, the design of the experiment and compare the two models using data from 320 interviews with IDUs in terms of recruitment and education effectiveness.

Results: In terms of education and recruitment effectiveness, the results indicate that there are no significant differences between the Standard and Simplified interventions. T-tests performed on the mean values of respondents' knowledge and the recruitment rates for Bragino and Rybinsk clients reveal no significant differences. Slightly more Rybinsk respondents agree to serve as peer-educators and recruiters than their counterparts in Bragino, although a large majority of respondents at both sites agree to work as peer-educators and recruiters.

Concluding Discussion: We conclude by discussing the overall early success of both models, and that prevention projects can rely on active drug users to carry-out the core activities that salaried outreach workers are hired to perform, but at much less expense. The recruitment process is also highly robust, although the PDI reward structure must be closely monitored and adjusted in order to ensure that women and younger IDUs are accessed sufficiently. We will also discuss the proposal of the Moscow City Duma (parliament) to introduce compulsory HIV testing for drug users, the step that could make the implementation of HIV prevention programs even more difficult in Russia.

181 **B Sergeev, A Merzlyakova, R S Broadhead, V Volkanevskii, A Mamina**

HIV PREVENTION AMONG RUSSIAN PRISONERS: THE RESULTS OF A FEASIBILITY INTERVENTION STUDY IN FOUR PRISONS IN YAROSLAVL OBLAST

Background/Objectives: We described a feasibility study aimed at measuring Russian prison inmates drug-related risk behaviors while incarcerated and immediately following their release. Specifically, we:

1. Assessed types and rates of HIV risk behaviors among a large sample of Russian prisoners
2. Examined the efficacy of a follow-up recruitment mechanism to access the sample population 2 months after their release from prison
3. Assess whether the period immediately following inmates' release from prison is a high-risk period during which intense HIV prevention intervention efforts should be conducted.

Methods: Two Health Educators employed by the Yaroslavl HIV Prophylactic Center conducted confidential interviews with 238 inmates in Yaroslavl oblast during Winter 2003. About a half of these respondents were re-interviewed within 2 months upon their release.

Results: Fifteen percent of inmates admitted that their HIV tests were positive. HIV risk behaviors in prison include tattooing and piercing (42%),



drug injection (3%), unprotected sex (5%), and the sharing of personal hygiene items such as razors (34%). Yet, one-third of who have reported for follow-up interview admit using drugs upon being released from prison. 19 respondents had a follow-up blood test and 1 new case of HCV was registered among them. Thus, we find a spiking in drug use behavior once inmates are released from prison and this behavior is such that puts them at risk of HIV.

Concluding Discussion: The results of this study indicate that HIV risk behaviors are widespread among Russian prison inmates. Furthermore, we found that there is a large demand for health information and HIV prevention services among inmates. Finally, the pilot study demonstrated that the period immediately following inmates' release from prison is a high-risk period. In addition, the feasibility of the follow-up mechanism to recruit former inmates during this high-risk period is feasible and merits further intervention research.

183 A Singh

SIGNIFICANCE OF THE HOME DETOXIFICATION IN RESOURCE POOR SETTING, AN EXPERIENCE IN MANIPUR, INDIA

ISSUES: There is remarkable increase in number of injecting drug users since mid 1980's which is associated with high rate of prevalence of HIV/AIDS and other blood borne virus among injecting drug users. According to Manipur voluntary health association of India 1992 there are 400000 drug addicts in Manipur. And RSA 2000-01 Imphal (UNESCO) There are 14th thousand drug users. There was only one government detox center which is defunct at present and a few drug treatment centres run by NGOs which couldn't cover the large number of drug users. On the other hand majority of the drug users couldn't afford the fees of these treatment centre.

SETTING: HIV/AIDS prevention, intervention and home base care project among IDUs was launched in 1999 at Imphal.

PROJECT: Under the 466 clients were provided home detoxification since 1999 September. Education, counseling and measure for safer practice were provided among IDUs and their partners, along with family education.

RESULT/OUTCOME:

- 11% of the client abstain from drugs
- 12% of them are under substitution
- 30% of them are under NSP
- Total No. of client seeking for Home detox has increased
- Referral from CBOs and NGOs has been increased

- Family started releasing drug users problem.

LESSON LEARN:

- It is client centre approach
- Cost effective
- Accepted by the community and family
- Increased involvement from the family and community
- Pragmatic treatment approaches that can reach out to the majority of users
- It can be sustain with community support
- Majority of the drug users prefers short term treatment
- It bridges the other harm reduction program.

184 M Sarapuu

NARCOTICS IN ESTONIAN PRISON

The problems, connected with drug addiction are a relatively new phenomenon in Estonian society.

What characterises Estonia:

- Constantly growing number of users of dependency substances among children and minors and constantly decreasing age of primary drug users;
- The growth of drug-related offences.
- The rapid spread of B- and C- hepatitis as well of HIV-infection in the society;
- Great number of persons, using drug intravenously;

In order to secure the well-functioning drug control strategy it is important to reduce the damages, caused to the individual and to the society by drug addiction.

Presently there are 8 closed prisons and 1 open prison in Estonia. There are 340 imprisoned persons per 100 000 inhabitants. The corresponding indicator is almost six times higher than in the Nordic countries. Out of all persons arrested 14 % (607) were accused of drug offences.

The systematic drug prevention related activity in Estonian prison system began in 1998. Before that prison system concentrated mainly on the reduction of supply and less on the reduction of demand. Today and in the near future the point of concentration will be more than before on the reduction of demand for drugs.

The Imprisonment Act concentrates its attention on re-socialization of the imprisoned persons with the objective to assist them to return after release from prison to the law-abiding society. But the rapid spread of drug-dependency and different infectious diseases in prisons have become a serious problem. With the state of January, 2003 there were 450 HIV-positive persons in prisons, out of them 99% had been infected by way of injections. The number of known drug addicts constitutes almost 25 % of the total number of imprisoned persons.

Perspectives on drug treatment programs in prison:

- 1) Syringe exchange programmes
- 2) Drug treatment- detoxification, drug treatment programmes, therapeutic communities, cognitive-behavioural approaches.

What works in the programmes? Client matching, time in treatment, throughcare and aftercare.

186 T NGUYEN

DRUG-TAKING BEHAVIOUR WITH SEX WORKERS IN VIETNAM

Vietnam is one of the countries with an alarming trend of HIV/AIDS transmission. The highest risk group of HIV/AIDS infected people are IDUs (59.29%), following by SWs (2.7%). And most of SWs are IDUs with unsafe drug taking and sexual behaviours. Although CWS account for a small percentage among PLWA in Vietnam but they are a potential threat and a bridge to spread HIV/AIDS to the community.

The objective of the research is to evaluate a situation of CWs with drug abuse, to suggest ways to reduce unsafe drug-taking and sexual behaviours among SWs/IDUs through providing IEC, exchanging clean needles and syringes

This research focus on the high risk groups of 300 female SWs/IDUs, aged from 18 to 25 in 5 areas of Vietnam such as Hochiminh city, Hanoi, Ba Ria – Vung Tau, Da Nang and Thai Nguyen. The primary method of the research is interviews, questionnaires.

The result shows that 13,3% of them is infected HIV/AIDS, 50,8% of them considered themselves as a high risk group, 14,2% – average risk group and 21,7% – low risk group.

The rate of IDUs has a safe behaviour is very low. Among CWs 83,4% is IDUs. And 54,3% usually share needles and syringes.

65% only use condoms occasionally.

Main reasons are poverty, unemployment, widening gap of rural-urban living standard, weak law enforcement.

Reason for SWs to become IDUs is that drug, syringes are cheap and available. The brothers use it as a way to control and exploit SWs.

It is difficult for IDUs to get out of addiction, especially for CWs. The reason is lack of facility for drug treatment and rehabilitation.

Through this research it is recommended that there should have programs focusing for female sex workers such as

Promoting safe drug injecting and sexual behaviour (clean syringes and needle exchange); Condom promotion and distribution; Job creations for sex workers; HIV/AIDS prevention peer education; IEC

Centres and clinics for counselling, treatment and rehabilitation
Women empowerment

187 **T Tran**

HIV HARM REDUCTION FOR IDUS IN QUANG NINH PROVINCE, VIETNAM

Issues: in recent years, Quang ninh has repeatedly ranked the first among other provinces in Vietnam in term of HIV infection rate. HIV infection caused by drug injection is very high (75%). Therefore, from May 2002 to May 2003, SHAPC implemented the project "HIV/AIDS prevention in border areas between Quang ninh province (Vietnam) and Guang xi province (China)" funded by AusAID.

Setting: Halong city and Mong cai town, Quang ninh province, Vietnam.

These are places with great population mobility due to the high number of tourists and cross-border trading with Guang xi province (China).

Intended audience: IDUs

Project: To facilitate harm reduction activity, SHAPC met with local authorities and relevant agencies to raise their awareness and gained their support on this activity. SHAPC in collaboration with provincial AIDS Standing Bureau recruited and trained peer educators. Each peer educator was assigned a specific task and location. Volunteers and SHAPC's project staff closely supervised this activity such as management of materials, communication with target groups, twice-a-month handover meetings to share experiences and aggregate outcomes.

Outcomes: According to quick assessment, about 90% of IDUs know how to use needles and syringes individually and to continue their safe injection behaviors. Harm reduction activity helped reduce HIV/AIDS transmission among IDUs.

Lessons learned and implications: It is essential to raise awareness for local officers on harm reduction and gain their support. The recruitment and training for peer educators are important. Besides distribution of needles and syringes, 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.

This is an effective activity which needs to be replicated.

188 **T Tran, T Pham**

HIV HARM REDUCTION FOR IDUS IN LANG SON PROVINCE, VIETNAM

Issues: In 1999, Lang son ranked the third province in Vietnam in term of HIV infection rate. The number of HIV infection by drug injection is very high (70%). Therefore, from July 2000 to June 2002, SHAPC implemented the project: "HIV/AIDS prevention in Lang son – Guangxi border" funded by AusAID.

Setting: Cao loc district, Van lang district, Loc binh district, and Lang son town

All these districts are commercial hubs with Guangxi province, China via 4 border gates namely Huu nghi, Tan thanh, Cong trang, Chi ma.

Intended audience: IDUs

Project: After the verbal agreement of Lang son people's committee, SHAPC conducted training classes for people who participate in the network to distribute needles and syringes (private doctors, peer educators, managers of IDU club), and assign specific tasks and locations. SHAPC's staff closely supervised the management of materials, communication with target groups, monthly handover meetings to share experiences and aggregate outcomes.

Outcomes: According to assessment experts, 95% IDUs know how to use needles and syringes individually, and to maintain their safe injection behaviors. The number of newly HIV infected people reduced significantly. After the project finished, Lang son ranked the fifth among 61 provinces in Vietnam in term of HIV prevalence.

Lessons learned and implications: Advocacy for support of local authorities and relevant agencies in harm reduction under any form (verbal ...) is essential. Needles and syringes must be always available at anywhere, anytime and convenient places. Counseling for IDUs is also an important activity to help them maintain their safe injection behaviors, to ensure the sustainability of the project. It is necessary to promote the roles of private doctors in harm reduction.

Harm reduction is an effective activity which needs to be replicated.

189 **D Dixon, L Maher**

POLICING, HARM REDUCTION AND CRIME CONTROL

Background: There is currently considerable enthusiasm for policing to be embraced by harm reduction. This ranges from a general concern to increase mutual understanding and reduce earlier hostility, to specific recommendations that law enforcement should be used as an agent of harm reduction (by pushing illicit drug users into treatment). This approach assumes a model of policing which is committed to problem-oriented, community policing strategies. This paper examines the accuracy and consequences of this assumption.

Methods: We draw on the literature on international trends in policing and crime reduction, and on empirical studies of the policing of drug users in South-West Sydney. These include ethnographic fieldwork, in-depth interviews with police officers, and a recent survey (n=102) of drug market participants' experiences and perceptions of policing.

Results: Results indicate that while the rhetoric of problem-oriented and community policing continues to be used, policing practice is increasingly dominated by different strategies. Falling international crime rates since the 1990s have given police new confidence about their ability to reduce crime through law enforcement strategies. In the new crime control strategies, crime is the harm which must be reduced: other harms take, at best, second place. Using data from South-West Sydney, we show how commitments to harm reduction were subordinated to crime control and discuss implications for attempts to balance competing demands to reduce both crime and drug-related harm.

Conclusions: Cooperation between police and harm reduction practitioners is necessary and desirable. However, such cooperation must proceed on the basis of a realistic understanding of contemporary developments in policing strategies.

190 **M Linnell**

HARM REDUCTION AND CIGARETTES

Issue: Cigarettes have a longer history of public control and regulation than any other drug. At present many developed countries are in the throes of a puritanical anti smoking pogrom. Smoking in bars and restaurants has already been banned in a number of American states and is being seriously considered in many other countries.

Approach: Using humorous illustrations the author will look at the control, regulation and control of tobacco's past, present and options for the future.

Key points: For a variety of reasons the harm reduction movement has failed to respond in any systematic way to the issue of smoking. Far from being irrelevant, the author will argue that the smoking issue can be used to highlight the folly of prohibition.

Implications: The author will argue that there are many benefits to becoming engaged in the arguments around smoking regulation that are applicable to all drugs. The opportunities and threats smoking regulation will bring to the harm reduction movement should be taken seriously.

193 **J Farrell, R Broadhead, Y van Hulst, F Altice**

A SAFER INJECTION SITE IN NEW YORK CITY: A UTILIZATION SURVEY OF IDUS

Introduction: HIV, hepatitis B & C, drug overdose, and other drug-related health problems still pose significant health risks to injection drug users (IDUs) and their sexual partners, indicating the need for further development of innovative public health interventions. One such intervention implemented in many municipalities throughout the world is a "safer injection site" (SIS). In general, a SIS is defined as a legal facility that allows people to prepare and inject pre-obtained drugs in a hygienic, anxiety-free atmosphere under medical supervision.

Methods: This paper examines the interview responses of a large sample of IDUs in New York City of whether they would use a SIS should one be implemented in mid-town Manhattan, as part of a larger, comprehensive harm reduction facility that already offers needle-exchange,



street-outreach, testing and counseling, support groups, and primary medical and dental services.

Results: The results found that a large majority of the IDUs sampled would utilize a SIS should one be implemented, and that the most likely clients would be those IDUs at the highest risk for over-dose and contracting or spreading blood-borne diseases, such as HIV and hepatitis.

194 **B Panda**

PSYCHOSOCIAL FACTORS OF

To study the socio-demographic and behavioural factors among substance abusers in the state Orissa. The methodology adopted was basically in-depth interview of drug abusers either from rehabilitation centres or in home. Substance abusers interviewed are mostly male (98.5%) and all of them satisfied the DSM-IV criteria for substance abuse. Total sample was 473

Findings: Almost two third respondents (67%) are married. Respondents are educated up to primary standard (45.5%) Monthly family income is Rs. 5876.11 with standard deviation of 5283.15 occupation was. Peer influence/pressure was the most dominant reason for starting substance (57.6%). Major events responsible for starting substance abuse are family disturbances (64.3%) Most of respondents are found to abuse alcohol (53.9%) followed by Brown Sugar (22.8%) and Ganja (14.4%). 87.9% are using own income to buy substances. 12.9% are selling items, 4.9% each are pledging items and cheating to buy substances. Most of the substance abusers parents are illiterate (72.3%). 20.5% respondents have witnessed both physical violence among parents and substance abuse among either parent in childhood. 47.6% respondents have never come for treatment.

Suggestions: Counselling, rehab, community care, awareness especially among Adolescents. Ngos should be much more involved in the awareness generation process, community psychiatry clinics etc

195 **L Burns, M Teesson**

ALCOHOL USE DISORDERS COMORBID WITH ANXIETY AND DEPRESSION: PREVALENCE, DISABILITY AND TREATMENT OUTCOMES

Alcohol use disorders comorbid with anxiety and depression are common. To date, however, discussion and research in the area of comorbidity has tended to focus on people whose drug use is illegal, or whose mental disorder causes affront and who society cannot help but notice. In such discussions individuals with comorbidity between alcohol use disorders, anxiety and depression are often overlooked. Yet these disorders comprise some of the most prevalent and burdensome mental health disorders in the community and when they are comorbid, this burden is likely to markedly increase.

The aim of this presentation is to address three main questions about comorbidity between DSM-IV alcohol use disorders, anxiety and depressive disorders: firstly, what is the population prevalence of comorbidity between these disorders; secondly, what does this prevalence mean for public health burden and, thirdly; what is the impact of this type of comorbidity on alcohol treatment outcomes.

Results of analysis of data from 10,641 randomly selected adult Australians shows that approximately one third of those with an alcohol use disorder had at least one comorbid DSM-IV anxiety, depressive or drug use disorder. This prevalence was associated with significantly higher levels of disability and health service utilisation, compared to respondents without these additional disorders.

This increased level of service utilisation does not, however, translate into improved outcomes. Results of a study of 98 alcohol treatment seekers is presented showing that, relative to those with no comorbid anxiety or depressive disorders, those with these comorbid disorders were more disabled and drank more heavily at baseline and remained this way at follow up. The broad implications of these findings for prevention, early intervention and treatment services are discussed.

196 **C Montigny**

AGAINST ALL ODDS: ACHIEVING NEEDLE AND SYRINGE PROGRAM ACCESSIBILITY IN RURAL WESTERN AUSTRALIA

Issue: In 2001, rural Western Australians who inject drugs had limited or no access to Needle and Syringe Programs (NSP) in regional areas. Poor services and a lack of information on NSP as a public health strategy amongst local communities (including health service workers) contributed to this situation.

Setting: To improve NSP accessibility in rural areas, a sustainable, consistent, statewide approach to NSP provision was needed. While health services offered an existing infrastructure in terms of access, long term sustainability in NSP provision could only be achieved via a partnership approach involving stakeholders such as schools, the police, local governments, local drug action groups and any other organisations dealing with drug related issues.

Project: An operational circular (OC) was issued to all regional and rural hospitals making after hours access to sterile injecting equipment mandatory. To assist the OC implementation, training was provided to hospital staff, and Local Government Environmental Health Officers, to address pro-actively any disposal issues that may arise from NSP provision. Regional NSP coordinators were appointed in regional centres to support a partnership approach amongst key stakeholders while the Sexual Health and Blood-borne Virus Program provided central guidance and consumables free of costs to services.

Outcomes: Progress was slow but steady. Most areas now register 100% compliance to the OC with, overall, the support of local communities. Service provision is uneventful and sustained. Remaining difficulties include rapid staff turn over, confidentiality issues in small country towns, and poor access by Indigenous clients. A belief by some regional health services that NSP access is not needed because there is no drug problem in town or that a decrease in distribution is an indication of a decrease in drug use, continues to prove an on-going challenge.

198 **H Nguyen, V Tran, M Vu, R Broadhead, T Kane, T Hammett**

CONDUCTING RAPID ASSESSMENTS IN FOUR VIETNAMESE TOWNS USING A PEER-DRIVEN INTERVENTION

Background: We report the results of using a "peer-driven intervention" to conduct a rapid assessment of IDUs' risk behaviors, and the local drug scene, in Ha Giang, Lang Son, Cam Pha and Hai Phong, sponsored by the U.S. National Institute on Drug Abuse, Family Health International, and the Ford Foundation.

Methods: A peer-driven intervention relies on active drug users to recruit their peers for interviews. The use of coupons allows researchers to keep track of "who recruits whom," and to begin an analysis of IDUs' networks.

Results: Major findings include: (1) an outreach mechanism that relies on IDUs to recruiting their peers for intervention is highly feasible, even in communities that highly stigmatize IDUs. (2) The recruitment mechanism requires very small direct monetary rewards offered to both recruits and recruiters. (3) Recruitment coupons enable the identification of recruiters most able to recruit very high-risk, hidden sub-populations such as women and young injectors, thus enabling project managers to adjust incentives and "steer" the intervention, making it more targeted. (4) With peers accessing peers, recruiters' "homophily" bias gradually washes out, resulting in a highly diversified sample of IDUs in terms of age, ethnicity, education, and area of residence.

201 **E Roy, E Nonn, N Haley, S Brochu**

UNDERSTANDING ADOPTION OF INJECTION DRUG USE AMONG STREET YOUTH – PRELIMINARY FINDINGS FROM A QUALITATIVE STUDY

OBJECTIVES: To understand how injection drug use (idu) develops among street youth (SY). METHODS: We conducted a qualitative study using in-depth semi-structured interviews. SY were recruited through outreach at street youth agencies. A typology of experiences was built by induction, by

crossing youth's street life and drug use trajectories. RESULTS: Forty-two SY, 15-25 years old, were recruited. Our typology includes 4 typical cases. The 1st type is characterised by early and indissociable street life and drug consumption trajectories, associated with strong identification with the Montreal downtown SY scene. Injection seems to be part of this double trajectory. The experience of the 2nd type is less intense and less related to the downtown Montreal milieu. When they arrive in Montreal, these youth are a little older than type 1 youth, and they already have an established drug using pattern, with hallucinogens being the predominant drugs. Even if they judge "junkies" severely, they show some ambivalence towards this practice. The 3rd type is characterised by youth having street life and drug consumption trajectories that are less strongly linked together and they do not identify with the street youth milieu. They use drugs recreationally and when they end up in the streets, it is usually accidental, often because they lost their job or their room-mates. The 4th type is typically alcohol-dependent even if youth also use other drugs, and street involvement is usually due to this dependence. Like the previous type, these youth do not identify with the street youth scene. The risk of adopting idu is lower for both types 3 and 4. CONCLUSIONS: Some combinations of street life and drug use trajectories seem to be favourable to idu among SY. From these combinations it is possible to identify the main dimensions that interact and increase the risk of SY adopting idu: poor personal assets; early rupture with primary social institutions; social integration into subcultures where both street life and "drug trips" are fashionable, and the local drug market.

202 **J Hallam**

THE EMERGENCE OF AN ADVOCACY COALITION FOR HARM REDUCTION IN AUSTRALIA

Issue: Currently, the concept of harm reduction is enjoying relative policy 'success' in Australia, yet prohibition is still the dominant player in expenditure and electoral terms. Harm reduction practitioners at all levels continue to work in a highly political environment whereby justification and clarification of the instrumental value of their work is still being called upon regularly. Intense debate around supervised injecting centres, the threatened and actual closure of needle and syringe programs, and local discussion regarding the location of such programs are examples of recent attempts to challenge operational policies of harm reduction. What are the challenges that the harm reduction coalition faced in its emergence? Secondly, which challenges still remain and what are the implications for current practice?

Approach: Using Sabatier's advocacy coalition framework (ACF), the emergence of a 'harm reduction' coalition is examined. Policy-making is conceptualised as the result of competition between coalitions that advocate particular beliefs about a policy issue. Two sets of variables impact on the amount of available resources and shape constraints of coalitions: relatively 'stable' system parameters and 'external system events'.

Key Points: The harm reduction coalition emerged in the early 1980s and presented a clearly defined alternative to traditional approaches to substance use. Factors such as the constitutional structure, socio-cultural norms, problem definition and resource levels, and, changes in governing coalitions, socio-economic conditions and public opinion as well as policy decisions from other subsystems have impacted on its emergence and consequent development.

Implications: The implications of these factors are examined with distinctions made between variables that are resistant or susceptible to change. Insight into the strategies employed by the harm reduction coalition sheds further light into the 'mechanics' of Australia's illicit drug policy process.

203 **M Sheldrake, K Leitch, V Bardon, K Keevers, M Passey**

IDENTIFYING THE NEEDS OF RURAL ABORIGINAL AND NON-ABORIGINAL WOMEN DEPENDENT ON ILLICIT DRUGS

Background/Objectives: Little information exists about illicit drug use amongst women in rural Australia and less is known about the situation

amongst rural Aboriginal women. This study examined the health, treatment and other support needs of rural Aboriginal and non-Aboriginal women dependent on illicit drugs in order to inform program development.

Methods: This qualitative study utilised multiple methods to increase validity and reliability. Methods included consultations with, and surveys of, service providers working with drug dependent women (DDW), interviews with DDW and group discussions with Aboriginal women from different communities. Thirty-four non-Aboriginal and 22 Aboriginal women dependent on illicit drugs completed face-to-face, semi-structured interviews. Group discussions attracted approximately 50 Aboriginal women.

Results: Social support emerged as a key area of need in both groups but with differences in the type of support needed, ranging from informal for non-Aboriginal women to formal for Aboriginal women. Older Aboriginal women identified a need for support in caring for children of DDW. Nearly all women reported multiple chronic health problems but only half were receiving any medical care. Key barriers to accessing health services were a lack of bulk billing and waiting periods for non-Aboriginal women but shame, mistrust of health professionals and concerns about confidentiality for Aboriginal women. Treatment needs were similar across both groups: primarily the limited availability of residential services addressing the needs of women particularly those with children. Findings from the women were supported by service provider data.

Conclusions and implications: In this rural setting, women's complex needs were compounded by the limited availability of appropriate resources. However, without adequate social support, increased resources alone are unlikely to succeed. For Aboriginal women, programs must accommodate the wider social context of the family and community.

204 **M Sheldrake, M Passey, K Leitch, V Gilmore, Keevers**

SHORT-TERM IMPACT OF CASE MANAGEMENT ON SOCIAL AND HEALTH OUTCOMES OF RURAL AUSTRALIAN WOMEN DEPENDENT ON ILLICIT DRUGS

Background/Objectives: As part of a rural integrated care trial for women dependent on illicit drugs a case management model was developed, implemented and evaluated over a 12-month period. The aim of the trial was to improve the quality of life, health and social circumstances of drug dependent women. This paper focuses on 3-month outcome data.

Methods: Thirteen case managers recruited 64 women dependent on an illicit substance or in a methadone maintenance program into case management during the trial. A quasi-experimental longitudinal design was utilised to assess the impact of case management across a range of outcome variables. Women completed the WHO Quality of Life Questionnaire Brief version (WHO-QoL BREF), Rosenberg Self-Esteem Scale, Brief Treatment Outcome Measure (BTOM) and a structured interview, at recruitment and subsequent 3- and 6-month intervals. Retention in case management at 3 months was 75%. Changes in outcome measures were tested using the Wilcoxon signed rank test.

Results: At 3-months there were significant increases in self-esteem and the Social Relationships and Environment domains of the WHO-QoL(BREF). From the BTOM, there were highly significant improvements in severity of dependence, psychological wellbeing and social functioning. There was a significant reduction in the number of different classes of drugs used by women and in the use of tobacco over the 3-month period. These findings supported women's reports of case management as a very positive and life changing experience.

Conclusions: We conclude that case management had a positive and significant effect on women's lives within a short period of time. The evidence also suggests that reductions in substance use can be achieved by simply supporting women in other areas of their lives.

205 **M Sheldrake, M Passey, K Leitch, V Gilmore**

ENGAGING WOMEN IN CASE MANAGEMENT BEYOND THE TREATMENT SETTING: A RURAL CASE STUDY,

Background/objectives: Substance abuse treatment facilities are limited in



rural settings, requiring innovative approaches to service delivery to improve access. As part of a rural integrated care trial for drug dependent women (DDW), two generalist NGOs were funded to provide a range of services, including case management, to trial participants. Neither had previously targeted DDW. The aim of this study was to examine the feasibility of this approach and identify critical success factors.

Methods: A qualitative case study approach was utilised to compare and contrast program outcomes at the NGOs, a women's health centre and a family and community centre. The emphasis was on staff experiences, recruitment of women, organisational change, challenges, and critical success factors. All staff funded through the trial and their managers were interviewed shortly after implementation and again 6-7 months later. As part of routine monitoring, participants were asked about their experiences.

Results: Both organisations were successful at attracting women to new services provided as part of the trial. However, a greater number of DDW accessed services and were recruited into case management at the women's health centre compared to the family centre. In addition to geographical and structural differences, the supplementary services such as free medical, naturopathic and massage appointments offered by the women's health centre acted as incentives to attract women who then accessed case management.

Conclusions: Delivery of treatment and support services for DDW is achievable in generalist settings but the specific approach should be determined by the local setting. Findings from this case study suggest that success can be facilitated by offering services that address unmet needs such as medical services.

206 **A Jayasree**

DISSEMINATING THE NOTION OF HARM REDUCTION-ROLE OF NGOS

Issue: Dissemination of idea of harm reduction in the community.

Approach: Sociological analysis. Interviews and focus group discussions among drug users and community leaders were done in a community where harm reduction activity is introduced.

Key points: The concept of harm reduction is recent and developed from the perspective of empowerment. The values in the society are a mix of different cultural traditions including various religions, modern education, political ideologies etc. All these share the moralistic judgment on drug use. The facilitators of the programme, both from NGOs and Government, community leaders and the drug users also had internalized the same values. This is a challenge to the harm reduction programme. Learning and reflection from the part of the facilitators is a prerequisite for the success of this programme. The values are often reinforced by the legal and 'anti-criminal' measures taken by police forces. Here, empowerment of the community is what is required. For this, we have to interrogate our own values. This is possible by continuous interaction with the group, developing sensitivity towards cultural determinants of value formation and developing culturally appropriate programmes. NGOs can take a role. NGOs should start the process taking the side of the marginalized drug users and interrogating their own value system simultaneously. They can advocate with the policy makers.

Implications: At present, the programmes are failing because it is done in a haphazard manner under the influence of donor agencies or Government. There is no reflective thought from the part of implementing agencies and community. A radical change in value orientation is needed to accept the concept of harm reduction by the society. A critical evaluation should be developed from the side of those who take facilitatory role like NGOs. This is a necessary condition for successful harm reduction programmes.

207 **T Rihtar, A Kastelic**

SOUTH EASTERN EUROPEAN ADRIATIC NETWORK

Based on the greatest issues in all countries which are similar – the addiction to tobacco and alcohol, whilst out of illegal drugs the greatest problem is heroin and the use of synthetic drugs is rising, idea to establish network was born.

Great differences are present in the organisation of medical treatment systems and assistance within the countries of the region.

Cooperation and assistance delivered by experts from countries of the region are of vital importance when it comes to quality upgrading of addiction treatment and rehabilitation. A coordination committee was established, formed by representatives of all countries (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Macedonia, Serbia and Montenegro) together with some EU countries and some Central European Countries. And encourage regional cooperation amongst bordering countries ought to be done. Cooperation amongst the regions of Trieste, Friuli, Slovenian coastal area, and Istria has already been established.

Training courses and workshops will be organised for experts directly working with addicts, especially when it comes to implementing substitute therapy, encourage and initiate harm reduction programs and encourage addiction epidemiology research and work on leveling epidemiology parameters.

Databases on all experts and institutions are being done and own web site page formatted. The Sound of Reflection Foundation shall publish regional magazine by translating the magazine into several languages.

208 **R Singh**

NEEDLE SYRINGE EXCHANGE PROGRAMME

Introduction: A certain amount of blood is retained in the needle/syringe while injecting drug of any kind. If two persons share the syringe or needle while injecting drug, some amount of blood is shared. If the blood of one person is HIV infected, then HIV is shared among them. Therefore, sharing of needles and syringes is considered a high-risk behaviour with regard to transmission of HIV and other blood borne viruses.

Approach: Rapid Intervention and care (RIAC) is an intervention project launched in 1998 in Manipur (India) with the sole objective of reducing the spread of HIV infection among the Injecting Drug Users and their spouses. It is based on the principles of Harm Reduction (minimization of the harm associated with injecting drugs and sharing of injecting equipment). The main activity of the project is Needle syringe exchange programme.

29 different NGOs are now implementing 31 projects for IDUs at various places of Manipur. The target is 19,600 IDUs and their spouses.

Results: The total number of IDUs enrolled under the project upto June 2003 is 19,638 including 1398 spouses. Out of them 13192 clients are under needle syringe exchange programme. Since the beginning of the project, 1865 clients including 235 females have volunteered for HIV testing and 5456 clients are under home care.

Conclusion: As an outcome of the RIAC project, the HIV prevalence among the IDUs has been considerably stabilized since the beginning of the epidemic. It was 76.9% in 1997, 72.8% in 1998, 55.4% in 1999, 66.02% in 2000 and below 40% in 2002.

211 **A Filatov**

HR ADVOCACY IN THE TERRITORY WITH A CLOSED DRUG SCENE

Issue: The district of Mirny has the highest drug use prevalence rates in Yakutija. IDUs are stigmatized and are persecuted by militia. This stipulates for a closed drug scene and specific difficulties in HR project realization. Due to lack of anonymity, IDUs had a limited access to medical services. This led to high HIV prevalence.

Setting: 97% of all drug dependent registered in a narcological dispensary, are IDUs. Before 2000, out of all revealed HIV cases, 95% were IDUs. 77% of users had experience of common use of syringes/needles. There were no HIV/AIDS preventive programs in the region. HIV positive and drug dependent people were constantly stigmatized by mass media. The officials had this opinion of the target group reservation.

Project: In 2000, AIDS Center was established in Mirny. Later an express-assessment was carried out. It helped to develop a regional "Anti HIV/AIDS" program with the inclusion of Harm Reduction activities. Under the local administration a Coordinating Council on HIV/AIDS was established. The Council includes representatives of medical, social, law enforcement agencies and mass media. NSP has been launched in the

AIDS Center. A group of outreach workers has been arranged and trained. Brochures and leaflets for IDUs were developed and published. There was opened an anonymous cabinet for HIV testing in the town. Trainings for journalists, mass media representatives, medical workers and militia were conducted. The local newspaper started publishing a new rubric "Doctor HIV", which includes articles by AIDS Center on the HR project. A newsletter for officials covering HR activities and reached goals is published each quarter.

Outcomes: There is an "Anti HIV/AIDS" program, which budget for HR in 2003 makes 1/3 of the program. The Coordinating Council took favorable decisions in relation to HR project. Presently, publications in mass media are in favor for Harm Reduction activities. Militia does not impede work of HR project. According to polls, 57% of officials have positive attitudes towards HR ideology.

212 A Chakrabartty

STIGMA: NOT A CONSTANT FORCE IN HARM REDUCTION PROGRAMME

Issue: In a harm reduction programme, stigmatization can drive substance users underground. Stigma has huge variance across countries and cultures. Its intensity also varies. Therefore, measures to combat it cannot be the same. The strategy should be stigma sensitive to effectively address better access to care.

The primary objective of the study was to examine the role of stigma in access to care among substance users.

Approach: Counsellors of The Calcutta Samaritans conducted a study among programme managers, coordinators & counsellors (n=31). Strategies adopted in 14 NGOs working on harm reduction programmes in Calcutta and its periphery was examined. Using open-ended questionnaire, we studied potential of stigma to hinder access to care. We used confidentiality, health seeking behaviours, family counselling and sensitization of neighbours as proxy indicators of stigma. Economic constraints and type of harm reduction strategies, which would affect access, were also counted.

Key points: Social stigma is an independent factor that reduces access to cares. It operates as a factor as important as economic constraint. It is also perceived differently across cultures. But none of the NGOs adopted a separate stigma combating strategy. There was no innovative recipe in any strategy that can take special care to address stigma more sensibly in their cultural context. Mechanisms were uniform among NGOs.

Implications: The issue of stigma should be discussed from cross-cultural perspectives. The strategies should vary from culture to culture and country to country with more relevance to developing countries. One country should not thoroughly replicate strategy of another country. It may compromise quality of care. Our study within a state identified relevance of specific strategies in different settings. We recommend further research to extrapolate our views of culture & country specific strategy, where variations are more prominent.

213 G Elo

COMMUNITY PREPAREDNESS FOR VACCINE TRIALS

BACKGROUND: HIV prevention research trials is often conducted within communities from where participants access services like wealth, social support and education. To achieve community participation and collaboration, communities need to be informed and educated. As part of HIV prevention clinical trials unit, we aim to increase knowledge and understanding of HIV and the role of intervention research and prevention so that people can make an informed choice research participation with reference HIV vaccine trials.

RESULTS: The community mobilisation activities target services providers, health authorities and community based-organisations. The process of developing community working groups

(CWGs) for the HIV/AIDS research evolved as the community became informed and aware. Members of the CWGs continue to receive training on the needs and that of the community. These communities mobilisation efforts facilitated the acceptance by community members for the research

programme to be implemented.

CONCLUSION: To achieve community mobilisation and participation in HIV prevention programme, the community requires training and basic information around concepts of HIV/AIDS, STD's and other relevant issues. Research activities must become part of the existing HIV/AIDS awareness programme and services within the community and this will facilitate the development of a referral strategy for people affected and infected with HIV. Community mobilisation efforts facilitate the sustainability of the prevention research efforts within the community and improves health seeking behaviour after the trials is completed.

216 K Berry

PANACEA OR PLACEBO? AN EXAMINATION OF THE EFFECTIVENESS OF ACUPUNCTURE AS AN ADJUNCT TO EXISTING AOD PROGRAMS

Acupuncture demonstration at the IHRA Conference 2004:

There is provision for a demonstration of acupuncture using the National (USA) Acupuncture Detoxification Association (NADA) treatment protocol. This technique is recommended for the promotion of relaxation.

There will be treatment places for up to 40 delegates taking approximately 20-30 minutes (total treatment session time). Equipment will be supplied by UTS.

ABSTRACT: An examination of the effectiveness of acupuncture as an adjunct to existing alcohol and other drug (AOD) programs is a collaborative partnership with Central Sydney Area Health Service- Rozelle Hospital, the University of Technology Sydney and the Hepatitis C Council of NSW.

Acupuncture is gaining recognition in the USA and Europe as a cost-effective way to attract young people into treatment, enhance patient health outcomes and increase patient retention rates in programs.

Anecdotally, acupuncture has been reported to complement existing AOD programs with a range of therapeutic benefits and value added to services. These include:

- Cost effectiveness
- Increased retention rate in programs
- Non pharmacological therapy
- Promotion of relaxation
- Decreased need to prescribe benzodiazepines
- Treatment of symptoms of withdrawal
- Providing an entry point to other treatments
- Engagement of 'difficult to reach groups'- (eg psychostimulant users and young people)

The University of Technology Sydney (UTS) has committed funds to trial a student-based acupuncture AOD program, based on a successful, cost-effective Victorian model. The Victoria program has existed since the mid 1980s and anecdotally has shown to work well, however we are not aware that a formal evaluation has been carried out. The NSW model involves the participation of fourth (final) year acupuncture students at UTS working in McKinnon Unit, Rozelle Hospital, under clinical supervision.

The project aims to promote harm reduction principles and enhance patient health outcomes by offering a holistic and integrated treatment program.

217 M Linnell

MAD DOGS AND ENGLISHMEN

Issue: Handling the media is like feeding a mad dog, it is grateful for the scraps it receives, but sooner or later it is going to bite you. Lifeline is a drug help charity based in the North of England. Over the last 18 years we have had an enormous amount of media coverage for our harm reduction leaflets. At the start of 2002 we started to be attacked (again) for the content and style of our leaflets. The attacks (from national and international media, fed by government, churches etc) continued for 18 months, seriously threatened the whole charity and led to us being under threat of arrest.

Approach: The reasons behind the attacks, the underhand and 'dirty' tactics used, unscrupulous profiteering by other organisations, the fall out



from these attacks and our fight back and response will be chronicled.

Key points: Is any kind of publicity, good publicity? What does it feel like when attacks become personal? Should we carry on feeding dogs that have bitten us?

Implications: Are there any lessons or tricks that can be learned that may help other individuals and organisations that may face this situation in the future?

218 S Levine

THE USE OF INFORMATION BULLETINS AS A MEANS OF UPDATING AND SOLVING PROBLEMS

Issue: There are a large number of problems and requirements related to harm reduction (HR) in the Russian Federation (RF), which need to be solved using both personal and professional experiences. Information bulletins are an important means of exchanging ideas.

Setting: According to information gathered by AIDS Foundation East-West (AFEW), more than 80 organisations currently run HR projects in the RF. Due to the size of the country, inadequate links, and limited resources, sharing experiences is difficult. Analysis of organisations' budgets demonstrates that too few financial resources are allocated to information distribution.

Project: AFEW's Harm Reduction in Russia bulletin is distributed amongst HR projects, GOs and NGOs (e.g., AIDS centres and drugs treatment clinics). HR projects take part in its publication, submitting articles detailing their own experiences. In 2003, the first issue covered work within the penal system, which is characterised by the fast spread of HIV amongst inmates through injecting drug use. The second issue discussed work with the media, with whom co-operation is an effective means of influencing public opinion. The third issue covered advocacy, which is relevant for scaling-up national programmes, improving the legislative context, and optimising on-site work. The fourth issue covered fundraising, important for most projects owing to the need to increase publicity and the quality of services, and to maintain project activities.

Outcomes and lessons learned: According to the results of a 2003 assessment among readers completed by AFEW, the content reflects the problems surrounding HR work in the RF. Drawing upon real experiences – both foreign and domestic – the bulletin is an important means of advocating for HR, and allowing for progress in the legislative environment. HR projects in the RF present the bulletin to government officials as a professional periodical which expresses their position on many key issues, and increases credibility among policy makers.

219 S Lee

THE ROLE OF TRAINING IN THE ACCELERATION OF PROFESSIONAL AND PERSONAL GROWTH OF HARM REDUCTION PROJECT STAFF

Issue: In order for harm reduction (HR) programmes to develop effectively, there must be constant improvement not only in the knowledge, ability and skills of the staff, familiarity with the experience of other projects, but also changes in staff attitudes towards themselves and their work.

Setting: There are more than 50 HR projects funded through the Open Health Institute (OHI) working in the Russian Federation (RF). These HR projects function in various regions of the RF, which makes direct communication between them difficult. Injecting drug users (IDUs) working in HR projects have often experienced discrimination from the surrounding community which has led to the development of an inferiority complex among them.

Project: Between 2001 and 2003, 46 training seminars were held by AIDS Foundation East-West's (AFEW's) HR Training Project. A staff member from an HR project in another region was invited to take part in every second site visit, which provided the opportunity for the sharing of practical experiences between regions and countries.

Outcomes and lessons learned: In total, 542 HR project staff from various regions of the RF and other countries (e.g., Republic of Moldova, Uzbekistan, Tajikistan and Lithuania) took part in AFEW's training seminars. Training became an important aspect of developing HR projects in the

region, in addition to solving direct problems related to training specialists in various subjects. Training, as a type of interactive study, provides IDUs with the opportunity to develop new skills, discover their potential, and display their creativity, allowing for a sense of self-worth and thus motivation, as well as preventing burn-out syndrome. Feedback and evaluation received after each training session revealed increased motivation and positive changes in knowledge, ability, willingness and attitudes towards one other and towards individual training topics.

220 S Paxton

APN+ DOCUMENTATION OF AIDS-RELATED DISCRIMINATION IN ASIA

Objective: To document the extent and nature of AIDS-related discrimination in Asia.

Method: The project was designed and implemented by people living with HIV. 753 HIV-positive people (348 females, 394 males, 6 transgenders) from India, Indonesia, Philippines and Thailand were interviewed by trained HIV-positive interviewers. Ethical protocol was approved by UNAIDS.

Results: Half of all respondents were unprepared to be tested when the test was taken. There was a significant relationship between not being prepared for an HIV test and subsequently experiencing AIDS-related discrimination. One in eight respondents were coerced into the test. The majority of respondents in all countries received no pre-test counselling; only 52% received post-test counselling; 42% were giving results in company of another person; 20% told nobody of their diagnosis but half of these said their confidentiality was breached; Within the health sector is where most people experienced some discrimination. 12% of respondents were refused treatment in the 12 months prior to interview. Positive women were more likely to experience discrimination than positive men were.

Conclusions: Peer-led research is empowering for interviewers and respondents.

HIV testing without appropriate pre- and post-test counselling has dangerous repercussions.

221 B Denes

DRUG LAW REFORM IN HUNGARY

In 1998, the newly elected government in Hungary adopted new criminal legislation about drug use. As the government spokesmen announced then, the new criminal rules (that became effective from the 1st of March 1999) were "the strictest drug-laws in Europe".

The Hungarian Civil Liberties Union strongly opposed from the beginning this American-type prohibitionist approach. Four years after the restrictions were announced, the new government, elected in 2002, announced the revision of the strict drug-abuse rules. Shortly afterwards the Hungarian parliament adopted the new law – thus, from the 1st of March 2003, Hungary has new, less strict criminal rules about drug use. In fact, the new criminal rules are still not as developed and "liberal" as we could imagine, they remain an important step. Most importantly, they are much more treatment- and harm reduction oriented than the former rules.

The presentation will cover the HCLU's drug policy activity: what kind of tools and techniques we used in the criticism of the prohibitionist approach, and in the promoting of harm reduction. How we collected our cases from our drug-legal aid service, how we used our organization-type clients' experiences, and what was our media-communication strategy. How we used our legal services not just for helping individual drug users and organizations (harm reduction services and drug outpatients clinics) but for our goal, the modification of the strict rules. In general, what was that strong influence that made the new government's Minister of Justice courageous enough to introduce a drug law reform practically against the will of the voters? What made the new administration feel the importance of such changes in an environment where the vast majority of the people strongly support the zero tolerance-approach and the imprisonment of every drug user?

The presentation will also cover the current drug policy related questions in Hungary.

Balazs Denes is a lawyer and the head of HCLU's Drug Policy Project.

222 **G Stimson, C Aceijas, M Hickman, K Dehne, T Rhodes**

A GLOBAL ESTIMATE OF INJECTING DRUG USE

Background: We report progress towards obtaining global, regional and national estimates of the prevalence of IDU. These are critical to planning intervention response, and to measuring the coverage of harm reduction (e.g. needle exchange, substitution treatment) and provision of ARV treatment for IDU. This work is conducted for the UN Reference Group on HIV/AIDS Prevention and Care among Injecting Drug Users (IDU), which collates indicators on IDU in developing and transitional countries.

Methods: Existing estimates of prevalence of IDU or size of IDU population were collected from at least 181 sources for the period 1998-2003. Sources included reports, papers, booklets, grey literature, and databases, gathered from UNAIDS, WHO, UNODC, EMCDDA, searches in PUBMED and EMBASE and personal contacts. 126 countries had prevalence estimates for IDU. Prevalence % was calculated using the absolute number of IDU as the numerator, with the adult population (15-64 years) as the denominator. Data quality were rated on a four point scale.

Results: The number of IDU worldwide is provisionally estimated at 12,600,000 (range 5,836,769 – 19,254,518). The majority of IDUs (9.4m) are in developing and transitional countries, including South and South-East Asia (3.5m), East Asia and Pacific (2.4m) and Eastern Europe and Central Asia (2.4m). Data coverage and quality are variable, and there are notable gaps in information.

Conclusions: There is a need to improve national data collection to arrive at improved estimates. Previous estimates reported 134 countries having IDU, but without estimates of the size of the population. In the next stage of this work we will seek to fill gaps and improve the information, and to estimate global and regional prevalence of HIV infection, and provision of substitution treatment, needle exchange and ARV treatment.

223 **R Booth, S Gilbertson-Mikulich, S Salomonsen-Sautel, J Sinitsyna**

CONTINUED HIGH RISK BEHAVIORS AMONG IDUS IN UKRAINE

Background/Objectives: Along with Central Asia, Eastern Europe has the fastest-growing HIV/AIDS epidemic in the world. Ukraine is the epicenter of AIDS in the region, with an estimated 230,000 infected, approximately 80% of whom are drug injectors. Interventions are urgently needed. The purpose of this study was to assess factors associated with continued high risk injection practices following outreach interventions.

METHODS: Staff from Non-Government Agencies (NGOs) in each of three Ukraine cities (Odessa, Kiev and Makeevka) were trained in the Indigenous Leader Outreach Model (ILOM), an intervention found previously to be effective. In each city, 100 IDUs were recruited, interviewed at baseline and 6 months later and intervened with between interviews.

RESULTS: Participants averaged 28.1 years of age and included 28% females. Nearly all (97%) reported injecting liquid poppy straw and 79% shirka (an ephedrine-based drug) in the previous 30 days.

More than 75% purchased their drugs in preloaded syringes from gypsies. Nearly two-thirds reported always or usually injecting with others and 68% had used a syringe that another injector had previously used. At baseline, 60% reported sharing a needle/syringe, injecting with drugs from a common container used by other injectors or front/backloading. At follow-up, this percentage declined to 35%.

Factors associated with continued high risk needle use included fewer years of injecting, having an IDU sex partner and being HIV infected.

CONCLUSIONS: The finding that more than one-third of the participants in this study continued to engage in high risk behavior following interventions designed to reduce their risk, and that HIV infected

IDUs were particularly at risk, likely forecasts the continuance of the epidemic in Ukraine.

224 **M Singer, S Shaw, J Eiserman**

RAPID ASSESSMENT AND RESPONSE: BRIDGING THE GAP BETWEEN RESEARCH AND APPLICATION IN HARM REDUCTION

Background/Objectives: Findings are presented from 2 studies in Hartford, Connecticut (USA) designed to assess emergent drug use and related HIV/AIDS risk. The objectives of the Drug Monitoring Study are to: 1) identify new drug use behaviors (new drugs, drug combinations, ways of using drugs, populations of users). Project RARE uses rapid assessment to identify late night HIV risk.

Methods: The Drug Monitoring Study combines observation and interviewing with three waves (n= 150/wave) of survey data collection with street drug users. Project RARE uses rapid assessment (observation, street interviews, in-depth interviews, and focus groups). Both projects report findings to respective community advisory teams for the development of rapid harm reduction responses.

Results: Prior study in Hartford identified heroin and cocaine as primary drugs of concern. In the first wave of data collection in Drug Monitoring, we found that half of our participants (52%) reported illicit use of prescription drugs (tranquilizers and pain killers acquired through doctor hopping and street purchase), and that this behavior is significant in HIV risk. The majority of prescription drug users (84.2%) reported the behavior "put them in risky situations," and 58% reported having sex with someone they don't know without a condom (53%). Project RARE identified 10 "hot spots" throughout the city where heavy traffic sex for drugs/sex for money exchanges and public drug use occur between midnight and 3 am. Individuals recruited from these venue reported never interacting with HIV prevention staff in late night sites and never being offered condoms after hours. Field observations affirmed these reports.

Conclusions: These two projects provide models for: 1) "early bird" identification of emergent HIV and related risk patterns and "off the clock" (i.e. after prevention programs close) risk sites; and 2) the rapid translation of research findings for community-based harm reduction and public health responses.

225 **S Sherman, D German, B Sirojnj, N Thompson, A Aramrattana, D Celentano**

INITIATION OF METHAMPHETAMINE USE AMONG YOUNG THAI DRUG USERS: A QUALITATIVE STUDY

Background: Methamphetamine (MA) has become the leading drug of abuse in northern Thailand over the past several years, particularly among youth. Little empirical data exist that examines factors associated with MA initiation.

Methods: Between March 2002 and January 2003, 66 in-depth interviews with young MA users were conducted in advance of a randomized, MA harm reduction, peer outreach intervention trial. The interviews were conducted in Chiang Mai city and the surrounding district. Data collection preceded the Thai government's February 1st, 2003 enactment of a war on drugs.

Results: Participants were 33% female and had a median age of 20 years. A culture of MA ubiquity characterized participants' initiation stories. Drug ubiquity encompassed three elements: the extent of MA use within peer networks; the availability of MA; and exposure to MA prior to initiation. All participants were introduced to MA by people close to them; most often by friends. Internal reasons for trying MA were curiosity, a way to lose weight, an enhancer of hard work, and a way to "forget life's problems." With the prevalence of MA use, initiation was characterized as inevitable. Although there was an awareness of law enforcement efforts and other social control mechanisms such as stigma or disapproval from the community regarding MA use, these factors did not hinder initiation among our sample.

Conclusion: Initiation was characterized as ubiquitous in terms of peer networks' use and availability. Due to the prevalent norm of MA use, these data indicate that interventions targeting social networks and young Thais prior to MA initiation are needed. Efforts to evaluate the impact of the Thai drug policy on initiation are underway.



226 **H Hagan, H Thiede, D Des Jarlais**

ESTIMATED TIME TO HEPATITIS C VIRUS (HCV) SEROCONVERSION IN A COHORT OF SEATTLE INJECTION DRUG USERS (IDUS)

Background: HCV infection in IDUs is an important urban health problem, with high prevalence of infectious carriers in most IDU-populations. In this study, time to hepatitis C virus (HCV) seroconversion was estimated in initially-seronegative injection drug users (IDUs), to assess the window of opportunity for prevention of HCV infection, and examine factors that affect timing of infection.

Methods: 484 HCV-antibody negative IDUs were followed a median of 2.1 years to observe HCV seroconversion. Time to seroconversion was examined in relation to subject characteristics, using the Kaplan-Meier method and Cox's proportional hazards regression. A weighted average time to HCV seroconversion was calculated among new injectors (injecting < 2 years) using seroprevalence and seroincidence data.

Results: There were 134 HCV seroconversions (11.6/100 person years at risk; the 25th percentile of time to seroconversion was 26.2 months). Daily injection (adjusted hazards ratio (AHR)=1.4), injection with a syringe used by another IDU (AHR=1.8) and sharing a cooker or cotton (AHR=1.7) were significantly associated with time to HCV seroconversion. Using the estimate of the mean time to seroconversion in new injectors (5.4 years), and the median duration of injection in new injectors who were HCV-positive at enrollment (0.6 years), the weighted average time to seroconversion after beginning to inject was estimated to be 3.4 years.

Conclusion: The period of susceptibility to HCV infection in the majority of IDUs appears to be sufficiently long to justify the allocation of substantial resources toward interventions that may reduce drug injection frequency and injection-related risk behavior in these individuals.

227 **B Tempalski, S Friedman, D Des Jarlais, C McKnight, P Flom, M Keem, R Friedman, H Cooper**

NEED, POLITICS, AND PLACE: WHAT EFFECTS THE SPATIAL DISTRIBUTION OF SYRINGE EXCHANGE PROGRAMS IN THE US?

Background: People who acquire HIV through injection drug use (IDU) carry a double stigma – that of HIV and that of injector. The social and moral distance such stigma creates has spatial correlates, that is, it differs from place to place. This can carry over to HIV prevention services for IDUs. In many counties, syringe exchange programs (SEPs) have been accepted as critical to preventing HIV and, increasingly, hepatitis C. In the US, establishment of SEPs has historically been linked to political pressure and/or direct action of grassroots activists, as well as socioeconomic and demographic characteristics of particular places. This research explores the social and political correlates of SEP availability in US metropolitan areas (MSAs).

Methods: Quantitative modeling of place characteristics associated with SEP presence, and qualitative investigation of users' needs and community responses were employed. Potential predictors were (1) need (IDU-HIV prevalence and percent IDU in the population); (2) organized or potential opposition to a program (laws against pharmacy sales of syringes and police per capita); (3) actual or potential support for a program (percent MSM in the population, and MSM-HIV prevalence); and (4) socioeconomic and demographic characteristics of MSA (population, percent poverty, unemployment, residential segregation, percent college educated).

Results: Independent predictors were percentage of the population who are college educated (AOR = 1.17; 95% CI = 1.00-1.31), percent MSM (AOR = 10.71; 95% CI = 1.46-78.49), and MSA population (AOR = 1.07 per 100,000; 95% C.I = 1.01-1.13).

Conclusions: Need is not a significant predictor of having an SEP. Predictors seem to be political factors and MSA population. This non-association of program presence with need implies that current US political systems are not responding adequately to an important public health problem. Research should be conducted to study the causes and effects of this disconnect between need and provision of services.

229 **R Tiwari, A Aggarwal**

DRUG ABUSE A RISK FACTOR FOR TRANSMISSION OF HBV, HCV AND HIV

City of Amritsar constituting part of IndoPak border is exposed to international drug trafficking. Present study was undertaken to investigate the prevalence and risk factors of Hepatitis B and C viruses and Human immunodeficiency virus (HIV) infection, among 280 drug users attending drug deaddiction center attached to Govt. Medical College, Amritsar, in year 2002.

HBsAg and HCV Antibodies were detected by ELISA. HIV Antibodies were detected by ELISA and seropositive cases were confirmed by Rapid/Simple technique.

Of 280 drug addicts 216(77.14%) were noninjectable drug users (nonIDUs) and 64(22.86%) were injectable drug users (IDUs). Majority 162(57.86%) were multiple drug users.

Seroprevalence of HBsAg, HCV and HIV antibodies among nonIDUs were 38(57.57%), 11(26.82%) and 16(59.26%) and among IDUs were 28(42.43%), 30(73.17%) and 11(40.74%) respectively. On subjecting data to student t test p value was significant (p<0.005)

Multiple and chronic drug users had higher incidence of the 3 viral infections.

Data suggest that HIV, HCV and HBV infections may promote each other and be related to needle sharing behaviour in drug abuse and to different subculture and living habits. Hence there is an urgent need to check drug trafficking which is a potential danger for spread of these diseases in the border towns of any two countries. Active preventive programmes involving educational campaigns, sex education, vaccination where available among youth should be undertaken.

230 **H Habil**

THE NEED FOR A NEW APPROACH IN MALAYSIA: TACKLING THE ENDURING PROBLEM OF HIV AMONG INJECTING DRUG USERS

Issue: Malaysia has a HIV epidemic primarily affecting injecting drug users (IDUs): proportionally IDUs represent 76% of all HIV notifications. Drug use is viewed by the government with grave concern. A single drug treatment approach of abstinence only is vigorously embraced but is not successful. Implementing alternative broad ranging HIV prevention approaches is crucial.

Approach: By examining past and current literature, data bases and Government -NGO activities and responses with regards to drug use and HIV.

Key points: The dual epidemic of HIV/IDUs is unresolved. The Malaysian government's anti-drug stance appears to have hardened severely impacting upon drug users. The widespread sharing of contaminated needles among IDUs is common: no state in Malaysia is free of HIV infection and/or IDUs. There are an estimated 200,000 IDUs and as a response the government has established and funded 27 drug rehabilitation centres. Rehabilitation centres have an ineffective military approach with high relapse rates (75% and above). Although most IDUs experience adverse health, social and economic problems government authorities have opposed alternative approaches to address their needs. Harm reduction has been widely viewed as encouraging drug use but recently a move towards the use of substitution therapy has gathered pace although not without its difficulties. The National AIDS Policy does not address issues of harm reduction nor to reaching out to drug users as a specific group. The sensitivity of illicit drug issues may explain why very few NGOs target their efforts towards IDUs.

Implications: Malaysia has for many years struggled to address HIV infection among IDUs. Implementing harm reduction approaches have been consistently rejected as they conflict with government policy. The desire for locally driven evidence based harm reduction approaches, including using substitution therapy may be one way forward to address this current public health crisis.

234 E Koller, M Cunha, C Marques, M Malta**ROUTES OF HIV/AIDS: ASSESSING THE USE OF AMPHETAMINE-LIKE AMONG TRUCK DRIVERS IN SOUTHERN BRAZIL**

Background: Brazilian South is the only region where HIV epidemic is far to be curbed. Efforts to curb the epidemic have been so far doomed to failure, basically due to the continuous spreading of HIV/AIDS among DUs, their sexual partners and offspring. Mobile population such as truck drivers may play a key role, due to their sex behavior risks and/or drug consuming habits.

Methods: This qualitative study assessed HIV-risky behaviors among truck drivers. Thirty in-depth interviews were carried out with truck drivers recruited from a roadside truck stop near a large Brazilian Port in Itajai, Brazilian South. The majority of participants were 25-45y old, had low-education levels and many sexual partners. Eight focus groups were conducted, as well as 13 interviews with CSWs, and field observation

Results: Participants showed a clear understanding of condom protective function against HIV/AIDS and STIs, but such knowledge wasn't translated into actual condom use. According to participants, the use of amphetamine-like drugs is quite frequent in this population, and many eventual amphetamine users rapidly turn to be regular users. Partly because amphetamine enhances libido, amphetamine users typically have several sexual partners, often CSWs, being unsafe oral/vaginal intercourse frequent. The majority of participants had low self-perceived HIV risk, in spite of being engaged in high-risk sex behavior. Knowledge about amphetamine-related risks was found to be low, as well as the access to harm-reduction strategies

Conclusions: This study indicates that it is crucial to develop harm-reduction strategies targeting truck-drivers who use amphetamine-like drugs and their sexual partners. IEC materials about amphetamine-related risks should be distributed, fostering behavioral change. Interventions at the work environment are a promising strategy, since they allow a better understanding of the workers' setting and the development of customized educational interventions. This study was funded by Brazilian Ministry of Health, the CDC, and UNESCO: Grant # 207BRA1000

236 F Bastos, M Monteiro**DUS LIVING WITH HIV/AIDS IN BRAZIL: DO WE REALLY HAVE A "BEST PRACTICE MODEL"?**

ISSUE: Brazil was the first developing country to provide free access to antiretroviral (ARV) therapy, and currently provides ARV to about 180,000 PLWHA. Brazilian HIV+ DUs face several barriers to access HIV treatment and care, receiving suboptimal VCT, low psychosocial support, and uneven clinical follow-up. Some clinicians deliberately exclude DUs or postpone their initiation of ARV regimens. It is necessary to figure out how to set an agenda responsive to HIV+ DUs specific needs

APPROACH: From 2000 to 2002 we piloted a case management intervention for HIV+ DUs, at an outpatient unit in Rio de Janeiro, described in *Clinical Infectious Disease*, 37(suppl 5). This intervention took place at a facility serving several deprived populations, in addition to DUs. Currently we are conducting a study at the first public day-care hospital for alcohol/addiction problems in Rio de Janeiro, Brazil. This Center provides drug counseling, medical and psychosocial care for both HIV-infected and non-infected DUs. This Center's mean number of consults is 1,250/month

KEY POINTS: The ongoing study involves HIV+ DUs, and uses quantitative and qualitative methods. The study aims to address important public health problems, still unresolved in developing countries settings: What are the specific needs of HIV+ DUs? How should we set an agenda responsive to those needs in a resource-constrained setting?

IMPLICATIONS: Brazil, although offering universal access to ARV therapy, still lacks knowledge about the management of HIV+ DUs and usually does not provide the necessary training to health providers attending this population. It's urgent to better understand their specific needs, and develop comprehensive interventions targeting this population. Since HIV+ DUs are frequently involved in high-risk social networks, by significantly reducing their HIV viral load – through effective ARV treatment

– it may be possible to reduce sexual and parenteral transmission risks to others in the community, Monica Malta,

238 C Latkin, A Knowlton**SOCIAL NETWORK APPROACHES TO HIV PREVENTION: IMPLICATIONS TO COMMUNITY IMPACT AND SUSTAINABILITY**

Issue: Culturally appropriate, sustainable HIV prevention programs for drug users are urgently needed.

Approach: Across diverse cultural settings social network and behavioral settings research can be used to understand and intervene in social behaviors within a community context, providing a viable alternative to western individual-level approaches to intervention. Research and social theories suggest that HIV/STI risk behaviors are mediated by micro-social influence processes that are amenable to intervention and are key to affecting behavioral norms and their diffusion and sustainability within a community. Moreover, analyses of social networks and behavioral settings within a given community are important for ensuring the sociocultural appropriateness of interventions and their evaluation.

Key points: In the presentation we propose ways in which concepts of referent others, social identities, social roles, norms, behavioral settings, and social diffusion of innovation, can be operationalized in network terms and used to develop effective HIV prevention intervention tailored to a population's context. Examples, from three international studies on HIV prevention among drug users highlight the cross-cultural utility of a network oriented approach to HIV prevention.

Implications: Application of these concepts to HIV prevention interventions may improve our ability to affect and sustain social-level risk reduction among those most socially and economically marginalized and at highest risk for HIV infection and transmission.

239 C Latkin, H Wei, K Tobin**SOCIAL NETWORK CORRELATES OF A HISTORY OF NON-FATAL OVERDOSE**

Background/Objectives: The leading cause of death among heroin users is drug overdose. The present study examined the relationship between history of self-reported drug overdoses and social network characteristics among cocaine and opiate users.

Methods: Data were from cross-sectional surveys administered from March, 2001 through February 2003 as part of follow-up of an experimental network oriented HIV prevention intervention. A total of 838 participants with histories of cocaine and opiate use completed the survey.

Results: Several social network variables were found to be significantly associated with drug overdose in the prior two years, including number of network members who were injection drug users and the number of conflictual ties in the network. Even after controlling for age, gender, frequency of injection drug and alcohol use, and health status, network variables continued to have a strong association with history of recent overdose. Conclusions: These data suggest that large drug networks should be targeted for drug overdose prevention interventions. Key network members or several network members could be trained in overdose prevention and in treating overdose victims with Naltrexone (Narcan). Individuals who reside with injectors are also important targets for interventions. Training a significant other or family member to recognize signs and symptoms of overdose, how to access the emergency medical system, and provide resuscitation could decrease overdose mortality and improve related morbidity.

242 S Qomariyah, R Alkaff**DRUG USING BEHAVIORS AMONG SENIOR HIGH SCHOOL STUDENTS IN PEKANBARU, RIAU, MAY 2003**

More than 22% of HIV/AIDS new cases reported by the Ministry of Health Republic of Indonesia between July to September 2003 are among Intravenous Drug Users. This proportion puts drug use as the second rank of HIV/AIDS modes of transmission. Evidences shows that drug using behavior mostly are among young peoples. Efforts to decrease the risk to



use drugs should be targeted to this group. The objective of this paper is to describe the characteristics of drug users among Senior High School (SHS) students in Pekanbaru, Riau, Indonesia.

This study applied cross sectional design involving 476 SHSs students, which were selected using stratified random sampling. Four schools were randomly chosen among 13 SHSs in Pekanbaru, and then 4 classes were randomly selected among all classes in selected schools. The information on students' characteristic, drug taking behaviors, and knowledge on HIV/AIDS were gathered using written questionnaires. Univariate and bivariate analysis were used to describe the characteristics of the drug users.

Approximately 8% of students had ever used drugs. However, the actual number could be higher, since about 3% respondent was unwilling to answer the question. Statistical test shows that there were two factors related to drugs use, which were living place and sex. Students who stay in rent room were 2 times higher to use drugs than other students (OR: 2.2, 95% CI: 1.102-4.397), while male students were 7 times higher (OR: 6.9, 95% CI: 2.649-18.201). There is no significant association between knowledge on Reproductive health/HIV/AIDS and drug using behaviors. Mostly, they used hashish, however, 28% of drug users utilized 2-3 types, and 6% used more than 3 types of drugs.

The prevalence rate of drug users among SHSs students is quite high. The risks of using drugs are higher among male and those who were not staying with their parent. Preventive action as well as harm reduction program should be focused among these groups.

243 J Pollard, B Jude

EVALUATION OF A COGNITIVE BEHAVIOURAL SUBSTANCE ABUSE TREATMENT PROGRAM FOR MALE PRISONERS

Issue: Victoria has the lowest imprisonment rate in Australia, with the majority of substance users diverted from the prison system. Those substance users that are sentenced to imprisonment in Victoria usually have entrenched criminal lifestyles and substance abuse needs to be addressed alongside their offending behaviour. The 40 hour substance abuse program was developed specifically for use with Victorian Prisoners and is based upon the principles of Cognitive Behavioural Therapy. The program covers a number of broad themes including, functions of using, coping with drug use, consequential thinking and dealing with change and specifically explores the relationship between substance abuse and offending.

Setting: The program was designed by Caraniche Pty Ltd and is delivered to the male prisoners at Her Majesty's Prisons Barwon, Bendigo, Loddon, Ararat and Langi Kal Kal. All prisoners are assessed prior to commencing the program and follow up assessment is conducted upon completion of the program.

Project: 155 male prisoners from Her Majesty's Prisons Barwon, Loddon, Ararat and Langi Kal Kal were placed in 40 hour treatment programs in 2002/03. Program assessment involved the administration of involved a range of tools including two that examine substance use and offending, the Carlson Psychological Inventory (Carlson, 1981) and the Psychological Inventory of Criminal Thinking (PICTS) (Walters, 2001).

Outcomes: Results indicated that at post testing, there was a significant decrease in chemical abuse, anti-social tendencies, self-depreciation and thought disturbance on the CPS. In addition, on the PICTS measure, there were some significant shifts in criminal thinking particularly with regards to problem avoidance, current criminal thinking and cognitive indolence. In general, the major findings of the report indicated at post assessment, prisoners were reporting some significant shifts in their thinking about their substance abuse and their offending.

244 A Karpets

RISK FACTORS OF HEROIN OVERDOSE IN ORENBURG, RUSSIA

Background: The number of overdoses in Orenburg (530,000 inhabitants) in 1999 was 4.5 times higher than in 1997. In 1995 only 2 people died from opiate overdoses but in 2000 this number was 123, which represents 3% of registered heroin users. This is the result of a rise in opiate use (ten-fold increase from 1994 to 2000) and the appearance since 1997 of a new

variety of opiate for the region – heroin.

Goal of study: Investigation of risk factors of heroin overdose.

Method: Non-random sampling of the health histories of 186 heroin overdosers in 1999.

Results: 95% injected drugs directly prior to overdosing. The following were found to be the main reasons for unintended overdoses: 1) combined use of heroin and other substances, especially – alcohol and/or substances of the hypnotosedative group 2) the use of drugs from an unknown source 3) desire to intensify the high by raising the doze or repeated injections 4) first-time use of narcotics 5) renewal of narcotization after abstinence.

The following were found to be reasons for mortality and development of complications associated with overdoses: 1) delayed medical assistance (especially antidotal therapy with naloxone) 2) inadequate diagnostic and therapeutic care prior and post hospitalization.

After overdoses, users were reluctant to call an ambulance and did not take appropriate measures themselves. There is much misinformation among users regarding first-aid and a lack of knowledge about methods to prevent falling back of the tongue and aspiration of vomit.

Conclusions: Information and effective first-aid are especially important in reducing risk associated with heroin overdoses. Provision of immediate first-aid by other users could reduce the frequency of overdoses and mortality. Distribution of naloxone among heroine users, alongside education about harm reduction and pre-hospital aid could lower harm from heroine overdoses.

246 C Aitken, C Delalande, K Stanton

RISK BEHAVIOUR CHANGE AMONG CLIENTS OF A HARM REDUCTION PROGRAM FOR ANABOLIC STEROID INJECTORS, 1997-2003

Background/Objectives: The Steroid Peer Education Project (SPEP) is an outreach program that has been providing harm reduction services to injecting steroid users (ISUs) in Victoria, Australia since mid-1996. We aimed to discover if (and how) risk behaviours reported by ISUs using the SPEP have changed over time.

Methods: The SPEP has one female outreach worker who operates Victoria-wide, five days per week, and collects basic socio-demographic and risk behaviour information from her clients. Data collected between January 1997 and February 1998 were compared with those for January 2002 – February 2003, using Chi-square tests for differences in proportions and t-tests for differences in means.

Results: The SPEP contacted 199 clients and distributed 25,520 syringes in 97-98, and 288 clients and 30,600 syringes in 02/03. In 02/03, 10.0% of clients were women (5.9% in 97/98); mean client age remained 30 years. Risk behaviour prevalences that did not change significantly between 02-03 and 97-98 were injecting with another's needle (2.2% in 02-03, 4.7% in 97-98), needle re-use (8.9%, 11.0%), and injecting other drugs (10.7%, 13.3%). Behaviours that significantly increased in prevalence were sharing containers of steroids (31.3% in 02-03, 13.7% in 97-98) and injecting insulin (15.1%, 5.8%). More clients had injected fake steroids (39.0% in 02-03, 27.9% in 97-98) and more reported injecting-related problems including abscesses and lumps (28.9%, 9.5%).

Conclusions: While needle-sharing remains at low prevalence among SPEP clients, increased sharing of steroids provides more opportunities for BBV transmission. Injection of insulin can cause hypoglycaemia and unconsciousness and even induce diabetes. Proliferation of fake steroids in Australia is apparently causing higher rates of bacterial infections and other problems in ISUs. Harm reduction programs must educate ISUs to recognise fake steroids when possible, and discourage container-sharing and insulin use.

249 E Fry

HARM REDUCTION IN THE JUVENILE JUSTICE SYSTEM

Based in South Australia, EDDIT (Education Drug Diversion Intervention Team) is managed by Centacare and funded by the federal Police Drug Diversion Initiative. EDDIT is an early intervention service supporting families and young people where there are issues relating to, or risk of,

youth drug use.

The aim of the service is to provide a mobile case management service, counselling support and education regarding drug use to both individuals and their families. EDDIT incorporates harm reduction strategies and supports young people to become actively involved in the community or reintegrated into the community after a period of detention.

The presentation will introduce the EDDIT model with particular reference to the partnerships that have been established and utilized throughout the program. EDDIT provides a service to many young people involved in the Youth Justice System and detained in Youth Training Centres. A model of working with young people in these systems and harm reduction approaches will be demonstrated in this presentation. The presentation will be delivered via a power point presentation.

There will be an opportunity for delegates to ask questions about the model and the presentation.

250 N Fedoseeva, S Oleinik

ADVOCACY OF HARM REDUCTION PROGRAMS IN PENZA DISTRICT

Issue: Harm reduction projects are in need of wide support from specialists in the areas of addiction treatment and rehabilitation, social defense, treatment and prevention of HIV-infections, the Media, and society at large.

Settings: In 1999 only 52% of respondents living in Penza supported the idea of syringe exchange for drug addicts, 24% were against their implementation.

Project: In order to receive societal support Social Fund "AntiAIDS" aimed its activities at the:

- creation of partner projects with the media
- acquainting decision-makers and specialists with effective technologies for working with addicts
- organization of trainings and internships for future psychologists and social workers on the basis of harm reduction projects
- analysis of the work of harm-reduction projects and informing government bodies
- education and creation of teams of specialists in the Penza district for the implementation of changes to existing programs of HIV/AIDS prevention
- creation of a network of governmental and nongovernmental organizations working in the areas of HIV/AIDS prevention, drug addiction, STIs, family planning and reproductive health
- creation of partner projects with the Penza division of the Corrections Department of the Justice Ministry of Russia

Outcomes: The set of actions allowed the creation of an atmosphere of understanding and support for harm reduction projects in the Penza district and to attract specialists of the dermatovenerologic dispensary and the AIDS Center.

The result of our actions has been the creation of a mechanism of interagency coordination on the city and district level. We have developed additions to the AIDS program and concepts for fighting HIV/AIDS (including informational work with the media and prevention of social diseases among youth), which have been passed by the district council of Penza and sent to committee for implementation in the preexisting program.

253 S Noot

MOTHERHOOD AND ILLICIT DRUG USE, INCOMPATIBLE? NOT NECESSARILY

Are we providing relevant user-friendly services for women who use drugs in the 21st Century? We know that the numbers of women who access drug treatment services remain low and only make up one third of the average agencies' caseload. However, some areas have been shown to be successful in accessing women into treatment. The area to be considered is the provision of specialist multi-agency pregnancy liaison services. In the UK 64% of women in treatment have their children living at home with them.

So how do we provide services, for this sometimes complex group, that they are able to attend and thus reduce drug related harm to them and their unborn child?

South London & Maudsley NHS Trust covers seven Boroughs across South East London, six of these Boroughs provide pregnancy liaison services, with five clinics based within ante natal departments. The localities are varied and include urban and suburban settings.

We have shown that by providing a consistent user-friendly approach that women have confidence in using the clinics. Many present early and are able to reduce drug use, although stability is the key rather than abstinence. It is this holistic approach that gives women the information and support to make choices that reduce harm and normalise pregnancy.

What have we learned? This approach works, we are able to support a change in attitudes amongst professionals not working in the drugs field, that we can change policy and thus reduce isolation and stigma to our clients. That clients can make extraordinary changes given the right support and 'word of mouth' is the best recommendation of all.

254 R Jeronymo Lima, S Bauken, A De Marco, G Zuim, M Malta

COMMERCIAL SEX AND CRACK USE AMONG WOMEN IN SOUTHERN BRAZIL: IMPLICATIONS FOR PUBLIC HEALTH AND FUTURE INTERVENTIONS

Issue: The major drug of abuse in Brazil is cocaine. Due to cocaine specific use patterns – in "binges" – cocaine users frequently engage in risk behaviors. Many crack-dependent women engage in commercial sex, are homeless or live in shelters, and/or smuggle small amounts of illicit drugs. The links between sex-for-crack exchanges, prostitution, and HIV-risk among crack-dependent women make this group particularly vulnerable

Description: In-depth interviews were carried out with 30 crack-dependent women, recruited from disenfranchised neighborhoods in Foz do Iguacu, Southern Brazil. Most participants were engaged in commercial sex, were 20-35y old, had low education, lack employment and social stability. Interview topics included sexual/drug behavior; knowledge, attitudes and beliefs regarding HIV-infection. Two focus groups were conducted at the end of the study, as well as several field observations, in order to confirm and enhance initial findings

Lesson Learned: Participants displayed varying levels of knowledge and understanding about HIV. Participants have low self-perceived HIV risk, in spite of being engaged in high-risk behavior (e.g. unprotected sex). Most participants are unaware of risks-related to pipe sharing, a common behavior among them. Hepatitis, oral herpes, and respiratory illness related to crack were seldom or never mentioned by interviewees. Although clearly stating unprotected sex can pose people under risk, they do not see themselves at risk. Participants agreed that critical factors linked with HIV risk behavior include: commercial sex, crack use, and lack of social/health support

Recommendations: This study indicates that is crucial to develop harm-reduction strategies targeting crack-dependent women, to reduce HIV and other infections harms. It's important to develop culturally appropriate and gender-tailored interventions among this population. Such interventions should foster behavioral changes and the maintenance of protective behavior over time. This study was funded by Brazilian Ministry of Health, the CDC, and UNESCO,

255 N Dolzhanskaya, T Bouzina

HARM REDUCTION METHODS IN STANDARDS OF HIV/AIDS CONSULTATION FOR NARCOLOGISTS

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. All materials used in the investigations were appraised during the seminars and were reworked into educational modules. Criteria were developed and education effectiveness was assessed.

Conclusions: One important result of the work was the "Protocol of HIV consultation". 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.

256 **D Wolfe, K Malinowska-Sempruch**

ILLICIT DRUG POLICIES AND THE GLOBAL HIV EPIDEMIC: EFFECTS OF UN AND NATIONAL GOVERNMENT APPROACHES

Issue: The impact of drug injection on the spread of HIV is well-documented, with the number of countries reporting HIV among injecting drug users (IDUs) more than doubling in the past decade. Significantly less attention has been paid to the ways that policies on illicit drugs, at the international and national level, shape global trends in HIV infection.

Approach: This paper examines two competing frameworks used to conceptualize drugs, drug users, and appropriate policy responses: one regarding criminal enforcement as central, and the other relying on best practices of public health. Specifically, policy recommendations of UN drug control (INCB, CND, UNODC) and health promotion entities (WHO, UNAIDS) are examined, as are drug policies in the five countries—China, Malaysia, Russia, Ukraine, and Vietnam—with established HIV epidemics (>50,000 cases) and a majority of infections among IDUs.

Key findings: Conflicting interpretation of UN drug control conventions, and tensions between key UN donors, have resulted in marked inconsistencies in UN policy recommendations on substitution treatment, syringe exchange, and other harm reduction measures. At the national level, drug policies show striking similarity in countries with injection-driven epidemics, and include zero-tolerance rhetoric, mass incarceration or institutionalization of drug users, and limited or no national support for measures such as syringe exchange or substitution treatment. HIV treatment needs of IDUs, and potential discrimination in delivery of care, remain inadequately analyzed.

Implications: Reform of UN drug control conventions and punitive national drug policies are critical to effective HIV prevention efforts. In the meanwhile, it is essential for UN agencies and bilateral donors to articulate criteria for drug use and HIV against which national efforts might be judged. Specific recommendations for policy reform at the national and international level are offered.

257 **T Decorte**

CRACK USE IN ANTWERP (1996 – 2003): FACTS AND MYTHS AMONG USERS

Background and objectives: The objectives of this study were to (1) locate a sample of experienced cocaine users, preferably from non-captive or hidden populations; (2) provide a 'thick' description of social rituals and rules and the processes through which these are transferred; and (3) initiate the identification of those factors related to current formal drug

policy that might (de)stabilize self-regulation and controlled use. The general focus was on informal control mechanisms in illicit drug users.

Methods: In 1996, a sample of 111 experienced cocaine users were traced through participant observation in the Antwerp nightlife and snowball sampling. Respondents were asked to participate in a semi-structured questionnaire and an open biographical interview. In 2003 79 respondents were reinterviewed.

Results: In Antwerp freebase cocaine is almost exclusively prepared by the users themselves, and not bought ready-made from dealers. The techniques of making base coke require relatively great precision, and must be learnt through direct observation and imitation from peer users. Many respondents lack rational knowledge about the functionality and significance of these devices. Some users have acquired their own experimental tools and techniques for 'cleaning cocaine', but the effectivity of those techniques remains questionable. The terminology of freebase cocaine and 'crack' and the technique of using it, is confusing. In any case, the users' knowledge about 'crack' is often based on hearsay and (horror) stories, and thus partial, biased and possibly incorrect.

Discussion: In general, many respondents recognize informal rules relating to the setting and situations of use. The existence of informal control mechanisms does not, however, necessarily imply that they are effective. Some social sanctions and rituals may have originated in erroneous beliefs and ideas. The consequences of the situational and cultural context in which 'crack' or 'freebase' are used, on the psychological make-up and expectations are discussed.

258 **T Decorte, S Slock**

DYNAMIC PATTERNS OF COCAINE AND CRACK USE. RESULTS OF A 6-YEAR FOLLOW-UP STUDY OF 79 COCAINE AND CRACK USERS FROM THE METROPOLITAN AREA OF ANTWERP (BELGIUM)

Background and objectives: In 1996 a sample of 111 experienced cocaine users were recruited through participant observation and snowball sampling in the Antwerp nightlife. The objective of this original study was to recruit users from hidden populations, and to provide a 'thick' description of social rituals and rules (the informal controls) and the processes through which these are transferred. In 2003 79 cocaine users were retraced and re-interviewed, in order to assess behavioral and attitudinal changes and the development of cocaine use patterns among these users.

Methods: Respondents were retraced through participant observation, through re-establishment of approving relationships with high-status indigenous individuals in the nightlife scene. Respondents were re-interviewed with a semi-structured questionnaire.

Results: First, both advantages and methodological difficulties and dangers of follow-up studies in ethnographic drug research among hidden populations will be discussed. In particular attrition rate and panel conditioning will be discussed. Secondly, preliminary results on patterns of cocaine use and behavioural and attitudinal changes will be presented. These data illustrate the dynamic nature of drug use, and the persistence of informal control mechanisms.

Discussion: Overemphasizing the pharmacological effects of any drug may lead to underestimating the importance of set and setting factors. Whether the balance between use and abuse tips to either side, depends not only on the pharmacological properties of a drug, but even more strongly on personality characteristics and socio-cultural factors. In order to understand how and why certain users have lost control over the drug or drugs they are using, we need to tackle the all-important question of how and why many others manage to achieve control and maintain it.

261 **S Strathdee, M Latka, E Golub, J Campbell, J, F Kapadia, R Pollini, P O'Driscoll, R Garfein, D Thomas, H Hagan**

FACTORS ASSOCIATED WITH WILLINGNESS FOR HEPATITIS C VIRUS (HCV) THERAPY AMONG YOUNG HCV-INFECTED INJECTION DRUG USERS

Background/Objective: Annual incidence of hepatitis C virus (HCV) infection among IDUs is up to 30% in urban settings. Therapeutic guidelines stress

the need to identify factors impeding or promoting HCV therapy among IDUs. We determined factors associated with willingness to undergo HCV therapy among young HCV-infected IDUs.

Methods: Eligible subjects were IDUs aged 18-35 testing HCV-positive and HIV-negative who injected drugs in the past 6 months in Baltimore, New York and Seattle and enrolled in the Study To Reduce IntraVenous Exposures (STRIVE), a secondary prevention intervention study to reduce HCV transmission risks and increase uptake of HCV care. Analysis was restricted to IDUs testing positive for HCV-RNA. Baseline surveys collected data on behaviors, attitudes, depression and readiness to quit drug use based on Prochaska and DiClemente's stages of change (e.g., "pre-contemplation" indicating no intention to quit drug use; "determination" reflecting acknowledgement and intention to quit). Factors associated with willingness for HCV therapy were identified by logistic regression.

Results: Of 227 IDUs studied to date, 80% were male, 63% White; median age was 26. Over one third (38%) had no health insurance and 72% did not have a primary medical provider. Most (83%) indicated willingness to initiate HCV therapy; 78% thought HCV treatment was safe. Of 50 persons who visited a medical provider within 6 months after testing HCV-positive, 22 (44%) were offered HCV therapy, only 8 of whom (36%) initiated therapy. Adjusting for gender and age, odds of willingness to initiate HCV treatment was higher among those in the determination stage for quitting drug use (AdjOR=4.7, 95% CI: 1.5-15.1) compared to the pre-contemplation stage.

Implications: Barriers to HCV therapy are rife among this sample of IDUs in three U.S. cities. Treatment of HCV infection should incorporate treatment for drug abuse since individuals who express a desire to quit drug use appear more willing to initiate HCV therapy.

262 **H Nguyen**

PROTECTION OF STREET CHILDREN IN HANOI

A matter of street children (SC) is a concern for all social classed as it has a big affect on a social and cultural situation of society. SC are disadvantaged ones who do not have a protection from family and do not have conditions to educate and develop properly and easy to get involved in social evils such as drug abuse, sex worker, HIV/AIDS. A reserach on SC in Hanoi is implemented in 4 districts of Hanoi: Hoan Kiem, Dong Da, Gia Lam and Soc Son by Hanoi Committee for Population, Family and Children. The objective of the research is to elavuate a situation of SC; to give recommendations to build a strategy to protect SC in Hanoi from social evils (drug use, sex work, HIV/AIDS...). The methods to conduct the research is interview, questionnaires. There are 1,556 SC participating in the research, among them 77%(1,195) is male, 23% (361) is female. 60% of them is from 15 of age. 64.2% of them donot go to school at the time of interview but most of them (80%) finished primary school. The main reason for children (70%) to leave their family is a economic difficulty of the family; trouble in family (10%). They do different thing to earn a living such as brushing shoes (51.3%); selling lottery...54.05% of them live in hostels with other SC. Though the research it is recomended that the best solution to protect street children is to make them to come back to their family. Meetings, workshops for parents and children should be organized in districts so they can understand the risks for SC. Poor families should be given a loan to develop family's economy. The immediate solution to protect children is to provide them with information, knowledge, living skills to protect themselves from social evils such as drug abuse, HIV/AIDS, sex work ... through consultancy centres, night classess, clubs. Charity houses for SC should be organized. Vocational training should be provided to them so they can have a stable job to live on.

263 **M Kumar, S Panda, S Flassenkaemper**

FORMATIVE RESEARCH TO UNDERSTAND THE RISK OF SEXUAL TRANSMISSION OF HIV AMONG INJECTION DRUG USERS AND THEIR WIVES OR REGULAR SEXUAL PARTNERS IN CHENNAI, INDIA

Background: The formative research was undertaken as a joint initiative between SAHAI Trust, Chennai and Population Council, New Delhi, India to

understand the sexual behaviour of the injection drug users and their wives or regular sexual partners in Chennai. Primary intention of this initiative was to inform intervention development for a randomized control trial that would identify the most effective combination of intervention elements for reducing HIV and STI incidences in IDUs and their regular sex partners.

Methods: The sample for this study was restricted to injecting drug users who are married or living with regular sexual partners and willing to bring them for assessment. A purposive sampling strategy allowed adequate representation on account of: drugs injected, geographical areas of residence; socio-economic status; employment status and age. The primary means of data collection was one-to-one in-depth qualitative interviews (25 IDUs and 25 sexual partners) and four focus group discussions with IDUs and their wives or regular sexual partners.

Results: Study findings indicate that many women are having unprotected sex with their partners to demonstrate intimacy and trust in the relationship. Reluctance to have sex is viewed as rejection of love and sex is seen as a bonding factor. The findings indicate that the drug injectors dominate their sexual partners and the power and control in the sexual relationship is predominantly with the men. Condom use in these long-term relationships was negligible and is not perceived to be important in protecting themselves.

Conclusions: Findings point to the importance of understanding the social meanings people attach to condom use and unprotected sex, the influence of power and control in sexual and relationship negotiation, the relationship factors influencing perceptions of 'sexual risk acceptability' and social norms of condom use among the couples.

264 **E Wood, P Spittal, W Small, K Li, C Miller, M Tyndall, M Schechter**

INCARCERATION IS INDEPENDENTLY ASSOCIATED WITH SYRINGE LENDING AND BORROWING AMONG A COHORT OF INJECTION DRUG USERS

Background: Few prospective studies of incarceration and its relationship to HIV risk among IDU in the community are available. We evaluated rates of syringe sharing and incarceration among a cohort of injection drug users.

Methods: We performed analyses of: 1) syringe lending by HIV-infected IDU and 2) syringe borrowing by HIV-negative IDU among participants enrolled in the Vancouver Injection Drug Users Study (VIDUS) a prospective cohort of IDU. Since serial measures for each individual were available, variables potentially associated with the outcome in each case were evaluated using generalized estimating equations (GEE) for binary outcomes.

Results: Overall, 1475 IDU were enrolled into the VIDUS cohort between May 1996 and May 2002. At baseline, 1123 (76%) reported a history of incarceration since they first began injecting drugs. Of these individuals, 351 (31%) reported ever injecting in prison at baseline. Among the 318 HIV-infected IDU, having been incarcerated in the six months prior to each interview remained independently associated with syringe lending during this period (Adjusted Odds Ratio: 1.33 [95% CI: 1.06 _ 1.69]; p = 0.015). Similarly, among the 1157 HIV-negative IDU, having been incarcerated in the six months prior to each interview remained independently associated with reporting syringe borrowing during this period (Adjusted Odds Ratio: 1.26 [95% CI: 1.12 _ 1.44]; p < 0.001).

Conclusions: Incarceration was independently associated with risky needle sharing for HIV-infected and HIV-negative IDU. The strong evidence of HIV risk behavior should reinforce public health concerns about blood-borne disease transmission in prisons.

265 **H Nguyen**

BUILDING A MODEL OF IEC AGAINST DRUG ADDICTION IN HANOI

Drug abuse is a threat to all society in Vietnam as its trend is increasing, especially to the age of working force. It has a big affect to each individual, each family and all society. To build a model of IEC against drug addiction is an urgent task of the government. The objective of this reserach is to evaluate a situation of IEC against drug addctition in Hanoi; to recomend



solutions of IEC and to work out models of IEC in Hanoi. The primary method of this research is questionnaires. The research is carried out in 2 wards of Hanoi. 600 people out of 5 groups answered questionnaires: drug addicts (82); family of drug addicts (122); teachers of schools (90); staffs of 2 people's committees, unions (60) and some residents in 2 wards (246). All of drug addicts are male; average age of them is 28.1. 2/3 of them are single. Average educational level – 9.3 years. 5% from government companies; 5% – students; 75% – unemployed. Average duration of drug addiction is 37 months; Affect to family's income: 70,1% consider very serious and serious. Average to treatment for each addict is 1.4 times. However, only 29% informed success. 70% cannot identify who is drug addicts. Understanding laws on drug is very low. The main channel of IEC is public media. Only addicts who are volunteers and have had treatment at home considered successful in stopping drug use.

Recommendations through the research:

To Increase and to train staffs for IEC against drug better knowledge, consultancy skills; Try to persuade addicts who is successful in stopping using it to participate in IEC; To mobilized more fund from government and other sources: international organizations; To focus more on drug addicts and drug saleman; To increase knowledge and laws on drug for residents, especially drug addicts and their family; To implement IEC more effectively: contents, consultancy skills; To coordinate organizations and residents in IEC

266 **A Movaghar, A Bayanzadeh, J Bolhari, M Alvandi, N Rabiee**

THE EXTENT OF IDU AND ASSOCIATED RISK BEHAVIORS IN THE PRISONS OF IRAN

Background: More than 50 percent of prison population in Iran is drug criminals. Various resources have brought up injecting drug use and its harms in the prison setting.

Objectives: The objectives of this study were to assess the extent of injecting drug use (IDU) and associated risk behaviors in large male prisons of Iran.

Method: From 8 large prisons of the country, 21 prison authorities, 15 medical staff, 34 prison guards, and 77 male prisoners were interviewed, using semistructured questionnaires developed for each group, separately. The authorities and medical staff were selected by purposeful sampling, while the guards and prisoners were randomly selected.

Results: More than half of respondents reported that less than 3 percent of prisoners in their prisons practice injecting drug use. There was considerable difference between prisons on the reported prevalence of IDU. Heroin and to the lesser degree opium were reported to be the commonest drugs of injection. Syringe and needle and hand-made equipment were both reported at the same degree to be used for injection. The price of the sterile syringe and needle inside the cells was reported to be 100 to 200 times more than the actual price. More than 90 percent reported that shared injection occurs in their prisons. Although various methods of cleaning of the injection equipment were reported, none mentioned the accurate method. Direct harm reduction interventions did not exist in the prisons.

Conclusion: Although the rate of IDU in prisons is close to the rate in general population, but the associated sharing behavior is in a dangerous level. The high rate of HIV/AIDS in prisoners in Iran should encourage decision makers to use all measures to reduce sharing behavior in prisons.

268 **S Allan**

EVALUATION OF ECONOMIC AND SOCIAL SAVINGS FROM THE INTRODUCTION OF THE UNITRACT SYRINGE INTO AUSTRALIA BETWEEN 2004 AND 2010

The Unitract Syringe is the first and only known syringe in the world that combines Automatic-Needle Retraction with an independent Reuse Prevention (Auto-Disable) feature to eliminate both needlestick injuries and the reuse or sharing of syringes. Upon TGA approval, the Unitract Syringe will be made available to all injecting markets within Australia in 2004. By April 2004, Unitract will have completed an independent evaluation into the potential of the Unitract Syringe to reduce the transmission of infectious

diseases caused by unsafe injection practices within Australia.

Evaluation of Financial Criteria: Cost of switching standard conventional syringes with the Unitract syringe technology within these designated industry sectors. For the purposes of this evaluation, the Unitract Syringe would be purchased by the Commonwealth Government at a cost of 25% above the current average purchase price for standard disposable syringes within Australia for use by the IDU sector. The period of evaluation across Australia would be over a 5-year period.

Evaluation of Social – Health Criteria: The number of lives that would be saved from the full-scale replacement of standard disposable syringes with the Unitract Syringe across Australia over a 5-year period.

The number of total life years that would be saved from the full-scale replacement of standard disposable syringes with the Unitract Syringe across Australia over a 5-year period.

269 **M Vazirian, B Nasirimanesh**

HIV OUTREACH PROJECT FOR STREET DRUG USERS & RELATED HIGH-RISK POPULATION IN TEHRAN

*Issue: Iran has faced a remarkable growth in number of HIV/AIDS cases in recent years. It's estimated that there are near 25 thousand HIV+ people in Iran. Furthermore, It's calculated that more than 137000 IDUs live in the country. Actually 2/3 of HIV+ case are IDUs.

*Setting: Pamenar, Ghar, and Bagh-e-Azari districts are very low-socioeconomic areas in the center and south of Tehran (capital of Iran) where lots of street drug users live. HIV/AIDS high-risk behaviors (shared drug injection, and unprotected commercial sex work) are quite common in these areas. Therefore, it seems crucial to conduct a harm reduction outreach program in the regions.

Project: Main Objective: To reduce HIV-related risk behaviors among street injection drug users in the districts.

Study target: (in the districts)

- Street IDUs disregarding their age, sex and duration of drug use
- Their sexual partners
- Commercial sex workers

Personnel recruiting: Outreach workers are volunteers of NGOs

Personnel Training:

- Basic knowledge on HIV/AIDS & drug dependency
- Job-specific instruction
- Onsite training

Interventions:

- Identify Sites within the district
 - Establish a presence
 - Initiate contact
 - Establish credibility
 - Increase HIV/AIDS awareness
 - Personalize HIV prevention
- Harm Reduction Activities:
- Risk reduction messages
 - Syringe Exchange Program
 - Condom Donation
 - Referral to Drug Treatment Centers
 - Pre & post HIV test counseling
 - Providing emergency services to whom in overdose
 - Leave materials in appropriate places

Implementing period: October 2003 to October 2004

*Outcomes: Evaluation of Clients

- Rapid Situation Analysis before and after intervention
- Laboratory test: (HIV and HBV and HCV)
- Service Delivery measures (number of distributed syringes and condom, referrals, HIV counseling, rescued overdose cases and so on)

Data analysis: comparing RSAs before and after intervention regarding changes in high-risk behaviors and life situation in target population.

270 **J Baxter, V Wagstaff**

ENGAGING THE COMMUNITY – LET’S TALK – YOUTH INITIATED COMMUNITY FORUMS

Alcohol and other substances are being identified by community members in an Action Research project in South Australia, funded by the Alcohol Education and Rehabilitation Foundation. This three-year initiative is harnessing community ownership by conducting forums, facilitated by youth. A wide cross section of stakeholders is being involved to identify specific issues in their locality, and then commence a series of action plans to address the problems.

From the outset, research (including the recommendations from SA’s Drug Summit) have initiated and guided the project. The trial community, Tea Tree Gully, is a high residential area that is ripe for pro-activity, as recent research conducted through the area’s crime prevention reference group has indicated a high degree of alcohol and drug misuse currently occurring amongst the local youth.

The purpose of the project is two-dimensional:

- *To gain community ownership and action (at all levels) in confronting issues around alcohol and drug misuse

- *To actively involve the youth within the community in constructive strategies to deal with the issues identified and to empower them to be proactive about addressing them

The paper will present an update of project research findings including:

- *processes used to engage the community
- *issues revealed by community stakeholders
- *recommended solutions and action plans
- *strategies for sustainability and guidelines for replication in other communities.

271 **C Aitken, R McCaw, S Bowden, N Crofts**

MULTIPLE HEPATITIS C INFECTIONS IN INJECTING DRUG USERS: IMPLICATIONS FOR HARM REDUCTION

Background/Objectives:

Epidemiological research on the hepatitis C virus (HCV) among injecting drug users (IDUs) has tacitly assumed that HCV infection is a binary and static phenomenon. IDUs are regarded essentially as either currently/previously infected (anti-HCV +ve and/or RNA +ve) or never infected (anti-HCV -ve and RNA -ve), and infections are treated as single-source events with which risk behaviours can be associated. Recent findings suggest the epidemiology of HCV is more complex and dynamic.

Methods: Our data come from a study that employed social network methods and molecular epidemiology to investigate HCV infection among IDUs (NHMRC project grant #111701). Multiple infections were identified by genotyping using a line probe assay (LIPA); by mismatched LIPA and sequencing results; and by speculatively testing sera from IDUs who reported frequent needle-sharing (3+ times) and many injecting partners (5+) in the six months prior to interview, using a heteroduplex mobility assay.

Results: Of our 138 samples containing HCV RNA, five (3.6%) have been shown to contain two infections. One participant was genotyped as 1a/3a; consecutive samples taken from another, seven months apart, genotyped as 3a/7a and 1a. Three more dual infections with genotype 3a (3a/3a) were identified by heteroduplex mobility assay. Another 16 participants (making 19 in all – 13.8%) gave similar high-risk histories to those speculatively tested.

Conclusions: Our data suggest that upwards of 10% of IDUs carry two or more HCV infections at any one time, and that HCV infection in IDUs is a very dynamic phenomenon. Multiple infections have negative implications for the application of HCV treatment to current or former IDUs, in that successfully treating a dominant genotype may merely allow suppressed genotypes to flourish. Harm reduction services need to reiterate the importance of IDUs with active HCV avoiding needle-sharing to reduce the incidence of multiple infections.

272 **J Baxter**

DRUG EDUCATION STRATEGIES FOR RURAL/REMOTE COMMUNITIES

From January to May 2003, Life Education Australia was commissioned by the Department of Education, Science and Training to manage an ‘all of community’ drug education strategy in rural/remote Australia

The project required that two rural school communities be involved in building models of ‘best practice’ in drug education.

The models were to be based on an ‘all of community’ framework comprising three components:

- *school programs
- *professional development
- *community forums.

Each model was to be evaluated and refined throughout, using an Action Learning methodology.

Prior to implementation there were two main steps that needed to be undertaken:

- *Selection of pilot communities and co-ordinating schools, together with the appointment of an Action Learning Team leader.
- *Formation of a Steering Committee.

Implementation of the project occurred concurrently, though timelines varied throughout because of the uniqueness of each community’s program design.

For example: because school-based drug education was new in Kingaroy, and ‘across the board’ curriculum design was preferred and the Steering Committee opted for a Community Expo to celebrate its commencement. The rationale was that once community awareness was raised, there would be more ‘ownership’ in the region.

Conversely, the launch in Dalwallinu was celebrated at the end of the project to bring closure to the program of activities in which students and teachers had been involved. It was also designed to promote future plans – ‘maintaining momentum’.

The project deliverables at project completion were:

- *A community-owned, sustainable drug education program framework, relevant to each community.
- *Customized teaching and learning resources in a range of formats such as exemplars of integrated Teaching Program Plans and a model format for Community Forums.
- *A documented process from project establishment to conclusion, in a format accessible for other communities to share.

273 **I Melgar, N Yap Jr, F Nerida**

POOR PARENTING AND VULNERABILITY TO SUBSTANCE ABUSE AMONG CHILDREN IN A RESOURCE POOR SETTING

Issue: Most health communication strategies aimed at behavior modifications emphasize the need to understand how power domination ensures compliance to desirable behavior. This commentary on a harm reduction issue attempts to look at the interconnection between parental communication/counseling of children in their ability to enhance self control and efficacy in resisting dangerous drugs.

Approach: Four consecutive Saturdays were scheduled for parenting workshop among couples who were registered members of the community. Among the problems identified were conflict of values between parents and children, poor communication and inability of parents to cope with their children’s developmental concerns. Disagreement were bound to happen because parents and children have differences in their opinions, values and life goals. These children who become wayward are often exposed to more risky activities such as sex, use of drugs and alcohol.

Key Points: Breakdown in communication and healthy interaction is always identified as the most important factor affecting the well-being of families in urban poor communities. This is attributable to a variety of reasons both exogenous and endogenous to the development of family life in an impoverished environment and society. The sad outcomes of this breakdown is the poor coping behaviors of both parents and children starting with escapism like the use of drugs and alcohol; immature dissociation by running away from home or by passive aggressiveness



through silent treatment of each other.

Implications: Addressing inadequate parenting skills should be a key variable that must be given more attention in future harm reduction interventions with families facing serious drug problems. Parents, in the Philippines society, still hold an important role in changing cognitions and behaviors of young people specially in their formative years. Parents also have potential ability to destroy lives and future hopes of children when they themselves have poor life management skills and thwarted sense of parenthood.

275 I Atmosukarto

ADDRESSING THE CHALLENGES OF INJECTING DRUG USE AND HIV IN INDONESIA

Background: The epidemic of HIV among injecting drug users (IDUs) in Indonesia is increasing rapidly. In 1997, RSKO (the Drug Dependence Hospital) in Jakarta reported HIV prevalence among patients at 0%; in 2001 it was 48%. The estimated number of IDUs changed from 30,000 – 40,000 in 1997 to 130,000 in 2003. The scenario unfolding is ominous and the need for effective responses is urgent.

Methods: Examining current literature, data bases and government and NGO activities and response with regards to drug use and HIV.

Findings: The National AIDS Commission (NAC) recently launched a revised National AIDS Strategy (2003-2007) in which harm reduction approaches are to be implemented in the prevention of HIV among IDUs. The NAC is also developing a Memorandum of Understanding with the National Narcotics Board outlining areas of work that can be undertaken by government agencies. Various international agencies have supported the development of harm reduction pilot programs around Indonesia: NSEP in Bali and Jakarta; outreach/peer based interventions in 13 provinces; methadone pilots in Bali and Jakarta; and other oral substitution programs in selected provinces. Program development is focused on scaling up pilot programs and other small interventions. Efforts are underway to create a National Committee on Harm Reduction and working groups on specific topics such as a National working group on prisons and HIV.

Conclusion: The dual epidemic of HIV/IDUs is well underway in Indonesia. Government denial of the extent of the problem appears to be diminishing with calls for a coordinated, scaled up response. Ongoing advocacy to clarify and promote broad ranging harm reduction approaches to various sectors of society is crucial. Currently only 5-10% of all IDUs in the country have access to any form of harm reduction and consequently the challenge ahead is enormous.

276 L Osborne

VOICES CRYING WOLF IN THE POLICY WILDERNESS?

Australian General Practitioners (Family Physicians) have multiple roles in the provision of primary medical care and Australians have a high regard for General Practitioners (GPs) with most Australians having at least one consultation each year with a GP.

Apart from providing medical care for acute and chronic health problems, GPs are increasingly engaged in health promotion and population health as well as broader roles such as case managers.

At the practice level, GPs have access to a wide range of proven therapies for substance use disorders e.g. pharmacotherapies, psycho social interventions and treatments for co-morbidities. Finally, many GPs have undertaken additional training in drug and alcohol problems.

The paradox is that GPs do not provide routine care to patients with drug and alcohol problems even though patients and families see their GPs as having a role in the management of these problems.

Many explanations for this paradox have been offered eg GPs attitudes to dependent users, structural issues in primary care, remuneration concerns etc. The argument offered at this Round Table is that the voices of GPs regarding their exclusion from the policy framework is a major factor in the apparent failure of GPs to adopt appropriate roles in the management of substance users. As GPs experience themselves as constrained by the service system and as not having a voice in total patient

needs, most remain defensive about engagement with colleagues and even hostile and destructive to the broader system.

Recently, the voices of the patients are heard as having something important to say about patient care, yet the voices of GPs appear not to be heard at all. This lack of engagement with a significant part of the Australian health workforce has reduced the capacity of the system to limit harm from substance use.

278 K Singh

EFFECTIVENESS OF OUTREACH SERVICE IN INTERVENTION & OUTREACH PROGRAM,

Issue: Sharing of injecting paraphernalia is still eminent/prominent which implies that HIV and other BBVs transmission is incident in a large scale. The ever-increasing IDUs population with new trends of drug is overwhelming and needs immediate response for an effective intervention among IDUs whose relapse rates are already as high as 80%, which in return affects the society at large.

Setting: Imphal east district has major drug using and selling sites comprising IDUs from different ethnicity and the drug scenario mostly occur in mixed community. As a public health strategy SASO Manipur, India adopted Harm Reduction programs among IDUs and their partners in three areas of Imphal east district where the prevalence of IDUs are high with the help of ex-users and PLHA.

Project: HIV/AIDS Intervention among IDUs and their sexual partners in Imphal, India.

Program components; SEP, Condom promotion, Out reach services, Health care, Detoxification, Psychosocial support, Home based care, Awareness, Skill building, Advocacy, Referral & Networking

Outcomes:

Lessons Learned-

-As a result of NSEP & condom program quite a few IDUs are now regularly adopting safe practices thus reducing the spread of HIV and other BBVs

-Increased in number of voluntary HIV testing

-Increased number of IDUs in treatment (detox, health)

-Increased level of knowledge & awareness on HIV and associated risk with injection and unprotected sex

-Ex-users/PLHAs serve as an effective and behavior modifying agents and helps to abridge and reach out to IDUs

-Female IDUs need to receive separate services

-BCC & counseling is effective in behavior change

Recommendation: We have learned from our past experience that inclusion of Buprenorphine substitution therapy in the program can lead to a long-term stability in reducing HIV and other BBVs.

279 M Burkhanov

REHABILITATION ISSUES AND THEIR RESOLUTION WHILE IMPLEMENTING THE METHADONE REPLACEMENT THERAPY PROJECT IN OSH, KR

While implementing the Methadone Replacement Therapy project in Osh since May 2002, we analyzed its sufficiency and identified the below issues that impact and challenge its normal work.

About 10% of our clients still use heroin secretly; because of collaboration between the clients and their former criminal environment, with drug dealers as well.

Regular citizens reject the project' clients and do not involve them into the common activities.

In regular talks and informally formatted psychotherapeutic sessions we highlight the idea of extreme danger of simultaneous use alcohol or heroin with methadone.

We developed and distributed booklets, which content is rather convincing in terms of effectiveness of methadone and its potential power to recover project clients and make them to refuse of drug use related habits, such as thieving, burglary and other criminal inclinations.

We developed special curriculum and deliver it on weekly basis to the students of ten city universities and 50 city schools; the content and

format of the classes helps their participants to absorb the idea that our clients have the same rights as any other citizen and just require special attention due to the psychological peculiarities.

We provide our clients with the opportunity to make presentations in public meetings, at which they tell about successful resolution of the employment issues, and normalizing the social and family relations. We provide methodological and technical support to the clients of the project who decided to establish the association of the former drug users.

We applied for finance support and developed the project of rehabilitation center available for the methadone project clients; the elements of primary-leveled law and labor training were added to the curriculum of psychotherapeutic sessions. Role plays and imitation of real-life situations became the compulsory assessment criteria for evaluation of the sufficiency of psychotherapeutic sessions.

280 B Sathyanarayanan, V Natarajan, D Viswanathan

REMOVAL OF STIGMA WITH MEMBERS OF INTERNATIONAL SERVICE ORGANISATIONS & UTILISING THEIR SERVICES FOR FOR DISTRIBUTION OF A.R.V MEDICATION IN UNDER-DEVELOPED AND DEVELOPED COUNTRIES

INTRODUCTION: here are several international service organisations having deep routed bases in developing and under-developed countries. The best among them are:

1. LIONS CLUBS INTERNATIONAL
2. ROTARY CLUBS INTERNATIONAL

The most affluent among the population of the respective areas are the members of the local clubs. They are service oriented and have done yeomen services to the poor and the down-trodden.

THEME: Most of the members, are reluctant to deal with HIV related matters. Being members of the high echelons of the society, they are hesitant to deal with the dreaded pandemic. In this brief abstract, their reluctance, a solution, possible outcomes and a brief method are outlined.

SOLUTION: N.G.Os and Governmental organisations should conduct educational camps and also meet the individual members to remove the stigma against the pandemic. The main source of concern of many enlightened members is that working with HIV affected and infected people may adversely affect their reputation and that stigma is to be removed. They should be motivated to undertake care and support of HIV affected and infected people and undertake distribution of A.R.V drugs by suitably subsidising them with their available resources.

RESULTS EXPECTED: It is high time that their services should be availed so that when a lasting solution to the pandemic by way of preventive medicine is found in future, distribution of such medicines would be with ease like Polio vaccination and Malaria eradication, so far done by them. It is also an effective way to reduce cost because it will be suitably subsidised at various levels by the international service organisations, provided they are suitably motivated from this stage itself.

METHODOLOGY: A symposium during the international conference will highlight how to contact such organisations at various levels, how to educate and motivate and how to involve from grass root level to corporate international level.

281 O Kuzenna

PSYCHO-SOCIAL REHABILITATION OF IDUS IN KIEV, UKRAINE

The mission of NGO "Club "Eney" is psycho-social rehabilitation of intravenous drug abusers (IDUs) and members of their families. As a result of the absence of governmental support of such social programs, NGO "Club "Eney" has started several projects under financing of International Donor organizations such as Soros Foundation and USAID.

To achieve the mission of the organization, the following methods organization:

1. Involves IDUs as outreach workers in harm-reduction projects.
2. Hosts and supports self-supports groups for IDUs, their relatives and HIV-positive people.
3. Hires and offers consulting by professional lawyer, doctor, psychologist, and sociologist.

4. Involves IDUs in collecting and studying statistic information, training programs and anti-AIDS and drugs actions, sociological studies, etc.

Currently, the organization is involved in syringe exchange program, collection and utilisation of used syringes, distribution of condoms, creation and distribution of informational materials, creation and support of self-support groups.,

286 S Farhat

EVALUATION OF AN INNOVATIVE STI/HIV/AIDS PREVENTION AND EDUCATIONAL PROGRAM FOR SECONDARY SCHOOL CHILDREN IN RURAL AREAS OF PAKISTAN

Issues: The issue of sexually transmitted diseases in the curricula of youth in rural areas has been non-existent in Pakistan. The Pakistan Rural Workers Social Welfare Organization (PRWSWO) initiated program to contribute the formation of healthy sexuality of the youth to prevent them by the harmful effects of HIV/AIDS/STIs epidemic.

Settings: The NGO implemented the program for the Secondary School Children located in District Bahawalpur, one of the most neglected and remote area of Southern Pakistan. The young boys and girls were focused under this program, the most vulnerable and high risk group. The school teachers were provided opportunity to update their knowledge and skills.

Project: The PRWSWO Social Mobilisers organized 3 days a week orientation cum training program for 10 secondary school children of rural area covering harmful effects of drugs and STI/HIV/AIDS with the help of a Training Manual Developed by UNESCO. They imparted them useful knowledge and skill on awareness and preventive methods through audio visual ads and short play.

Results: Many of the young people are ignorant on the problems they will face on their journey to adulthood. The young people are force for change and it is only possible when the NGOs impart them specific knowledge on STI/HIV/AIDS. A total of 563 students ranging in ages from 11 to 16 and 33 teachers in 10 schools benefited by this program. 411 students participated actively in evaluation process. Results from the opinion questioners showed that 89% students secured perfect knowledge on STI/HIV/AIDS. Innovative participatory methodologies, youth friendly and involve young people in designing, developing, implementing and monitoring are very effective as opposed to those which are designed by experts and imposed on young people.

288 A Ngo

A HARM REDUCTION MODEL OF HIV/AIDS PREVENTION FOR DRUG USERS IN MINORITY ETHNIC GROUPS

Issue: Injecting drug has been a major mode of HIV transmission in Vietnam. In minority ethnic communities in mountainous areas, lack of information on HIV/AIDS and lack of access to clean syringes and needles make drug users highly vulnerable to HIV infection.

Setting: Ky son is a mountainous bordering district of Nghe an province in central Vietnam about 600 km from Hanoi. The population of Ky son is 58,635 belonging to 4 minority ethnic groups. Since opium tree was eliminated, the pattern of drug use has been changed from smoking to injecting. As a result, the number of Intravenous Drug Users (IDUs) has increased rapidly. This accentuates the need for an HIV prevention program which targets on IDUs as well as on minority ethnic communities, making a contribution to the reduction of vulnerabilities and impact of HIV pandemic.

Project: Given the vulnerabilities to HIV infection of minority ethnic populations in Ky son district, STDs/HIV/AIDS Prevention Centre (SHAPC) has developed and implemented a project: "A harm reduction model of HIV/AIDS prevention for drug users in minority ethnic groups" in 2 selected communes. The major activities are behavioural change intervention, using IEC approach and direct education visit, and distribution of syringes and needles via peer educators.

Outcome and lesson learnt: After 18 month implementing the model, drug users have gained basis knowledge on HIV transmission and safe injection, and have adopted safe injecting practices. For the success of the project, SHAPC has collaborated closely with commune health personnel,



local social organizations (youth and women union), community leaders, and bordering army who are knowledgeable on culture, custom, and habit of local residents, and their opinions have impact on the broad community. SHAPC has paid special attention in designing IEC activities on the basis of community needs and with the participation of community members to ensure that these activities are comprehension, persuasion and culturally appropriate.

289 N Hammond

ADDICTIONS DIRECTORATE (IN-PATIENTS)- PRACTICE AND PRINCIPLES OF TREATMENT PROVISION

Presented in poster format will be overview of the South London & Maudsleys NHS Trusts service provision for in-patient substance misusers. In this poster presentation the modality of care practised in the three in-patient units will be visually evident with discussion around the pursuit of evidence based developments.

Evident from this will be the multidisciplinary teams' efforts to achieve an evolving and progressive service with user led initiatives at the forefront of practice.

Referral and access processes will be outlined with our 'central admissions team' ethos of operation. Harm reductionism principles, within the in-patient setting, will indicate the move to recognising risk and managing risk behaviour in compliance to 'Reducing Drug Related Deaths' (ACMD 2002).

Health Promotion strategies utilising risk prevention models as our standard of treatment delivery can inform practice. The spectrum of treatment centres, therapies, disciplines and current research programmes, all engaged in the care of the in-patient client, allows for diversity innovation and broadens the scope of the Harm Reduction Model.

The three in-patient units have specific remits of treatment to the substance misuser. The Acute Assessment Unit provides a short-stay, rapid response, for the user jeopardising their physical or psychological health with complex and / or chaotic substance misuse. Varying treatment packages are offered which are inclusive of poly-drug use stabilisation and detoxification. Dual diagnosis and co-morbidity are significant within this unit. Wickham Park House provides a four-week programme with an 'abstinence based' ethos. Intensive preparation work is undertaken with the referring agency in conjunction with the client and substantial success is achieved with rehabilitation programmes procured. Alex One primarily works with the Alcohol dependent client, although dual dependency and complex presentations are increasing, their remit allows for intense psychological assessment and pathways to rehabilitation are established.

291 N Hammond

MODALITY OF CARE – ACUTE ASSESSMENT UNIT, MAUDSLEY HOSPITAL

The Acute Assessment Unit is a substance misuse unit within the Southeast of London. Its remit is to provide a rapid response, with low threshold entry, to the substance misuser jeopardising their physical and psychological health with complex and / or chaotic substance abuse. The unit admits approximately 500 clients a year for an intensive short-stay, varying treatment packages are offered ranging from stabilisation to detoxification.

The typical profile of the client is poly-drug user with complex physical health care needs, collateral mental health needs and, as such, are a vulnerable population matching the 'at risk profile' associated with mortality studies (Strang et al 1999). 83% of clients in a recent study matched dual diagnosis criteria with physical co-morbidity evident in almost 100% of this cohort. The psychological profile of the client suggests treatment resistive cohort in the pre-contemplative / contemplative stage of change with ambivalence and resistance expressed. Trauma states are evident with diagnostic depression and anxiety common place. Primary psychiatric disorders present with the phenomenon of self-medicating drug dependency.

The above profile prompted the modality of care on the A.A.U to be reviewed. Our practice is now informed with 'Reducing Drug Related

Deaths' (ACMD 2002) with a Harm reduction focus to Health Behaviour Change. Motivational Enhancement Therapy is the theoretical framework underpinning client contact by the multidisciplinary team, and the use of Brief Interventions to reduce risk behaviours is undertaken with a minimum of 6 structured care events defined by an individual risk assessment. Health Care Management is undertaken in 'expert clinics'. Using the brief Intervention Model our clinics include 'Hypnotherapy', 'Health promotion', 'Consultant' clinic and a 'Doctors' surgery. Our group programme is developed around complimentary therapies managing cravings, resource finding and social networking. This service development matches treatment efficacy studies promoting direction in acute care.

292 A Botsoé

DRUG DEMANDS, HARM REDUCTION AND HIV/AIDS PREVENTION

INTRODUCTION: The deteriorating socio economic factors have led to a large number of people living on the margins of society who use licit and illicit drugs to cope with their harsh reality. Due to stigma, limited resource and gaps in information, the public and social sector has not been able to address the needs of this growing population. Homeless street children, female sex workers, drug users now represent a significant portion of street drug users in Lomé.

OBJECTIVE: To reduce drug and drug related harm on the street (in particular injectable drug use and related harm) and prevent the HIV and other blood borne disease among drug users and related vulnerable population groups.

METHODOLOGY: Baseline study and situation assessment of HIV and hepatitis C among street children of Lomé January to May 2003.

RESULTS: Studies carried out suggest a high incidence of needle and syringes sharing among injecting drugs users (54% and 67% respectively). The relationship between injecting drug use and transmission of blood borne diseases is clearly established by fact that in both, the studies incidence of HIV is low among this group. Although there is evidence in other parts of Togo that new patterns of drug use and shifts to injecting in particular, is an important factor contributing to rapid increase of HIV infection among drug users. The recent shift to injecting in Togo is therefore an early warning sign for an HIV/AIDS epidemic

RECOMMENDATIONS: A small window of opportunity to maintain low level of HIV infection in this high risk group exists and a national level integrated model of street outreach services needs to be implemented as a matter of urgency

293 S Radfar

QUALITATIVE EVALUATION OF HARM REDUCTION PROGRAMS IN ISFAHAN OUTPATIENT CLINICS (BASED ON OPINION OF ADDICTS AND THEIR SPOUSES)

Harm Reduction program had been started in Iran in 2001 by Welfare Organization. Initially the program started with 3 major activities:

1. Safe Sex Education
2. Needle Exchange Program
3. Methadone Maintenance Program

But after starting the activities due to many barriers only safe sex education could be start. In spring of 2003 By using the qualitative approaches, this research started. main objectives categorized by groups were:

A:

1. Detection of addicts' opinion about weakness and strengths of harm reduction programs.
2. Detection of addicts' opinion about the ways toward quality promotion of harm reduction programs.

B:

3. Detection of Drug abuser's spouse opinion about weakness and strengths of harm reduction programs.
4. Detection of Drug abuser's spouse opinion about the ways toward quality promotion of harm reduction programs.

Methods: Focus group discussion (FGD).

Results: After FGD majority of addicts and their spouses had these ideas about harm reduction programs:

Safe Sex Education: Most of participants were agree that safe sex programs are good program and could become successful in achieving its objects.

Needle Exchange Program: In this field we have had different opinion between addicts and their spouses, while majority of addicts were agree with needle exchange programs , their spouse were not agree and based on their opinion such programs potentially could increases injection between addicts and guide them to acting harmful behaviors.

Methadone Maintenance Program: Most of participants in both groups were agree that methadone maintenance program are not suitable for community of Iran, but spouses were more severe on their ideas.

Conclusion: We conclude that for spreading of harm reduction programs in Iran, especially in strategies 2 & 3 ,we must perform many activities by Informational and Educational programs before starting the needle exchange and methadone maintenance programs.

Also we must target political key informants for gathering legal support for harm reduction activities.

299 P Spittal, R Hogg, K Li, J Montaner, N Laliberte, M Schechter, M O'Shaughnessy, E Wood

PREDICTORS OF MORTALITY AMONG FEMALE INJECTION DRUG USERS IN A CANADIAN SETTING

Background: The health and social conditions of women living in Vancouver's Downtown Eastside has recently been the focus of substantial international attention because of the high levels of violence and predation against sex-trade workers. We have characterized patterns of mortality among women injection drug users (IDUs) in the neighborhood.

Methods: The Vancouver Injection Drug Users Study (VIDUS) is a prospective open cohort study of IDUs. The analyses presented here, were restricted to women enrolled as of May 1996 and were followed until May 2002 and who were aged 14 years or older. We estimated cumulative mortality rates using Kaplan-Meier methods and Cox regression was used to calculate univariate and adjusted relative hazards.

Results: Between May 1996 and May 2002, 520 female IDUs have been recruited from the Vancouver area among whom 67 died during the study period. Elevated rates of mortality were observed in Kaplan-Meier analyses among those who reported: baseline sex-trade involvement, those with HIV-infection at baseline, and those who lived in unstable housing at baseline. In adjusted analyses, sex-trade involvement (relative hazard: 1.80; 95%CI: 0.96 _ 3.45), HIV-infection (relative hazard: 3.22; 95%CI: 1.93 _ 5.37), and unstable housing (relative hazard: 1.81; 95%CI: 1.10 _ 3.00), all considered as time-updated variables, remained strongly associated with elevated mortality. Causes of death were primarily, attributable to homicide 10 (14.9%), overdose 16 (23.9%), and HIV/AIDS 21 (31.3%).

Conclusions: In Vancouver, women injection drug users have rates of mortality many times that of the general Canadian population. Our findings reinforce the need for an appropriate evidence-based drug strategy, and demonstrate that further inaction on the part of policy-makers will likely result in continued elevated mortality rates among women in this setting.

300 G Skelsey, K Messieh, C Fairley

PREVALENCE OF STIS IN LEGAL AND ILLEGAL SEX INDUSTRY WORKERS IN VICTORIA, PREVALENCE OF STI'S IN LEGAL AND ILLEGAL SEX INDUSTRY WORKERS IN VICTORIA

Objective: To compare the proportion of clients with an STI who are street sex workers with sex workers attending Melbourne Sexual Health Centre (MSHC) for a certificate who mostly work in legal brothels and often have better access to education and services.

Methods: We compared women attending MSHC for a sex work certificate with those who did not and women attending an outreach program run by Resourcing health and Education in the Sex Industry (RhED) and MSHC to street sex workers.

Results: Between 1 July and 31 December 2002, MSHC saw 12,075

clients, of whom 5008 (41%) were female. Of these 3065 were new or had not had data entered for more than 3 months (data on sex work available). Of these 752 (25%) reported attending the centre to obtain a certificate for sex work (SW) while 2,313 (75%) did not attend for this reason (NSW).

Gonorrhoea (GN), Chlamydia (CT) or Trichomonas (TV) was diagnosed in 21 (2.8%) of 752 SW, and 68 (2.9%) of 2,313 non sex workers (P=0.84). The mean number of male non work sexual partners in the last 3 months was higher in sex workers (1.75) vs non sex workers (1.2) (P=0.01).

CT was diagnosed in 13 of 221 street sex workers and GN in 5. This was significantly higher than in sex workers screened at MSHC (p=0.02 for CT, and p=0.002 for GN).

Conclusion: Street sex workers had a significantly higher rate of STI's than legal sex workers seen at MSHC.

301 J Munro

WORKING ON' – A YOUTH IN RECOVERY TRAINEESHIP PROGRAM

The use of drugs, both licit and illicit, has a significant impact on local governments across Australia. This is particularly true in relation to the management and safety of public space. Australia has 692 shires and councils accountable to diverse metropolitan, regional, rural, and indigenous communities and together spend over 14 billion dollars each year.

A number of Australian local governments have embraced harm reduction principles in designing their response to drug and alcohol issues in their communities. An example of that is Brisbane City Council's 'Working On' Program.

This program commenced after a taskforce on illicit drug use in Brisbane City in 1998 recommended that Council provide work to young people in recognition that meaningful activity can assist maintain recovery. The resultant 'Working On' program facilitates employment opportunities in the form of traineeships within Brisbane City Council, with State government departments and with the private sector.

In 2000, a pilot program commenced with 7 young people employed in traineeships across various locations within council, alarmingly only 2 completed their 12 months. A review of the pilot was conducted and identified the following:

1. referrals must display job readiness behaviours (regular attendance, not drug affected, able to focus on tasks, physically able to do a day's work, medication issues organised, properly nourished, rested and dressed);
2. participants should be suited to the job they are placed in;
3. participants people should continue with D&A counselling whilst on the program;
4. supervisors require education regarding drug use and recovery issues; and
5. support of the supervisor and participants throughout the traineeship assists resolve issues quickly.

As a result of the review findings, the program model was amended. This presentation will outline the current 'Working On' model, and outcomes and learnings to date.

302 I Sumantera, K Mayer, D Wirawan

THE BALI VCT UTILIZATION STUDY: SEXUAL RISKY BEHAVIOR AMONG IDUS IN BALI INDONESIA

Background: In order to increase utilization of VCT service, Kerti Praja Foundation (KPF) has provided medical care incentives to people who were willing to undergo HIV testing. This paper describes the sexual risky behavior among our VCT clients especially among IDUs.

Methods: KPF started providing medical care incentives for VCT clients on December 2002. The incentives consist of hepatitis B testing and vaccination, hepatitis C testing, syphilis testing and treatment, CD4 count testing and PCP prophylaxis. All clients were interviewed prior to serological testing. Interviews were conducted at KPF Clinic by trained interviewers.



Results: By October 2003, 200 clients utilized our VCT service. A half (100) of these clients were IDUs, 53 clients were female sex workers, 7 clients were transgender sex workers and 40 clients engaged in other kind of sexual risky behavior. Of 100 IDUs interviewed, 98 were heterosexual, one homosexual and one bisexual. In the last six months, 79 IDUs have ever had sex and 40% had more than one sex partners. Of these 79 IDUs, 32% had sex with sex worker(s) and 6% also sold sex. Only 32% said they always use condom when had sex with sex workers and only 20% said they always use condom when sold sex. Self-reported condom use among IDUs in the last sex was much lower than those among other risk groups. Condom use rate among IDUs, female sex workers, transgender sex workers and other kind of sexual risky behavior were 24.5%, 55.8%, 71.4% and 43.6% respectively. High prevalence of syphilis among IDUs (10%) confirmed this sexual risky behavior.

Conclusions: This finding underlined the need of addressing IDUs' sexual risky behavior in addition to intervention that address their injecting behavior.

303 **W Yimchaem, P Nacapiew**

THE BIRTH OF A DRUG USER EDUCATION AND ADVOCACY MOVEMENT IN THAILAND

Issue: The criminal status of drug users, combined with social stigma, discrimination in the health care setting and lack of political will at the national level has severely restricted the ability of people who use drugs to participate in the development and implementation of programs and policies related to drug use and drug user health in Thailand. These factors are barriers to accessing drug and HIV-related prevention, treatment and care services, resulting in crisis-level morbidity and mortality rates in this population, particularly due to HIV/AIDS, Hepatitis C and Tuberculosis. In the past year, a violent government crackdown to end drugs and drug use in the country precipitated numerous human rights violations of individuals allegedly involved with drugs, further pushing users underground and out of reach.

Setting: The four major regions of Thailand (Central, North, Northeast, South).

Project: Seventy active and former drug users united started Thailand's first drug user organization, the Thai Drug Users' Network (TDN), in December 2002. TDN emerged to start the process of self-empowerment and resiliency-building in response to the health and human rights crisis among drug users. Through key partnerships with local and international groups, Network members work with all relevant sectors to end ignorance about the risks and vulnerabilities related to drug use, and promote and protect the ability of drug users to receive appropriate and equal treatment, care and support.

Outcome: Drug users play a key role in education and advocacy concerning drug- and HIV-related policies and programs. In TDN's short existence, its accomplishments include the approval of a grant proposal to the Global Fund to Fight AIDS, TB, and Malaria (GFATM) and the repeal of a policy excluding injecting drug users from accessing antiretroviral medication. Thai drug users have made more of a policy impact than many others purporting to represent their needs.

304 **V Bich**

ESTABLISHING A WHOLISTIC MODEL ON CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS (PLWHA) IN PHU THO PROVINCE

Issue: Up to April 30, 2003 Vietnam had recorded a total of 65,150 people with HIV, of whom 9,974 had developed AIDS and 5,535 had died, said by Dr. Tran Thi Trung Chien, Health Minister. Due to the dramatically increasing of PLWHA number (of which more 70% were drug users), so the needs on care management and counseling for PLWHA have been becoming urgent matters in Vietnam.

Setting: Nong Trang, a ward of mountainous Phu Tho province in northwest of Vietnam was chosen for carrying out the project with target population of PLWHAs including drug users due to the quick expanding of HIV/AIDS epidemic in this area.

Project activities:

- To conduct Participatory Rapid Appraisal activities
- To create a favorable social environment to support cares of PLWHAs.
- To strengthen the capability for health workers, caregivers, family members, PLWHAs and community through Information-Education-Communication (IEC), counseling, training, workshop etc
- To provide saving-credit services and vocational needs of PLWHAs.
- To support and provide equipment to the health station for PLWHAs care.

Outcomes: We mobilized active participation from local authority levels to villagers in project activities effectively. It can be seen that PLWHA and drug users will change their knowledge, attitude and behavior if we have a suitable communication method. Discrimination and stigma against PLWHA was remarkable reduced. PLWHAs were considered patients and were supported for examination and medicine enthusiastically. It led PLWHA more confident and feels a meaningful involvement in specific activities on AIDS prevention and gradually integrated into community. Additionally, providing employment for PLWHA has created opportunity for PLWHA and their families to improve their living standard and step by step to stop drug.

305 **F Babate, Z Abing Sr**

LOOKING AT DRUG EDUCATION CAMPAIGN IN THE PHILIPPINES' MOST COMPETITIVE CITY

Drug education in the Philippines is based on three questionable assumptions about adolescence and drug use:

- 1) total abstinence is a realistic goal;
- 2) one form of drug use inevitably leads to other, more harmful forms; and
- 3) understanding the risks inherent in drug use will deter children from experimentation.

One of the most popular and prevalent school-based drug education programs in the country is DARE (Drug Abuse Resistance Education). General Santos in Southern Philippines is the second area in the Philippines where DARE was implemented after Makati City (in the nation's capital of Manila). It started in the mid 1990's in General Santos City.

This paper looks into why DARE exposure has hardly had long-term effect in drug education effort in the city despite the media popularity that it gained over the years. We interviewed key informants of this program and did an investigation to "minor inmates" in the city jail who were charged because of "drug possession and pushing". They were one in saying that: "It's like nobody cares what we think ... The DARE cops just wanted us to do what they told us and our teachers never talked about DARE.

Despite the DARE efforts, a sizable number of local citizens (in large urban barangays in the city) continue to use drugs. Many of these minors were in fact product of the DARE exposure during their elementary years. Adolescent experimentation with drugs continues as well. Though we cannot eliminate drug use altogether, we can at least try to minimize its dangers.

In this research, we found out that many local health educators will see it as a refocusing of their efforts on what really matters for health education-the prevention of health problems.

Finally, this paper pushed us to a learning experience that any drug education program (DARE included) should be based on realistic assumptions about drug use. It is on this premise that a harm reduction drug education program should be sound intervention.

307 **A Arcuri, J Howard, D McIlwain, A Taylor**

PREDICTORS OF RETENTION IN RESIDENTIAL DRUG AND ALCOHOL TREATMENT FOR YOUNG PEOPLE

Background: Numerous studies have demonstrated that retention is an important predictor of post-treatment outcomes in residential drug and alcohol treatment. Consequently, over 30 years of research has explored the question of what predicts treatment retention. However, the populations explored in these studies have been almost exclusively adult,

and mostly drawn from residential treatment programs in the USA. This study attempts to begin to address this demographical and geographical bias in the research literature by exploring predictors of retention in an Australian residential drug and alcohol treatment program for young people.

Methods: Fixed and dynamic pre-treatment client characteristics were analysed for their ability to predict retention among 375 14- to 18-year-old first admissions to the Ted Noffs Foundation's Program for Adolescent Life Management (PALM), a treatment program with a harm reduction and relapse prevention focus, providing drug and/or alcohol dependent young people with up to 3 months of residential treatment and 3 months of continuing care.

Results: Multiple logistic regression revealed that shorter time in treatment was predicted by having a greater variety of recently committed crimes, being male, living alone prior to treatment, having heroin as a drug of concern, and having physical health problems, whereas longer time in treatment was associated with having recently overdosed via injection, having work or school problems, having had themselves, their family's or their friends' lives or safety threatened as a result of drug use, and being recently involved in drug supply crimes.

Conclusions: This study highlights numerous characteristics of young people that impact on their length of stay in residential treatment. By attending and remaining sensitive to these characteristics during program development and implementation, young people are provided with conditions conducive to longer involvement in residential treatment, and are thus at reduced risk of drug related harm.

308 L Markarian

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.

309 M Chalise

A STUDY OF THE HIV/AIDS AWARENESS PROGRAMME AT NORTH – EAST OF KATHMANDU NEPAL

Background: This study is intended to examine the effectiveness of the program through change in attitude and behavior of the people.

Objective: To assess the change in attitude and behavior of the people on HIV/AIDS.

Methods: The study was concentrated on two groups between study groups the workers from different carpet factories were included in the HIV/AIDS awareness program and the control group, patients attending health care units of the area and the customers in the local tea shops. Preparing a rooster 10% probability sampling without replacement was conducted of aged 15-49 Years. 425 under study group and 595 under control group were interviewed.

Results: The study have revealed that the level of awareness seen to be still very low among the study group. Knowledge about HIV/AIDS among control group 90% and study group 88% was found and about mode of transmission due to sexual contact found 93% among control and 80% study group. Cause of needle exchange was 31% among control and 22% in study group. 88% in control and 44% in study group mentioned use of condom to prevent from HIV/AIDS. Regular condom users among married couple only 31% control and 20% study group and which 4% did not know about condom use. 5% control and 16% study group commit suicide in case on facing a HIV infection situation whereas 2.6% and 0.8% control and study group respectively gave their opinion to transmit HIV to others in case they have such situation.

Lesson learnt: The study group comprises of people was noticed very difficult to raise their awareness (HIV risk population) suggesting an effective and integrated program is necessary to have a long lasting in their influence in their attitude, outlook and behavior on HIV/AIDS.

311 N Nash

FACTORING IN SAFETY, DESIGNING OUT CRIME

Issue: One of Adelaide City Council's Strategic Directions is to attract people to the City to live, work and spend their leisure time. To succeed, Council must create an environment in which people feel safe.

By endorsing a Community Safety Strategy, Council has acknowledged that it can contribute very strongly to keeping the City safe and to reducing injuries and harms.

As a partner in the Adelaide Safe Community (ASC), Council is working towards its goal of reducing injuries and increasing safety. ASC oversees the process seeking Adelaide's accreditation as a Safe Community under the World Health Organisation.

Setting: The Strategy and ASC cover the whole of the area covered by Council. This consists of the CBD, the SE and SW corners of Adelaide, North Adelaide and the Park Lands.

It covers all residents, businesses and visitors to Adelaide.

Project: It is accepted that people will suffer harms and injuries as a result of drinking alcohol and / or using drugs (as well as through other methods). Council has in place strategies for reducing harms relating to drug and alcohol use and works closely with service providers to ensure issues are resolved in a safe and timely manner.

Council also seeks to maintain and increase safety through its Crime Prevention Through Environmental Design Policy (CPTED), enabling it to have an influence on the safety and security of people and property in the City and on reducing harms, by:

- designing, constructing and managing the public realm –
- advocacy, education and advice;
- acquisition, design and management of Council-owned and occupied properties, businesses and assets; and
- influencing private development activity.

Outcomes: Council can and does have a positive effect on reducing harms and improving safety in the public realm in the City.

313 S Lenton

SUCCESSFUL CANNABIS LAW REFORM IN WESTERN AUSTRALIA: THE MODEL AND PROCESS OF GETTING EVIDENCE-BASED LEGISLATIVE CHANGE

ISSUE: Windows of opportunity for changing drug laws rarely open and they often close without legislative change being effected. This paper briefly describes how evidence based recommendations to 'decriminalise' cannabis have recently been progressed through public debate and the



political process to become law in WA.

SETTING: WA has a population of about 1.9 million, less than 10% of the national figure and comprises about 39% of Australia's land mass. Strict prohibition of cannabis use resulting in criminal convictions has been in place in WA, although in 2000, cautions were introduced for first offenders.

PROJECT: This paper summarises the background research, the recommendations of the WA Community Drug Summit, the role of the Ministerial Working Party on Drug Law Reform tasked with recommending new cannabis laws, the recommended model, and the process of getting the Bill through Parliament. It comments on the role of politics, the media, political advisors and lobbyists and summarises lessons learned.

OUTCOMES: Under the Cannabis Control Bill 2003, which passed the WA Parliament in September, WA will become the fourth Australian jurisdiction to adopt a prohibition with civil penalties scheme for minor cannabis offences when its Cannabis Infringement Notice (CIN) scheme comes into effect early in 2004. Under the scheme minor offences will result in a civil, rather than a criminal, penalty. Possession by an adult of up to 30g will attract a \$150 fine, 2 plants a \$200 fine, and a used bong a \$100 fine. Offenders will have the option to pay their penalty within 28 days, or avoid all fines by completing a single cannabis education session within the same period. The National Drug Research Institute is completing the first phase of a pre-post evaluation of the legal changes. A description of the first phase of this research will be presented in the other papers in this symposium.

314 **S Lenton, F Farringdon**

AN INVESTIGATION OF THE EXPECTED IMPACTS OF WESTERN AUSTRALIA'S CANNABIS INFRINGEMENT NOTICE SCHEME ON DRUG USE OF SCHOOL CHILDREN

BACKGROUND: Under the Cannabis Control Bill 2003, which passed the WA Parliament in September, WA will become the fourth Australian jurisdiction to adopt a prohibition with civil penalties scheme for minor cannabis offences when its Cannabis Infringement Notice (CIN) scheme comes into effect early in 2004. This study, part of the pre-post evaluation of the legislative reforms aimed to measure the impact of the changes on attitudes and drug use of school children. Although the CIN scheme applies only to adults, an important question is the extent to which changes to laws affecting adults may impact on the drug use of school children. These are one group who research suggests may be at a higher risk of developing the adverse acute and chronic effects of cannabis, and in particular may be more at risk of dependence. Furthermore there is a concern that introduction of a civil penalty scheme may interfere with the conduct of school drug education.

METHODS: A self-completion survey was conducted of 2638 students in years 9 and 12 from a selection of 11, government secondary schools in the Perth metropolitan area. This addressed the extent to which the introduction of the CIN scheme for adults would affect school student's cannabis use, knowledge and attitudes to cannabis and the law, and their experience of acquiring and supplying cannabis in the drug market. In addition, 90 minute focus groups of were held with 4 groups of 6 drug education teachers from 20 schools. Participants were given a one-page summary of the scheme prior to attending. Themes addressed included the impact of current and proposed drug laws on: students drug use and knowledge of the drug laws, school drug education, school drug policy, help seeking by students, and parental comfort with school drug education.

RESULTS: Phase one of this sub-study has been completed and results should be approved for release by the end of the year.

CONCLUSION: Although the CIN scheme applies to adults only, there is considerable community concern about the impact of such drug law reform on the young.

315 **A Sutton**

A STUDY OF POLICE AND JUDICIAL PERSPECTIVES ON WESTERN AUSTRALIA'S CANNABIS INFRINGEMENT NOTICE SCHEME

BACKGROUND: Under the Cannabis Control Bill 2003, which passed the WA Parliament in September, WA will become the fourth Australian jurisdiction to adopt a prohibition with civil penalties scheme for minor cannabis offences when its Cannabis Infringement Notice (CIN) scheme comes into effect early in 2004. Previous research on the South Australian Cannabis Expiation Notice scheme had found that, overall, key informants from the police and criminal justice agencies had been in favour of the civil penalty scheme in SA and did not advocate returning to a criminal penalty scheme. Although some unintended consequences had been noted. Significantly, SA police were convinced that evidence that criminals were exploiting the 10 plant expiation limit in SA to commercially cultivate and supply cannabis, and there was some evidence to support this view.

METHODS: As part of the pre-post evaluation of the legislative reforms a sample of 15 police, other criminal justice personnel and policy makers have been qualitatively interviewed. This aimed to: clarify and discuss the purpose and intended outcomes of the CIN scheme; make some preliminary assessment of possible unintended outcomes; and identify the key challenges that police and other justice personnel may encounter at the implementation phase. Further research will monitor Western Australian Police Service protocols and procedures for instructing officers on the aims of the system and on ways to put it into effect. Interviews also will be undertaken with representative samples of police and other justice personnel.

RESULTS: Phase one of this sub-study is underway and results should be approved for release by the end of the year.

CONCLUSION: While the CIN scheme has been designed to take into account problems with similar schemes elsewhere in Australia, the success or otherwise of the scheme is likely to be affected by how it is embraced and implemented by police and the justice system more generally.

316 **J Fetherston, J Lenton**

A TELEPHONE SURVEY OF PUBLIC ATTITUDES TOWARDS WESTERN AUSTRALIA'S CANNABIS INFRINGEMENT NOTICE SCHEME

BACKGROUND: WA will become the 4th Australian jurisdiction to adopt a prohibition with civil penalties scheme for minor cannabis offences when its Cannabis Infringement Notice (CIN) scheme comes into effect early in 2004. This study, part of the pre-post evaluation of the legislative reforms, aimed to measure public attitudes towards cannabis, the existing strict prohibition laws and the CIN scheme. Criminological research points to the importance of public attitudes to the law in determining its effectiveness. Measurement of public attitudes is important in providing legislators with an accurate picture of public support, and to assist in understanding the future success or failure of the proposed scheme. Previous research on the impact of the Cannabis Expiation Notice Scheme in South Australia showed that it had no detectable impact on rates of cannabis use in the general community.

METHODS: Computer Assisted Telephone Interviewing (CATI) was used to recruit and interview a random sample of 809 individuals. The sample was representative in terms of gender and the proportion of metropolitan and rural respondents. The survey, conducted prior to the implementation of the CIN Scheme addressed attitudes regarding the use of cannabis and other drugs, knowledge and attitudes regarding cannabis laws, respondents' own drug use and demographic data, as well as perceptions of the proposed legislative changes. Opinions of the new laws were asked only after the proposed legislative model had been explained. To identify factors that may affect perceptions of legislative change questions were included to identify respondents' political affiliations and level of religiosity.

RESULTS: Phase one of this sub-study has been completed and results should be approved for release by the end of the year.

CONCLUSIONS: It is likely that public support for the proposed legislative scheme will have a major impact on it's success or otherwise. The extent to which the proposed changes affect rates of cannabis use in the general community will also be of interest.

318 **L Badrieva**

INFLUENCE OF A RUSSIAN HARM REDUCTION PROGRAM ON HIV RISK BEHAVIOR OF IDUS

Background/Objectives: Harm reduction program (HRP) "Renewal" was initiated in Kazan, a city of 1.08 million inhabitants, in May 1999. The IDUs population was estimated at 15000 in 1999 and 12000 in 2002. HRP "Renewal" had 4800 clients per year in average. The percentage of HIV+ among IDUs grew from <1% till 14% since 1999. This study was carried out to investigate the extent of unsafe practices of IDUs associated with participation in HRP in the beginning of HRP operation and several years later.

Methods: Trained outreach workers undertook structured interviews with 132 primary clients (Control group 1) and with 96 of their regular clients (Group 2) between June 1999 and April 2001. This was repeated between May 2002 and April 2003 by interviewing a comparison group of 105 IDUs not attending HRP (Group 3) and 96 regular clients (Group 4).

Results: There were significant differences ($p < 0.001$) between Group 1 and all other groups on the following HIV risk behaviors: "When I injected drugs in a group last time all IDUs used new needles and syringes": 39.4% – Group 1, 75.0% – Group 2, 71.4% – Group 3, 92.7% – Group 4; "I used of another injector's dirty syringe during the past month": 38.6% – Group 1, 17.7% – Group 2, 14.3% – Group 3, 9.4% – Group 4. There were not differences between Group 1 and 2, but there were significant differences ($p < 0.05$) between Group 1 and Groups 3, 4 on the sexual behavior: "I used a condom at my last sexual contact": 46.5% – Group 1, 49.5% – Group 2, 61.0% – Group 3, 75.6% – Group 4.

Conclusions: This study proves that HRP have the positive impact on HIV risk behavior of IDUs; injecting risk behavior of IDUs change faster than sexual risk behavior. The significant differences between Group 1 and Group 3 show the intense influence of HRP on unsafe practices of IDUs not attending HRP after three years of the beginning of HRP operation.

322 **D Moore**

WHAT KIND OF SUBJECT DO WE WANT? HARM REDUCTION POLICY AND THE CONSTRUCTION OF DRUG USERS

Background/Objectives: This paper critically examines existing constructions of drug users in harm reduction practice and policy. Methods: The paper draws on data from ethnographic research on street-based IDU, sex work and service provision in the St Kilda area of Melbourne, which involved in-depth interviews and participant observation with IDUs/sex workers and service providers. It also draws on critical readings of past studies of the construction of drug users in drug policy, current harm reduction policy and practice with respect to overdose and HCV prevention, and recent literature on 'risk'. Results: Past studies of drug policy have noted two prevailing constructions of drug users: (a) a pre-1980s construction, in which drug users were seen as 'slaves' to their addiction and as largely incapable of rationality, and (b) a post-1980s construction, in which drug users are reconstructed as health-conscious consumers capable of rationality and of reducing drug-related harm, especially HIV/AIDS. Neither of these constructions does justice to the complexity of street-based IDU as revealed by ethnographic research. Street-based IDUs cannot be characterised as 'victims' or 'agents'; rather they are subjects whose agency (ie, the capacity to act) is circumscribed by context, as the case study of 'Frank' demonstrates. Conclusions: Drug policy and practice should draw on ethnographic research and social theory in order to make more explicit the kind of subject envisioned by the harm reduction project

323 **D Alfaras**

COTABATO PROVINCE'S DRUG EDUCATION EFFORTS: AIMING TO REDUCE HARM

Drug education programs are doomed to fail. Almost all programs strive for prevention as their ultimate goal, which is unrealistic with current experimenters and users. Another assumption pervading drug education is that use is equal to abuse. A theory inherent in drug education is the

"gateway" or "stepping stone" hypothesis. Finally, most programs are predicated on the notion that teenagers are incapable of making decisions about drug use.

From April 2002 – May 2003, the Alternative Drug Education Project (ADEP) was tested in Cotabato Province among 120 secondary students. This project is secondary rather than primary prevention on the understanding that we cannot prevent drug use per se and that attempts to do so may be counterproductive. It is non-judgmental, neither condones nor condemns drug use but accepts that it does, and will continue to, occur. A key aim and principle is to develop an open, honest dialogue and provide respect to the rights of young people to make their own decisions regarding drug use." Rather than "resisting peer pressure," ADEP's goal was to foster what it called "positive peer support, emphasizing on peer involvement in education, teachers take on the role of facilitators. Materials for the project consist of Seryosong Druga Po Lamang (Serious Drugs Only), for ages 15 and older.

It changed the perception of the learners as receivers of knowledge and skills to partakers (positive influencers) of them. With the bulk of the education targeted to children (80%), the parents and community activities account for (20%) of the entire intervention. Three (3) municipalities have expressed their desires to enter into partnership with the proponent organization in harm reduction drug education approach of ADEP.

324 **B Karakiewicz, T Kozielc, R Stanaszek, W Piekoszewski**

THE RELEVANCE OF TOXICOLOGICAL IDENTIFICATION OF NARCOTICS IN HAIR FOR DETOXICATION AND MAINTENANCE THERAPY OF OPIATE ADDICTS

One of the most commonly abused form of opiates in Poland is a liquid domestic product so-called "kompot", produced from poppy straw or poppy head juice. The main constituents of "kompot" are: morphine (range 1,2-50 mg/ml), heroin (0,2-2 mg/ml),

6-MAM (0,2-5 mg/ml), codeine (0,2-4,0 mg/ml) and acetylcodeine. The new trend among the Polish opiates addicts is to use the solid heroin for instance "brown sugar".

The study was done in 107 psychoactive drug addicts (25 females and 82 males, who entered a methadone maintenance program in Szczecin Poland, or were treated at the local detoxication ward. Opioids (morphine, codeine, 6-MAM, methadone) were determined using gas chromatography/mass spectrometry

(GC/MS-ITD). Amphetamines (EP, MK, MA, AMP, MDA, MDMA, MDEA)

The objectives of this work were: to apply segmental analysis of hair studying psychoactive agent and their derivatives in drug abusers during in acute intoxication phase and maintenance therapy, to determine if narcotics found in hair matched with findings during history – taking, to check the relevance of toxicological tests for psychoactive drug content in hair for monitoring abstinence in maintenance programs.

Conclusions: 1. Toxicological examination of narcotic content in hair is a useful method for studying the history of drug addiction during the period time equivalent for the length of hair. 2. The results of sectional analysis agreed with the self reported drug histories. 3. Monitoring and retrospective analysis of abstinence in patients participating in maintenance programs helps prevent drug overdosing and significantly reduces intake of psychoactive substance other than methadone.

325 **N Shahzad**

A STUDY OF HARM REDUCTION SERVICES

The study was conducted among DUs (drug users) and IDUs (injecting drug users) in Lahore city of Pakistan, through Caritas Lahore HIV/AIDS prevention with drug harm reduction project at "BAQA" drop-in centre. Total registered # of clients at the said drop-in centre (April 2003 to September 2003) were 218. Out of them 82 (37.6%) were IDUs and 136(62.4%) were DUs. Study showed that 37.4% were sharing their syringes with each other and also had risky sexual behavior. The rest 23% were near to shift on injections while 39.4% were showed to continue the use of their present



drug. Pretesting results showed that 37.6% were vulnerable group and the rest of them were at risk to get HIV/AIDS and other blood borne infections. After establishing "BAQA" drop-in centre by Caritas Pakistan Lahore in April 2003 and started the provision of harm reduction services like (medical, social, and counseling services) including syringe exchange and condom education and provision. It showed the slight change in their behavior like exchange of syringes rate (8%), use of condom rate (12%), and getting other HR services rate (18%).

327 **S Zujevic, T Stamatovic, D Stamatovic, Z Cakic**

CULTURE OF POPPY TEA USE IN SERBIA

ISSUE: The aim of the presentation is to describe cultivation and use of poppy tea which has a long tradition in Serbia. Among drug users, the practice of poppy tea use has been present widely since the beginning of 1980s.

APPROACH: By showing the geographical position of the region, the objective is to emphasize high availability and thus a widespread use of the product. In historical texts it has been found that poppy has been used as a remedy for a wide range of disorders. Peasants in Serbia have used poppy even for calming babies during seasonal activities in the field. Poppy, as a traditional remedy, has been broadly accepted.

KEY POINTS: Blue poppy grows in the northern part of Serbia (Vojvodina) in numerous village areas. Drug users prepare poppy tea at home in a simple procedure and use it in order to overcome or prevent withdrawal symptoms. Effects of the poppy tea are similar to opiates: sedation, pain relief, and drowsiness. Risk of overdose is not usual, but toxicity is a real problem.

In practice, police activities regarding either persecution of poppy cocoon vendors or consumers have not been restrictive so far.

IMPLICATIONS: As its price is affordable and it's easy available, poppy (tea) is an extensively used substitute for heroin among drug users in Serbia.

328 **D Stamenovic, T Stamatovic, S Zujevic, Z Cakic**

EXPANSION OF HEROIN USE IN SERBIA DURING 90S

ISSUE: During 90s, Serbia faced deep economic and social crisis due to war in the region and isolation of the country. This situation emerged rise of smuggling and organized crime which was sometimes encouraged by the Government (even through media) – it was payable to trade with weapons, fuel, cigarettes, used cars...Being on the drug routes, with disrupted links with Interpol, Serbia also became important in drug trafficking.

APPROACH: Describing geo-political circumstances at that time, the aim was to focus on historical facts and social and economic conditions which were favorable to the significant expansion of heroin use in Serbia during the last decade of the 20th century.

KEY POINTS: Organized smuggling lead to high availability of heroin on the market. Street distribution of the product was widely spread without too much intervention from the police or even under their protection. Under these circumstances street prices dropped by 60% in two years period. Low standard of living, unemployment, loss of ethical values, war traumas are the factors which lead more people to start using drugs.

IMPLICATIONS: With this situation more and more people have become drug addicts: it was cheaper and simpler to get stoned than to get drunk! Lack of information on drugs, absence of adequate services and treatment possibilities, biased on isolation of drug users.

The situation with the expansion of drug use was not recognized at the national level.

332 **G Fischer, H Eder, R Jagsch**

ORAL SUSTAINED RELEASE MORPHINE AND METHADONE FOR MAINTENANCE THERAPY IN OPIOID DEPENDENCE

The study compared the efficacy and tolerability of once daily oral release morphine sulphate capsules with once daily administration of methadone

oral solution for the treatment of opioid dependence. Primary outcome measures were retention in treatment, consumption of illicit substances and adverse drug effects. In the 14 week trial patients received in a double blind, double dummy cross-over design either methadone (D-/L+ racemat) or morphine (morphine sulfat). After a titration period of one week at the beginning of each treatment phase, a stable dose was required for a treatment period of six weeks. The dose ranged from 55mg to 100mg for the methadone phase and from 200mg to 800mg for the delayed release morphine treatment period. Sixtyfour subjects (6 females and 58 males) who met DSM IV criteria for opioid dependence were included. Retention rate in both groups was very high, only nine patients (14%) withdrew from the study with no significant difference between medications. There was a statistically significant difference between the groups in the final dose to which patients were titrated ($p=0.031$) with more patients needing higher dose levels when treated with morphine. There was a significant difference in craving for heroin ($p<0.001$) and nicotine ($p<0.001$) in the last two weeks of treatment in favour to morphine. Both substances were effective and safe for the treatment of opioid dependence, no serious adverse event occurred. Oral sustained release morphine could be an effective and well tolerated medication in maintenance treatment and the once-daily dosing allows treatment conditions similar to methadone.

334 **N Sargsyan, S Grigoryan, L Avagyan**

HUMAN RIGHTS AND HIV/AIDS IN THE REPUBLIC OF ARMENIA

Issue: Discrimination and stigmatization against people living with HIV/AIDS (PLWHA) are still among the main obstacles in the response to HIV/AIDS epidemic. These phenomena exist in the Republic of Armenia as well. PLWHA here face discrimination and stigmatization exhibited by the different groups of society. Setting: Human rights protection is an important factor in fighting and further reducing spread of HIV/AIDS epidemic. Protection of human rights of PLWHA should assist them to realize their status, prevent violation of their rights and restore in their rights. Project: The important step in this direction was adopting the "National Programme on HIV/AIDS Prevention" approved by the Decree N 316 of 1 April of the Government of the Republic of Armenia. One of the strategies of the National Programme on HIV/AIDS Prevention is improvement of the existing legislation on HIV/AIDS prevention. Another substantial contribution to the response to HIV/AIDS was establishment of Inter-Standing/Inter-Faction Committee Parliamentarian Group on HIV/AIDS, among members of which are representatives of number of factions and groups representing different parliamentary committees. The work on changing and improving the current legislation related to HIV/AIDS has been completed. The new draft of the Law on "Prevention of disease caused by Human Immunodeficiency Virus" was developed by the specialists of the National Center for AIDS Prevention and it is consistent with the existing internationally recognized standards. Outcomes: The new draft of the Law has been presenting to the Ministry of Health of the Republic of Armenia for review and then to the National Assembly for further approving. According to the new draft of Law the Government guaranties protection of rights and freedoms of PLWHA. All people living with HIV/AIDS has equal rights and obligations provided by the Constitution and current legislation of the Republic of Armenia.

335 **A Okwuosah**

INJECTION SAFETY IN NIGERIA: POLICY, PRACTICE AND LACK OF LEGISLATION

Injection Safety in Nigeria: Policy, Practice and lack of Legislation

The Issue: In Nigeria empirical evidence suggest that use of injections has completely overtaken the real need. Injections are no longer based on rational medical practice but on wrong perception of greater efficacy of injections and the fact that clients are willing to pay higher fees for injections. In some situations, especially among the poor in Nigeria as many as nine out of ten patients presenting to a primary healthcare provider receive an injection, of which over 70% are unnecessary or could have been given as an oral formulation. Most of these injections are

unsafe. Needle and syringes are readily and freely available from legal and illegal outlets nationwide without restrictions.

The Federal government of Nigeria along with other countries at the Yamousoukro declaration of 1994 were then charged with urgent development of National Safe Injection Policies. Nigeria's policy was adopted in May 2001, seven years later and the subsequent 5-year plan of action for implementation of the policy has suffered the same criminal level of tardiness and missed goals and road maps.

Approach: The paper enumerates the various harmful practices in Nigeria inimical to injection safety and how they affect the health worker, the client and the community. The factors militating against safe injection practice, policy articulation and legislation in Nigeria are discussed.

The Medical Rehabilitation Centre is a project of the Rights Relief and Rehabilitation Services. Our Safe Injection Project activities include awareness campaigns, National conference on Safe Injections, evaluation of Injection Safety practices through a National Survey, training of all health workers, campaign for accessibility of safe injection equipment and drafting, advocacy and lobbying for legislation to enforce Safe Injection Practices.

Implications: Implications discussed include burden of disease and its linkage to poverty, underdevelopment, and its association with the spread of HIV/AIDS epidemic.

338 T Rhodes, M Davis

HEPATITIS C AND ITS RISK MANAGEMENT AMONG DRUG INJECTORS IN LONDON: RENEWING HARM REDUCTION IN THE CONTEXT OF UNCERTAINTY

Aim: This paper synthesises qualitative insights from a study exploring the social relations of HCV risk management among drug injectors in London. Method 59 depth tape-recorded qualitative interviews were undertaken with drug injectors recruited via drug user networks. Results: While access to injecting equipment was reportedly good, needle and syringe sharing continued in exceptional circumstances and in the context of 'trust relationships'. Analyses of drug injectors' accounts of variations of "I never share" showed that this construction denoted less a description of actual risk behaviour than presentation of perceived risk status. Paraphernalia sharing, including spoons and filters, was common. Findings showed there to be much confusion and uncertainty concerning HCV knowledge, including its medical and transmission risks, and importantly, injectors were aware of the provisionality and partiality of their HCV knowledge. Confusions also surrounded the meaning and interpretation of HCV antibody test results. In part because of the uncertainties surrounding HCV knowledge and transmission risks, injectors tended to make sense of HCV risk in relation to HIV. This relative viral relationship depicted HCV as ubiquitous and unavoidable among drug injectors, with many viewing HCV as an inevitable consequence of injecting. Findings show how such risk perceptions work against the preventability of HCV. Conclusions There is an urgent need to renew policies of harm reduction in order to support perceptions that HCV is avoidable and preventable, and to better distinguish HCV prevention from HIV prevention.

340 B Estebesova

KYRGYZSTAN IN THE INTERNATIONAL PRACTICE OF HARM REDUCTION, PROSPECT OF DEVELOPMENT

Kyrgyzstan in the international practice of harm reduction. For last few years the attention of world society working on harm reduction program is compelled to Kyrgyzstan. The country with low level of prevalence of HIV but with real threat of developing epidemic of AIDS, demonstrates sequence in realization of the planned measures based on harm reduction.

For short time, having begun with the exchange of syringes programs, successfully advancing methadone replacement program, now started to work on harm reduction projects in prisons.

The factors created favorable conditions for development of harm reduction program are:

- Financial and expert support of the international organizations

- Multisectoral approach to the decision of the problems of Drug and AIDS, offered by government that became a model of successful interaction of government, NGOs and stakeholders.
- Priority of strategy on harm reduction
- Activity of NGOs
- Involvement of drug users in development and realization of the programs
- Approximation and availability of programs to vulnerable groups
- Creation self help groups

Strategy was directed on: lack of awareness, wrong representations, inaccessibility of treatment, discrimination and stigma, the imperfections of the legislation and so on. The harm reduction programs were integrated in other preventive programs and were carried out in interaction.

Threats:

Deficiency of the national budget

Irresponsibility of local authorities into realization of harm reduction programs

Harm reduction Programs are carried out mainly by NGOs

Bad process of humanization of legislation and implementing in practice

Lack of clear coordination of international organizations, not accounting local experts opinions

Suggestions:

creation network of harm reduction projects

legal maintenance of the programs

Development the potential of successful projects

Training and mobilization the persons who make decisions

341 J Njamuku

THE ROLE OF PRIVATE SECTOR IN AWEARNNESS COMPAING, TOPIG-THE ROLE OF PRIVATE SECTOR IN DRUG ABUSE AWEARNNESS COMPAING

Objective: Establishing ways of financing drug abuse awareness compaing

Methodes: Biashara sacco has a membership of over 500 business people. every year the sacco sponsors a football tournament for secondary schools in the district. During these tournaments the schools distribute information on drug abuse to the sudents. the materials are usually printed through funds raised by our members.

The sacco also provide trophyies to winning teams which are donated by the companies of our members.

The materials are also displayed in schools and our bussiness places for further awearness.

Conclusion: Though in a small way we have managed to have schools discuse issues to do with drugs and helped to reduce the intake within the school compounds.

342 J McVeigh, P Duffy, C Beynon, M Bellis

CHANGES IN SYRINGE EXCHANGE SCHEME UTILISATION AND CLIENT PROFILE: IMPLICATIONS FOR PUBLIC HEALTH AND SERVICE PROVISION

Background: In Cheshire and Merseyside, in the United Kingdom, a unique monitoring system of syringe exchange schemes has been in operation since 1990. During this period, 14,491 individual injectors have been in contact with SES, accounting for the provision of 6,595,099 syringes. This paper presents findings relating to changes in clients' profiles and patterns of SES utilisation.

Methods: The monitoring system collects data on all syringe exchange transactions, with clients identified by use of an attributor code comprising initials, date of birth and sex, with additional data including injected drugs collected. Utilising the attributor codes, clients' SES records were aggregated to produce individual client characteristics and service uptake profiles. Correlations were performed to identify changes in the number of new SES clients using each drug, the number of visits to SES and the number of syringes provided to clients over the eleven years in question.

Results: During the eleven years, the number of new heroin injectors has significantly decreased ($p < 0.05$), while the number of new anabolic steroid injectors has significantly increased ($p < 0.001$). Analysis also



indicated a significant reduction in the frequency of visits by both opiate and anabolic steroid injectors ($p < 0.001$). Correspondingly, there has been a significant increase in the amount of syringes taken at specific transactions across all injectors ($p < 0.01$), in particular, heroin injectors ($p < 0.001$).

Discussion/conclusion: Additional monitoring systems and research studies have not indicated a reduction in the prevalence of heroin injecting. Therefore, these findings highlight a public health issue with regards to the prevention of HIV and hepatitis B/C, indicating the need for renewed strategies to attract and engage this population. Additionally, the increasing levels of anabolic steroid injectors presenting to these services has profound implications for service provision to address the specific needs of this injecting population.

343 E Roy, N Haley, P Leclerc, J Boivin

PREDICTORS OF DRUG INJECTION AMONG STREET ADOLESCENTS

OBJECTIVES: To identify predictors of initiation into injection drug use among street adolescents. METHODS: From 01/1995 to 09/2000, youth aged 14 to 25 years and meeting specific criteria for itinerancy were recruited in a prospective cohort study. This analysis was restricted to adolescent participants (14-17 years old) who had never injected drugs at study entry and had completed at least one follow-up questionnaire by 09/2000. The follow-up period began at study entry for all participants and ended at the first occurrence of the following events: initiating injection or reaching 18.5 years of age. Predictors of initiation into injection were identified using Cox proportional hazards regression. RESULTS: Among the 1013 participants, 118 (47.5% girls) were eligible for this analysis. They cumulated 148.5 person-years of follow-up and 35 (29.7%, 18 girls) started injecting (incidence rate: 23.6 per 100 person-years; 95% CI [17.0-31.2]). This rate was similar for both sexes: 24.3 per 100 person-years [15.1-35.7] for girls, and 22.8 per 100 person-years [13.9-34.0] for boys. Independent predictors of initiation were: a history of consumption of 4 types of drugs or more (Adjusted hazard ratio (AHR)=6.22; [1.89-20.50]), daily alcohol consumption (AHR=3.13; [1.15-8.50]), survival sex in the last 6 months (AHR=2.96; [1.31-6.70]), an episode of homelessness in the last 6 months (AHR=2.75; [0.99-7.66]), and a history of extra-familial sexual abuse (AHR=2.26; [1.08-4.71]). CONCLUSIONS: The rate of initiation into injection drug use is extremely high in this young population. We must intervene early to prevent injection among them and thus all associated health consequences. Interventions should address simultaneously substance abuse and living conditions for these youth having little or no alternatives to the street.

346 T Perlis, D Jarlais, G Stimson, C Fitch, V Poznyak

METHODOLOGICAL ISSUES IN CROSS-NATIONAL RESEARCH ON HIV AMONG INJECTING DRUG USERS (IDUS): WHO PHASE II STUDY

Objective: Successful cross-national research requires methods that are both standardized across sites and adaptable to local conditions. We report on the WHO Phase II Study of risk behavior and HIV seroprevalence among IDUs.

Methods: Surveys were conducted in 12 different cities. Prior Rapid Assessment conducted in 9 cities provided insight into local context and guided survey implementation. If possible, subjects were to be recruited from both drug abuse treatment centers and via street outreach. While emphasis was on IDUs, non-injectors were also recruited in cities with substantial non-injecting use of injectable drugs. A structured interview and HIV counseling/testing were administered.

Results: Over 5,000 subjects were recruited. Subjects were recruited from both drug treatment and street outreach in 10 cities. Non-injectors were recruited in 8 cities. Prior rapid assessment identified suitable recruitment areas, reduced drug users' distrust of survey staff, and revealed site-specific risk behaviors. Centralized survey coordination facilitated local questionnaire modification within a core structure, standardized recruitment and data collection protocols, uniform database structure, and cross-site analyses. Major site-specific problems included:

questionnaire translation difficulties; locating affordable HIV-testing facilities; recruitment from drug treatment due to limited/selective treatment infrastructure; access to specific sub-groups of drug users in the community, particularly females or higher income groups; security problems for users and interviewers, hostility from local drug dealers; and interference by local service providers.

Conclusions: Rapid Assessment proved invaluable in paving the way for the survey. Central coordination of data collection is crucial. While fully standardized methods may be a research ideal, local circumstances may require substantial adaptation of the methods to achieve meaningful local representation. Allowance for understanding of local context may increase rather than decrease the generalizability of the data.

348 D Jarlais, T Perlis, V Poznyak

CHARACTERISTICS OF INJECTING DRUG USERS (IDUS) IN DIFFERENT REGIONS OF THE WORLD: WHO PHASE II STUDY

Objective: To understand variation in IDU characteristics in different regions of the world.

Methods: As part of the WHO Drug Injection Phase II Study, risk behavior and HIV seroprevalence surveys of IDUs were conducted in Beijing, Bogota, Hanoi, Kharkiv, Lagos, Minsk, Nairobi, Rio de Janeiro, Santos, and St. Petersburg. Subjects were recruited through community outreach in all cities, and from drug treatment entrants in Asian and Eastern European cities.

Results: 2890 IDUs were recruited between May 1999 and October 2002. While the overall majority was male, there was substantial inter-city variation in female representation, 5% in Rio to 26% in Kharkiv and St.Petersburg. Median age ranged from early 20s in Bogota and Eastern European cities to 36 in Lagos. Except in Bogota and Lagos, over 50% of IDUs were employed. Average age of first injection was lower in Eastern Europe and South America (18-21) than in Asia and Africa (24-28). Percentage of new injectors (injecting ≤ 3 years) varied greatly: 9% in Lagos, 14% in Santos, 27%-47% in Eastern Europe, Rio and Nairobi, 60% in Bogota, and over 70% in the Asian cities. Cocaine was the most popular drug in South America, and heroin elsewhere except for Kharkiv where poppy straw extract prevailed. Very high rates (approximately 50% or more) of receptive and distributive syringe sharing were seen in St. Petersburg and Kharkiv, with medium to high rates in most other cities. There was also substantial variation in HIV seropositivity rates among IDUs, from 1% in Bogota to 42% in Hanoi and 43% in Santos.

Conclusions: HIV transmission occurs in many different "types" of IDU epidemics, though there are also some general geographic patterns in IDU-HIV epidemics. Prevention planning, however, needs to be based on specific characteristics with respect to potential increases in the IDU population and heterosexual transmission to non-injecting sexual partners.

349 P Miller

AMBIVALENCE TOWARDS DEATH AND ITS EFFECTS ON HEALTH PROMOTION STRATEGIES AMONGST INJECTING DRUG USERS

Health promotion strategies ultimately rely on people perceiving the consequences of their behaviour as negative. If someone is ambivalent towards death, it logically follows that health promotion messages would have little resonance. This paper investigates attitudes towards death in a group of injecting drug users (IDU_s) and how such attitudes may impact upon the efficacy/relevance of health promotion messages. It explores the relevance of health promotion messages that seek to change such behaviours by focusing on the individual and their specific behaviours, rather than the context in which this behaviour occurs. It also investigates the importance of the effect that a person desires from their drug use. The study used qualitative semi-structured interviews including a vignette. Most of the interviewees reported being ambivalent towards death. Common themes included; a fatalism towards life, death as an occupational hazard of drug use, denying death and the idea that for some death would be a welcome relief. Self reported desired effects had a number of common themes including being comfortably numb and

medicating dependence. It was concluded that an ambivalent attitude towards death is a functional emotional response to the current context of drug use which substantially undermines the relevance of health promotion messages in this group of IDUs.

350 P Miller

SCAPEGOATING, SELF-CONFIDENCE AND RISK COMPARISON: THE FUNCTIONALITY OF RISK NEUTRALISATION AND LAY EPIDEMIOLOGY BY INJECTING DRUG USER

This study investigates the competing rationalities of scientific epidemiology and lay epidemiology and how they impact on the efficacy of health promotion messages for injecting drug users (IDUs). It adheres to an enduring academic tradition in the social sciences which proposes that behaviours which may be difficult to understand are, in fact, rational within particular cultural contexts. The study used qualitative semi-structured interviews including a vignette. A number of different methods of risk neutralisation were observed in this group of interviewees, including: scapegoating, self-confidence and risk comparison. Interviewees commonly used lay epidemiology to justify and rationalise their risk neutralisation strategies. The paper provides concrete examples of the ways in which this group of IDUs neutralise risk through the use of these strategies. The findings illustrate how many of the psychological constructs surrounding the perception of risk which focus on individual behaviour are fundamentally simplistic and their popularity is due to their alignment with the political goals of dominant social institutions, rather than them actually contributing to understanding the behaviours of this group of people. It was concluded that some risk behaviours were often functional and rational within the context of prohibitionist drug policies which create an environment in which the IDU often has little real agency to reduce the risks associated with their drug use.

351 J Havens, C Latkin, S Huettner, D Bishai, L Cornelius, E Pilibosian, S Strathdee

CASE MANAGEMENT AND DRUG TREATMENT ENTRY AMONG INJECTION DRUG USERS WITH COMORBID ANTISOCIAL PERSONALITY DISORDER

Background: Injection drug users (IDUs) with comorbid antisocial personality disorder (ASPD) are more likely to be infected with HIV and share injection paraphernalia compared to other drug users. Since there is no treatment for ASPD, behavioral interventions are needed. The objective of this study was to examine the effect of a case management intervention on drug treatment entry among IDUs with and without ASPD. Methods: IDUs attending the Baltimore Needle Exchange Program who requested and were granted a drug treatment slot were asked to participate in a randomized trial of case management versus the standard referral to facilitate entry and retention in drug treatment. Case managers help clients set treatment goals, assist with transportation, housing, health and mental health issues, and job skills. Before treatment intake participants underwent an interview which ascertained sociodemographics, drug use, and treatment history. The SCID-II was used to diagnose ASPD at the one-month follow-up, after participants had stabilized. Treatment entry data were obtained from the clinics. Logistic regression was used to identify independent predictors of treatment entry. Results: Of 127 subjects, 78% were black, 67% male, and median age was 42. Prevalence of ASPD was 25%. Overall, 52% entered drug treatment. Participants who were treatment naive or married were significantly ($p < 0.1$) less likely to enter treatment. IDUs with comorbid ASPD in the case management arm were 4.64 times more likely to enter treatment than participants with ASPD randomized to standard referral (95% CI: 0.74, 29.1), controlling for the main effects, marital status and treatment history. Conclusion: IDUs with comorbid ASPD were more likely to enter treatment if assigned to a case manager. Since IDUs meeting the criteria for ASPD are among the high-risk groups for acquiring and transmitting pathogens such as HIV and hepatitis C, it is encouraging that this intervention is effective in facilitating treatment entry. Since data collection is ongoing, further analyses are pending.

352 H Cooper

MEDICAL THEORIES OF OPIATE ADDICTION'S ETIOLOGY AND THEIR RELATIONSHIP TO ADDICTS' PERCEIVED SOCIAL POSITION IN THE UNITED STATES: AN HISTORICAL ANALYSIS

Issue: US drug policy has been criticized for incarcerating disproportionate numbers of impoverished and non-white drug users. Medical and public health research on drug addiction has often informed these policies. This analysis explores the historical relationship between medical and public health theories of opiate addiction's causes and researchers' perceptions of opiate addicts' social position in articles published in the US between 1880 – 1920 and 1955 – 1975. These time periods were selected because historians have documented perceived changes in the number and social position of opiate addicts during these eras.

Approach: Using qualitative methods, the author coded approximately 500 articles, published during the years of interest and selected from Index Medicus using a structured sampling method, for 1) descriptions of opiate-addicted individuals' social position, 2) theories used to explain addiction, and 3) variables studied (e.g., intelligence). A social construction of knowledge framework that drew on the sociopolitical context in which the articles were authored guided the analysis.

Key Points: This analysis indicates that during both periods health professionals typically attributed opiate addiction's causes to innate degeneracy when they believed that addicts were working class, poor, and non-white and to factors largely external to the individual when they believed that addicts were affluent and white. The former theories were consistent with contemporary white, affluent individuals' sociopolitical concerns regarding working class, impoverished, and non-white individuals.

Implications: Given the relevance of health research on drug addiction to public policy, this paper suggests that present-day health researchers explicitly name the theory employed to understand opiate addiction's etiology, thus facilitating debate on their findings, and critically reflect on the relationship between the theory selected and the addicted individuals' social position.

353 C Steensma, J Boivin, L Blais, E Roy

CESSATION OF INJECTING DRUG USE AMONG STREET-BASED YOUTH

Objectives: To identify the factors associated with cessation of injecting drug use in young street-based injecting drug users (IDUs).

Methods: Subjects were originally recruited from various street-based outreach programs in Montreal and, for the present study, had to have reported injecting drugs within the prior six months at baseline or during follow-up and had to have completed at least two follow-up questionnaire. Data were collected between January 1995 and September 2000 in Montreal, Quebec, Canada. Of 549 young IDUs, a total of 305 subjects met the inclusion criteria. Cessation of injecting drug use was defined as having reported no injection at two consecutive follow-up questionnaires, averaging at least one year in total. Incidence rates stratified by duration of injection and adjusted hazard ratios were calculated.

Results: Cessation of injection for approximately one year or more occurred in 119 (39%) of the young IDUs. The incidence of cessation was 32.6/100 person years, but consistently declined as duration of time spent injecting increased. Independent predictors of IDU cessation were: currently injecting on a less than monthly or less than weekly basis (HR=6.4; 95% Confidence Interval (CI): 3.0-13.6 and HR=2.4; 95% CI: 1.1-5.3, respectively); currently injecting two or fewer different types of drug (HR=2.1; 95% CI: 1.1-4.0); currently employed (HR=1.7; 95% CI: 1.1-2.7); and having at least one parent born outside of Canada (HR=1.4; 95% CI: 1.1-1.7). Independent predictors of not ceasing injecting drugs were: currently attending a needle exchange program (HR=0.5; 95% CI: 0.3-0.8); and current homelessness (HR=0.6; 95% CI: 0.4-1.0).

Conclusions: Cessation of injecting drug use among youth is considerably higher in the first years of injecting. Young IDUs who inject less frequently, inject fewer different types of drugs, have a more stable lifestyle and have non-Canadian family backgrounds tend to be more likely to stop injecting drugs for a period of one year.



356 **R Gurung**

OUTREACH BASED HARM REDUCTION PROGRAM IN KATHMANDU AND LALITPUR DISTRICT OF NEPAL

Issue: Injecting drug use is rampant amongst the youth of the Kathmandu Valley in Nepal. Reaching these people with culturally appropriate harm reduction services has been an ongoing effort for over a decade. Since the hippies era of the sixties and seventies, drug use became a new life style among the young generation in Nepal. In the eighties HIV/AIDS became a major health problem among the injecting drug users. Because of this a harm reduction program became the only option to minimise the risk and transmission of HIV/AIDS, STI and other blood-born viruses among the injecting drug users.

Setting: In response to HIV/AIDS and other blood-born viral transmission amongst IDUs, the Life Saving and Life Giving Society (LALS) is running a harm reduction program in Kathmandu and Lalitpur District. The work is done chiefly through an outreach based program that operates on the streets throughout the two districts.

Project: LALS is a non-profit and non-political social service organisation established in 1993 for the purpose of minimising drug related harms among the injecting drug users in Kathmandu, Nepal. The program is an outreach based service delivery to the injecting drug users and follows the principles of harm reduction being a non-judgmental and confidential service. The organisation runs by mobilising its 15 members into outreach worker teams. There are eight peer educators working as full time staff in the field five days a week.

Outcomes: The program is currently servicing 1500 injecting drug users. Whereas the total number of drug users in the two districts is around 7000. The program is donor dependant and relies on short term funding grants. Longer term funding arrangements are required for the program to scale-up its coverage to make an effect on the epidemic.

357 **E Wood, P Spittal, W Small, T Kerr, M Tyndall, K Li, R Hogg, M Schechter**

DISPLACEMENT OF CANADA'S LARGEST PUBLIC ILLICIT DRUG MARKET IN RESPONSE TO A LARGE POLICE CRACKDOWN

Background: On April 7, 2003 the Vancouver Police Department initiated a large crackdown on drug addicts in the city's Downtown Eastside. We evaluated the impacts of the crackdown on the neighborhood's illicit drug market through an ongoing cohort study of injection drug users (IDUs).

Methods: The Vancouver Injection Drug Users Study is a prospective cohort study of IDUs that began in 1996. The analyses reported here were restricted to participants who were Downtown Eastside residents, and who were seen in the 3 months before and after the crackdown. We evaluated levels of drug use and price, location of drug use, and the reported impacts of police.

Results: In the 3 months prior to the crackdown, 244 IDUs were evaluated, and 142 IDUs were evaluated in the 3 months after April 7, 2003. Demographics were similar between both populations (all $p > 0.1$). There were no observed increases in heroin, cocaine, or crack prices (all $p > 0.1$) or in methadone initiation ($p > 0.1$), and there was no decrease in drug use frequency ($p > 0.1$). While there were some indications of increased difficulty obtaining drugs, this appeared to be explained by displacement of the drug market outside of the downtown eastside with increased reporting that police had affected where drugs were used ($p = 0.016$), changes in the neighborhood where drugs were used ($p = 0.045$), and increased reporting of using in public due to police ($p = 0.002$). Externally compiled needle exchange statistics suggested that community injection drug use levels were unaffected, and unsafe disposal statistics provided confirmatory evidence of substantial geographical displacement of injection drug use.

Interpretation: The police crackdown did not impact self-reported or external measures of drug use frequency or drug price. Evidence suggests that reported public order gains in areas where the open drug market was traditionally concentrated may have been completely offset by displacement of drug use activity to other locations.

358 **J Hallam**

ENHANCING QUALITY IN NEEDLE AND SYRINGE PROGRAMS: THE DEVELOPMENT AND IMPLEMENTATION OF STANDARDS ACROSS TASMANIA

Issue: The Link Youth Health Service in conjunction with the Department of Health and Human Services has produced a set of standards for the Tasmanian Needle Availability Program (NAP). This project represents the first attempt to develop standards specifically for needle and syringe programs in Australia.

Setting: Tasmania's NAP faces particular challenges, namely: geographical dispersion of population and disparity of existing services, a low drug user population, limited budgetary commitment and low rates of consumer representation in policy groups.

Project: The standards cover key dimensions of the NAP service: client engagement and participation, educational information, referrals, facilities, equipment, sharps disposal, information management, workforce and community development. Each standard includes 'service principles' that add context to their meaning, and each has both 'process' and 'outcome' indicators that measure each agency's success towards achievement of the standard. The standards have been developed and tested with a number of frontline staff from primary NAP outlets in southern Tasmania.

Outcomes: This project serves as an example of an approach that sought to enhance the quality, accountability and profile of NAP services in the context of comparatively low resources and low levels of political commitment. The project was also an excellent vehicle for raising long standing service issues, for example: issues such as a lack of peer education and consumer representation on relevant committees have been examined and strategies initiated to address these. Other issues, such as service inconsistencies, poor levels of communication mechanisms between staff, and greater access to better workforce development were tabled. This project aimed to produce a quality framework for Tasmanian NAPs, however, along the way, other goals have been achieved and have enhanced the capacity of the sector to negotiate solutions into the future.

359 **D Wheeler**

FAMILY STRUCTURED INTERVENTION: HELPING FAMILIES SUCCEED IN GUIDING ADDICTED FAMILY MEMBERS INTO TREATMENT BEFORE HITTING BOTTOM

Issue: Australians wanting to help addicted family members harming self and others learn, "There is nothing anyone can do to help until addicted people want help" and to practice "Tough Love." Without implementing effective family intervention, the well intentioned contribute to homelessness, support the prison industrial complex and perpetuate cycles of violence against self and others at expense of the chemically dependent, most with comorbid Mental Illnesses. Denial, an Addiction diagnostic indicator, psychologically prohibits both perception of and ability to request help for the condition. Most chemically dependent individuals, therefore, never receive treatment. Worse, they are mistreated, their basic rights to shelter, health care and education set forth in the U.N. Universal Declaration of Human Rights violated.

Setting: The mission was implemented in Australia from 1997-2001 with objective to reduce harm related to drugs. Target groups included Australian families, professionals and identified clients.

Intervention: Family Structured Intervention, the powerful, cost effective tool encompassing addiction education, reality therapy, effective communications, team capacity building and compassion, empowers families to succeed in helping addicted individuals who cannot ask for help – before inflicting irreversible damage to self and/or others.

Outcome: Duprevent facilitated Family Structured Interventions and published the first documentation on Australian Family Structured Intervention, "Before Hitting Bottom – Compassion for the Addict Down Under." In compelling story style, the documentation presents data collected from one Australian Family Structured Intervention, rationale, scientifically based techniques and ready-to-use information-education-communication materials, contributing to both Addiction Intervention and

Suicide Prevention. The project sustainably helps Australian families succeed in guiding self-harmers who cannot ask for help to treatment before hitting bottom. Hitting bottom is too often too late.

360 C Burrows

DRUGINFO & CO.: SERVICES TO KEEP YOU IN THE 'KNOW'

The Australian Drug Foundation's DrugInfo Clearinghouse is a new model of information service committed to accessibility of and to information. With a focus on drug prevention, DrugInfo and its companion services -ADIN and Somazone- offer web-based services to meet the needs of workers and communities with an interest in drug prevention and broader drug issues. Evaluations of all three programs highlight the key information needs of a range of audiences, including young people, health workers, A&D workers, researchers, schools, parents and workers involved with Australian Indigenous and culturally diverse communities. These services are increasingly utilised by international audiences seeking and accessing information on topics ranging from primary prevention to harm reduction. This presentation will showcase findings from the evaluations and offer solutions for increasing channels and (therefore access) to harm reduction information for targeted audiences – and to help those in the know stay in the know.

362 T Baxter, J Rance, C McGrath, T Brown, I Beek

IDU HEALTH PROMOTION POSTERS FROM THE SYDNEY MEDICALLY SUPERVISED INJECTING CENTRE

Issue: Injecting Drug Users (IDUs) are a marginalised population with poor access to health care. IDU health issues include venous trauma, ulcers and abscesses, drug overdose, blood borne infections and infective endocarditis. These were particularly prevalent among IDUs attending the Sydney Medically Supervised Injecting Centre (MSIC) where health professionals observed IDUs engaging in a range of potentially risky injecting behaviours. The MSIC setting had a high throughput of IDUs, with up to 30 IDUs attending every hour, limiting their engagement regarding their health on an individual basis. So the challenge was to address this wide range of IDU health issues in a systematic way acceptable to this clientele in this setting.

Project: In 2002 the MSIC initiated fortnightly Health Promotion (HP) meetings among staff to identify and prioritise current IDU health issues. These informed the development of HP messages to be depicted in poster-form, to be displayed in each of the booths in the Injecting Room stage of the MSIC. Designed using language and imagery acceptable to local IDUs, these posters were to act as a "talking point" among staff and clients. More in-depth resources were made available in the After Care stage of the MSIC.

Outcomes: MSIC clients were surveyed in January 2003 about the impact of its health promotion efforts; 89% responded that their drug injecting behaviours had changed since visiting the MSIC. Better injection techniques, raised awareness of hepatitis C and other infections, cleaning hands prior to injecting, not reusing injecting equipment, preferring not to inject alone and talking to staff about medical conditions were commonly reported. These were all topics covered in the HP posters, suggesting that this an effective way to communicate a wide range of health issues to a large population of IDUs in the MSIC setting.

364 D Greenberg

COURT LIAISON & COURT DIVERSION IN NEW SOUTH WALES

Background: New South Wales remand centers / prisons currently have a disproportionate number of mentally ill and mentally disordered persons relative to the community. For summary matters, these persons can potentially be diverted back to the health system by way of sections 32 & 33 of the NSW Mental Health (Criminal Procedure) Act 1990.

Aims: To describe the NSW Statewide Community Court Liaison Service which has been rolled out across seven metropolitan and seven regional areas.

Method: Whole government approach to the initial planning of the statewide service. Opportunities and difficulties with the development and implementation stages of the service will be discussed. Diversionary measures and liaison openings with area mental health services will be presented.

Results: Successful output data and satisfaction outcomes from stakeholders have produced a unanimous endorsement of the service.

Conclusions: Court Diversion and Court Liaison have resulted in immediate access for mentally ill and mentally disordered persons in courts to mental health services. It has also enhanced inter-agency and intra-agency relationships with all stakeholders. Benefits provided to selected clients with relatively minor charges include a direction away from criminalization of the mentally ill and potential improved health and judicial outcomes. The outcomes of such services are to enhance community safety and attempt to reduce future criminal recidivism.

368 P Williams, M Glinski

HARM REDUCTION POLICING IN PARTNERSHIP WITH PRIMARY HEALTH. A MELBOURNE PERSPECTIVE

ISSUE: Increasing street based health and safety referrals by Victoria Police foot patrols.

SETTING: Living Room Primary Health Service (PHS) was established by Youth Projects Inc in partnership with Doutta Galla Community Health in October 2002, to provide basic health care and support to people with drug issues, people who are homeless, or who are marginalised within the Melbourne CBD. The establishment of the Living Room PHS has been in recognition of the significant health issues faced by these groups and a related need for accurate and accessible information and linkages into other services.

PROJECT: In 2003, Living Room PHS in partnership with the Victoria Police and with a partial grant from the City of Melbourne, undertook the development of the 2003-04 Melbourne Police Support Services Directory. The Directory has been developed in close consultation with operational police within the Melbourne Central Activities District (CAD) and aims to provide Police with the resources to refer people with health and safety issues to appropriate support services within the Melbourne CAD. It is especially intended to increase street based referrals by Police foot patrols.

OUTCOMES: The Directory contains information about support services in 3 categories:

1. People Using Drugs
2. People Sleeping Rough
3. People With Complex Needs

It contains a street map of the Melbourne CAD, showing the location of services and maps of the public transport network, is weatherproof and fits neatly inside the standard police notebook cover.

This presentation will highlight a successful Victoria Police, Living Room PHS and City of Melbourne partnership, provide an overview of the development process, outline the content of the Directory and discuss the distribution strategy for the information.

369 G Mostashari

PROMOTING METHADONE MAINTENANCE TREATMENT WITH A LOW BUDGET VIA NETWORKING BY THE IRANIAN MINISTRY OF HEALTH

The Setting: Methadone Maintenance Treatment (MMT) was not available until 2002 in Iran. As a concentrated HIV epidemic among the IDUs began to grow rapidly, its implementation became an indispensable necessity. The two main obstacles to the implementation in the country were limited finances and the novelty of this treatment. The former was the major problem.

The Project: This consisted of establishing methadone clinics in the country through the Ministry of Health. As the resources were limited, the route of action commenced with recognizing health professionals willing to substantiate the program within existing treatment settings. The activities included the following steps: Advocacy and networking; contacting;



supporting the first MMT piloting headed by the most prominent Iranian Methadone advocate (A.Mokri) in the Tehran university; holding training workshops on MMT, HIV counseling and other harm reduction measures; compiling the preliminary methadone guidelines to be tested in the field; offering support and coordination among different departments of the Ministry of Health for methadone distribution to the clinics; supporting the establishment of methadone clinics and finally granting some financial support for the clinics. Although the methadone clinics were founded in existing treatment facilities, which made them less costly, this was only possible on the behalf of the endeavor of the field staff, which has to be acknowledged also through financial incentives in regard of difficult economic circumstances in the country.

The Outcome: Currently 8 clinics are substantiated, 9 other are following in the coming months. There are 40- 50 clinics planned for the next year. Methadone treatment requires a harm reduction mentality. It could be accomplished with lower financial aid; nevertheless financial support is essential for this task.

371 P Afshar, R Asl

A QUALITATIVE STUDY ON SUBSTANCE ABUSE IN IRAN PRISONS, 2001

Background/Objectives: Prisoners due to different reasons involve with some risky behaviors including substance abuse. This study has been done in 5 prisons of Iran, in order to defining existing situation of substance abuse among prisoners and in prisons. Method(s): A qualitative method has been chosen for this cross-sectional study. A qualitative questionnaire was executed on 235 prisoners (77 male, 76 female) and they have been interviewed. Results: 14 of males were from the drug enclosures and the rest were from other enclosures. 41 (52%) of them had been incarcerated due to substance abuse related crimes. 41 (54%) female prisoners had been incarcerated due to this reason. The respondents declared that opium the most frequent substance which is abused (98.5%), heroin and other cannabis are less common. The most common method for consumption of illicit drugs reported oral rout for opium (69.4% of respondents) and 63.2% declared smoking as frequent method for heroin, also injection have been reported for 23.9% and 54.4% in turn for opium and heroin. 41% of 131 respondents reported substance abuse in prisons in group setting (shared); around 36% reported to individual abuse. 71 of respondents declared that injection takes place in prison via syringes and hand made pumps. Their value ranges between 6 cents and 12.50\$. Syringes and hand made pumps are used over 10 times. Also they declared that tattooing tools and hand made shaving tools Shared and only 20% affirmed the usage of disinfecting agents before injection. Conclusion: According to present study the prevalence of substance abuse and hazardous behaviors have been confirmed by prisoners it seems that the best ways to reduce substance abuse are including; counseling, education and harm reduction interventions

372 A Sutton

POLICE AND HARM REDUCTION IN AUSTRALIA

Since the mid 1980s, Australian national and State drug policies have endorsed harm reduction, rather than prohibitionist or zero tolerance, principles. When it comes to illicit drugs, however, the contribution that police and other enforcement agencies might make to harm reduction remains unclear. Current policy documents emphasize the importance of reducing supply and diverting users into treatment and/or education. Australian research by the author and others indicates, however, that effective supply reduction often increases drug related harms. The paper outlines alternative models that would enable police to make more effective contributions to harm reduction. It also discusses political and other obstacles to implementing such approaches in Australia.

373 I Berezhnova, N Kamaletdinova

INJECTING DRUG USE IN RUSSIAN PRISONS

Background/Objectives: As of 1 October 2003, the Federal AIDS Centre reported 252 697 registered HIV cases in the Russian Federation (RF).

Prisoners are considered one of the most vulnerable groups to HIV infection in the RF, with prevalence among this group 24 times higher than among the general population (4.1% versus 0.17%, Ministry of Justice, 2003). In response to the rapid rise of HIV among prison populations, AIDS Foundation East-West (AFEW) established a pilot project, 'HIV Prevention and Health Promotion in the Russian Penal System'.

Methods: In order to improve the implementation of prevention programmes, a cross-sectional descriptive survey was conducted by AFEW in 2002 using self-administered questionnaires amongst prisoners aged 18 to 30 years, focussing on the social and behavioural factors associated with HIV amongst incarcerated injecting drug users (IDUs). In total, 1 500 questionnaires were completed.

Results: Among all respondents, 59% reported ever injecting drugs. Among IDUs, 16% injected during the current prison term, 40% reported sharing needles, 15% had sex while in prison, 3% reported always using condoms, and 8% used condoms the last time they had sex. Furthermore, 87% had ever been tested for HIV, and 12% reported being HIV positive. Among HIV positive inmates, 53% reported co-infection with hepatitis B or C, and 11% reported co-infection with tuberculosis, 84% ever injected drugs, and only 2% always use condoms.

Conclusions: The occurrence of risk behaviour was reconfirmed through the AFEW survey. Documenting the context of risky behaviour among incarcerated IDUs is important for defining and adapting culturally appropriate prevention strategies. Further work is needed to assist staff and prisoners in understanding the dynamics of drugs use in prisons, vulnerability inside and outside prisons, and how these behaviours are affected by imprisonment.

374 T Azim, E Chowdhury, N Hossain, M Rahman, R Khan, G Ahmed, M Sarker, O Faruque, S Jana

BASELINE CHARACTERISTICS OF A COHORT OF INJECTING DRUG USERS IN AN INTERVENTION PROGRAMME IN BANGLADESH

Background/Objectives: Injecting drug users (IDU) in Bangladesh are most vulnerable to an HIV epidemic and recently 4% of IDU were found to be HIV positive in Dhaka city. Although a needle/syringe exchange programme (NEP) is being undertaken with the IDU, sharing of injection equipment is still occurring. In order to determine how best to prevent the spread of an epidemic a prospective study with a cohort of IDU has been started that documents the incidence of HIV, hepatitis C and syphilis infections and risk behaviours that may lead to an HIV epidemic in a group of IDU within the NEP.

Method: A cohort of 561 IDU have been identified from two Drop-In Centres of the NEP of CARE, Bangladesh based on their duration of injection history and mobility from two areas in Dhaka. Baseline data from the IDU were collected on their behaviour using prestructured questionnaires, blood was drawn for testing for HIV, hepatitis C and syphilis and clinical features were documented during a medical examination. The IDU are being followed up to determine risk factors for future HIV infection.

Results: Baseline data showed that the average age of IDU was 35 years and median duration of injecting was 5 years. 60.2% injected 2-3 times daily and 48.3% obtained their needle/syringe from the NEP as well as drug stores. HIV prevalence was 5.9%, hepatitis C 66.8% and active syphilis 3.4%. 27.6% reported using used needle/syringes and 34.7% passed used needles/syringes to others last week. 51% were married and 7.7% bought sex from sex workers in the last month, 51.2% of who always used condoms.

Conclusions: There is an HIV epidemic among IDU in one area in Dhaka city and there is risk of spread of HIV to other IDU and their partners. In order to prevent further spread of infection, urgent expansion and intensification of harm reduction programmes are required.

375 K Jelyazkova

INJECTING PRACTICES OF BULGARIAN DRUG USERS

Since the beginning of 1999 a needle exchange program operates in Sofia, the capital city of Bulgaria, run by the Initiative for Health Foundation. There

are some findings of the program, related to injecting behavior. In addition to everyday observation, the organization has interviewed 172 injecting drug users about the characteristics of their injecting behavior. As every group, they have their own feature. Drug users gather because they inject drugs and it's the main characteristic of their group. Their behavior is related with drug using lifestyle as a whole. One of the important characteristics of the group is the social attitude toward it. Most people in Bulgaria have a critical attitude towards drug users, because they see only their criminal acts. This makes the group quite closed and everyone has around himself only drug-using friends.

One important characteristic of drug using behavior is putting money together to buy drugs. In most of the cases they gather in public places, gardens. Common practice is to gather money for drugs, which usually leads to making solution in a common cooker and using common filter. Someone pulls out in one syringe and shares it with the other's syringe. It's usual practice, which is very risky in terms of blood transmitted infections. This injecting practice also comes from the fear of overdose. There are some cases when drug users divide the heroin before preparation, when it's a powder, and everyone injects alone. Risky behavior is injecting in public places. It is very dangerous because of infections.

Injecting in groups happens in common friends social state. Reasons include easy purchase of heroin, fear of overdose, sense of belonging to the group. Those, who want to inject alone are few. That's why it's important to learn them how to use own clear equipment everyday.

376 N Rehman, F Emanuel

FACTORS ASSOCIATED WITH TRANSMISSION OF HIV AMONG IDUS IN CITY OF LARKANA, PAKISTAN

Among the various factors that has placed Pakistan among the high risk countries for HIV spread include significant drug abuse problem which over time which has spilled over from the confines of large cities to the medium sized and smaller cities as well.1 Larkana is a medium size city in the Sind province of Pakistan.

Cases were defined as HIV positive, male drug dependants in Larkana, while controls were HIV seronegative, drug dependant males. All cases and controls were heroin addicts.

None of the drug users interviewed had used condoms with either regular or casual sex partners, thus putting them at a risk of contracting various sexually transmitted infections including HIV. Although homosexual encounters and exchange of sex for money was not disclosed by drug users, but the element of misreporting cannot be ruled out.

Based on our results, it is presumed that HIV was probably introduced into the local area from drug users who had sex with Commercial sex workers and then spread to the drug users population who also inject drugs. Thus while the drug injecting practices may play a role, the high risk sexual behavior of drug users needs urgent attention, since through this route the HIV epidemic may spill over from the confines of the drug addict community to the general population. It is also worth mentioning that unlike the drug users in larger cities of Pakistan, the drug users in Larkana were fairly unaware of the HIV epidemic, the ways to prevent its transmission, suggesting that the HIV campaigns are primarily restricted to the major cities. This has important economic and policy implications for decisions regarding HIV prevention and intervention measures targeted to certain risk groups in smaller cities of Pakistan. Based on our results we recommend the following: i) further research into the social and sexual networks of drug users ii) active Surveillance for detection of HIV positive cases iii) immediate and synchronized harm reduction interventions for this highly risk group.

377 A Lyubenova, E Yankova, R Dyankova, Z Vassilev, H Hagan

ETIOLOGY AND PREVENTION OF BLOOD-BORNE VIRUSES IN INJECTING DRUG USERS IN BULGARIA

A research project "Etiology and Prevention of Blood-borne Viruses in Injecting Drug Users in Bulgaria" started in Sofia, Bulgaria, in July 2003. The

research objectives are: to advance knowledge of the epidemiology, etiology and prevention of HIV and Hepatitis infection; to characterize the risk factors for blood-borne viruses in relation to participation in HIV prevention programs; to characterize the HIV transmission in Bulgarian IDUs compared to other countries in the region.

Four agencies participate in the project implementation – National Development and Research Institute – New York; Initiative for Health Foundation – Sofia; National Center for Addictions – Sofia; and Sofia Municipal Center for Addictions.

The research method consists of a structured interview on injecting practices and risk behavior and blood testing for Hepatitis B, Hepatitis C and HIV. A total of 800 drug users will be interviewed and tested for a period of 14 months. The majority of them (550) will be recruited through an outreach needle exchange program and will present the out-of-treatment drug users. Another 250 will be recruited based on their participation in detoxification and drug treatment programs.

As of October 25, 2003 228 blood test results were available from drug users participating in the study. These first results demonstrate extremely high prevalence of Hepatitis C – over 85 %. At the same time, the prevalence of HIV is very low – one single case.

The project presents a unique example of partnership: international – between one American and three Bulgarian agencies; and national – between various Bulgarian services – one NGO, one national and one municipal.

378 H Coupland, L Maher, C Carroll, G Cheguelman, J Enriquez, D Freeman, K Le, V Pacheco, A Pham, D Robinson, K Smith

PARTICIPATORY ACTION RESEARCH WITH YOUNG IDUS WHO DON'T ACCESS DRUG/HEALTH SERVICES

Background/Objectives: Injecting drug users (IDUs) are often viewed as ignorant or indifferent about their health and are rarely consulted about ways of promoting or improving their wellbeing. We reflect on the process of involving and supporting young IDUs in assessing their needs as part of a Participatory Action Research (PAR) project in South West Sydney.

Methods: The study, funded by SWSAHS, sought to identify and understand, from the perspective of young IDUs, challenges and opportunities for improving accessibility and appropriateness of current services. The project also aimed to build the research capacity of health workers and increase consumer participation in drug/health services. Both health and peer workers were trained in PAR methods and subsequently completed fieldwork and narrative data collection and co-facilitated focus groups.

Results: PAR teams demonstrated a capacity to elicit valid and reliable information from young IDUs. The involvement of peer workers expedited the research process and facilitated access to "hidden" IDUs who did not access health services. The teams were also able to capitalise on informal opportunities to provide information related to safer injecting practices and service availability. Data indicate the existence of barriers to accessing services including policing practices and perceived stigma and discrimination against IDUs. Alternatives to current models of service delivery including outreach programs, engaging peers and ex-users in service delivery, and extended operating hours, were identified as ways of encouraging service access by this group.

Conclusions: Results illustrate the value of collaborative teams of peers and health workers for both research and service delivery. Peer workers are a significant but under-utilised resource and are well placed to act as an effective conduit between young IDUs and drug/health services. Results also indicate the value of PAR methods in strengthening links between health service providers and affected communities.

379 A Taylor, J Rutherford, A Fleming, D Goldberg

EXAMINING THE INJECTING PRACTICES OF INJECTING DRUG USERS IN SCOTLAND

Background: Despite the widespread provision of needle exchange, Hepatitis C infection (HCV) is still transmitting rapidly among drug injectors



(IDU) in Scotland. In a community wide sample of IDU in Glasgow in 2001/2, prevalence of HCV antibodies in saliva was 55% in those who had been injecting for 6 years or less (257/466) and 37% (55/147) among IDU of less than two years experience. It is clear that more effective ways to prevent HCV infection need to be developed. This will only be possible if the transmission dynamics for HCV are fully understood.

Aim: To examine the injecting practices of Scottish IDU to a degree of detail not previously achieved in the UK.

Objective: To identify and describe the various stages involved in the preparation, administration and post-administration of injection drugs.

Method: Ethnographic techniques were used recruit and videotape the injecting practices of IDU in their own natural settings.

Results: 30 IDU were recruited to the study; 27/30 were daily injectors. Mean age was 31.7 years and the majority were male (22/30, 73%). Injecting careers ranged from 2 weeks to 21 years. Five respondents (5/30, 17%) were homeless. Six (6/30, 20%) reported that they were HCV positive.

A total of 103 injecting episodes were video recorded. The results showed that there are multiple ways in which IDU put themselves at risk of HCV infection.

Just over half (16/30) of the injecting episodes involved the use sterile needle and syringes (N/S). The main way in which the potential for transmission arose was the indirect sharing of previously used N/S in the common practice of preparing batches of drugs for more than one participant. Pre-used N/S were used to draw up preparation water, inserted into shared filters, used to measure drug solution and deposited the solution back onto the cooker to be drawn up by another IDU. Results will be illustrated with video clips.

Conclusion: IDU must be made aware of the potential of transmission of HCV infection through indirect sharing of unsterile N/S.

380 **G Wodowski**

"MONAR NA BAJZLU" BULLETIN – EDUCATION, NOT ONLY FOR USERS

I would like to give you a special edition of MONAR NA BAJZLU magazine. Special, because it's an English language version, including a review of articles related to drug use in Poland. The bulletin documents the open drug scene, the kinds of drugs users are using, and traditions among various groups of users.

The articles are written by users (mainly by methadone patients from one substitution program in Krakow), by specialists working in harm reduction programs and other services for users, and by scientists as well. I can say that is the only such magazine of its kind. So it will give you a rather wide picture of what is happening among drug users in Poland.

The lecture of the magazine will let you know what kind of services exist for users in Poland. The most important part of the magazine will most likely be the voices, perspectives, and stories of users, the people who participate in harm reduction programs.

The magazine also gives you the opportunity to get know polish law as it relates to drugs – to see how draconian those laws are and how widely they influence the behavior of users.

MONAR NA BAJZLU magazine has been published quarterly since 1998. One of its main goals is to provide users in Poland with a complete harm reduction education. Inside one can find information about blood-transmitted diseases, drugs and the consequences of using them, safe injection techniques, information about existing services and new kinds of addiction treatments. The magazine is also a source of information about available services (needle exchange, methadone and other). The second target group of the magazine is professionals working in the drug field. For them we focus on the philosophy of harm reduction and good examples of practice.

381 **R Gilbert, A Costella, N Gill, M Piper**

A PRISON-BASED HEPATITIS B VACCINATION PROGRAMME IN ENGLAND AND WALES

Background: The most frequently reported risk factor for hepatitis B infection in England and Wales is injecting drug use (38%). In 2001, 61% of

injecting drug users reported that they had been imprisoned and only 40% had previously received hepatitis B vaccine.

Methods: Consequently 42 of 138 prisons were selected to participate in a hepatitis B vaccination programme. All prisoners were offered vaccine at reception. Adult prisoners (>18 years) were vaccinated using the 0, 7 and 21 days schedule and Young offenders (<18 years) using the 0, 1 and 2 months schedule. A fourth dose was given after 12 months.

Results: Between January and June 2003, 6812 prisoners received at least 1 dose of vaccine and in total 12,365 doses were given. 585 prisoners reported they had already been vaccinated.

The number of doses received was significantly associated with the sex of the prisoner ($p < 0.0005$) and age ($p < 0.00005$). Female prisoners were more likely than males to receive the first dose of vaccine, but less likely to receive all three doses. The average age of prisoners receiving only the first or second dose was 24 years compared to 27.6 years for those receiving the fourth dose.

Overall, the vaccine coverage rate for the 6-month period was 18%: 14% for females and 18% for males. Despite using the accelerated vaccination schedule only 37% of these prisoners received 3 doses. Possible reasons for the low coverage include the frequent movement of prisoners between establishments and prisoners being released. Prisoners are advised to visit an alternative healthcare setting after release, but no information is available on the proportion that do so.

Conclusions: Despite the low coverage levels, the hepatitis B vaccination programme in prisons successfully targets those at greatest risk of acquiring hepatitis B infection and has increased the proportion of IDUs who have received vaccine. In April 2003 the programme was extended to include all Local prisons, Young Offender Institutions and Female establishments.

383 **R Gilbert, T O'Connor, S Mathew, K Allen, N Gill, M Piper**

HEPATITIS A VACCINATION – A PRISON-BASED SOLUTION FOR A COMMUNITY-BASED OUTBREAK

Background: In December 2001, there was an increase in the number of cases of hepatitis A reported from in South Yorkshire, England. Cases were predominantly young males (median age 23 years, range 0-58) with injecting drug use (IDU) the most frequently reported risk factor (55%). New cases continued throughout 2002 despite the implementation of a community-based vaccination programme.

Methods: Vaccination was implemented in a high security male local prison (adults and young offenders). All inmates in the prison were vaccinated on the 10/03/2003 and all new receptions were vaccinated for the subsequent 4-week period. Prisoners were also asked to complete a brief questionnaire.

Results: 1363 questionnaires were completed: 1236 (91%) prisoners were vaccinated, 101 (7%) refused vaccination and 26 (2%) were not offered vaccine. Of those not vaccinated, 21% (24/127) had been vaccinated previously and 19% (31/127) reported they were immune to hepatitis A.

64% (895/1363) of the prisoners came from the area affected by the outbreak. Of these prisoners, 44% were on remand and 26% were on sentences of less than 12 months. Of the prisoners from the local area, 52% (465/895) reported injecting drugs; of these 62% were current injectors and 20% had injected within the previous year. The median age was 25 years (range 15-77).

Conclusions: Following the prison vaccination campaign, reports of hepatitis A cases in South Yorkshire decreased until no cases were reported in August 2003. The high uptake confirms that such immunisation campaigns are acceptable to most prisoners and that it was successful in immunising young male injectors. Therefore, a prison-based intervention is potentially an effective way of immunising the IDU population and interrupting a community-based outbreak.

384 **S Kant, M Shaukat**

CORRELATION OF HIV PREVALENCE RATES BETWEEN ATTENDEES OF SEXUALLY TRANSMITTED DISEASES CLINICS AND ANTENATAL CLINIC ATTENDEES IN INDIA, 1999-2001

Introduction: In a given community, HIV infection initially appears among persons with high risk behavior e.g. those with sexually transmitted diseases (STDs). As the epidemic matures, HIV infection makes inroad among persons with low risk behaviour e.g. attendees of antenatal clinic (ANC). We explored the correlation of HIV prevalence rates among these two groups **Methods:** Twenty-two cities, spread over 14 states of India, had both STD and ANC sentinel surveillance sites. The source population in a given city for both the clinics was same. Data from 1999 to 2001 was analyzed. The paired distribution of HIV prevalence was plotted as a Scattergram. Correlation was assessed by calculating Pearson's correlation and Spearman's rank correlation coefficients. **Results:** The Pearson's correlation coefficient (ρ) was 0.766, whereas the Spearman's rank correlation coefficient was 0.726. The correlation was highly significant ($p < 0.001$) for both the tests. The HIV prevalence of 1% among ANC attendees was observed when the prevalence among STD attendees crossed 10% mark. ANC prevalence of 2% and 3% were observed when the STD prevalence crossed 25% and 40% marks respectively. There was a strong positive, and almost linear, relationship between the HIV prevalence rates among attendees of sexually transmitted diseases and antenatal clinics in India. **Conclusion:** HIV prevalence rate among attendees of STD clinics could be a good predictor of prevalence rates among low HIV risk populations. **Recommendations:** HIV intervention strategies for low risk population should be started before the HIV prevalence rate reaches 10% among STD clinic attendees.

387 **T McSweeney, J Parsons, V Herrington, P Turnbull, M Hough**

DEVELOPING AND DELIVERING INTEGRATED CRIMINAL JUSTICE BASED TREATMENT INTERVENTIONS: SOME CHALLENGES AND PITFALLS

Issue: The UK criminal justice system has a disproportionate level of contact with substance misusers. Yet despite the expansion of initiatives, substance misusers continue to experience difficulties when seeking support. One concerning feature of many criminal justice based interventions in the UK is their inability to effectively engage and retain clients in treatment. For example, recent research into the impact of court-ordered treatment revealed that programme completion rates were low (30%) and two-year reconviction rates were high (80%).

Setting: London is a large and ethnically diverse city and has problems associated with housing and homelessness, health, education, unemployment, crime, social deprivation, poverty, and substance misuse.

Project: From Dependency to Work (D2W) is a programme offering support services across 12 of London's most deprived boroughs. By March 2004, the programme aims to have received over 5,000 referrals of individuals who have a combination of drug, alcohol, mental health and literacy needs, and a history of criminal involvement.

Outcomes: Attempts to develop and deliver integrated criminal justice based treatment interventions has required cross-agency co-ordination to facilitate movement between criminal justice and community-based agencies. Furthermore, attempting to work with a multi-disadvantaged group in this way has raised a number of important implications for methods of joint working between institutions and agencies with competing agendas of care and control, and different working styles, priorities and ethos. Challenges have included: generating and sustaining appropriate referrals; conducting multiple needs assessments; developing and delivering care packages which reflect individual needs; ensuring effective care management and co-ordination; and, fostering links with different treatment agencies and other ancillary services. However, as a large-scale demonstration project the D2W programme has sought to develop innovative strategies in order to address and overcome these problems.

389 **R Ohanyan, S Grigoryan, A Hakobyan**

SECOND GENERATION SURVEILLANCE AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN THE REPUBLIC OF ARMENIA

Background: Biological (laboratory) and behavioural HIV surveillances were conducted in 2002 among 50 MSM within the framework of Second Generation Surveillance.

Methods: Biological surveillance was conducted through blood laboratory testing for HIV in the National Center for AIDS Prevention. HIV laboratory surveillance was conducted by voluntary confidential and voluntary anonymous testing. Coupon system of blood specimens registration was used. Age and residence were coded in the coupons. Behavioural surveillance was conducted by the method of interview and questioning. The used questionnaires contained the questions on age, family status, education, occupation, and residence as well as questions on HIV/AIDS prevention ways and sexual behaviour. The questioning was conducted by the voluntary anonymous method. Data collected were processed by the method of quantitative statistics taking into consideration accuracy indexes. Epi Info 2000 computer program was used for processing and developing the data.

Results: Despite the fact, that in the result of biological surveillance no case of HIV infection was detected among MSM, the data obtained surveillance shows high-risk behaviour among them. Thus, only 18% of those surveyed always used condoms, about 18% – used drugs, 27% had been ill with STIs in the recent year and the absolute majority of the surveyed MSM (92%) had more than one sexual partner.

Conclusions: Taking into account already registered cases of HIV transmission through homosexual contacts as well as MSM's high-risk behaviour and the fact that 72% of MSM identified themselves as bisexual, i.e. they have sex with women as well, the conclusion can be made that there are all preconditions for HIV spread within this group and for the further HIV transmission into the more wide sectors of population.

390 **L Vlasenko**

BUPRENORPHINE AND OPIATE ADDICTION TREATMENT IN UKRAINE

Till recently, in Ukraine there was no sufficient experience in opiate agonist treatment of opiate addiction syndrome. In fact that in USSR use of opiates in the opiate addiction treatment was prohibited by the Ministry's of Health rules. Only full abstinence based approach was presented.

In 1998 official standards of chemical dependency treatment was accepted and buprenorphine was introduced as official medication in the treatment of opiate addicts in Ukraine. Also these standards introduced substitution therapy

Buprenorphine is present on Ukrainian market in injection form (0.3% solution in ampoules on 1 ml). The price of 10 ampoules (3 mg) is about 1.5 \$ Tablet form of this medication is also registered but is not imported. Buprenorphine is prescribed mainly for detoxification purpose. There are additional prescriptions in the treatment such as clonidine, benzodiazepine, antidepressants and barbiturates.

Comparing with "agonist free" detoxification buprenorphine demonstrates best retention in detox program, and good subjective and objective patient's condition but there are not any differences between the patients in ability remaining sobriety after detoxification. Some of doctors avoid prescribing high dose of buprenorphine thinking it may prolong treatment. For same reason some of doctors do not inform patient that buprenorphine have been prescribed. Prolongation of treatment causes problem with the budget that is very small.

We can highlight next obstacles for using opiate agonist treatment on Ukraine

- Absence of sublingual pills of buprenorphine on Ukrainian market,
- High price of this medication,
- Traditional focus of treatment on fast achievement "drug free" condition
- Excessively strict government rules of the control of drugs in clinics and significant punishment for their violence
- Existent Public Health System, which along with poor funding has no mechanisms of alternative fundraising.



- Interdiction on use of opioids in a private practice and in a private clinics.

392 T Van Havere, W Devriendt, E De Donder

A STUDY ON TRENDS IN DRUG USE IN THE NIGHTLIFE SCENE OF BELGIUM

Objectives: VAD (Association on Alcohol and other Drug problems) has conducted a research on drug use and nightlife settings in the summer of 2003. The first objective was to study the drug use and characteristics of drug users in the nightlife scene. This means questions about use of substances, frequency, combined use, new substances, patterns of drug use, characteristics of users and non-users,

Other objectives are to anticipate on emerging trends and formulate early answers to new trends in the field of prevention, drug counselling, intervention and (local) policy.

Method: The sample consisted of three clubs, 2 outdoor and 1 indoor event in the Flemish part of Belgium. A structured questionnaire was used in this study and was based on topics of literature and other questionnaires concerning drug use, combined drug use and health measures. The questions consisted of multiple-choice and open-ended questions. To obtain full anonymity the respondents had to fill in their own questionnaire. The data was analysed using the statistical software package SPSS.

Results: A total of 666 respondents completed a questionnaire. 21 reported the use of the fictitious drug 'NTSC' and were discarded. 400 men and 221 women with the mean age of 22 year filled in a questionnaire. Of them 48.4% was student and 66.6% still lived with his parents. 94% drank alcohol in the last year, 60.1% energy drinks, 48.5% smoked weed or hash, XTC was used in the last year by almost 20% of the respondents, speed by 9.7% and cocaine by 11.3%. Although a lot is written in the media on Viagra and the nightlife scene, the results do not confirm this. GHB was also not used very often. Measures to prevent health problems are taken by not more than half of all participants.

More than half of the last year users of drugs combined the use of illegal use with alcohol and nearly _ combined with other illegal drugs.

394 A Torres

MEETING THE CHALLENGES OF IMPLEMENTING HARM REDUCTION PROGRAM IN THE PHILIPPINES

BACKGROUND: Injecting drug use is generally perceived to be minimal in the Philippines. The drug of choice is amphetamine, which is primarily smoked. Among injecting drug users, however, sharing of needles is the norm.

PHANSuP is currently financially and technically supporting two NGOs in southern and central Philippines to implementing HR projects that includes counseling, health education and referral. While these NGOs have good skills in participatory approaches and networking, we realized that they need considerable support. There were also gaps in their understanding of drug use, drug users, the involvement of IDUs, and the Harm Reduction program in general.

PHANSuP likewise is new in the area of harm reduction but we continue to develop links with stakeholders and other institutions that help us enhance our capacity to support our partners.

This presentation will focus on how PHANSuP was able to implement the program through its partners, the issues and challenges that we face and our responses to these challenges.

LESSONS LEARNED

1. As harm reduction is a controversial project, advocacy is a critical element in the project implementation.
2. Careful monitoring and evaluation of projects are important to continually fine-tune the program;
3. Networking with law enforcement, doctors and other groups is essential for project implementation;
4. Creating a friendly environment where the project is implemented is important to facilitate the community's acceptance of the project and of the implementors.

395 W Devriendt

PARTYWISE PROJECT

Issue: Everybody is being exposed to health risks while going out; people who use drugs on a recreational basis and non-drug users. Going out 'wisely' is not only linked to using drugs, but also depends on the person and his or her direct environment. That is why Partywise addresses a wide range of pleasure-seekers and communicates through a universal icon language to provide tips in order to maximize going out healthily and safely on the one hand and on the other hand to give harm reduction information.

Setting; Partywise is an initiative of the Flemish Association for Alcohol and other Drug Problems (www.vad.be). Partywise aims to enhance pleasure-seekers' sense of responsibility and to make them really change their attitudes. Partywise is also meant for professionals, because pleasure-seekers also have the right to safe and healthy party conditions and because they are the best partners to make drug prevention work.

Project: Partywise believes that nightlife allows youngsters to have fun in a relaxed and creative way. Partywise means partying in a responsible and amusing manner. Partywise focuses on the quality of going out in a realistic way, meanwhile realizing that drugs are part of night life. Partywise does not aim to deny nor to promote the use of illegal drugs in night life.

Outcomes

- A campagne focusses on six topics: overheating, importance of the peer group, first aid, combinations of recreational drugs, drinking water and the promotion of partying.
- Information is to be found on www.partywise.be.
- Guidelines to integrate harm reduction (and prevention) initiatives in the organization.
- First aid in case of Drug Incidents (FADI)
- Quarterly electronic newsletter, informing on the Early Warning System (EWS) and going out.

396 A Judd, J Parry, M Hickman, T McDonald

DETECTION OF ANTIBODY TO HEPATITIS C VIRUS IN ORAL FLUID AND DRIED BLOOD SPOTS: A SYSTEMATIC REVIEW

Introduction: Technical advances in serum antibody testing have enhanced our ability to understand the epidemiology of blood borne viruses in injecting drug users (IDUs). However, venous blood sampling in this group can be difficult due to vein collapse and scarred veins, and for some studies access to phlebotomists and cold storage facilities may be poor. We conducted a systematic review of studies measuring the sensitivity and specificity of different collection device and assay combinations in detecting antibody to HCV (anti-HCV) in oral fluid and dried blood spots.

Methods: A range of medical bibliographical databases were searched in a systematic manner, and reference lists were checked for further papers. Conference proceedings and the "grey" literature were also systematically searched. Papers were included if they provided estimates of the sensitivity and specificity of detection of anti-HCV in oral fluid and dried blood spots. To date, the review has identified 13 relevant abstracts from 96 papers retrieved. The review will be updated prior to presentation at the conference.

Results: Oral fluid studies have used several different collection devices, including OraSure, Salivette and Omni-Sal. Four studies using the OraSure device with different assays have estimated sensitivity to be 87%-100% and specificity 99%-100%. Three studies using the Salivette device with IDUs estimated sensitivity to be 82%-88% and specificity 90%-100%. Three studies tested dried blood spots for anti-HCV, and estimated 97%-100% sensitivity and 100% specificity.

Discussion: The accuracy of detection of anti-HCV in oral fluid, in particular using the OraSure device, is acceptable for anonymous surveillance purposes. In addition, the high sensitivity and specificity of anti-HCV detection in dried blood spots suggests that this method could be considered both for enhanced surveillance and as a first line diagnostic screening test for anti-HCV

397 A Judd, M Hickman, S Jones, J Parry, G Stimson**INCIDENCE OF HIV AND HEPATITIS C VIRUS AMONG NEW INJECTING DRUG USERS IN LONDON – PROSPECTIVE COHORT STUDY**

Objectives: The objectives of this study were to estimate the incidence of HIV and hepatitis C virus (HCV) and risk factors for seroconversion among a prospective cohort of new injecting drug users (IDUs) in London.

Methods: The cohort study was conducted between 2001 and 2003. Injecting drug users who were either aged below 30 years or who had been injecting for six years or less were recruited from community settings by trained interviewers. They completed structured questionnaires and provided oral fluid specimens, and additionally dried blood spots in some cases, for testing for antibodies to HIV (anti-HIV) and HCV (anti-HCV). They were then re-interviewed 12 months later.

Results: Half (52%) of the sample at baseline had injected for three years or less. Baseline prevalence of anti-HIV was 4% and anti-HCV 44%. Participants reported high levels of injecting risk behaviour, with a quarter at baseline reporting injecting in the last four weeks with needles and syringes already used by another person. Follow up rates for those testing anti-HIV and anti-HCV negative at baseline were 70% and 64% respectively. There were nine seroconversions for anti-HIV, giving an incidence rate of 3.4 cases per 100 person years (95% CI 1.8-6.6). Similarly, there were 53 seroconversions for anti-HCV, giving an incidence of 41.8 cases per 100 person years (95% CI 31.9%-54.7%). Duration of injecting was not related to incidence of either anti-HCV or anti-HIV. Anti-HIV seroconversion was associated with cocaine and/ or crack injecting during follow up.

Conclusions: The prevalence and incidence rates for anti-HIV and anti-HCV are high by both UK and international standards, and suggest that transmission has recently increased. Reductions in injecting risk behaviour reported in the early 1990s have not been sustained. The scale of the problem found in this study suggests that comprehensive public health action is urgently required to prevent further transmission of HIV and hepatitis C.

398 V Hope, M Hickman, V Higgins, J Henry**ESTIMATING THE NUMBER OF PROBLEMATIC CRACK AND COCAINE USERS IN LONDON**

Introduction: Estimates of the number of problematic crack/cocaine users are important due to the growing concerns about the associated harms. 'Indirect methods' utilise routine data to estimate prevalence. There is a growing literature on indirect methods and studies that estimate the prevalence of problem opiate use, but few examples of indirect methods being applied to the problem of estimating the prevalence of crack/cocaine use. **Methods:** Estimates of the number of problematic crack/cocaine users in an area covering 12 London boroughs (population aged 15 to 44 of 668,276; 39% of London's population) were obtained using capture-recapture for 2000/01. Data sources used were arrest referral (n=1,188); specialist drug treatment (n=2,905); accident and emergency, and a community survey (combined n=531). Estimates were obtained using both stratified and covariate capture-recapture analyses using Poisson regression with age group, gender, and opiate used as covariates. **Results:** After matching the data sources using initials and dates of birth 4,117 problematic crack/cocaine users age 15 to 44 were identified, of these 2,700 (66%) were also using opiates, 24% female, and 48% under 30. The covariate analyses gave an estimate of approximately 15,000 unobserved problematic crack/cocaine users in the 12 boroughs: 60% were also opiate users, 13% female, and 46% under 30. The results suggest that in the 12 London boroughs 2.8% of those aged 15 to 44 are problematic users of crack/cocaine. They also suggest that around one third of problematic opiate users are also using crack/cocaine. **Conclusion:** These are the first estimates of crack/cocaine users obtained using capture-recapture analyses in the UK, and suggest that the method is feasible producing plausible estimates. Inclusion of opiate use as a covariate allows estimation of numbers of non-opiate using crack/cocaine users. The inclusion of other covariates such as ethnicity needs to be considered in future work.

399 C Poulin, J Nicholson**OUTCOMES EVALUATION OF A SCHOOL-AND COMMUNITY-BASED DEMONSTRATION INTERVENTION ADDRESSING DRUG USE AMONG ADOLESCENTS**

Objectives: The purpose of our cooperative participatory research project was to determine if harm minimization was a feasible and effective approach to school-based drug education for junior and senior high school students in Nova Scotia (NS), Canada. It was hypothesized that the prevalence of substance use would not increase and that the prevalence of specific high risks and negative consequences would decrease, among students in the 4 intervention schools relative to their counterparts in the rest of NS.

Methods: The outcomes evaluation was based on responses to a self-reported anonymous survey of students in the intervention schools and in a random province-wide sample of students, administered at inception (1998) and conclusion (2002). The sample comprised 1117 and 1398 students in the intervention schools, and 3755 and 4247 students in the rest of NS, in 1998 and 2002 respectively. Nineteen outcomes were examined. Proportions and linear combinations of differences were estimated taking into account the cluster sample design. Significance was set at $p < .05$.

Results: There was no significant increase in the outcomes of interest. In the junior grades, there was no significant decrease other than a decrease in the prevalence of LSD use. In the senior grades, there were significant decreases in the prevalence of use of LSD and stimulants, being a passenger with an alcohol-impaired driver, consuming alcohol consumption before breakfast, and borderline significant ($p = .06$) decreases in the prevalence of heavy episodic drinking, driving after cannabis use and damaging things after drug use.

Conclusion: The study provides some evidence that: 1) a participatory approach to school-based harm minimization may be feasible and effective for senior high school students in schools with an environment supportive of harm minimization and a willingness to engage the larger school community in the process; and, 2) harm minimization itself or a participatory approach to harm minimization may not be desirable or effective for junior high school students.

401 M Vazirian**REVIEW OF DRUG DEMAND REDUCTION PROGRAMS IN IRAN: ADVICES TOWARD A NEW DRUG POLICY**

***Issue** The aim of this article is to review drug demand reduction activities in Iran and compare them with the current scientific findings and experiments around the world. Then some comments toward an appropriate drug policy in Iran is mentioned. ***Approach** Historical and comparative approach ***Key points:** Drug demand reduction could be viewed as integration of three approaches: prevention, treatment and harm reduction. Prevention programs try to reduce incidence rate of substance abuse in the community by means of different kinds of initiatives; however, only the subset of preventive measures which are comprehensive, multi-component and durable in design have been proved efficient. Furthermore, there is robust body of evidence that long-term treatment and care are exclusively effective interventions. Since the treatment compliance is substantially low among most of drug users and in advent of increasingly spreading of fatal infections like AIDS and hepatitis through sharing injection drug use, harm reduction activities has become the first priority in demand reduction domain. Iran has got the first rank in the world regarding the percentage of opioid drug users. Supply reduction view has prevailed in drug control system in contemporary history of Iran. Fortunately, drug demand reduction movement has been in progress during the last decade; nevertheless, there are significant deficiencies and obstacles in terms of legislations, strategic planning, official structure and quality and quantity of activities in Iranian demand reduction system. ***Implications** It's crucial for Iranian professionals and officials to further their activities in the field of demand and specially harm reduction. Also, it'll be a considerable success for policy makers to make a balance between demand reduction and supply reduction.



402 **V Hope, L Souza, F Ncube, S Barnett, J Parry**

HAS HEPATITIS C INFECTION INCREASED AMONG INJECTORS 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 the Unlinked Anonymous Prevalence Monitoring Programmes (UAPMP) survey of IDUs the prevalence of HCV among current IDUs during the period 1998 to 2002 was examined.

Methods: The UAPMP survey of IDUs is a series of annual surveys of those in contact with drug services. It collects oral fluid samples (tested for anti-HCV since 1998), as well as behavioural and demographic data. Data were examined using logistic regression.

Results: Between 1998 and 2002 the overall prevalence of HCV among current injectors was 33% (3,658/11,052); it was unchanged between 1998 and 2001 at 32%, but rose to 39% (OR 1.21 (95% CI 1.05-1.39) in 2002 compared to 1.0 1998). The prevalence among recent initiates – those who began injecting in either the survey year or the preceding two years – was examined over time (24% of the participations, 2,544/10,615) to explore changes in incidence. The prevalence in this group rose from 8% in 1998 to 14% in 2002, and this increase remained after adjustment for age, gender and recruitment region (OR 1.89 (95% CI 1.18-3.03) in 2002 compared to 1.0 1998). The prevalence among those who had been injecting for longer periods varied over this period from 42% in 1998 to 44% in 2002, but was unchanged after adjustment (OR 1.09 (95% CI 0.93-1.27) in 2002 compared to 1.0 1998).

Conclusion: These findings suggest that the transmission of HCV among recently initiated IDUs has increased in recent years, and has led to an increase in the prevalence of HCV. Considering the reports of increased needle and syringe sharing in England & Wales, there is a need to reinvestigate harm reduction activities for IDUs.

403 **M Hickman, P Vickerman, T Rhodes, G Stimson, C Watts**

MEASURING COVERAGE; IS IT JUST A MATTER OF ESTIMATING THE NUMBER OF INJECTORS AND SYRINGE EXCHANGE ACTIVITY?

Issue: There are outstanding methodological and practical questions on how best to measure coverage of harm reduction, as well as the significance of coverage as an indicator of HIV prevention effectiveness. Approach: Use of infectious disease modelling and selected case studies. Key Points: Coverage can be measured as the proportion of IDU in contact with a syringe exchange programme (SEP) or as the number of syringes distributed per IDU. However, to model how increasing coverage prevents HIV requires data on how sharing behaviour is reduced. The preferred measure of coverage may depend on what the intervention is seeking to achieve: more syringes per injector or more IDU in regular contact with services? · E.G. in Togliatti City, Russia, we estimate that the coverage of syringe exchange services was less than 5% with little scope for increasing the proportion of IDUs in contact with services. In three cities in England the proportion of injectors in contact with syringe exchange programmes varied, while the estimate of the number of syringes per injectors were similar. · Achieving 60% coverage among IDUs can generate very different values for the prevalence of HIV given different measures of coverage and levels of sharing behaviour by IDU. The notion of a "critical coverage value" is complex given that there is no "herd immunity". There can be considerable uncertainty around coverage estimates because of widely differing estimates of the prevalence of IDUs. · E.G in three cities in England, estimates of coverage ranged from 1 syringe every day to 1 every four days. Implications: Coverage is a useful analogy – but it needs to be treated as a comparative rather than an absolute measure or target. Monitoring and measuring injecting risk behaviour remains essential, and we recommend combining measures of HIV prevention coverage with measures of HIV risk behaviour.

404 **M Hickman, D Angelis, V Hope, S Hutchinson, S Bird**

THE POTENTIAL IMPORTANCE OF MONITORING OPIATE OVERDOSE TO THE EPIDEMIOLOGY OF INJECTING DRUG USE

Background:- Drug related deaths and overdose should be monitored as a key harm of injecting drug use, but also could provide the basis for estimates of long-term trends in incidence and prevalence of IDU. Opiate overdose deaths have increased substantially in the UK: over 3-fold during the 1990s, and over sixty fold from 1968 to 2000. Understanding why requires information on prevalence and risk of death.

Methods:- Back-calculation, capture-recapture prevalence estimates, and use of routine mortality statistics and mortality cohort/record linkage studies.

Results:- a) One measure of the opiate overdose mortality rate is obtainable by combining prevalence estimates and routine mortality data. For example, in 2000 in London, Liverpool, Scotland and Brighton the opiate mortality rate was estimated to be 0.7%, 1.0%, 1.3% and 2.0% respectively. These estimates can alert policy-makers to the scale of overdose death, and cites that require urgent investigation. However, the IDU prevalence estimates are not sensitive enough to detect changes in mortality risk over time, nor are other drug related deaths measured.

b) Back-calculation methods can provide long-term trends in the incidence and prevalence of IDU by combining information on trends in opiate overdose deaths and information on the natural history and opiate overdose mortality rate. For example, back-calculation models suggest that incidence increased substantially in the late 1970s and early 1990s, and in 1996 prevalence ranged from 78,000 to 151,000 (3.8 to 7.3 per 1000). We show that these estimates are sensitive to assumptions on the cessation rate, and the overdose mortality rate. The introduction of age-specific mortality data substantially increased the size of the incidence estimates, and the lack of refined annual data on the overdose mortality rate severely constrained the estimates.

Conclusions:- There are good public health reasons to invest in mortality record linkage/cohort studies, which could become central to the epidemiology of opiate use.

407 **H Warburton, P Turnbull, M Hough**

MANAGING HEROIN USE: INITIAL FINDINGS FROM A STUDY OF NON-PROBLEMATIC HEROIN USE

Background The study examines non-problematic heroin use (NPHU). The research will describe the factors that enable people to manage their use of heroin. It focuses on users who have typically been excluded from research on drug use. Methods We are conducting an online survey of NPHUs. We are also conducting qualitative interviews (n=60) to investigate views, beliefs, practices and strategies employed to control and manage heroin use. Results This paper will predominantly draw on findings from the online survey of NPHUs. It will also present initial findings from the qualitative interviews. The online survey will: provide a demographic profile of NPHUs; provide background data on drug histories and patterns of use; and provide background data about how use is regulated and controlled. Data from the qualitative interviews will be used to validate and expand on findings from the online survey. Conclusions There is a popular belief that heroin draws users inexorably towards dependency and associated chaotic lifestyles. However, there is evidence that some people manage to use heroin without falling into chaotic, or even dependent, using patterns. Most research on NPHU is now over twenty or thirty years old. Little is currently known about the methods this population use to manage their use. A more robust understanding of strategies used to regulate and control use are important, both to inform conventional treatment provision and to assess any emerging needs for NPHUs. It will also help to facilitate an accurate definition and description of the constituent factors that combine to cause 'problematic' use.

408 **H Warburton, M Hough, B Few, T May, L Man, J Witton, P Turnbull**

GROWING YOUR OWN AS A HARM REDUCTION MEASURE: AN ANALYSIS OF CANNABIS CULTIVATION IN ENGLAND AND WALES

Background: The study provides a snapshot of domestic cultivation of cannabis in England and Wales. It examined the extent and nature of home cultivation and the enforcement of the law. United Nations (UN) drug conventions and the laws in seven other countries were also examined.

Methods: We recruited a small sample of cultivators from the internet, and conducted a survey of police force arrangements for dealing with cultivation. An analysis of official statistics, the law, and criminal policy was also carried out.

Results: Home growers began cultivating cannabis mainly to ensure its quality, to save money or to avoid drug sellers. They fell into five main groups: the 'sole-use', the 'medical', the 'social', the 'social/commercial' and the 'commercial' grower. Our survey of police forces pointed to considerable variation in decisions about whether to charge or caution cultivators, and with what offence (cultivation or the more serious offence of production). Decisions were taken on a case-by-case basis, with extensive variation exercised. The United Nations conventions revealed that scope exists for cultivation for personal use to be dealt with by means other than conviction and punishment.

Conclusions: In the UK, the offence of cannabis possession is about to be downgraded. Recent guidance states that, where possible, officers should avoid initiating an arrest. Instead offenders will – in the main – be formally warned and their cannabis confiscated. The government also announced its intention to crackdown on suppliers. These reforms have not considered the status of small-scale home producers. Policy makers could treat these cultivators as suppliers subject to the same penalties, or they could regard them as similar to those who possess the drug and tolerate them to the same degree. We argue that the aim of policy should be to maximise the degree of separation between more harmful and less harmful drug markets, and that treating cultivation of cannabis for personal use akin to the offence of possession provides an opportunity to do this.

409 **K Graham, S Bernards, R Homel, W Osgood, J Purcell**

THE ROLE OF BAR STAFF IN HARM ESCALATION AND HARM REDUCTION

Background/Objectives: Licensed premises are ideal venues for harm reduction because they are high risk settings for a variety of harms and because these settings have "official" guardians, namely, the bar staff. Bar staff play a key role in barroom violence, and recent studies have demonstrated that training bar staff in violence prevention can result in a significant decrease in violence. The objectives of the present paper are to describe the manner in which bar staff prevent/de-escalate or alternatively contribute to/escalate barroom aggression. Methods: The paper draws primarily on data from the Safer Bars project, a randomized control trial of an intervention to prevent bar violence that included 1334 nights of observation conducted between midnight and 2 am in 118 large capacity bars and clubs in Toronto, Canada. As part of this study, trained teams of observers rated bar staff's general behavior during the observation period and documented specific behavior of staff during incidents of aggression using both qualitative and quantitative formats. Results: 816 bar staff were identified as aggressors or peacekeepers in 422 incidents of aggression (ranging from minor verbal to physical fights) occurring on 303 nights of observation in 75 bars, with 50.9% of incidents involving one staff, 24.9% two and 24.2% three or more. The most common aggressive behaviors exhibited by staff were squaring off with customers, pushing/shoving, displaying anger, yelling and violating personal space. The most common de-escalating behaviors were responding calmly and patiently, showing respect for customers, making sure of back-up and keeping bystanders from being involved. The extent that staff exhibited aggressive versus preventive behavior was related to patrons' level of aggression and intoxication, environmental factors and the characteristics of the bar. Conclusions: The present study provides insight into bar staff behaviors

that is useful for further developing interventions to strengthen their peacekeeping/harm reduction role.

410 **D Celentano, N Srirak, Y Cheng, S Sherman, M Razak, J Jittiwutikarn, T Vongchak, N Galai, V Suriyanon**

PATHWAYS TO OPIATE DEPENDENCE IN NORTHERN THAILAND

Background/Objective: Little empirical data exist on pathways to opiate dependence in Southeast Asia. This study provides life history data on this development.

Methods: Retrospective history of all drugs used sequentially by age was assessed among patients presenting for opiate detoxification at a regional treatment center in Chiang Mai, Thailand between 1999-2001.

Results: Among 351 opium smokers, 196 (56%) began smoking opium (at a median age of 24 years) as their first drug; 112 (32%) used marijuana, heroin or another drug first (median age 18 years, transitioning to opium within 1.5 years). Few opium smokers used multiple drugs prior to first opium use. In contrast, only 5% of 545 heroin injectors commenced with heroin (at age 18). Most common (57%) was the use of another drug prior to heroin at a median age of 16, transitioning to heroin by age 18. Other more complicated pathways were reported by small numbers of heroin users.

Conclusions: Drug use pathways to opiate dependence varied widely by ethnicity and types of drugs used. Heroin users began first use at an earlier age than predominately ethnic minority opium smokers. Interventions to reduce opiate use must focus on drug use patterns during adolescence.

411 **V Vassiljev, M Raudsepp**

POSITIVE OUTLOOK

Issue: Creating a well functioning network of NGO`s, working on HIV/AIDS field in Estonia (HIV/AIDS general). Co-ordinating a harm-reduction work done by NGO`s (harm-reduction general). Accessibility to up-to-date information, dealing with human rights and HIV/AIDS treatment issues (advocacy)

Setting: Geographical span of our work countrywide.

We are working:

At the drop-in center

- with PLWHA

- their relatives and friends

In the schools and universities

- with students

-with teachers

In the prisons

-with HIV-positive inmates and with IDU`s

-with staff

Project: Since the autumn 2002 we have helped to get start new self-help groups for PLWHA:

-group for women living with HIV/AIDS

-groups for HIV-positive inmates and for IDU`s at the Rummu prison

-group for released HIV-positive inmates

-group for PLWHA in notheastern Estonia

Psychosocial support for PLWHA. Issuing a newspaper"Plus" for PLWHA and launching own website. Publishing brochures about nutrons for PLWHA. In November 2003 we are opening a major center together with other NGO`s, which are providing HIV/AIDS related services, where we`ll work with:

-PLWHA, their friends and relatives

-youth

-IDU`s

Continually organizing education seminars countrywide.

Outcomes: More PLWHA are involved in AIDS prevention within NGO`s. Surveys are made in order to evaluate situation correctly, maintain an effective manner of our work and to be able to set up priorities. Granting accessibility to information and advocacy for PLWHA. Setting up a network



of NGO's working on the HIV/AIDS field. Exchange of experiences with similar organizations worldwide.

412 **A Boltaev, D Shepard**

COST-EFFECTIVENESS ANALYSIS OF NEEDLE EXCHANGE PROGRAM OF BUKHARA-CITY, UZBEKISTAN

Background: During the past decade Uzbekistan, as a country located on the major narcotraffik route coming from Afganistan and going through contry to Central and Eastern Europe, faced onto dangerous rise in drug abuse and HIV spread among injecting drug users. Only in 2002 the number of new HIV infections exceeded the number of all HIV infections in the past decade. This study assesses the cost-effectiveness of needle exchange program among IDUs in Bukhara, Uzbekistan.

Methods: We used the standart methods of cost-effectiveness of HIV prevention programs and utilized self reported data on injecting drug usage behavior of 110 IDUs invlved into the NEP in 2002 in Bukhara. Risk formula for HIV infections averted (Joanna E.Siegel, 1990) has been utilized. Epidemiologic data on HIV prevalence data of UNAIDS was used.

Results: US\$3.670 have utilized by Bukhara NEP program to provide harm reduction services in 2003. Among 110 active IDUs 13 HIV infections were averted. Each averted infection costed US\$290 while US\$250.000 were saved as averted medical costs.

Conclusions: The cost of needle exchange program was outweighed by the saved medical costs. The out reach syringe exchange facility found as more cost effective than office based (trust point) syringe exchange service.

413 **A 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 and relevance of claiming for a transcendental purpose of drug use and harm-reduction interventions. In other words, can we expect drug use and harm reduction interventions to foster directly or indirectly 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 humane 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, the Cosmos and the connection with unknown dimensions of Reality and Absolute Consciousness. Key points: ·Some possible transcendental meanings of drug consumption – according to Ken Wilber's and Timothy Leary's Models of the evolution of consciousness – will be discussed. Transpersonal Harm reduction policies: How can drug policies be enriched and 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 every drug user, primarily as a human being rather than as a citizen. ·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.

414 **I Mejia, A Perez**

LOW SEROPREVALENCE IN A RISKY ENVIRONMENT: AN ANALYSIS OF RISK AND PROTECTIVE FACTORS BASED ON FINDINGS FROM WHO IDU STUDY IN BOGOTA, COLOMBIA

Background: This study was conducted as part of WHO international drug

injection study to provide information for intervention and policy development in participating centers. Currently Colombia is considered an important producer of opium by-products worldwide and despite the lack of tradition, the study showed that injecting drug use is emerging.

Methods: Rapid assessment linked with behavioral and seroprevalence survey were conducted in Bogotá. Data from the RAR were collected using multiple methods and sources of information, the survey stage included blood testing for HIV/Hepatitis B/C (n=296) and a questionnaire. A total of 352 IDUs were involved in both stages using snowballing techniques for recruitment.

Results: In spite of several injecting and sexual risk behaviors detected, prevalence rates were low: HBV 0.7%, HIV 1%, HCV 1.7% and 64% seem to have no complaints towards their health conditions. Possible factors contributing to these conditions are: most participants showed a mean time of injection no longer than 5 years; low national infection rates (0.37%); use of personal drug doses is not punishable; sterile equipment is easily available and non-penalized; drug injecting is sporadic in most cases; HIV prevention programs, although scarce, emphasize risks of sharing equipment; and although sharing exists and might be considered high (46.8%) its frequency limits the chances of getting infected because in 70.3% of cases sharing took place less than once a month.

Conclusion: The analysis of risk and protective factors lead us to conclude that although we are still at the stage where prevalence rates are low, and consequences on our injectors' health are limited so far, the potential for further diffusion of the practice and its harmful consequences is clear, a reality that demands focused interventions, treatment alternatives, a joint drug use/HIV agenda at political and preventive-intervention levels, factors which are lacking and contributing to a risky environment.

415 **D Allman**

FACILITATING THE DEVELOPMENT OF INFORMATION-SHARING NETWORKS FOR PEOPLE WHO USE DRUGS

Background/Objectives: To investigate facilitating factors for the development and maintenance of local and national information-sharing networks for people who use drugs.

Methods: In the lead-up to Canada's first national harm reduction conference, an anonymous 40-item web-based or optional paper questionnaire was completed by respondents recruited through advertising, the internet and word-of-mouth. In addition, focus groups organized by Peer Networkers and conducted by researchers were held in 10 cities. Focus groups were audio-recorded, transcribed and thematically analysed. Questionnaire data were analysed with SPSS v. 11.

Results: In total, 889 stakeholders responded to the questionnaire and 134 individuals participated in one of 20 focus groups. Local and national networks were viewed as effective, efficient health promoters. Existing networks utilising peer-based approaches were seen as models to build upon. Allowing for, and promoting access to, electronic communications were singled out as key infrastructure components. Safety and anonymity were identified as critical due to the stigma, discrimination and potential legal ramifications associated with exposure. Special recognition was given to geographic, cultural and other contextual variations.

Conclusions: Harm reduction stakeholders agreed both local and national information-sharing networks for people who use drugs could be beneficial. However, there was skepticism regarding the feasibility of networks under certain circumstances, given currently criminalised environments associated with many illicit drugs and their uses.

417 **D Allman**

CHARACTERISTICS OF EFFECTIVE WORKING RELATIONSHIPS BETWEEN PEOPLE WHO USE DRUGS AND PEOPLE WHO PROVIDE SERVICES TO THEM

Background/Objectives: To describe characteristics of and barriers to the development of effective working relationships between people who use drugs and people who provide services to them.

Methods: In the lead-up to Canada's first national harm reduction

conference, an anonymous 40-item web-based or optional paper questionnaire was completed by respondents recruited through advertising, the internet and word-of-mouth. In addition, focus groups organized by Peer Networkers and conducted by researchers were held in 10 cities. Focus groups were audio-recorded, transcribed and thematically analysed. Questionnaire data were analysed with SPSS v. 11.

Results: In total, 889 stakeholders responded to the questionnaire and 134 individuals participated in one of 20 focus groups. Characteristics of effective relationships were grouped as 1) professional, 2) affective, or 3) affirmative. In general, respondents identified professional relationship characteristics on the part of the service provider as the most important to maintain. There was less agreement regarding affective and affirmative relationship characteristics. People who used drugs identified a lack of trust and a narrow health focus as common elements harming working relationships whereas service providers identified false beliefs, comportment issues and institutional factors.

Conclusions: The characteristics of effective and successful working relationships described by people who use drugs were found to be more emotional and interpersonal than the contextual characteristics described by service providers. These differences may reflect the fluidity of boundaries experienced in many of these relationships, as well as variation in the realism of expectations between those who seek services and those who provide them.

418 N Rogers, T Palmer, K McEwan

OVERVIEW OF PHC AND A HISTORICAL REVIEW OF HEALTH CARE PARADIGMS

'Primary Health Care' continues to evolve as a conceptual framework for our health care research and practice, and provides a useful prism through which to consider our a priori health beliefs. Consideration of the basis for and meanings associated with our health assist in targeting scarce resources to effective interventions by identifying innovative methods and models to reduce harm. Primary health care has evolved out of post-modern constructivist paradigms, which highlight the value of pluralist frameworks and methods in researching and providing health care services. Social constructivist approaches challenge us to consider how social and historical circumstances impact on our healthcare thinking and practice, and provide a legitimacy to the consideration of not only biomedical health impacts, but also to the social, environmental, political, and economic imperatives for healthier communities. This presentation will highlight the potential value of primary health care as a unifying framework for healthcare development. It will be argued that such a framework retains a capacity to: motivate social participation and to address issues of social justice; further develop empiricist and 'scientific' healthcare research and practice, and; identify and respond to a broader range of factors impacting on health.

419 J Bashford

NATIONAL FINDINGS FROM THE UNITED KINGDOM BLACK AND MINORITY ETHNIC DRUG MISUSE NEEDS ASSESSMENT PROJECT

Background/objectives: The objective of the study was to assess the needs of Black and minority ethnic communities in relation to drug use. This is important because the tendency amongst drug service providers and planners in the UK has been to approach populations as homogenous, with the result that most services have been designed largely for white, male heroin users.

Methods: Forty-seven Black and minority ethnic community groups undertook their own needs assessments involving more than 12,000 respondents across thirty different national and ethnic groups. A wide range of methods were utilised including semi and unstructured interviews, survey questionnaires, focus groups, workshops and telephone interviews. A total of fifty-one reports were produced and this paper presents the reported findings, which have been compiled using a combination of meta-analysis and thematic review.

Results: 2078 respondents reported using a wide range of drugs. Of these nearly one in five reported use of cocaine and one in ten had used

heroin. 18% reported use of khat and others reported using a wide range of traditional substances about which little is known. Comparisons of drug use by ethnic group suggest that there are distinct patterns of drug use amongst some ethnic groups.

Respondents reported poor levels of knowledge about related health risks, particularly with regard to blood borne diseases such as HIV/AIDS and hepatitis B and C. Only one respondent out of five said that they would know where to seek help for a drug problem.

Conclusions: There is a general lack of drugs education and awareness in communities, which affects knowledge about drug related harms and access to services. There are also differential patterns of drug use by ethnic group, which has implications for the commissioning and provision of drug services.

420 S Tovanabutra, J Jittiwutikarn, V Suriyanon, D Celentano, D Birs, F McCuthchan

DIVERSITY AND RECOMBINATION: THE CHANGING MOLECULAR EPIDEMIOLOGY OF HIV-1 AMONG NORTHERN THAI DRUG USERS, 1999 TO 2002

Background: The molecular epidemiology of HIV-1 among IDU is poorly understood, and may have important implications for HIV treatment and vaccine development. CRF01_AE and subtype B have predominated in the Thai HIV-1 epidemic since 1989. In 2003, we reported on a new circulating recombinant form of HIV-1, CRF15_01B, as well as other unique CRF01_AE/B recombinants among Thai IDU: a trend toward increasing recombination and complexity.

Methods: To study this changing molecular picture we assessed HIV-1 subtypes among recently infected IDU in northern Thailand. 847 HIV-1 seronegative drug users (342 IDU and 505 non-IDU) were enrolled, from 1999 to 2002, in a prospective study which included drug treatment, risk reduction counseling, condom promotion, and STD care.

Results: Despite preventive efforts, 39 HIV-1 incident cases were identified, for an overall HIV-1 incidence rate of 2.54/100 PY, and 10.0/100PY among IDU men. HIV was strongly associated with injection history; 38 of 39 seroconverters gave a history of IDU. A near full-length genome of HIV-1 was recovered by PCR amplification and sequenced from peripheral mononuclear cell extracted DNA of 38 seroconverters. Phylogenetic analysis revealed that 33 (86.8%) were CRF01_AE, and 5 (13.2%) were CRF01_AE/B recombinants. These recombinants had different structures but shared some common breakpoints, indicating an ongoing recombination process. Recombinant infection increased with year of sampling, from 0% in 1999 to 57.1% of cases in 2002.

Conclusions: The molecular epidemiology of HIV-1 among drug users in northern Thailand has thus entered a new era. CRF01_AE remains predominant, pure subtype B is becoming rare, and recombinant forms are now a substantial component of the epidemic. There is an urgent need to study the mechanisms of this increasing genetic diversity of HIV-1 among IDU, and to understand the role routes of transmission may play in HIV-1 evolution. Current prevention activities are likely too limited in scope to prevent further spread.

421 P Duffy, J Bashford

THE DRUG EDUCATION AND PREVENTION NEEDS OF BLACK AND MINORITY ETHNIC COMMUNITIES IN THE UK

Background/Objectives The research sought to identify the issues and gaps in resource development for drug education and prevention work with Black and minority ethnic communities. These communities have received relatively little attention in respect of drug issues and in particular the implications for resource development. Methods The research involved a literature review of key documentation and Internet searches. Amongst the principal sources of information were the fifty-one reports from the UK government's national Black and minority ethnic drugs misuse needs assessment project. Results There are very few examples of drug education and prevention resources that have been targeted for use with specific Black and minority ethnic communities in the UK. Most resource development has



been for service publicity rather than drug prevention. Settings and formats are viewed as having additional salience for particular groups. Some issues are more relevant for one group than another, for instance the needs of refugee and asylum seekers are even more neglected than those of established Black and minority ethnic communities. Language barriers and in particular the lack of translated resources are perceived to be a major barrier to Black and minority ethnic communities accessing drug education and prevention information. Conclusions The relative lack of research attention and denial about drug use within Black and minority ethnic communities and amongst professionals has arguably contributed to the lack of specific resource development. The heterogeneity of Black and minority ethnic communities means that the approach taken to developing drug education and prevention resources should be based on understanding diversity. A resource that suits one community may not be appropriate for use with another. One of the key learning points is the need to involve Black and minority ethnic communities in the creation and distribution of resources.

422 M Blackwell

DEVIANT RITUALS OR EVERYDAY ROUTINE: SEMIOTIC BLOCKS TO EFFECTIVE HARM REDUCTION

Issue Words are learned in context and within a cultural framework: moreover, each word carries explicit and implicit meanings. These meanings are person and profession specific. Moreover, within the alcohol and drug field there are no external referents for many terms and meanings. Any meaning is thus entirely internally constructed using pre-existing concepts. Using certain words, although they may be technically correct, creates linguistic blinkers. These blinkers frame the perspective of the researcher and reader. Once blinkered, the researcher or reader is unable or unwilling to see alternative views. Policies, messages, resources, and interventions are then developed within the blinkered framework. This in turn creates messages that are skewed toward the orthodoxy of the message originator not the lived experience of the intended recipient. Additionally, use of such words has the potential to reinforce current power relationships between drug abusers and those working with them. This emphasises differences further impeding understanding and inhibiting effective harm reduction messages. Approach Using semiotic theory phrases such as "injecting ritual" and others will be deconstructed highlighting potential information blockages. Alternative words and phrases will be suggested and semiotically analysed. Key Points · Using technical words and phrases increases the potential to misunderstand the process described. · If IDU processes are misunderstood, it is difficult or impossible to develop effective harm reduction messages. · Individual meaning has the potential to create noise impeding the flow of information among workers and IDUs. Implications Reframing the language used when describing practices among IDUs will create better understanding of these practices. In turn, improved understanding will enable better interventions and resources.

424 K Neville

LOCAL DRUG POLICY: REDUCING THE HARM THROUGH PARTNERSHIPS AND COMMUNITY ACTION

Issue: Alcohol and drug misuse in the Shire of Yarra Ranges
Setting

The Shire of Yarra Ranges:

- Interface municipality situated in Melbourne's east with population approx 140,000 dispersed over 2,500 square kilometres;
- Approximately 80 percent of the population reside in 10 percent of the area classified as urban/suburban, the remaining population are spread throughout the 50 diverse townships;
- The majority of the 50 townships are located more than 40kms from the CBD;
- Some issues impacting on residents and communities are a lack of public transport, lack of viable employment opportunities, access to services and their availability, low income families, low school retention rates, high number of single parent families. All of these impact on social and emotional connectedness and isolation.

Project: The development of a Local Alcohol and Drug Strategy to establish a practical and co-ordinated approach to reducing drug and alcohol related harm. Council set out to develop a positive and inclusive alcohol and drug policy and strategy based on partnerships with key community stakeholders whilst utilising a community capacity building process to ensure sustainability.

Outcomes

The major outcomes so far:

- Employment of a Community Development Officer to implement the Strategy through the establishment of an Alcohol and Drug Strategy implementation Group and Working Groups;
- Collaborative partnerships that were established during the development of the Strategy have continued and grown since implementation began;
- Active implementation through a broad range of small projects during the first 12-months (information packs, display stands, young people and alcohol expo, youth card, alcohol awareness in pubs and clubs, alcohol-free zone signage, parents and friends support group, needle/syringe disposal, and the Good Sports Program);
- Information awareness has increased throughout the Shire; and
- Workforce development.

425 M Blackwell

THE MEDIUM IS THE MESSAGE: UTILISING THE THEORIES OF McLUHAN, BAUDRILLARD, AND OTHERS IN CONTEMPORARY HARM REDUCTION MESSAGES

Issue Contemporary society is saturated with messages from a myriad of diverse sources. Sophisticated and subtle messages compete and fight in the public and private arenas creating constantly changing landscapes of symbols and signs. Competing within these arenas are relatively crude harm reduction messages, for instance, "Don't Share". Not only does this mean that harm reduction messages are possibly lost but there is the potential that unsophisticated harm reduction messages can create poor image of the originating organisation. More complex or new harm reduction messages are then lost in the landscape. Younger IDUs have grown up learning to interpret contemporary messages and mediums. They are able to quickly sift through messages and mediums deciding which messages to assimilate and which to discard. Approach Using media analysis theories of McLuhan, Baudrillard, and others, recently developed resources will be critiqued. Key Points · Ineffective harm reduction messages have the potential to harm the credibility of the message originator. · Harm reduction messages have both an anticipated and unanticipated context. · Although key messages may remain the same the method of dissemination not only has changed but also will continue to change. · Effective harm reduction messages can be secondary to the medium. · Educating drug users in contemporary society requires a deeper understanding of subjects such as advertising and marketing. Implications Young people adapt and change to messages and message carriers rapidly. By better understanding this process, more effective harm reduction messages and message carriers can be developed. Better understanding of contemporary literary and art theories will add to the arsenal of those working in the harm reduction field.

426 K Neville

COMMUNITY ACTION: LOCAL ISSUES – LOCAL SOLUTIONS

Issue: Alcohol and drug misuse in the Shire of Yarra Ranges
Setting

The Shire of Yarra Ranges:

- Interface municipality situated in Melbourne's east with population approx 140,000 dispersed over 2,500 square kilometres;
- Approximately 80 percent of the population reside in 10 percent of the area classified as urban/suburban, the remaining population are spread throughout the 50 diverse townships;
- The majority of the 50 townships are located more than 40kms from the CBD;
- Some issues impacting on residents and communities are a lack of

public transport, lack of viable employment opportunities, access to services and their availability, low income families, low school retention rates, high number of single parent families. All of these impact on social and emotional connectedness and isolation.

Project: The Shire of Yarra Ranges in partnership with Anglicare, Eastern Drug and Alcohol Service, Ranges Community Health Service and Yarra Valley Community Health Service successfully submitted to the Victorian State Government (Department of Human Services) to implement a three year community building program to reduce alcohol and drug related harm.

The initiative involved small one-off grants up to \$2000 to community groups for projects targeting the reduction of alcohol and drug related harm through early intervention, prevention and support. Priority has been given to local initiatives involving local community members in developing their own innovative and relevant responses to reduce drug-related harm.

Outcomes

- The establishment of a partnership group comprising representatives from the above mentioned organisations whose role it is to assess applications for project funding and offer mentor support during project implementation;
- The development and implementation of small projects by local people to address local issues with local solutions;
- Enhanced community capacity to deal with alcohol and drug issues; and
- Enhanced community awareness of alcohol and drug issues.

427 **R Bluthenthal, R Malik, L Grau, M Singer, P Marshall, R Heimer**

STERILE SYRINGE ACCESS CONDITIONS AND VARIATIONS IN HIV RISK AMONG DRUG INJECTORS IN THREE U.S. CITIES

Objective: In this study, we examine syringe re-use and receptive syringe sharing among IDUs under conditions that include different degrees of pharmacy and syringe exchange program (SEP) access and legal syringe possession. Using data from the Diffusion of Benefit Study (n=584), we addressed the following questions: (1) Does residing in an area with no legal syringe possession increase the likelihood of police contact related to possessing drug paraphernalia? (2) Among direct SEP users, is use of more permissive SEPs associated with less likelihood of syringe re-use and receptive syringe sharing? And (3) among non-SEP users, is residing in an area with pharmacy access associated with less likelihood of syringe re-use and receptive syringe sharing? **Methods:** IDUs were recruited in the following manner: 1) Index subjects were recruited from SEPs in three cities, 2) three drug-using injection partners that did not use the SEPs were recruited from each index subject, 3) in turn, these 3 partners each recruited 3 of their drug injection partners who did not use the SEP, and 4) an outreach sample of non-SEP users. Bivariate and multivariate analyses were conducted to address each research question. **Results:** In multivariate analyses controlling for potential confounders, we found that police contact was independently associated with residing in the area with no legal possession of syringes; that use of a permissive SEP protected against syringe re-use and syringe sharing; and that among non-SEP users, pharmacy access to syringes was not associated with lower likelihood of syringe reuse or receptive syringe sharing. **Conclusion:** These findings suggest that greater access to syringes if accompanied by strict limits on the number of syringes that can be exchanged, purchased, and possessed may diminish its effect on syringe-borne infectious disease prevention.

430 **R Bluthenthal, R Anderson, N Flynn, J Kahn, A Kral**

DOES ADHERENCE TO HARM REDUCTION PRACTICES AMONG SYRINGE EXCHANGE PROGRAMS PREDICT HIV RISK BEHAVIORS AMONG THEIR CLIENTS? AN EXPLORATORY ANALYSIS FROM THE CALIFORNIA SYRINGE EXCHANGE PROGRAM STUDY (CALSEP)

Objectives: To measure adherence to harm reduction practices among syringe exchange programs (SEPs) and to determine whether adherence to more harm reduction practices was associated with lower HIV risk among

clients. **Methods:** Data was collected from directors (n=23) and clients (n=531) of 23 SEPs in 2001. Director interviews covered SEP characteristics and history. HIV risk assessments were collected from an average of 23 clients per SEP (n=531). Four aspects of harm reduction service delivery were measured: (1) treating clients with respect and dignity; (2) client control over goal setting; (3) clients contribute to program design, services, or implementation; and (4) maximization of access to program services. Each program was assessed on each measure and a cumulative score was generated (range: 0 to 4). Separate multivariate models of five client-level HIV risk behaviors were constructed to determine whether program harm reduction score was associated with HIV risk. **Results:** The mean and median cumulative harm reduction score was 1.74 and 2, respectively. In multivariate analyses, higher harm reduction scores were independently associated with lower syringe re-use (adjusted odds ratio=0.71; 95% confidence interval=0.58, 0.87). **Conclusions:** There is great variation among SEPs with respect to adherence to harm reduction practices. Harm reduction practices appear associated with some risk behaviors; continued research exploring this association is warranted.

431 **J Howard, A Arcuri**

OUTCOMES AND CLIENT SATISFACTION AMONG INDIGENOUS AND NON-INDIGENOUS YOUNG PEOPLE IN RESIDENTIAL DRUG AND ALCOHOL TREATMENT

Objectives: The purpose of the current study is to explore post-treatment outcomes and levels of satisfaction among Indigenous and non-Indigenous clients accessing a residential drug and alcohol treatment program for young people.

Methods: The Ted Noffs Foundation's Program for Adolescent Life Management (PALM) offers up to three months of residential treatment, followed by three 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 38 beds across three metropolitan and two rural locations. Indigenous and non-Indigenous clients' levels of satisfaction were measured via a questionnaire completed upon leaving PALM. In addition, outcomes were examined for Indigenous and non-Indigenous young people who had completed at least one month of residential treatment, by comparing data collected at admission with that at three-month post-PALM follow-up.

Results: Levels of satisfaction with PALM were high. Post-PALM, there were significant reductions in the number of days substances were used per month, in average daily amounts of substance use, and in injecting drug use. In addition, there were significant reductions in crime, and improvements in indices of mental health, including a significant reduction in suicidal ideation. Furthermore, significant numbers of young people gained employment or (re-)engaged in education or training after exiting the program. Indigenous clients reported greater levels of satisfaction than, and demonstrated a series of improvements comparable to, but not as strong as, those of non-Indigenous clients.

Conclusions: Gaining awareness of post-treatment outcomes and of levels of client satisfaction among Indigenous and non-Indigenous young people accessing residential drug and alcohol treatment serves to highlight the differing needs of these populations, and the strengths and weaknesses within these programs, thus assisting programmers in the development of more effective harm reduction strategies.

432 **V Bright, T Serasadis, B Hawkes, J Duddy, F Ranville, M Tyndall**

ENHANCING ANTIRETROVIRAL THERAPY TO WOMEN SEX TRADE WORKERS IN VANCOUVER'S DOWNTOWN EASTSIDE

Issue: Antiretroviral therapy has led to a significant reduction in morbidity and mortality as well as an enhanced quality of life for many HIV-positive individuals. Women in the sex trade and injection drug users, however, have a lower uptake of antiretroviral (ARV) therapy compared to other HIV-positive persons. **Setting:** Vancouver's Downtown Eastside is one of



Canada's poorest urban neighbourhoods, characterized by unemployment, crime, mental illness, prostitution and inadequate housing. Serious health consequences face the residents of this community, including pervasive drug addiction, epidemics of blood-borne infections and overdose deaths. Although the number of HIV positive women in the DTES is unknown, we do know that women injection drug users working in the sex trade are at extremely high risk for contracting and spreading HIV. We also know that over 200 women attend the Women's Information and Safe House (WISH) 6 nights per week. Project: The objectives of this program are to evaluate the needs and design a program to increase the uptake of ARVs among women who sell sex. Self-reporting by female clients and staff at WISH would indicate that 40% of the women attending WISH are HIV positive. Given the community profile it is clear that these numbers warrant further investigation and the development of appropriate, consumer accessible programs. Outcomes: Barriers to access of antiretroviral therapy for female injection drug users who work in the sex trade in the DTES are many. Confidentiality and trust issues with primary care providers and community contacts, flexible hours to receive treatment, harm reduction education and prevention strategies and unique approaches to offering antiretroviral therapy to women are needed. A program offering this type of care to female sex trade workers will reduce some of the known barriers to this population and increase the likelihood of adherence to ARVs.

434 **N Bath**

HEALTH RIGHTS ARE HUMAN RIGHTS – THE DEVELOPMENT OF A PROPOSAL AND MODEL FOR A TRIAL OF NEEDLE AND SYRINGE PROGRAMS IN AUSTRALIA'S PRISONS

Australia's success in the prevention of blood borne viruses has largely been due to the successful implementation of Needle and Syringe Programs (NSPs) across Australia and injecting drug user's commitment to protecting their health. Evidence shows that financial investment by Governments to ensure availability of sterile injecting equipment saves them in return millions of dollars. NSPs work because they put HIV and Hepatitis C prevention first and save lives. Sadly not all injecting drug users are able to protect their health in this way. Injecting drug users incarcerated in Australian prisons are being forced to place their health at risk. Whilst this is due to various issues for example; sub standard and inconsistent drug treatment programs, it is largely due to the fact that the Australian Governments are not calling for NSPs to be trailed and provided within the Australian prison systems. The blocking of such programs not only places the lives of prisoners at risk but, also place the wider community at risk with many injecting drug users becoming Hepatitis C positive whilst in prison and then returning to the community. Within Europe, successful NSPs have been in existence for many years within a range of prisons using various models of distribution. AIVL has in learning from such models developed a discussion paper calling for a trial of NSPs in Australian prisons. This paper, will showcase the principles that AIVL believes need to be considered when developing a trial, discuss the broader health challenges for health promotion and management for injecting drug users within the prison systems and will evidence the health and human rights violations that are being permitted on a daily basis against injecting drug users by the Australian Governments whose role it is to provide duty of care to Australian prisoners.

435 **Snow, Munro, Ward, Ellis**

TEENAGERS AND ALCOHOL: EXPERIENCES AND ATTITUDES OF RURAL PARENTS

As the most widely used licit drug in Australia, alcohol plays an important role in the social fabric of our society. Alcohol is also however, a significant source of drug-related harm in Australia, and many of these harms are most prevalent among younger Australians. Although much is known about the drinking patterns of teenagers in general, teenagers who grow up in non-metropolitan areas face particular risks associated with alcohol misuse, however little research has focussed specifically on their drug education and/or intervention needs. Similarly, little research has focussed on how

parents of teenagers negotiate this often challenging aspect of adolescence. The aim of the present investigation is to explore parents' attitudes, beliefs and parenting practices with respect to alcohol, using both qualitative and quantitative data gathering techniques. This paper will outline the themes and issues evident in the data derived from a series of parent focus groups conducted during late 2003 in the Loddon-Mallee region in Victoria. Issues identified to date include concerns regarding ease of access to alcohol by minors, drinking by teenagers at unsupervised parties, difficulty engaging local police in safe partying plans, and anger about marketing practices employed by the alcohol industry. Data derived from these focus groups will be used to develop a large-scale parent survey, to be administered in rural Victoria in 2004.

436 **A Baker, N Lee, L Jenner**

UPDATE OF MODELS OF INTERVENTION AND CARE FOR PSYCHOSTIMULANT USERS

In response to the growing prevalence of psychostimulant use in Australia and the need for community and treatment services to respond, the Australian Government Department of Health and Ageing commissioned a consortium of clinicians and researchers to update the 1998 National Drug Strategy's Monograph no. 32, "Models of intervention and care for psychostimulant users" (Kamieniecki, Vincent, Allsop, & Lintzeris, 1998) and to produce management guidelines for ambulance officers, police, emergency department personnel and general practitioners. The updated monograph reviewed the prevalence, effects and risks associated with psychostimulant use; gave consideration to harm reduction via psychosocial and pharmacological interventions and management of acute psychostimulant toxicity, withdrawal and detoxification; and presented recommendations for harm reduction strategies among young people using psychostimulants, people with comorbid psychiatric and amphetamine abuse/dependence disorders, and pregnant and lactating users of psychostimulants. This paper will describe the processes involved in development of the monograph and guidelines and summarise the major recommendations for clinical harm reduction strategies and research.

437 **K Mahmud, F Zannat, F Mahmud**

RISK OF IMPLEMENTING PEER BASED PROGRAMS IN HARM REDUCTION

Issue: Many interventions concerning harm reduction program are based on peer approach. Peer educators / workers plays a vital role in the needle exchange program as well as in IEC activities related to harm reduction and other health issues. Peer educators / workers also plays vital role in counselling the Injecting drug users and their families. Generally peer educators are selected from ex drug user group. Success might fail when the peer educator/ worker himself relapses and start using drugs.

Approach: A detailed field observation along with Key informants interview with stakeholders who collection of case studies and FGD is also conducted.

Key points: Injecting drug users are very hard to reach so most of the interventions targeting harm reduction of IDUs are based on peer-based intervention. In most of the cases peer based programs are very effective and have significant impact on harm reduction. Once the peer worker himself relapses and start using drugs situation becomes more complicated. This leads two situation – the peer himself attend work and some times is terminated from the job thus all the training, inputs, resources utilized to develop the skill of the peer worker goes in vein.

If terminated the peer workers insists the drug users not to avail services offered by the program intervention he worked. Other IDUs become suspicious of the program as well.

Implications: Designing interventions are time and resource consuming. When this peer approach is interrupted this threatens the achievement, goal and objective of the whole program .To mitigate this issue the program managers, supervisors should be very careful during selection of the peer workers. A regular and planned mentoring and counselling system should be in place. Monitoring the peer workers objectively and handling the issue in consultation with other peer workers.

439 **N Lee, A Baker, M Claire, T Grant, S Pohlman, J Saunders, T Lewin, F Kay-Lambkin, P Constable**

HARM REDUCTION OUTCOMES OF A RANDOMISED TRIAL OF BRIEF COGNITIVE BEHAVIOUR THERAPY WITH MOTIVATIONAL INTERVIEWING FOR AMPHETAMINE USERS

Amphetamine is the second most commonly used illicit drug in Australia. Despite the popularity of amphetamine and increasing regular use of the drug and its associated problems, there is a paucity of research evaluating the effectiveness of interventions for regular users of amphetamine. The development of successful interventions with amphetamine users has important lifetime health consequences both for the individual and health services. There is good evidence that brief interventions can be effective with alcohol and some evidence that they can be effective with illicit drug users. The present study aimed to assess the effectiveness of two cognitive-behavioural interventions among regular amphetamine users. The study was conducted at two sites, Brisbane and Newcastle. This presentation will discuss the intervention and findings from pre-treatment and follow-up data will be reported, focusing on reduction of drug related harm.

442 **R Ali**

PRACTICE OF SUBSTITUTION THERAPY IN AUSTRALIA

There has been a steady increase in heroin use, and in dependent use, since the mid-1960s when heroin was first introduced into Australia. In the mid-1960s there were virtually no dependent heroin users. Thirty years later, in 1997, there were an estimated 74,000 dependent heroin users in Australia (estimated range 67,000 – 92,000), a number which had doubled over the preceding 15 years, and which has probably increased further over the past six years.

The seriousness of the heroin problem in Australia in terms of public health and public order is profound:

- The increase in dependent heroin use has been accompanied by an increase in the incidence of fatal heroin overdose, leading to an unacceptable death toll of almost 10% of all deaths among young Australians aged between 25 and 34 years being due to heroin overdose.
- The rates of contraction of heroin-related infectious diseases, plus premature mortality from infectious disease and violence are high. U.S. studies that have followed dependent heroin users have shown that 20 years after first seeking treatment, one third are dead, 30% to 40% remain in treatment or cycle through treatment, heroin use and jail, and only one third become abstinent from heroin use. There are no similar Australian studies to date, but there is also no reason to presume the situation is different here; heroin dependence, once it becomes established, is a chronic and relapsing disorder.
- The cost of heroin-related crime in Australia has been estimated at between \$535 million and \$1.6 billion per annum.

Being in treatment leads to less heroin use, lowered mortality rates, and reduced crime. However, in 1999, only an estimated 36% of dependent heroin users were in substitution treatment. This paper will provide an historical overview of substitution treatment in Australia and report on the current approach and future directions.

443 **A Krone, S Karpetas**

PSYCHEDELIC SAFETY ZONE: THE EMERGING FACE OF HARM REDUCTION IN YOUTH CULTURE

Issue: As recreational drug use is increasing rapidly among youth, there is a lack of support for this vulnerable facet of users. At large festivals and raves this gap is widening. Interconnected issues include an increase in the types of drugs used and multiple drug combinations. Most information currently available is outdated and misinforming. Proliferation of non-judgmental information is needed for youth who are often uninformed about drugs. Lack of stable funding for groups working with this population is a further debilitating issue.

Setting: Based in Canada, we have also represented at global festivals:

Hookahville, BooM, Burning Man (in partnership with MAPS), Earthdance, and others. We focus on youth – mostly ages 14 to 30, parents' and community organizations.

Project: Events where social drug use occurs are environments where peer outreach is an effective educational method. Our project is primarily a safe space providing access to information and support, staffed by experienced peer educators and a psychotherapist. We support the vital role of education, while minimizing interference with the user's experience. This is a model for wholistic health/Harm Reduction services that reflect the needs of users. We provide spaces where people can safely allow their psychedelic experiences to unfold and find support if needed. This is an emerging face of Harm Reduction.

Outcomes: Youth respond to peer outreach initiatives which are designed and implemented by other drug-using youth. These diverse social gatherings act as a forum to distribute information, supporting the increased awareness of our peers. The implications for this project are vast and multifaceted.

We are applying for sponsorship to attend this important conference as young warriors on the frontlines, dedicated to promoting information and support to our communities and peers. We seek an opportunity to connect with mentors in this field to share ideas/skills. We are unfunded in our work and the costs to attend are a barrier which will otherwise prevent us from participating

444 **C Stockley, E Holmgren**

RECOMMENDATIONS ON ALCOHOL IN MODERATION: AN INTERNATIONAL COMPARISON

Issue: In the developed or western world, cardiovascular disease is the leading cause of death accounting for 25-50% of all deaths. Over the past decade independent researchers from around the world have published data, which suggest that the consumption of alcoholic beverages in moderation may confer health benefits such as a reduced risk of cardiovascular disease. As a result of these published data, public health policy on alcohol is changing in many countries. For example, prior to 1990, American, Australian, British and Canadian public health policies focused primarily on the harmful effects of any alcohol consumption but these policies now provide for a potential role for moderate

Approach: There are, however, differences in the public health policies on alcohol between these and other countries' governments. This paper reviews these policies and highlights the common as well as the different messages delineated. It further compares these policies with those emerging from the World Health Organisation, which focuses more on countries without a culture or tradition of alcohol consumption.

Key points: Some of the significant differences in the public health policies between countries' governments include definitions of moderate alcohol consumption, the potential benefits of moderate alcohol consumption, the consumption of alcohol by women, underage consumption and advice to abstainers.

Implications: Researchers and governments are now challenged with finding the most appropriate education messages for the general public, as experts advocate individualised advice. Furthermore, central to the current debate is the concern that incomplete, inconsistent or misleading messages on alcohol consumption could lead to an increase in alcohol abuse and misuse. Thus this paper also reviews these messages and suggests a series of sensitive educational messages that could contribute to responsible consumption behaviour by individuals as well as the general public.

445 **J Fitzgerald, T Threadgold**

FEAR OF SENSE IN THE STREET HEROIN MARKET

Open street drug markets in the western industrialised world often fear and outrage in the community. Many arguments posited by resident groups and local businesses against the introduction of harm reduction initiatives, such as fixed site needle and syringe programs (NSP) and supervised injecting facilities (SIF), are based on the fear that such facilities will attract street



drug markets. In this paper, we explore the fear produced in a city's encounter with street heroin use. The paper is based on ethnographic materials from a street-based drug market in Melbourne Australia conducted over a three year period. Documentary photography and material culture from fieldwork, newspapers and interviews with drug users are used as a basis for a post structuralist semiotic analysis of fear in a street drug market. The paper will apply the analytic tools outlined by Gilles Deleuze to the appearance of graffiti obituaries, syringe paraphernalia and body fluids and to the spatial practices associated with the street drug market. In the terms of this analysis, drug users become part of the body of the city and the city becomes part of the body of drug users. This intertwining of bodies is at the basis of the fear of public drug use. After examining how fear is produced, we then connect fear with the flows of capital in street drug markets and to the political and economic outcomes from such encounters. Providing an alternative explanation of fear provided significant challenges for harm reduction strategies to reduce fear in these environments.

446 **K Khoo, L Barker, M Wilson**

MAXIMISING THE SUPPORT FOR PREGNANT AND PARENTING ADOLESCENTS

Issue: Pregnant and parenting adolescents are becoming an issue of increasing concern throughout Australia. Not only are these a concern for policymakers, parents, health-care providers and educators, but also for the adolescents themselves in terms of socioeconomic, health and emotional stress.

Setting: The southern part of Metropolitan Melbourne comprises one of the most culturally diverse population groups in Victoria. It also has an unemployment rate that is nearly double that of the whole metropolitan area.

Program: An outreach midwife-led program, known as the Young Mums Program targets pregnant and parenting adolescents by providing a multidisciplinary service aimed at addressing their needs. This program has a dual focus on harm-minimisation and the reduction of substance abuse. This community-based and client-centered developmental program involves working with pregnant and parenting adolescents, and helping them to make decisions and choices. The key is self-empowerment evolving from an increase in self-awareness and self-esteem.

Outcome: The overall outcome in relation to the approach, support, education and information provided by the Young Mums Program suggests that the clients found these elements positive. In parallel with these benefits, secondary gains included a reduction in the stigmatisation that many of these adolescents felt about being pregnant, and the normalising aspects of mixing with other girls and families in a similar situation. Along with the added benefit of improving self-esteem and reduction in anxiety, the adolescents also perceived that they had an increased competency to deal with the impending birth and care of their children. It is believed that these factors may have contributed to the reduction in use of marijuana, tobacco and alcohol.

448 **G Bennett, B Suter**

"FEEL GOOD, LOOK GOOD". WORKING WITH WOMEN WHO INJECT DRUGS IN MELBOURNE CBD

Issue: Staff had noticed that when women were offered pap tests, many did not take the opportunity. When the issue was raised during clinical consultations women often felt uncomfortable and did not see the test as a health priority. Health workers perceived this issue as part of a much larger issue regarding self care, self esteem and access to appropriate health services.

Setting: Living Room is a newly established primary health service located in Melbourne CBD. The service is situated in a tucked away laneway well known by people who are homeless and/or inject drugs.

Project: 4 health information sessions were offered to women and an important feature of the sessions was to provide opportunities for women to be nurtured in a safe environment. These sessions were followed by 2 art workshops that offered women opportunities to further explore their health issues.

Outcomes: There was a high level of interest and energy for an ongoing women's group. Women stated that they gained a high level of personal fulfillment from attending the sessions. The women wanted opportunities to be informed on a variety of health related issues, to have time off the street, and to build social networks. The principles of consumer participation, strengthening partnerships and organisational capacity building largely contributed to the success of the project.

449 **R Abdildaeva**

EXCHANGE SYRINGE IN THE PRISONS

Prevention of HIV infection in the prisons of Kyrgyzstan. Launched in 1998 and still is supported. Injecting drug users are one of the three main vulnerable groups identified by the State Programme on AIDS prevention for 2001-2005. Development of HIV preventive programs in prisons of Kyrgyzstan. Political support – Order of the Head of Main Penitentiary Department of the Kyrgyz Republic obliging the officials to carry out AIDS prevention programs in prisons. Education of medical staff and personnel of prisons, including directors of prisons and their deputies responsible for education. Development of peer education programs among convicts. Development of information and education programs among personnel and convicts since 1998 and up until 2001: All prisons of the Kyrgyz Republic (11 prisons), including leadership, personnel, and convicts are covered with preventive programs. Events conducted: "round table" for the leadership of Main Penitentiary Department, 22 educational seminars for the personnel and convicts series of trainings based upon peer education, 11 volunteers out of convicts are trained. 2 kinds of posters are published (developed by the convicts). Regular issue of information about HIV/AIDS prevention in internal newspaper for official use. Containers with disinfectants for used syringes and needles are set in all prisons of Kyrgyzstan. Individual package for those who are released from prison is prepared, consisting of disposable syringe, disinfectant, poli-vitamin, and a leaflet with the addresses for consulting on HIV prevention. Development of harm reduction among convicts – provision with disinfectants and syringes. Treatment of drug abuse – program of "twelve steps", "anonymous drug addicts", non-traditional methods of treatment. Education on safe sex and safe drug consumption.

451 **M Jauncey, L Taylor, L Degenhardt**

CLASSIFICATION OF OPIOID RELATED DEATHS IN AUSTRALIA: IMPLICATIONS FOR SURVEILLANCE

Background: The numbers and rates of opioid related deaths are indicators that reflect the level of opioid related harm in a community. They are also highly sensitive data, which generate a great deal of public interest. An understanding of coding used to classify cause of death is essential in correctly interpreting mortality statistics. The ABS has used the International Statistical Classification of Disease and Related Health Problems, version 10 (ICD10) to code all deaths since 1997. More information about the contribution of drug use to death is recorded than was possible using ICD9.

Methods: The Australian Bureau of Statistics (ABS) mortality data 1997-2001 were used to search for opioid related deaths. Four possible surveillance definitions for opioid related deaths were examined, including the current national definition.

Results: There were 5,311 deaths registered in Australia between 1997 and 2001, where opioids were reported as an underlying or contributing cause. For the vast majority, the underlying cause was directly opioid related. Polydrug use was also commonly reported, and this was not easily extracted using ICD9. Deaths among those less than 15 years are uncommon, however deaths in 45-54 and >55 year age groups have increased over the 5 years. The trends over time for the whole of Australia were similar for each surveillance definition used, with rates rising from 1997-98, peaking in 1999 and then declining to 2001, however distinct patterns across the states were observed.

Conclusions: For trends over time to be reliably reported, surveillance definitions need to be consistent. With five years of ABS cause of death data now coded using ICD10, and with the improved ability to determine

contributing cause data on drugs, a broader surveillance definition for opioid related deaths in Australia is proposed.

452 H Devlin, M Hellard, C Aitken

MENTAL HEALTH AMONG INJECTING DRUG USERS ACCESSING A PRIMARY HEALTH CARE CENTRE

Issue: The co-occurrence of mental health disorders and injecting drug use is a significant public health issue. Lifetime prevalence estimates of any mental disorder among substance-dependent people seeking treatment are high, some studies report between 78% and 90%.

Although drug and alcohol services commonly manage people with affective, anxiety and personality disorders, a large proportion of injecting drug users are not accessing treatment services. Few studies to date have clearly identified prevalence rates in this group. This study addresses the deficit in the current evidence base by assessing rates of comorbid illness in individuals presenting to a Primary Health Care Clinic and Needle and Syringe program.

Setting: Primary Health Care Centre (Health Works) and a Needle and Syringe Program (WRAP) in Footscray, Melbourne. Health Works is dedicated to the health needs of people who inject drugs, where treatment is as an option rather than the focal point.

Project: Clients attending Health Works and WRAP will be asked to participate in a screening program (for psychiatric symptoms, drug use and mental health service utilisation). It is expected that up to 500 clients will participate and those who demonstrate psychiatric symptoms will be asked to participate in the assessment phase. Clients with significant mental health issues will be referred to an Outreach Worker for management.

The project aims:

1. To measure the prevalence of mental illness among clients of HealthWorks and WRAP.
2. To compare the drug use patterns of clients with and without a mental illness.
3. To compare the clients' health service use with the availability of services.
4. To measure the uptake rate and impact of referral to mental health services among the clients diagnosed with a psychiatric illness.

A pilot study will precede the main study, the results of which will be presented.

Outcomes: Recommendations to Primary Health Care services will specifically address mental health treatment and service access issues among people who inject drugs.

454 R Ali

METHAMPHETAMINE PSYCHOSIS: WHAT ARE THE RISKS

As part of a multi-site World Health Organization sponsored study, fifty inpatients with methamphetamine psychosis were interviewed in psychiatric wards in the South Australian metropolitan area. The availability and price of amphetamines in Adelaide is very similar to that observed in most other Australian cities, and the patterns of use and health consequences are also consistent with those observed throughout Australia.

Persons presenting for treatment for methamphetamine psychosis were typically males aged in their mid-twenties. Most commonly these patients had completed some form of secondary education and were unemployed at the time of hospitalisation. Police were involved in the hospital admissions of nearly half of the participants, reflecting the potentially extreme behavioural consequences of this disorder. Presentation was typically preceded by frequent intravenous use of large quantities of methamphetamine, and the majority of individuals presenting with this disorder were dependent on this substance.

Methamphetamine psychosis is associated with very high levels of mental disability compared to the general population. Patients with methamphetamine psychosis also reported substantial levels of injecting and sexual behaviour.

The present research found that presentations of methamphetamine psychosis in South Australia are characterised by delusions of persecution,

ideas of reference, extrasensory perception and auditory and visual hallucinations. Less commonly reported features include olfactory and tactile hallucinations, and flattening of affect. Psychotic symptoms tend to resolve within one or two weeks.

The findings of the study highlighted the severity of the psychiatric and the somewhat inconsistent approach to the treatment of this condition. Patients currently receive little input relating to their substance use whilst hospitalised, and few utilise drug treatment services after discharge from hospital.

455 S Gontaszewski

NEEDLE AND SYRINGE DISPOSAL AND RELATED ISSUES IN WESTERN AUSTRALIA: A SURVEY OF LOCAL GOVERNMENT

Background and Objectives The Department of Health Western Australia conducted the third Local Government Needle and Syringe Disposal Survey in 2003 (previous surveys were conducted in 1995 and 2000). The survey aimed to quantify the level of inappropriate needle and syringe disposal (INSD) in the community and investigate what policies and procedures have been put into place at a Local Government (LG) level. Methods The subjects of the study were Local Government Environmental Health Officers (EHOs) in Western Australia. Self-completion questionnaires were posted to the Senior EHOs at all Local Governments in Western Australia (sample size n=144). The design of the survey instrument was based on that of previous surveys to allow comparison of the data from previous years, with additional questions covering needle and syringe (N&S) collection, policy formation and training. Data was analysed using EpiInfo. Results The overall response rate for the survey was 69.44% (100/144 surveys 44% received). A 100% response rate was received from the metropolitan area. of respondents reported finding no inappropriately disposed N&S each month 34% reported finding more than 0 but less than 10 inappropriately disposed N&S each month (n=44). disposed N&S Parks/playgrounds were the main location for finding inappropriately disposed N&S (n=34). The LG staff who collected the majority of inappropriately disposed N&S were parks and gardens staff. The majority of LGs do not have environmental health officers and cleaning staff. Of those that do have N&S disposal bins in public places (62%, n=62) provide N&S disposal bins (37%, n=37) inside public toilets was the most popular location nominated by respondents. Conclusions The survey confirmed previous findings that INSD is not a major issue for many LGs in WA, especially rural LGs. Strategies that have contributed to maintaining this low level of INSD will be discussed.

456 T Galochkina

OUTREACH WORKER – SOME IDEAS

NGO "Maria" has been involved in Harm reduction projects since 1998.

At the beginning of the project outreach workers were seen as active DU that had access to the bases and DU. As time went on we found that active DU were more concerned with their own problems than with the aims of the organisation and many of them were "passing through" the NGO. The second wave of outreach workers happened to be DU in different stages of remission. They showed more interest in the results of their activities, were eager to help save other people. We sent them to various HR training workshops and gave them a chance to get an education. Work in the programme gave them a feeling of being important to their clients. Work is done in pairs – an outreach worker and a volunteer communicate with IDU, give them information on the project, the principles of HR, informational materials, exchange needles. Every new client receives a kit with information as to where and what kind of help can be got an invitation to specialized services. At the end of the day the outreach workers write reports on their activities, do a balance of used and left over materials, share experiences and ideas. Corrections are made for the next day's work when needed. Once a week all outreach workers meet to discuss details, sum up the work done, assess the needs and wants of the clients and the workers. Attention is paid to the "burning out" effect of fieldwork and measures are taken to protect the outreachers.

Volunteers were medical professionals, teachers and psychologists.



We have come to the conclusion that the ideal outreach worker is a former DU on rehabilitation. They are in the problem, have easy access to the vulnerable target groups; at the same time their self-esteem grows, they become specialists and are experiencing an active rehabilitation.

Professionals unfortunately tend to be prejudiced and cannot see the problem through the eyes of an insider.

457 S Lokabiraman, D Gasper, V Thamba, K Krishnan

MANAGING HARM REDUCTION SERVICES: SHARING OF GOOD PRACTICE FROM CHENNAI, INDIA

Issue: Needle syringe exchange program (NSEP) with environmental intervention in cities of Bangladesh and Kolkata, India have kept HIV among IDUs at its present low. Similar program in Nepal failed in containing the progress of HIV in IDUs although NSEP was started at an early stage of the epidemic. Identifying critical elements for successful program implementation is therefore important.

Setting: In Chennai, the capital city of Tamilnadu, India where 30% of the IDUs (mostly heroin and buprenorphine injectors) are currently HIV infected, only four NGOs are working for IDUs, offering services ranging from buprenorphine substitution, NSEP to detoxification. As one of the four NGOs we have identified important programmatic lessons that could help others in the sub continent.

The project: Our buprenorphine substitution program ceased its activities due to lack of funding in July, 2002 after operating since November 1999 in Chennai. However IDUs continued expressing their needs for buprenorphine tablets from us. Organizational planning for effective service delivery and understanding the dynamics involving community and the organization were lacking in that period. No reliable estimate was also available on the actual number of IDUs in Chennai.

Management practices involving team-building measures were adopted in the project. Expanded outreach helped establishing contact with 250 IDUs within 6 months. Effective resource allocation for this population was fostered with acceptance of this number by the management. Group decision-making process leading to better compliance to the decisions was also instituted. Streamlining of service delivery was ensured by continuous on- the- job training of human resources.

Outcome and lessons learnt: Workers from drug use and non-drug use background added strength to the project. Harm reduction service delivery was enhanced by integrating good management practices that responded to community needs – the elements crucial for effective scaling up of HIV interventions.

459 A Khazaeli

COMORBID PSYCHIATRIC DISORDERS IN CHILD AND ADOLESCENT SUBSTANCE USE: EFFECTS ON HARM REDUCTION EFFORTS

Issue: Significant rates of adolescents with coexisting substance use and psychiatric disorders are reported in both clinical and general populations (conduct disorder in 50-80%, mood disorders in 24-50%, and anxiety disorders in 7-40% of cases). Furthermore, the comorbidity of psychiatric disorders may have an effect on the substance related problems both at baseline and at follow up and also on the relapse rates of substance use. The presence of a psychiatric disorder directly and indirectly impairs an adolescents' ability to effectively engage in harm reduction programs.

Approach: review of literature and comparative approach. Key points: Psychiatric disorders such as Attention Deficit-Hyperactivity Disorder (ADHD), conduct disorder, mood disorders (depression or mania) could result in symptoms like disinhibited sexual, violent, and aggressive behaviors. Concordance of these disorders with substance abuse causes more harm such as more decrease in functioning, unlawful activities, higher incidence of HIV infection. On the other hand, it has devastating influence on adolescents' concentration, motivation, compliance and commitment with harm reduction and treatment advices. Implications: While the secondary prevention of problems in youth involves the early treatment of behavioral and emotional problems, early aggressive psychosocial treatment of psychiatric problems may result in diminished risk for

substance use. Psychiatric treatment also involves somatic treatments such as medication. Despite the reluctance of many to use any psychoactive medications, treatment of early psychiatric problems holds promise for decreasing the risk for subsequent substance use. And for the tertiary prevention to reduce harms of substance use, it's obvious that dealing with comorbid psychiatric conditions not only can reduce the risky harmful behaviors, but also increase the success rate of harm reduction efforts.

460 T Nguyen, D Colby, T Tran, G Le, D Bain, J Mandel

HIV PREVALENCE AMONG IDU IN ONE ANONYMOUS CLINIC IN HCMC, VIETNAM

Background: The Anonymous Testing Site (ATS) in Ho Chi Minh City (HCMC) is the first free and truly anonymous clinic to offer HIV counseling and testing in Vietnam. Since opening in November 2001, the clinic has served over 1,500 clients. In Vietnam, the majority of HIV infections are contracted through injection drug use.

Methods: Clients present voluntarily for HIV testing and counseling. We will present data on demographic information and test results for all clients who came to the clinic between September 2002 and August 2003 and who reported ever using IV drugs.

Results: Out of 740 clients who presented to the ATS for counseling and testing in this one year period, 176 self-identified as IDU. In this group, most (65%) were 20 to 29 years old and the majority (92%) were male. 74% had secondary education or higher. Many came to the clinic after being referred by another agency (40%) or by friends or relatives (38%). The most frequent occupation cited was manual laborer in 40% and another 28% were unemployed. Two-thirds were single and never married. HIV test results were positive in 127 clients (72%). Seventy-three people (41%) reported having unprotected sex.

Conclusion: IDU in HCMC continue to be at high-risk for HIV infection and present a risk to their sexual partners through unprotected intercourse.

461 A Vijayalakshmi, S Sunitha, S Kalavathy, B Vijayakumari

REACHING OUT TO FEMALE SEX PARTNERS OF IDUS IN CHENNAI, INDIA

Issue: Two decades ago injecting drug use was considered as a problem restricted to the northeastern states of India having common border with Myanmar. However, diffusion of injecting drug use occurred in major metropolitan cities over the last 10 years. In the late 1990s HIV prevalence among the non-injecting wives of injecting drug users (IDUs) in Manipur reached 45%. Serious attention is therefore required to address the issue of HIV transmission from IDUs to the other linked population groups.

Setting: Recent sentinel survey showed that HIV prevalence among the IDUs in Chennai, the capital of Tamilnadu was 30%. As many injectors were married, development of interventions among the female sex partners appeared to be an urgent public health need.

Project: 226 IDUs with their female sex partners were recruited for a research study to estimate the prevalence of HIV and sexually transmitted infections (STIs) in them. Subsequently based on the following findings, an outreach service was launched to reduce the vulnerability of female sex partners of IDUs to HIV and other STIs.

1. Myths and misconceptions about HIV / STIs and drug-abuse prevailed, e.g: women thought that drug addiction could spread to the conceived child through sex, if husbands had sex while intoxicated.
2. Risk perception of women in acquiring HIV from their husbands was very low.
3. Communication between partners on health issues was minimum.
4. Husbands largely decided upon condom use and very few actually used it.
5. A high proportion of IDUs reported having sex with female commercial sex workers and a considerable proportion even had it in the recent past.

Outcome and lessons learnt: Urgent identification of barriers regarding communication between couples is essential in a setting where marriage is

sometimes seen by larger community as a solution to the problem of drug use and HIV risks continues to prevail among IDUs.

465 A Mykytyn

HARM ELIMINATION AT HOME

Issue: Whether there can be a successful rehabilitation program for IDU which operates on an "outpatient" basis in the city in which the IDU resides?

Setting: Ivano-Frankivsk, Ukraine. The program takes place in the center of the city and involves IDU.

Project: Charitable Fund "Solidarity" seeks "harm elimination" defined as the return of IDU to the community as healthy, productive members of the society.

Solidarity's "harm elimination" program is an "at home" program. It is located in the center of the town which bore the IDU. The "rehabilitated" IDU does not have to go home to test the effectiveness of his transformation because he is home and knows already that he has quieted or overcome the influences that contributed to his addiction.

Solidarity's "harm elimination" program at home is multifaceted – the complex approach to IDU rehabilitation. Not only does it provide sterile needles and condoms, it provides (a) drug replacement therapy (currently, buprenorphine); (b) psychological and legal support; (c) humanitarian aid (food, clothing, appliances); (d) specialized medical and dental care; (e) help in obtaining state subsidies and registration with the City Employment Fund; (f) help in obtaining passports and other legal documents; (g) English and computer literacy training; (h) a place for the meeting of IDU in a support group atmosphere (the Club of Anonymous Drug Users); (i) excursions for different public, cultural, athletic and religious events and activities; and (j) counseling and training and humanitarian aid (food, school supplies, clothing) for the children of IDU.

Further, Solidarity endorses its own program by making and honoring a commitment to hire IDU and also to use them as volunteers.

Outcomes: Solidarity has successfully rehabilitated IDU through its "harm elimination" at home program and currently employees as social workers former IDU and also uses them as volunteers

466 G Wilson, J Woodruff

A MOST UNUSUAL BUT EFFECTIVE PARTNERSHIP

Issue: Developing effective partnerships between two diverse groups – the W.A. Police and the W.A. Substance Users Association.

Setting: The Western Australian Substance Users Association (WASUA) is the State's sole peer based drug user organisation that works on behalf of and represents the interests of WA drug users.

Given the illicit component in the private lives of some of the management and staff of WASUA, 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 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.

Project: The presenter will present a frank account of a unique and interesting partnership. Recently both organisations have seen major managerial changes resulting in new and challenging personality differences, requiring the re-establishment of trust and respect between the stakeholders, verified by the continuation of this accord.

The presentation will articulate the values of this collaboration and outline the origins of the partnership, where boundaries have been established and more interestingly how they have evolved.

Outcome: Given the major differences and the obvious conflict of interests between the two organisations, they will explore:

- the perceived benefits and/or disadvantages for either party to be associated with the other
- is this relationship based upon sound evidence based practice, or reliant on the personality of key stakeholders

- what is the impact for respective parties to be seen with the apparent opposition? or
- is it merely a token gesture by both parties?

468 P Griffiths

POSITIONING HARM REDUCTION: HO CHI MINH SUPPORTS CLEAN NEEDLES

ISSUE: Advocating for harm reduction in Vietnam has been undertaken with limited success through international projects for many years. Though not coordinated, high level political breakthroughs were achieved in 2003 including the new approach evidenced in propaganda for CSWs and IDUs produced by the Ho Chi Minh Communist Youth Union.

SETTING: As shown in an examination (from a pro-harm reduction perspective) of previous texts of the YU, traditional HIV messaging depicts drug users as deviants who face an AIDS-related death by using drugs just once. Because it is a Party wing, its propaganda is a manifestation of at least elements of Party opinion toward HIV prevention among IDUs in Vietnam.

PROJECT: Supported by Australia, UNDP's HIV/AIDS and Youth Project successfully engaged important sections of the Youth Union in an expensive discussion about harm reduction which led to the first-ever set of BCC materials produced 'by and for' IDUs and CSW by a mass Party organisation in Vietnam.

OUTCOMES: As this before and after presentation of the new HR propaganda proves, strategic advocacy for HR is possible in Vietnam even among Party institutions previously considered conservative and placed 'outside' HR advocacy efforts. The front-cover depiction of smiling, healthy youths injecting separately represents a radical shift in messaging that takes HR promotion beyond policy and into practical propaganda for vulnerable youth. If combined with other political breakthroughs of 2003, it offers potential for scaling up in Vietnam.

469 R Pates

THE DEVELOPMENT OF A PSYCHOLOGICAL THEORY OF NEEDLE FIXATION

Background: Needle fixation is a well known phenomenon but little studied. Pates and McBride have developed a model in the past two years describing the phenomenon and speculating on the causes. This work uses qualitative and quantitative methods to define this as a theory and makes suggestions for treatment.

Methods: 33 Injecting drug users were interviewed and given a number of psychometric instruments to complete regarding their injecting. From this data 10 of the 33 were identified as needle fixated. Additionally four professionals with extensive experience of working with injectors were interviewed.

Results: The injectors with needle fixation were found to have one of a number of secondary gains to their injecting which helped maintain the injecting. Additionally those with needle fixation were more likely to flush blood extensively, to inject inert substances and score higher on measures for OCD.

Conclusions: Needle fixation exists and can be demonstrated by psychological measures. In a time when injecting is known to be a factor in the transmission of blood borne viruses it is important that for those small number of injectors with needle fixation their is an understanding, assessment and treatment.

470 R Pates

A SELECTIVE HISTORY OF INJECTING IN EUROPE AND AMERICA – WHAT LESSONS CAN BE LEARNED

Issue: The injection of drugs by intravenous, intra muscular and subcutaneous route has been practised extensively since the invention of the modern syringe in 1853. Problems of injury and disease transmission have been known about since the latter half of the 19th. century. More modern devices are now available that deliver drugs in different ways.

Setting: A selective review of the history of injecting and examination of



modern methods of delivering drugs.

Project: an illustrated examination of these issues with commentary and suggestions for the future.

Outcomes: Suggestions and speculations from the past about how we may make injecting safer in the future.

(Note to organisers this abstract does not conform to the style of abstracts requested as it is difficult to describe in that format. It is a speculative paper)

472 **L Messersmith, T Kane, V Tran**

HIV VULNERABILITY OF FEMALE STREET-BASED SEX WORKER IDUS IN VIETNAM: EVIDENCE FROM THREE PROVINCES

Background/Objectives: To date, harm reduction efforts in Vietnam have focused on peer education and needle exchange targeting male injecting drug users (IDUs) and on safe sex interventions and condom promotion targeting female sex workers to prevent sexual transmission of HIV/STIs. Women injecting drug users, however, are not specific targets in current harm reduction efforts. The objective of the 2001 Behavioral Surveillance Survey (BSS) was to explore sexual and drug use behavior among groups practicing high risk behaviors in Vietnam. Methods: Community-based survey sample of 842 street-based sex workers in Hanoi, Hai Phong, and Ho Chi Minh City and qualitative in-depth interviews and focus groups in 2002 and 2003. Results: A substantial proportion of sex workers, especially street-based sex workers, inject drugs. Bi-variate and multivariate analyses show that compared to sex workers who do not inject drugs, street-based sex worker injecting drug users are significantly more likely to report greater number of first-time clients, lower consistency of condom use, a sexually transmitted infection (STI) in the last month and regular sex partners who are also IDU. Women who share injecting equipment report higher numbers of partners, less frequent condom use, and more STIs in the last month than sex worker IDUs who do not share. Sex worker IDUs in the survey report higher levels of needle sharing than male IDUs. Most women interviewed in-depth report that they began injecting drugs before they started engaging in sex work. Conclusions: Street-based sex worker IDUs face multiple risks and are highly vulnerable to HIV/STIs and to stigma and discrimination. In-depth research is needed to better understand the injecting and sexual behavior and networks of street-based sex worker IDUs. In addition, gender-sensitive, comprehensive harm reduction approaches for women are necessary to address the vulnerability and health and social service needs of women who inject drugs and sell sex in Vietnam.

474 **A Bosu, N Hussein, M Alam, B Sarkar**

SEX-WORKERS WITH INJECTING DRUG TAKING BEHAVIOR IS A POTENTIAL THREAT FOR RAPID TRANSMISSION OF HIV INFECTION IN BANGLADESH

Issue: Most of the female IDUs in Bangladesh are involved fully or partially in sex trade in which they are taking double risk and thereby pave the way for horizontal and vertical transmission of HIV.

Setting: IDUs in Bangladesh prefer to remain hidden because of harassment by Police and local community which increases the chances of sharing syringes and needles among them. In a situation where the male IDUs do not want to expose themselves due to discrimination and stigmatization, the females 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. This situation further contributes to the existing high prevalence (4%) of HIV among drug users. It is crucial to ensure preventive services for these female IDUs otherwise it may cause rapid transmission of HIV/AIDS in Bangladesh.

Project: CARE-Bangladesh has started to work with these female IDUs through peer approach so that their risk taking behaviors could be minimized. The services provided for the female IDUs are needle-syringe exchange, Condom distribution, STD & Abscess treatment, awareness raising session on HIV/AIDS/STDs, empowerment through addressing rights of female IDUs.

Outcomes:

- 90% S/N exchange rate over the period(Source: Program report)
- STD has been reduced (Source: Program report)
- Abscess has been reduced (Source: Program report)
- 80% Female IDUs use Condom. (Source: Program report)

It is very crucial to burgeon services targeting the female IDUs to reduce their risk taking behavior so as to contain HIV/AIDS to a minimum level.

479 **T Do, P Higgs, De Alford**

TARGETED HARM REDUCTION PROGRAMS IN RURAL VIETNAM

Issue: Whilst harm reduction is included in the latest draft of Vietnam's National AIDS Strategy, and the policy environment at the national level is becoming more supportive, there continues to be an urgent need to upscale interventions to the HIV epidemic in Vietnam.

Setting: A harm reduction program, was initiated within two provinces in northern Vietnam – Bac Giang and Thanh Hoa. The Centre for Harm Reduction, Burnet Institute through a local project office is currently implementing harm reduction activities in these provinces, with a particular focus on the distribution and collection of needles and syringes through a peer based program. Project partners include the Provincial Officials, district health services, and commune leaders.

Project:

Main activities:

1. Targeted needle and syringe distribution and collection through peer education outreach programs in one commune in each provincial site;
2. Advocacy and community development activities in a total of four communes including: orientation and training for relatives of IDUs, local police officers, health workers in HIV prevention counseling and periodic health examination for IDUs.

Outcomes

- Recruitment and induction of 20 peer educators (all current users) in each commune
 - Up to 75% coverage in both project sites within 9 months of implementation, with over 80,000 clean needles distributed.
 - Extensive community, commune leader and local authority support in both pilot sites.
- Lessons learned
- Peer based activities are highly effective and increase accessibility of NS for active drug users
 - Demand for clean syringes is high, with IDU from surrounding communes accessing the services provided.
 - Effective collection of used syringes has positive effects on community advocacy for the project.
 - Broad coverage of active drug users is possible in a short period of time.

482 **S Karpetas, L Martin**

IBOGAINE TREATMENT: IMPLICATIONS FOR ADDICTION TREATMENT BASED ON USER FEEDBACK

The lack of drug detox programs to address the ever-increasing epidemic of drug addiction is one that needs to be addressed in order to support those who wish to quit using drugs of abuse.

In response to this need, the Iboga Therapy House located in Vancouver B.C. Canada, is hosting a treatment facility in which to provide free Ibogaine treatment to drug addicts seeking detoxification. This presentation would be geared towards those interested in the potential uses of Ibogaine to treat addiction to drugs of abuse such as Opiates, Cocaine, Crack, Alcohol, Tobacco and replacement treatment drugs such as Methadone.

Ibogaine has been shown to be effective in initiating deeper cathartic insight into oneself as well as removing difficult and painful withdrawal symptoms, affording drug addicts a window of opportunity to release themselves from the cycles of addiction by acting as a catalyst for lifestyle analysis, self healing and change. The Iboga Therapy House is dedicated to researching and collecting data on these potential therapeutic uses of Ibogaine by providing free treatment, facilitation, peer education and

support to those who choose to undergo the experience.

This research has implications for various drug addiction treatment modalities by offering insight into a wide spectrum of issues related to addiction. Some of the issues addressed relate to the fields of psychotherapy and counselling, aftercare, health, nutrition, harm reduction, drug education, service provision, support networks, drug policy, advocacy, referral, maintenance therapy, alternative treatments, psychedelic research and cognitive studies. These insights are based on feedback and discussion with drug addicts/ex-addicts and are useful in helping to provide them with the support needed to cease or interrupt abusive and/or damaging drug use behaviours. By sharing what we have learned thus far we hope to offer ideas and incentives for the creation of greater support networks and services for drug users seeking help.

489 D Ndungu

ALCOHOL ABUSE IN KENYA, MOBILIZING A MULTISECTORAL RESPONSE

Issue: Alcohol abuse has been identified as a major risk factor for growth of the country. However the availability of cheap sub-standard spirits in the market has resulted to wastage of human resources. The most affected groups are the low income earners and the youths as well.

Setting: Alcohol abuse has been a National disaster mainly affecting Central region of Kenya as well as other major towns like Nairobi, Nakuru and Kisumu and also major slums.

Project: The government has facilitated a process to mobilize and build capacity for a comprehensive national programme addressing alcohol abuse as a risk factor for the development of the country. Qualitative data were collected through rapid community assessment, focus group discussions and key informant discussions with youth, police officers, clinics and the owners of beer halls as well as political and traditional leaders. The data was presented to a national workshop on drug abuse and HIV/Aids, the goal of which was to adopt an outline for a national multisectoral programme.

Outcome: In Kenya consensus building with key stakeholders within and across sectors has been an important component of the process of programme development. Mobilization of strong political leadership is also key, with a focus on parliament chiefs camps, the liquor industries and the media on the issue of fighting against drug abuse.

View Point: The government experience with catalyzing a comprehensive response to alcohol abuse provides a model for other countries in building public-private partnerships to address alcohol abuse from a multi-sectoral and culturally sensitive perspective.

492 C Ndung'u

DRUG ABUSE AND SEXUAL BEHAVIOUR AMONG THE YOUTH IN KENYA.

ISSUE: Sexually transmitted diseases are increasing public health problems in Kenya. Over 700,000 cases are treated annually in the formal health centre only. Young people especially men are the most affected ones. The aim of this study is to explore sexual behaviour and attitudes towards STD/HIV as well as drug abuse.

SETTING: A behavioural surveillance survey (BSS) was conducted in 10 districts in out of schools, unmarried, unemployed youths, aged 15-24 years in catchment of antenatal sentinel surveillance sites. Interviews were conducted often, verbal informal consent and responses on knowledge on mother to child transmission (MTCT) and its prevention were assessed in 3210 young women and 2862 young men.

PROJECT: 62% of the young men reported having had premarital sex with up to 48% having had multiple partners and also 30% being drug addicted which led to mental illness such as depression, stress etc. In the past year, 22% suffered from STD and 3% feared they could be HIV/IDS positive.

OUTCOME: Focus group discussions revealed that losing is still strongly high amongst youth. Also revealed is that perception of manhood encouraged multiple sexual partners and that young men suffer physical and mental damage, if intercourse is denied. The data suggest that condoms were perceived to affect male potency.

VIEW POINT: In understanding these results health education that target young men should take into account local perception and values that seem to sustain risky sexual behaviours. Further studies into cultural and social background in which sex habit have been adopted and recommended.

496 M Vazirian, B Nasirimanesh, A Khazaeli

RAPID SITUATION ANALYSIS OF STREET DRUG USERS IN TEHRAN, 2003

Background/Objectives: Previous studies in Iran shows an accelerated growth of injecting drug use and related blood-borne disorders in the country. This is especially true in Tehran, the capital; therefore starting harm reduction modalities is a vital priority for the health authorities.

The objective of this study is to produce basic data needed to design a local harm reduction program. These data include: nature and extent of injecting drug use, high-risk behaviors in this high-risk population.

Methods: Rapid situation Analysis is the methodology of the research. At first, we reviewed the secondary data to select most affected and appropriate sites. (Three low socio-economic districts in center and south of Tehran were chosen) Then by means of qualitative methods (ethnographic observation, in-depth interview with local key informants and street drug users, and focus group discussion with street drug users), needed information was produced.

Results: Large number of street drug users was found in the districts. Common drugs of use included opium, heroin and, hashish. Key persons and street drug users believed that heroin use have increased during the prior year. The other major finding was high prevalence of IDU in the districts. Most of the injectors were young males. Sharing of injection equipments was a rule among street IDUs. Unprotected sexual behavior was quite common among street drug users. Some of sex workers in the districts were IDUs themselves. It seemed that death rate of street drug users was quite high.

There was no harm reduction activity in the districts.

Conclusions: This research gave a decisive picture of the districts and proved the necessity of implementing harm reduction initiatives specially outreach including NSEP and sex education, drug treatment referrals, HIV counseling and testing in the districts.

498 A Hapiyenko

ASSESSMENT OF EFFICIENCY OF THE SECONDARY EXCHANGE FOR REMOTE IDUS GROUPS AS ONE OF THE HARM REDUCTION PROJECT COMPONENTS

In April and May of 2003 the charitable foundation "Pace forward to meeting" (Sumy, Ukraine) have carried out the assessment of efficiency of the secondary syringes exchange. It was carried out with methodical and financial support of International HIV/AIDS Alliance. Studying necessity, rationality and efficiency of a secondary exchange in our work was the purpose of this research. Change of secondary exchange clients' behaviour on less dangerous during drug use and sexual contacts, level of their knowledge on HIV/AIDS and STDs, conformity of quality of given services to their needs, their switch to the primary syringes exchange were the themes of this assessment. We were carried out 2 focuses-groups with participants of a secondary exchange and the trained volunteers, 1 interview with volunteer, 10 half-structural interviews with secondary exchange clients, 40 their questionnaires. We compared the commensurable data concerning risky behaviour level of the secondary exchange clients, primary exchange clients and IDUs not participating in the project. The research has revealed, that the level of knowledge, culture of drug use and sexual behaviour among secondary exchange clients is lower than among IDUs visiting exchange points themselves, but it is higher than among IDUs not participating in the Harm Reduction project. The opportunity of access of volunteers to remote IDUs groups, in particular to IDUs-teenagers, and realization of preventive work among them are the positive sides of secondary exchange. Lacks is that the secondary exchange clients do not receive the full spectrum of services and consultations accessible to other project clients, their access to sterile



syringes depends on volunteers. This assessment has confirmed necessity of the accent on a balanced secondary exchange on the one hand, for remote IDUs groups, and on the other hand, for some part of exchange points visitors in the spring and summer when there are seasonal difficulties with purchase of drug. Realization of this research has enabled optimizing and improving this component.

502 **E Guerra, F Delbon**

HARM REDUCTION APPLIED TO DRUG ABUSE TREATMENT: FINDINGS FROM A GROUP INTERVENTION

Issue: According to the WHO, around 30% of drug dependents patients are able to stay in abstinence, when submitted to a formal drug-dependence treatment. Unfortunately, around 70% of such population relapse and cannot adhere to traditional drug-free treatment. Since relapses are very common among drug-dependents, usually this process is accompanied by negative feelings such as low self-esteem, and incapacity; in some cases relapses become a continuous process.

A 2 years psychosocial support group were conducted with 200 poly-drug dependents attending a public facility in São Paulo, Brazil (PROAD/UNIFESP).

Groups were conducted in a weekly basis, and had around 18 participants. Participants were 18-25 y old, with 9-10 years of education, about a half were unemployed, and used a wide range of drugs (snorted-cocaine, crack, inhalants, ecstasy, and several licit psychoactive drugs). Group discussions were based on Harm Reduction approaches, and main topics were: drug use, treatment relapses safer drug use, and behavioral changes. Groups participants also received preventive materials (e.g. condoms), social support, VCT, and medical care.

Around 40% of participants abandoned the group meetings. Among adherents participants to group interventions: 32% achieved and maintained abstinence, and 68% changed to safer drug behaviors (e.g. from poly-drug use to cannabis). Several participants modified their sexual risk behaviors, referring constant condom use. The majority of participants had a better access to citizenship – received legal documentation (e.g.: Ids, Social Insurance Cards...) and were employed. Participants also reorganized family relationship and achieved a better quality of life.

Recommendations: Harm reduction approaches are, most of all, an important tool to access drug dependents who aren't able to (or do not want to) adhere to abstinence-oriented treatments. It is, therefore, a way to respect individual freedom, providing treatment alternatives that foster individual access to low-threshold, culturally-sensitive and user-friendly approaches.

503 **L Kuyper, P Spittal, K Li, C Miller, M Schechter, R Hogg, E Wood**

FACTORS ASSOCIATED WITH BUYING AND SELLING SYRINGES IN A COHORT OF INJECTION DRUG USERS (IDUS)

Background: Few studies have examined socio-behavioural characteristics of syringe selling and buying among IDUs in the presence of large federally-funded syringe exchange programs (SEP). We evaluated rates of syringe buying and selling among IDUs and various risk factors associated with these behaviours in Vancouver, Canada. Methods: We performed analyses of syringe buying and selling among participants enrolled in the Vancouver Injection Drug Users Study (VIDUS), a prospective cohort of IDUs. Categorical explanatory variables and continuous variables were analyzed using Pearson's Chi-square test and Wilcoxon rank sum test respectively. Results: Overall, 468 IDUs completed a follow-up between November 2002 and August 2003 among whom 70 (15%) reported selling and 122 (26%) reported buying syringes on the street during the study period. In multivariate analysis, compared to non-sellers, syringe sellers were more likely to be female (AOR: 2.77 [95% CI: 1.38 _ 5.47]), reside in unstable housing (AOR: 3.04 [95% CI: 1.31 _ 7.06]), need help injecting (AOR: 2.63 [95% CI: 1.43 _ 4.84]), or have visited the SEP \geq weekly (AOR: 4.14 [95% CI: 2.03 _ 8.44]). Compared to non-buyers, syringe buyers were more likely to need help injecting (AOR: 1.79 [95% CI: 1.08 _ 2.99]), have difficulty

finding new syringes (AOR: 2.08 [95% CI: 1.01 _ 4.25]), have binged on drugs (AOR: 1.67 [95% CI: 1.05 _ 2.66]), or have visited the SEP \geq weekly (AOR: 2.98 [95% CI: 1.80 _ 4.93]). We also found that 75% of syringe buyers reported that they were purchasing syringes "most" often between midnight and 8 am. Conclusions: Despite a large federally-funded SEP, major gaps in service provision exist which appear to be filled by IDUs who sell syringes on the street. While peer-based models of harm reduction which include distribution of clean syringes should be supported, our observed associations indicate that SEP provision, particularly at night, should be expanded to reach the highest risk IDUs.

504 **T Patterson, S Semple, I Grant**

A COMPARISON OF HIV+ INJECTION VERSUS NON-INJECTION METHAMPHETAMINE USERS

Background: Little research has been directed at the psychosocial and behavioral characteristics of individuals who inject methamphetamine (meth). The purpose of this study was to compare injection and non-injection users of meth in terms of background characteristics, drug and alcohol use patterns, health and social problems, sexual risk behavior, and psychosocial factors.

Methods: Participants were 194 HIV+ Men who have Sex with Men (MSM) who were participating in a sexual risk reduction intervention designed for meth users that focused on reducing sexual risk with HIV-negative and unknown serostatus partners. The sample was primarily white, never married, had less than a high school education, and either lived alone or with other adults in a non-sexual relationship.

Results: HIV+ MSM who injected meth were significantly more likely to be White, bisexual, homeless, divorced/separated, with lower educational attainment as compared to non-injection users of meth. Injectors also reported more years of meth use, greater frequency and amount of meth use, more social problems (i.e., violent behavior, felony convictions), more health problems (i.e., higher prevalence of STDs and Hepatitis C), and more sexual risk behaviors (i.e., more trading of sex for drugs or money). In terms of psychosocial factors, injection users of meth scored significantly higher on measures of impulsivity and social stigma (i.e., experiences of rejection), and lower on a measure of emotional support. A multivariate logistic regression revealed that educational attainment and experiences of rejection were the factors that best discriminated between injection and non-injection users of meth.

Conclusions: Unique characteristics of injection meth users are discussed in relation to the development of effective HIV prevention programs for this targeted population.

506 **C Lemouchoux, N Hadi**

"THE ANCHOR": ESTABLISHING AN INDONESIAN HARM REDUCTION NETWORK

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. However, harm reduction programs beyond the pilot stage are yet to be implemented.

Setting: Since 2002, the Asian Harm Reduction Network (AHRN) has worked in coordination with the Aksi Stop AIDS program of Family Health International and the Centre for Harm Reduction to develop a 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: In coordination with partners, AHRN has hosted a series of workshops to support the creation and development of Indonesia's first Harm Reduction Network, JANGKAR ("The Anchor"). AHRN supports the development of JANGKAR and member organizations through training, experience sharing, targeted advocacy, dissemination of up-to-date harm reduction materials, a network newsletter, and through the creation and management of a resource database. AHRN developed internet-based services, such as the first electronic harm reduction discussion group in Bahasa Indonesia, weekly information bulletins and a website. Coordination

between harm reduction implementing agencies has also increased, through the creation of a harm reduction working group.

Outcomes: AHRN's support for JANGKAR has provided a focus for increased government support, contributed to a unified understanding of harm reduction and improved skills among harm reduction implementers. Through an integrated approach and targeted advocacy, the ASA/FHI/AHRN/CHR harm reduction initiative is creating an enabling environment for policy change and Harm Reduction program implementation.

507 E Pilibosian, S Huettner, L Cornelius, J Havens, C Latkin, D Bishai, S Strathdee

RETENTION IN METHADONE MAINTENANCE TREATMENT AMONG INJECTION DRUG USERS REFERRED FROM A NEEDLE EXCHANGE PROGRAM

Background: Retention in drug treatment may be associated with various individual and environmental factors. We described factors associated with short-term retention among injection drug users (IDUs) referred to opiate substitution therapy from a needle exchange program (NEP) in Baltimore, Maryland, USA. Methods: IDUs attending one of 13 mobile sites of the Baltimore NEP and who requested a referral for a subsidized drug treatment slot were randomized to receive either a case manager or a passive referral. Baseline interviews and the Addiction Severity Index were administered and HIV antibody testing was conducted. Among those entering opiate substitution therapy (i.e., methadone or LAAM maintenance), factors associated with retention in drug treatment for at least six months were studied using multivariate logistic regression. Analyses were restricted to only those persons who were eligible to have been in treatment for at least six months. Results: To date, of 65 IDUs who entered opiate substitution therapy (56% of those referred for treatment), 66% were male, 79% were African American, median age was 43 years, and 19% were HIV-positive. Median duration in treatment was 337 days (Interquartile range: 154 – 445), and did not differ between those who were randomized to receive case management versus a passive referral ($p=0.74$). Most (74%) were in treatment for six months or longer. Overall, adjusting for age, the odds of being retained in treatment for at least six months were higher among those that had experienced at least one previous overdose (AdjOR=7.1, $p=0.02$), and those that had not spent any days in prison for the six months prior to study enrollment (AdjOR=7.8, $p<0.01$). Conclusions: In our preliminary analyses, having previously experienced an overdose and not spending any days in prison before treatment were associated with retention in opiate substitution therapy. Since data collection is ongoing, future analyses will focus on the effect of a case management intervention on treatment retention, as well as other individual and environmental factors.

508 H Hay, C Buchner, B Fair

FIRST SUPERVISED INJECTION SITE IN NORTH AMERICA

Issue: Vancouver Coastal Health has created North America's first supervised injection site to address the health risks and social consequences of its injection drug use epidemic. The project has focused on Vancouver's unique injection drug using population, on the political and healthcare environment, and on multi-sectoral partnerships.

Setting: About 4,500 IV drug users reside in Vancouver's Downtown Eastside area, one of the most impoverished in Canada. Approximately 25% are HIV positive and approximately 90% are hepatitis C positive, with comparably high rates for other communicable diseases and infections. Because of perceived barriers to addictions treatment, this population largely abstains from primary health care and addictions services. Despite the need for low-threshold treatment practices, Vancouver has faced a climate of resistance to a harm reduction approach.

Project: Unlike European and Australian supervised injection sites, Vancouver's project involved tremendous efforts to mobilize community stakeholders into a broad-based partnership. The structured process of engagement and planning allowed all partners to raise complex issues, and earned support for the necessary change in practice and philosophy required for the project's success. The resulting model effectively includes

team members that are active drug users, community activists, police, health and addictions clinicians, scientists and politicians. This team successfully enabled a first-contact, significant intervention and a highly accessible entry point into an integrated continuum of care.

Outcomes: The facility opened in mid-September, 2003, on an 18-hour, 7-day schedule with exceptional uptake by the target population. By mid-October, it was operating at near capacity, with average daily visits exceeding 400. Over 1300 preliminary registrations of users have been completed. The project focuses on an extensive research and evaluation component, with an unprecedented cohort of IV drug users. The partnerships remain strong and vital components of this early success.

510 N Bath

THROUGH THE LOOKING GLASS... A POMS VIEW OF AUSTRALIA'S RESPONSES TO ILLICIT DRUG USE

Australia is an amazing and unique country. Many know Australia for its native animals, kangaroos, koalas, platypus and echidnas. It is the land of fair go, good on ya, fair dinkum and where everything for the majority seems just Dinky-di! However, if you are an injecting/ illicit drug user it is more like things have just gone walk about.

Having moved here three years ago, I was shocked to find that the reality for injecting/ illicit drug users is not how the international conference platforms had lead me to believe. While in many ways Australia remains at the forefront in comparison to most if not all countries, its policies and strategies do not translate in practice to protecting and promoting the health and human rights of injecting/illicit drug users. Drug treatment remains by in large persecutory, harm reduction is being eroded, hepatitis C remains on the increase and the most marginalised drug users lives are not improving.

This paper will present delegates with insight into Australia's responses from differing drug user perspectives. It will show that while there is a will here in Australia, there is decreasing number of ways in which to manage injecting/illicit drug use. Resting on she'll be right laurels is simply not enough. The paper will examine:

- Drug treatment
- Harm reduction
- Prisons
- Health and Human Rights
- The drug user movement
- The political structures within Australia and the impact that they have

I am not however going to just spit the dummy; this paper will also inform delegates about the absolute successes of this great nation and will discuss how we can move forward and build upon them.

Glossary:

- fair go – to be given equal opportunity
- good on ya – Well done
- fair dinkum – real, genuine, true
- Dinky-di – true, honest, genuine
- gone walk about – it's lost, can't be found
- she'll be right – don't worry, everything will work out
- spit the dummy – get very upset at something

511 M Hunt, V Barratt, P Miller

A CONSUMER GUIDE TO METHADONE PROGRAMMES IN NEW ZEALAND

There are some 5000 people maintained on methadone currently in New Zealand. Methadone Programmes are run in accordance with national practice guidelines (February 2003) with individual agencies also having their own local policies, individual contracts and treatment agreements. Although these documents help to inform the practice and decision-making of methadone programme staff, there is a real lack of information and guidelines for the clients of these programmes in NZ. At Community Drug and Alcohol Services in Hamilton (Waikato), staff and consumers recognised a need to address this issue by better informing their 200 methadone clients about these guidelines in the form of a glossy booklet. It was soon also seen as a golden opportunity to highlight essential harm reduction messages and more general ideas about improving mental and



physical health (e.g. eating, exercise, dental hygiene, and health checks). The development of 'The Methadone Programme Guide for Consumers' became a collaboration between the local Methadone Consumer Group, CADS staff, the Needle Exchange Programme and health promotion. It covers topics including all aspects of methadone programmes (e.g. finding the right dose, safer injecting behaviour, take-home doses) and ideas from consumers about getting the most from the programme. It also incorporates advice about finding and using a GP and details the roles and expertise of everyone in the multidisciplinary team. The guide is intended to be glossy and easy to read, using cartoons and graphic design to illustrate important messages. It also gives relevant and up-to-date details of other resources such as helplines, websites and articles. Although trialled regionally in the Waikato, it is envisaged that the guide will have national application. Barratt, Victoria;

512 **A Malcolm**

IMPROVING OUTCOMES FOR PEOPLE ENGAGED IN HARMFUL PSYCHOSTIMULANT USE

ISSUE: When people develop harms associated with psychostimulant use, health care workers remain unsure about their duty of care, particularly in regard to the risk that may be posed to the safety of the psychostimulant user, themselves and the rest of the community. This is despite there being an increasing amount documented about best practice in managing the harms associated with psychostimulant use.

So how do we provide optimal care for psychostimulant users when the workforce is unprepared for such challenging situations?

SETTING: Kirkeaton Road Centre (KRC) is a primary health care centre in Kings Cross, Sydney involved in the prevention, treatment and care of HIV/AIDS and other transmissible infections among "at risk" youth, sex workers and injecting drug users (IDUs).

While heroin is the drug of choice for most IDUs in Kings Cross, there have been two significant and prolonged periods in the past 8 years where cocaine injecting became more prevalent than heroin. The use of methamphetamines is now gradually rising among IDUs in Kings Cross.

PROJECT: KRC adopted the following approaches to providing optimal care for psychostimulant users.

1) Development of resources for clients outlining early warning signs of the harms associated with psychostimulant use and how to get help.

2) Development of a clinical protocol for the management of delirium (the presentation of psychostimulant induced psychosis) which can be utilised by various front-line agencies in community settings.

3) Educating and training for a broad range of front-line workers including community-based health care and outreach workers, hospital-based emergency centre and psychiatric unit personnel, police and ambulance officers in identification and assessment of the early warning signs of psychostimulant harms and appropriate responses.

OUTCOMES: An informed drug using population and a knowledgeable workforce that provides better care to ensure a healthier and safer community.

514 **R Shaw**

POINT OF SALE TOBACCO ADVERTISING AND DISPLAY RESTRICTIONS IN VICTORIA

Issue: Research demonstrates that tobacco advertising has a significant impact on youth uptake of smoking. Research in both Australia and the US has shown that shops where children most commonly obtain cigarettes displayed the highest proportion of tobacco advertising. One study in the United States concluded that tobacco marketing may be a stronger influence in encouraging adolescents to initiate the smoking uptake process than exposure to peer or family smokers or socio demographic variables including perceived school performance.

Setting: Point of Sale Advertising and Display restrictions apply to all tobacco retail outlets in Victoria.

Project: From January 2001, amendments to the Victorian Tobacco Act 1987 banned all branded tobacco advertising in retail outlets and restricted

the number and manner in which tobacco products can be displayed in retail outlets.

Outcomes: Since the introduction of point of sale advertising and display restrictions in Victoria, there have been a number of attempts to circumvent the laws. The legislation has been amended twice since its introduction to account for loopholes exploited by tobacco companies. Tobacco companies and some retailers continue to test the boundaries of the restrictions, coming up with a range of alternative displays and advertisements. Examples of creative attempts to advertise tobacco products since the introduction of the new laws will be presented, including:

- backlit signs of smoking paraphernalia;
- display boards significantly highlighting tobacco packet facings;
- price boards advertising only one product.

The presentation will also outline the level of compliance with the law as demonstrated by reports from local government enforcement officers and the result of an audit conducted by the Victorian Centre for Tobacco Control. The future of tobacco advertising and marketing in Victoria will be discussed and key learnings will be shared.

515 **F Moreira, D Silveira, S Andreoli**

AN ETHNOGRAPHIC RESEARCH AT PUBLIC SCHOOLS OF SÃO PAULO CITY: ARE THE PRINCIPLES OF "HARM REDUCTION" POLICY COMPATIBLE TO THE SCHOOL UNIVERSE?

Objective: To raise information on situations related to the drug misuse in the public schools of São Paulo City, as well as the educators' corresponding behaviors and knowledge. Method: Ethnographic research with key-informers. The interviewees were educators working at the supervision sector of the Education Department of the City. The interviews were submitted to logical analysis of content. Results: The interviewees related daily difficulties that include situations related with the drug subject. The interviewed showed tranquility in the identification of students with disruptive behavior or with familiar problems, risk factors for drug related disorders. In general, interventions were seeking the understanding of the student, effectively resulting in drug misuse prevention. Despite the theoretical speech predominantly focused on the principles of the "drugs war", many actions coherent with the movement of "harm reduction" had been identified, especially when the situation did not have apparent relation with the drug subject. When the drug issue was explicit, the attitude tended to be prejudicious. The interventions aiming at to the inclusion of students in vulnerable situation had not been recognized as a preventive one. The general speech of the interviewees emphasizes the unreliableness of the teaching team to deal with the problem. The idea of the knowledge transmission as a framework for preventive interventions appears in many interviews. The most cited preventive intervention was formal lectures. Conclusion: Attitudes next to the politics of the "harm reduction" seem sufficiently compatible with the praxis of an educator sensible to the necessities of the students. As obstacle to this we identified the moral connotation of the drugs in the current society, associated to the low conditions of working of the Brazilian professors. In this direction, the proper theoretical qualification of the educators would have the function to ratify their adequate praxis developed from their experience.

516 **D da Silveira, M Jorge**

ATTEMPTED SUICIDE AMONG BRAZILIAN ADDICTS

Introduction: Both substance dependence and depressive mood seem to be associated with increased suicidal risk. Method: Clinical information on suicide attempts and depressive symptoms were obtained from a sample of 211 psychoactive substance dependents attending a university clinic program for addicts in Brazil. Results: Forty-nine subjects (23.4 %) had attempted suicide at least once and risk was 4.32 times greater among women than among men. Male addicts also tended to engage in potentially more dangerous methods than women do. Depressive male addicts were 2.17 times more likely to have attempted suicide than non-depressive addicted men. Among women, no associations could be

established between having attempted suicide and the presence of depression. Conclusion: Substance addicts have a relatively high risk of attempting suicide and the co-occurrence of depression seems to increase prevalence of suicidal behavior among men. Harm reduction strategies should be focused mainly on depressive addicted men.

517 D German, S Sherman, B Sirirojn, N Thompson, A Aramrattana, D Celentano

FACTORS INFLUENCING METHAMPHETAMINE USE REDUCTION AND CESSATION AMONG NORTHERN THAI YOUTH

Background: Over the past several years, methamphetamine (MA) has become the leading drug of abuse in Northern Thailand, particularly among youth, and the Thai government has implemented an extensive and controversial elimination campaign. Little is known about factors influencing use reduction and cessation behaviors among young MA users, however.

Methods: Between March 2002 and January 2003, 66 in-depth interviews with young MA users were conducted in preparation for designing a harm-reduction intervention. The interviews were conducted in Chiang Mai city and the surrounding district just prior to implementation of the new Thai drug campaign. Interviews were analyzed for recurring themes using a data-driven coding scheme.

Results: Most respondents reported attempts to decrease or discontinue use and many had recently enrolled in a treatment program. Intentions and efforts towards MA use reduction and cessation were impacted by shifts in personal, inter-personal and structural influences. Personal influences included the perception of the balance between positive and negative consequences resulting from MA use and perception of one's own addiction. Inter-personal influences included peer norms, prevention messages from loved ones, and community stigma. Structural influences were MA availability, benefits from involvement in the drug economy, and police and other enforcement systems. Entry into treatment was primarily driven by external intervention with individual intent playing a secondary role. Temptation by peers and MA as a problem solver were the most prominent themes associated with returning to MA use.

Conclusions: MA use reduction and cessation behaviors among young Thai MA users are influenced by a complex set of multi-level factors. Comprehensive approaches for reducing MA-related harm must include informed and effective options for users interested in reducing or quitting MA. Particular attention should be paid to the role of peer influence and use of MA in response to challenging life situations as factors encouraging continued use.

518 S Fernandez

VULNERABLE WOMEN, INTERNET AND HARM REDUCTION

Challenges of an inclusive virtual counseling service

Issue: It is well known that women are often more stigmatized and socially punished, ashamed and blamed than their peers men when they use drugs. It doesn't matter if women use alcohol, marijuana or cocaine; they are frequently accused of being "less women", sexual permissive, and blamed of having abandoned motherhood, the role that would make them "real" women. All of these prejudices create a heavy burden for women to carry on, that often makes them hide their drug use pushing them to anguish and isolation. What can we do for assisting them is the central question that will be addressed.

Setting and Project: D-lamente is a Spanish-speaking web site for the online community of drug users, which sets special attention to female issues. It consists of a virtual and anonymous Information and Counseling service based on a Harm reduction philosophy and gender perspective.

Services like this one, addressed at Spanish-speaking drug users are practically non-existent. Counseling services including a gender perspective are even more difficult to find. These reasons and its cost-effectiveness (43 millions of potential users) make d-lamente an initiative of an enormous potential. Everyone with a connection to Internet can potentially make use of it.

Outcomes: Due to the hidden and stigmatized character of illegal-drug

use, Computer Mediated Communication Technologies seem to offer important possibilities for asking for orientation.

D-lamente has shown to be specifically adequate for young women looking for help. The anonymity seems to make them feel free to share their problems. There's no guilt, no shame, no judges, just a confidential relationship where problems can be shared.

In sum, d-lamente seems to be an accessible, cost-effectiveness and friendly alternative where women drug users can ask for help.

519 J Sheridan, C Henderson, N Greenhill, A Smith

PHARMACY BASED NEEDLE EXCHANGE (PBNX) IN NEW ZEALAND: A NATIONAL SURVEY OF PRACTICE

New Zealand has had a needle exchange programme since 1988, and has approximately 180 pharmacy outlets in the programme at any one time. The aim of this study was to look in detail at service uptake, and practices and views of participating pharmacists.

Study design: Self completion postal questionnaire based on one utilised by Sheridan et al (2000).

Sample: All participating pharmacies (N=177).

Method: Two mailshots and a telephone follow-up survey utilising a shorter version of the questionnaire, during 2003.

Results: Response rate to postal survey = 66.7% and including telephone survey = 88.5%. Pharmacists had been practising in community pharmacy for a mean of 22 years and had been involved in PBNX for a mean of 6 years. Pharmacies had a mean of 11.5 "regular" needle exchange clients at their pharmacies. The returning of used equipment to pharmacies was encouraged by the majority of pharmacists. Pharmacists reported few problems relating to violence or drug dealing in the pharmacy, although theft from the pharmacy and intoxicated clients causing problems were more common occurrences. One of the main issues noted in the study was that only 14% of participating pharmacists had seen the standard PBNX training video, although this was not the only form of training offered.

Conclusions: PBNX pharmacists are providing a service to a regular number of clients in what appears to be a relatively safe and trouble free for them. These findings echo those from the UK (Sheridan et al, 2003). The issue of training or pharmacists needs further attention, a does the investigation of opportunities for health-related interventions with "regular" clients.

Sheridan J et al. (2000) Pharmacy-based needle exchange (PBNX) schemes in south east England: Survey of service providers. *Addiction*, 95, 1551-1560.

520 J Costa, M Lima, L Schraiber, W Figueiredo

THE HEALTH PROFESSIONAL AND THE HARM REDUCTION PROJECT IN SAO PAULO CITY

Objectives of the study: The public services of the Sao Paulo city specialized in the patients' attendance with HIV/Aids they count two years ago, with the Project of Harm Reduction (PRD-Sampa), for injecting drug users. Given that the subject of the use of drugs is little discussed among health professionals, we aimed at to identify knowledge, conceptions and those professionals' values regarding PRD.

Methodology: It was a qualitative study through 22 interviews, with multiprofessional teams of 2 services.

Results: These knew about the existence of PRD, however few knew how the operation was in detail and few were involved. The work was developed by a group and was publicized in the unit. Many considered important that PRD existed in the specialized services in DST/AIDS. However, many declared not to have profile for that activity, but that others should assume, not being, however incorporate in the routine of the work of all.

Conclusions: PRD incorporates in a very gradual way for the professionals, the one that seems depend of discussion and continuous reflection in the daily of the work, being this a procedural subject. The stigma associated to the use of drugs and your users appeared in several references of the study and it seems still to be a barrier for the acceptance of the project. The fact that many found important, but always for other



professionals to act, it appears for a contradiction between the general value of PRD and the acceptance peculiar of each one (mixed between intention and gesture).

521 S Farquhar, J Fawcett

THE RE-USE OF SYRINGE FILTERS BY INJECTING DRUG USERS

Background/Objectives: The intravenous injection of crushed tablets or oral methadone is common practice amongst injecting drug users (IDU) in New Zealand. Needle exchange outlets supply syringe filters and sterile water at a reduced cost but many IDU find the cost prohibitive and the use of used filters or dinking water is common. To investigate the safety of filter re-use we assessed the integrity of the filter membrane and the bacterial growth of the filtered solution after three filtrations of crushed tablets or methadone linctus.

Methods: Clients of the Dunedin needle exchange were surveyed by anonymous questionnaire to ascertain patterns of drug and filter use. Crushed methylphenidate tablets or methadone linctus were filtered through a 1.2um and/or a 0.2um filter (Millex Corporation). Each filter was used three times prior to destruction of the filter for membrane inspection. The filtered solutions were stored at 4degC prior to microbiological culture.

Results: Data from a client survey indicated IDU frequently prepare injections with drinking water and re-use syringe filters. 1.2um filters did not reduce the bacterial count in methylphenidate injections prepared with either tap or bottled water. When the injection solution was filtered through a 1.2um and then a 0.2um filter the bacterial count was significantly reduced ($p < 0.05$). A 0.2um filter also reduced the bacterial count and dye content of a methadone injection. No defects in the filter membrane were observed but the effectiveness of the filter was impeded by tablet residue after the second use.

Conclusions: The use of 0.2 um syringe filters may significantly reduce the risk of systemic infection when the injection is prepared using non-sterile water. Re-use of filters may impede the efficacy of the membrane due to collection of tablet residue. The re-use of syringe filters should not to be condoned without further evidence to support the findings of this study however re-use may be better than nothing!

522 K Tobin, D Gann, C Latkin

SAFER DRUG SPLITTING TECHNIQUES: RESULTS FROM A STUDY IN BALTIMORE, MARYLAND USA

Issue: Prevalence of needle sharing has decreased after implementation of targeted campaigns to educate drug users about disease risks. However, use of unsterilized needles to prepare and split drugs is a risk factor for HIV and HCV transmission and remains a common practice. Harm reduction techniques include use of safer methods to split drugs such as "neutral needles" and splitting dry. Evaluations of acceptance or adherence to these methods by drug users have not been widely reported. The purpose of this study was to identify acceptable methods of safer drug splitting among active injectors. **Setting:** A total of 13 (9 male, 4 female) active injectors were recruited in Baltimore, Maryland, USA to participate in a series of focus groups and in-depth interviews. **Project:** Facilitators presented the participants with three safer methods of splitting drugs: using a neutral needle (e.g. a special clean needle used only for splitting drugs), using a needle-less syringe for splitting only, and using laminated graph paper for splitting drugs dry. Participants were given time to practice each method and were asked to choose one method that they were willing to share with their drug using partners. Participants were asked to return in approximately one week to share their experience. **Outcomes and lessons learned:** Results suggest mixed level of knowledge about risks associated with drug splitting. Overall acceptability of safer splitting methods was high and a majority shared the methods with their drug using friends. The main positive aspect associated with all new methods was their ability to "save lives". Concerns included: perceived time added to the splitting process and drug partners' suspicion that the new method was a way to cheat them out of drugs. Interventions should address increasing knowledge about risk of disease transmission through splitting and highlight the benefits of safer alternatives.

523 W Loxley, T Stockwell, B Haines, S Lenton, Katie Scott

ALCOHOL AND OTHER DRUG REGULATION AND LAW ENFORCEMENT: HARM REDUCTION OR JUST HARM REDUCING?

Issue: Australia has a balanced national drug policy which aims to minimise the harmful effects of drug use in Australian society. This approach encompasses supply reduction, demand reduction and harm reduction. It has been said that this policy has created a need for law enforcement to develop strategies to implement harm reduction initiatives.

'Harm reduction' has multiple definitions. One differentiates 'micro' from 'macro' harm reduction where the first seeks to reduce the harm per unit of use and the second seeks to reduce total harm. This formulation suggests that there may be more of a role for law enforcement in macro than in micro harm reduction.

In a recently completed major review of the literature pertaining to the prevention of drug use, risk and harm, we defined harm reduction as programs or interventions whose primary goal was the reduction of drug-related harm rather than drug use per se. Using this definition, are many regulatory and legislative initiatives truly harm reduction, or do they seek to prevent or reduce harm through a variety of strategies including use reduction?

Approach: We demonstrate these differences with a number of examples including interventions in liquor licensing and licensed drinking environments; controls on drink driving; pharmaceutical regulation; cannabis law; the diversion of illicit drug offenders; the reduction of opiate overdose and blood borne viruses and the provision of safer dance drug environments.

Key Points: Many of these legislative and regulatory strategies aim to reduce harm by reducing use and should not be referred to as harm reduction. Police play an important role in some harm reduction initiatives.

Implications: The use of appropriate terminology to describe interventions is more than just a semantic exercise. The terms 'harm minimisation' 'harm reduction' and 'prevention' are used very loosely leading to confusion and misunderstanding. Accurate definitions are needed if different kinds of strategies are to be appreciated and evaluated for what they really are.

524 S Mudaliar, T. Subramaniam, M. Suresh Kumar, M Gupte

INJECTING RELATED RISK REDUCTION AMONG INJECTING DRUG USERS ON MAINTENANCE TREATMENT WITH SUBLINGUAL BUPRENORPHINE IN CHENNAI, INDIA

Objective: To evaluate the efficacy of maintenance treatment with sublingual treatment in reducing HIV related risk behaviours amongst injecting opiate users.

Methods: Quantitative and qualitative data was obtained from injecting drug users before initiating sublingual buprenorphine and after maintenance treatment. Male injecting opiate users recruited for sublingual buprenorphine treatment were interviewed at baseline. At baseline, data on socio-demographic information, patterns of drug abuse, and HIV related risk behavior, both injecting and sexual collected. After 18 months, follow-up data were available on drug use patterns, HIV risk behavior, and behavior change for two hundred and seventy eight clients from buprenorphine treatment. Through in-depth interviews and focus group discussions with injecting drug users in treatment, data relating to patient satisfaction, treatment adherence, barriers and challenges in accessing the services were gathered.

Results: At baseline, majority of the injecting drug users have injected drugs in the past month, injected frequently and shared often during the last injection. Visit to shooting locations and sex with commercial sex workers in the past year was not uncommon. At follow up, significant risk reduction was observed for injection related risk behaviors like visit to shooting locations, reduced frequency of injecting and sharing. Patient satisfaction with sublingual buprenorphine was high and many drug users expressed difficulty in coming to the clinic on an every day basis and preferred a delivery system requiring less frequent visits for maintenance treatment.

Discussion: Findings indicate that substitution treatment with sublingual buprenorphine produces significant positive changes in injecting risk behavior. Since this treatment programme is attractive to clients and helpful in facilitating HIV related risk reduction it is important to continue and support such programmes.

525 K Tobin, M Davey, C Latkin

INDIVIDUAL, SOCIAL, AND CONTEXTUAL-LEVEL CORRELATES OF CALLING 911 DURING WITNESSED DRUG OVERDOSE IN BALTIMORE, MARYLAND, USA

Background: Witnessing overdoses is a common experience among drug users. Calling an ambulance is infrequent because of fear of arrest. Little is known about factors associated with calling the ambulance. The purpose of this study was to examine correlates to calling 911 during a drug overdose. Methods: Cross-sectional surveys were administered to 308 (n=185 male; 123 female) participants of a longitudinal HIV prevention intervention who reported having ever witnessed an overdose. Participants were asked about their history of witnessing overdoses, circumstances surrounding the most recent overdose witnessed such as the gender of the victim, the location and the number of bystanders present, and actions taken. Results: Participants reported calling 911 30% of the time during their most recently witnessed overdose. Calling 911 varied by the gender of the victim. Multivariate logistic regression indicated factors independently associated with calling 911 for a male victim were having ever witnessed a fatal overdose (OR=2.38; 95%CI=1.12-5.08), greater proportion of times the paramedics were present at previously witnessed overdoses (OR=3.68; 95%CI=2.13-6.38) having never overdosed (OR=3.12; 95%CI=1.42-6.90) and having greater than half of the witnesses being female (OR=3.07; 95%CI=1.01-8.97), controlling for gender of the participant, overdose history, number of bystanders present, participant use of drugs during witnessed overdose and location. In a separate multivariate model, one factor was associated with calling 911 for female victims: proportion of times the paramedics were present during previously witnessed overdoses (OR=4.88; 95%CI=1.78-13.4).

Implications: These results suggest that calling 911 during drug overdose varies by gender of the victim. Female bystanders may be more willing to seek external help for male victims because they are less able to engage in other commonly used helping behaviors such as walking them around or placing in a tub of water. Interventions should address gender differences in witness responses.

527 C Breen

THE EMERGENCE OF CRYSTALLINE METHAMPHETAMINE AMONG IDU AND PARTY DRUG USERS IN AUSTRALIA

Background: Amphetamine sulphate was the form of illicit amphetamine that was most widely available in Australia throughout the 1980s. As a result of legislation introduced to curtail the distribution of precursor chemicals, manufacturers of illicit amphetamine changed their manufacturing practices. This contributed to steady increases in the proportion of amphetamine-type substance seized that were methamphetamine, until methamphetamine dominated the market. The numbers of methamphetamine seizures, in particular seizures of crystalline methamphetamine (ice), have steadily increased in Australia in recent years.

Methods: The Illicit Drug Reporting System (IDRS) and the Party Drugs Initiative (PDI) are monitoring systems that collect information on Australia's illicit drug markets. The IDRS focuses on heroin, methamphetamine, cocaine and cannabis and collects data from injecting drug users. The PDI collects data from users of ecstasy, methamphetamine, GHB, ketamine and other party drugs. Data were collected from capital cities around Australia. Data from both projects were analysed for trends in crystalline methamphetamine (ice) use over time.

Results: Drug seizure data suggest that the availability of crystalline methamphetamine (ice) has increased in recent years in Australia. User surveys also suggest an increase in the availability of ice and in the use of ice among IDU and party drug users. Substantial proportions in both group

report recent use. Smoking is the most common route of administration among party drug users while IDU primarily inject it.

Conclusion: The increased use, particularly the injection of this potent form of methamphetamine is an issue of concern. Harm reduction strategies need to address the increased availability and use of crystalline methamphetamine. The implications on users, health professionals and law enforcement are discussed.

528 M Lima, J Costa, M Landroni, N Silva, L Oliveira

HARM REDUCTION PROJECT (PRD-SAMPA) AND THE FAMILY HEALTH PROGRAM (PSF): ENLARGING PARTNERSHIPS IN SAO PAULO CITY-BRAZIL

Issue: In 2002 with the beginning of the works of field of the Harm Reduction Project (PRD – Sampa), we promoted prevention events to ST D/Aids in the health basic net of the north area in the Sao Paulo city among professionals and agents of health, causing inquiries and inquietudes related to the use of injecting drugs and the inputs of safe use.

The health services sought telling us that they noticed that the garbage hospitalar was moved, disappearing syringes and used needles.

We promoted the 1st.Local Encounter of Harm Reduction for professionals of PSF for us to show PRD and Specialized Health Service's activities in DST/Aids – (SAE) Santana.

Setting: They participated in the total 91 professionals.

Project: Contents: drugs, legislation, STD/Aids, prevention, overdose, biosecurity, harm reduction, experiences of field of the outreach workers

Outcomes -The importance of positive influence in the health professional about the harm reduction for the prevention of the hepatitis and Aids among Injecting Drug Users (IDU); – Popularization of PRD to access IDU and distribute syringes and needles; To discuss the stigma and discrimination of the IDU and your difficulties to access the services; – The of PSF team is a fundamental partner for the Harm Reduction.Approach with basic Units, PSF and SAE Santana; Directions for thesorologic couselling; Familiarity with the inputs and your objectives; Discussion on the stigma and citizenship of IDU in the health services. Insert the outreach workers in some neighborhoods of the area worked by PSF.

529 H Hay, C Buchner, B Fair

NEEDLE EXCHANGE MODEL MAXIMIZES ACCESS

Issue: Vancouver Coastal Health innovated a needle exchange model that overcomes IV drug users' barriers to access.

Setting: Almost half of Vancouver's 10,000 IV drug users live in the Downtown Eastside. In this population, 30% are HIV positive and 90% are hepatitis C positive. These rates are representative of multiple epidemics. Here cocaine injection rates far exceed Canadian averages, and the city's few needle exchanges have been gathered here since 1985, providing syringes on a one-for-one basis. Comparing needle distribution volumes to estimated drug injections revealed a shortfall of about 3.8 million syringes annually in Vancouver.

Project: Finding that accessibility and the one-for-one policy were primary limiting factors, Vancouver Coastal Health redesigned needle exchange to ensure that every needle is used once, no needle is shared, the public is protected from discarded syringes, and all clients can access harm reduction information and referrals to appropriate services. The new program provides needles and paraphernalia on an as-needed basis, encouraging a 24-hour supply limit. The outlets were multiplied and spread city-wide, though tightly dispersed in high demand areas to meet the limited mobility of health-compromised clients. Multiple access points couple with diverse distribution methods, including peer-to-peer exchange, mobile exchange, and exchange integrated with community and health services. As needle distribution increases, the program emphasizes 100% recovery. Needle exchange workers emphasize community membership and community impact of discarded syringes. The program integrates and coordinates street patrols to collect discarded syringes.

Outcomes: The redesigned service results in broad partnership with community user groups, access for hard-to-reach, hard-to-house clients,



and increased opportunity for peer-to-peer counseling. Access to broader health care systems results in decreased infections due to blood-borne pathogens. The redesigned service realizes significant efficiencies and cost savings for investment.

530 **A Davies, J Davey, M Williams**

EXPLORING THE RECREATIONAL FASTLANE

Science and Research Format

Background: The study explored the role of recreational amphetamine injection in drug use and hepatitis C risk behaviours. It was a collaboration between Queensland University of Technology and Brisbane Youth Service, funded by Queensland Health. It arose out of anecdotal reports and research findings that highlighted this emerging area of concern.

Indications suggested increasing:

- availability of "base" (methamphetamine) in South East Queensland;
- rates of initiation into injection with base by young people;
- harms associated with base injection

The study aimed to successfully integrate the areas of research, peer education and community-based intervention. As well as inform the direction of harm reduction strategies and promote and guide a more thoughtful and precise examination of the area in the future

Method: This research was exploratory and descriptive, utilising a range of data collection tools – structured peer interview survey (N=150), discussion group with peer interviewers, 25 in-depth interviews with young amphetamine injectors. Two focus groups – with workers in the field and young amphetamine injectors. Purposive and snowball sampling techniques were utilised.

Results: Respondents delineated between different types of drugs, providing details of their relationship to each drug. The perception of oneself as a recreational user was maintained despite self-report descriptions of current dependence on one of a range of drugs and a sense that ones drug use may be out of control.

Conclusion: Interviews highlighted the social nature of amphetamine use and amphetamines' identity as a social drug. Specifically the importance of perception of self as a recreational speed user in terms of risk behaviour, an issue complicated by their relative newness to injecting and lack of injecting autonomy. Relying on others (including obtaining drugs, equipment, mixing and injecting) is an important variable in determining unsafe use (Bennett et al, 2000: 92).

531 **M Williams, A Davies, S Conrad**

HEP C EDUCATION GUIDELINES: HOW TO DANCE ON A SHIFTING CARPET

Policy and Practice Format

Issue: For young injectors, hepatitis C prevention education must occur within the context of drug use, and be specific about injecting, to affect practice. This presents challenges for health and human services.

It is difficult to target information because of diversity of young people's injecting... amphetamines, heroin, recreational, dependent... Young people disclose injecting only to some workers. Many are without links to services, because of lack of accessibility, awareness, or identification with services. There are moral, organisational and political limitations.

The ability of services in contact with young injectors to provide meaningful education is not assured. Education must challenge existing injecting practices. Education is necessarily complex and must be flexible to changing drug use.

Setting: Guidelines for Hepatitis C Education Targeting Young Injectors are being documented to enhance the response of service providers and educators throughout Queensland, Australia. Guidelines are based on Brisbane research into The Role of Amphetamine Injection in Hepatitis C and Drug Use Risk Behaviours

Project: Guidelines are being documented through various modes of consultation and structured according to:

- Guidelines: statements of good practice
- Implications the Interventions: putting Guidelines into practice
- Content: to inform interventions.

Outcomes: Guidelines blend harm reduction uniquely with principles of youth service delivery. They are formatted to increase the capacity of services to deal with the complexity of issues. The Guidelines are framed by recognition for flexibility, while establishing uniformity for the sector.

532 **A Moran, R Henderson**

A VOLATILE APPROACH: IMMEDIATE RESPONSE PROTOCOLS FOR VOLATILE SUBSTANCE MISUSE INCIDENTS

Issue: This paper will discuss the need to provide an effective and appropriate response to volatile substance misuse incidents in Queensland by officers from the Queensland Police Service and Queensland Ambulance Service.

Setting: This response has been introduced throughout Queensland and assists officers from both organisations, the user of volatile substances and the community in general.

Project: The Queensland Police Service and Queensland Ambulance Service have recently developed a joint protocol to assist operational officers from both organisations to provide an immediate response to volatile substance misuse incidents that they attend.

The protocol, which is an important component of Queensland's whole of government response to volatile substance misuse, assists the officers to provide a coordinated response to the misuse of volatile substances and to minimise the harmful effects that may be associated with this behaviour. The protocol defines the powers and responsibilities of each organisation, role delineation and actions for the improvement in the coordination of services to address volatile substance misuse. The protocol also provides referral pathways information for appropriate counselling and treatment services.

Outcomes: This paper will examine the processes involved in developing the protocol, issues in implementing this initiative, outcomes to date and directions for the future.

534 **J McGoldrick, M Russo**

ALCOHOL SCREENING IN GENERAL PRACTICE

Issue: Studies indicate that up to 20% of men and 13% of women consume alcohol at risky or harmful levels. Evidence suggests that there is an under detection of alcohol problems in primary care and that brief interventions are effective in helping people with risky levels of consumption to reduce their intake and avoid harm.

Setting: Patients respond positively to life-style related advice and the GPs are well placed to address these problems. Teeson et al reported that general practitioners represented the most commonly consulted health professional for people seeking treatment for a substance use disorder. The established partnership between GPs and the St George Division allowed the project to utilise existing resources and successfully recruit 11 GPs to implement the alcohol screening in their practice over a 4 week period.

Project: The primary aim of the project was to promote alcohol screening in general practice and improve referrals to local drug & alcohol specialist services. Patients were asked to complete the Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organisation, which identified patients with hazardous or harmful drinking levels. Based on the patients AUDIT result, GPs would provide brief intervention and refer to specialist services when appropriate. Qualitative data was collected to determine barriers that may prevent screening and explore the GPs experience with screening, while quantitative data was collected in order to compare GP detection rates with known alcohol prevalence rates.

Outcome: 1357 patients were screened during the study and 197 were provided with brief intervention to explain sensible drinking levels and minimise harm. Overall the prevalence rates for alcohol consumption reflected a similar to trend to prevalence rates documented in the literature by Saunders et al. The alcohol screening pilot effectively raised the profile of alcohol as a health concern and reduced the stigma associated with screening.

535 **A Oinam, R Waikhom**

ROLE OF NGOS IN FACILITATING CARE AND TREATMENT

ISSUE: No doubt care and treatment is the present utmost need for reducing stigma and discrimination and thus curving the impact of this so called deadly epidemic. But even with such a dire needed provision the beneficiaries (HIV positives) rarely come out to have over it.

APPROACH: The Care Foundation is facilitating 64 ARV users where 80% of them are IDUs. Under this unit the following activities are taken up:

1. Availing ARVs at subsidized rate (26% -30%).
2. Home care visits.
3. Monthly free health check ups.
4. Regular follow ups & follow throughs amnd monitor adherence.
5. Free distribution of some selected OI(opportunistic infection) medicines.

6. Family meeting 7 counseling.

KEYPOINTS: Prices of the drugs have come down drastically and many could afford but very few are actually taking the ARV drugs.

90% of them do not want to buy over the counter, for fear of exposing their status. They would rather prefer going to the NGOs.

Rarely their personnel records are maintained. This goes the same for even the concerned doctors. No doctors maintain the clients/patients records even for other illnesses.

Difficulty in maintaining their records as they constantly fails to keep up the appointments.

Negligence in their routine health check ups and other required follow ups occur as their health improves drastically due to initiation of the therapy.

IMPLICATIONS: NGOs must take the main responsibility for ensuring continuum of care amongst the PLWHAs.

Government must ensure that while making accessible over care and treatment NGOs take the major responsibility in providing the provisions.

A strong co-ordination and co-operation amongst NGOs is a top priority for effective implementation of the programs and curving and containing the pandemic.

A common protocol and guiding principle must bind the entire program.

536 **J Rankin**

THAT CURRENT ILLICIT DRUG POLICY IS UNSUSTAINABLE

Next year will mark 100 years in the development, operation and expansion of international and related national policies, legislation and programs to prevent and/or control the production, supply, distribution and use of specified psychotropic substances, in particular for non-medical purposes.

The aims of this paper are to:

1. trace for this period:
 - the development of these policies and programs;
 - changes in the availability and use of psychotropic substances for non-medical purposes ("illicit" use); and
 - the political, health and social effects of non-medical psychotropic substance use and the associated policies and programs;
2. examine whether or not these initiatives have been effective or counterproductive with regard to preventing or controlling non-medical use; and
3. identify the beneficiaries and losers under current drug policies.

The evidence derived from this study supports the view that current prohibition-based drug policies and programs:

1. have been ineffective in restraining the production, distribution and use of psychotropic substances for non-medical purposes;
2. have been major factors in the development and perpetuation of health and social problems associated with non-medical psychotropic substance use;
3. have been impediments to the development of evidence-based programs for prevention and treatment; and
4. have imposed restrictions on certain areas of scientific discussion and research.

Motivation for a continuation or expansion of current prohibitionist

policies and programs cannot be justified by their effectiveness in reducing non-medical drug use and/or its adverse consequences. Therefore, such motivation must lie elsewhere, i.e., in either perceived continued political advantages of a "prohibition" stance and/or other benefits associated the implementation and maintenance of current initiatives.

537 **D Penington**

THAT ILLICIT DRUG POLICIES ARE UNSUSTAINABLE

In 1995, with rising deaths from heroin overdose, Premier Jeff Kennett appointed a Drug Advisory Council. After very extensive community consultation and dialogue with experts in Australia and overseas, it concluded that use of illicit drugs should be tackled primarily as a health care issue, rather than as a moral or legal problem. Major trafficking, on the other hand, required effective legal sanctions. In order to take trade in cannabis out of illicit hands, we recommended that small numbers of plants should be allowed to be grown in domestic situations. Improved treatment and rehabilitation was recommended together with trials of new therapies. A proposed trial of heroin treatment was supported. Users and traffickers of small quantities of heroin were to be referred for counselling and treatment, rather than to the courts in the first instance.

Many recommendations were not adopted initially, but subsequently, following a trial, counselling replaced arrest for possession and use of cannabis, and the national Diversion Program was subsequently instituted. A proposed heroin trial was halted by Prime Ministerial intervention.

In 1999, a further Policy Review recommended creation of supervised injecting facilities and improvement in prevention, treatment and rehabilitation. The injecting facilities program was defeated in the Upper House.

538 **A Reynolds**

THAT CURRENT ILLICIT DRUG POLICY IS UNSUSTAINABLE

This paper covers observations from my experiences studying and working internationally in various guises for six agencies of the United Nations system in 30 countries, and as a public servant and public health consultant in Australia. These experiences have exposed me to the workings of government, non-government and private sectors and to the problem analysis and solution generating processes of numerous decision makers, across a wide diversity of socio-political systems, cultures and economic circumstances.

It was clear that new structures, locations and processes for democratic decision-making and for local, national and transnational governance are required, reaching far beyond the piecemeal structures and processes that we currently adopt to regulate and give direction to our daily lives. But from whom and where will the skills, the wisdom and the foresight arise to meet this immense challenge? The United Nations does not have the capacity to take the lead role in this, at least not in its current form and manner of operation. Indeed, while I have felt honoured to be invited so often to work with various agencies of the UN system, I have witnessed first hand the very serious challenges, which the UN itself faces with respect to its own structures, systems and processes of decision-making and governance.

540 **A Ghauri, N Rehman, S Azam, S Shah**

TRENDS AND PATTERNS OF SUBSTANCE ABUSE AMONG INJECTING DRUG USERS (IDUS) IN KARACHI

Background/Objective: To determine the Trends and Patterns of various legal and illegal substance abuse among IDUs.

Methods: Cross-sectional survey was conducted among IDUs at one of the concentrated pockets of IDUs, identified through Mapping in Karachi city. A team of trained interviewers comprising of motivated ex-drug users involved in Harm Reduction program, administered a pre-tested structured questionnaire under direct supervision of the Principal Investigator.

Results: Total 170 IDUs were interviewed after taking verbal consent. Heroin was the most commonly reported drug used by the study subjects



167 (98.2%), followed by Charas/Hashish 163 (95.9%), Diazepam 135 (79.4%), Alcohol 125 (73.5%), Chlorpheniramine (Avil) 107 (62.9%), Opium 88 (51.8%), Bhang (Cannabis) 68 (40%), Chlorpromazine (Marzine) 49 (28.8%), Ganga jamna (Cocktail) 45 (26.5%), Restoril 44 (25.9%), Sosegan /Temgesic 40 (23.5%), Mandrax 39 (22.9%), Samad bond 13 (7.6%), Petrol 4 (2.4%), Cocaine 3 (1.8%), Morphin 3 (1.8%) and Others 5 (2.9%) including Buperon 2, Madhak 1, Nubain/Kinz 1 and Niswar 1.

The most frequently reported mode of taking drugs among this group was injections (42.8%) followed by ingestion (34.4%), through Cigarettes/pipes (19.8%), through inhalation (2.7%) and through aluminum foil 'Chasing the Dragon' (0.3%).

Conclusions / Lessons Learned: Heroin, charas/hasheesh, alcohol, opium, bhang and ganga jamna are the frequently reported illicit substances used by this group while among the legal pharmaceutical products Diazepam, Chlorpheniramine, Chlorpromazin, Restoril and Sosegan/Temgesic are quite common for drug abuse. Almost all of the legal drugs are being used through injections in addition to heroin.

Recommendations: A comprehensive approach is needed to address the complex issue of multiple substance abuses including several licit and illicit drugs in this group. More in-depth information is required through qualitative studies to plan for some effective strategies to curb the menace in the community.

541 **S Jana, M Beg, G Reid, M Islam, S Miah**

DRUG USE AND HIV IN BANGLADESH: RESULTS FROM FIVE YEARS OF HARM REDUCTION PROGRAMS

Issue: Injecting drug use in Bangladesh emerged in the early 1990s. HIV prevalence among injecting drug users (IDUs) has remained consistently low. Implementation of broad ranging Harm Reduction programs in various cities appears to have played an important role in reducing the spread of HIV among IDUs and heroin smokers.

Approach: By examining past and current literature, data bases, Government-Non Government activities and responses with regards to drug use and HIV.

Key points: Estimated number of IDUs in Bangladesh is 20,000 to 25,000. High-risk behaviors were commonplace: widespread sharing of injecting equipment; use of Adda (shooting gallery); and seldom use of condoms. Heroin is popular but the drug of choice is Buprenorphine. Most drug users are impoverished and unable to access the few drug treatment centres in Bangladesh. Ministry of Health & Family Planning acknowledge the role of Harm Reduction in response to drug use and HIV but policy implementation is opposed from the Ministry of Home Affairs. Nonetheless Harm Reduction activities led by the Non-government sector are remarkable. CARE-Bangladesh has primarily been responsible for implementing comprehensive Harm Reduction approaches in various cities: outreach activities to distribute needles, syringes and condoms; establishment of DICs offering health care services; and provision of information, education and communication about drug use and HIV. Services are widely utilized and appreciated. Return rate of injecting equipment remains high (average 80%).

Implications: Five years of harm reduction programs in Bangladesh have contributed to maintaining consistently low rates of HIV among IDUs. Knowledge on HIV, Drug related harms and STIs among drug users have increased substantially: the outcomes are positive. The challenges are to maintain community and political support so as serve the needs of all drug users.

542 **M Alam, N Hossain, A Bosu, M Hossain, M Hossain, M Faruque, D Bapary**

INVOLVEMENT OF CURRENT IDUS ORGANIZATION IN NATIONAL HIV MONITORING

Issue: Active participation of current IDUs organization at national sero-surveillance of Syphilis and HIV could be a pathway to capacity building and create ownership towards National HIV Monitoring.

Setting: Since May 1998 Injecting Drug User Intervention of HIV

program of CARE Bangladesh has been working for the prevention of HIV/AIDS on the basis of harm reduction strategy with the IDUs in Dhaka. Later on this program expanded in other parts of Bangladesh. An organization named Prochesta formed with the initial support of HIV program and active participation of peer outreach workers. Later on other IDUs joined the organization in course of time.

Project: Prochesta actively participated from planning to implementing consecutively three rounds of national sero-surveillance in collaboration of ICDDR,B and CARE. As a part of their involvement, members of Prochesta organized motivational sessions with IDUs and briefed them on the objective and process of the national sero-surveillance at deferent sites. Every year approximately 1200 IDUs were motivated in those sessions and out of them 400 volunteered to provide blood for sero-surveillance. In-addition Prochesta provided professional injector (Pusher) in some places to collect blood samples and coordinated the whole process which included taken informed written consents and referring syphilis positive IDUs to the DIC for treatment.

Lesson Learned:

- This enhanced capacity of Prochesta as organization in planning, designing, budgeting, motivating and organizing such type of events.
- The involvement of Prochesta made this program more effective in terms of short period of time, low cost and ensuring collection of samples for sero-surveillance.
- The Government of Bangladesh acknowledged Prochesta through a letter and mentioned their name in the report for participating National HIV Monitoring. This recognition brought a significant change in regaining self-esteem, dignity which inspired them positively participate and contribute in such development activities.

543 **A Hamid**

THE VIEW OF MUSLIM RELIGIOUS LEADERS ABOUT HARM REDUCTION PROGRAM IN MAKASSAR, INDONESIA

Talking about Harm Reduction program always starting with assumption the disagreement from religion leaders or religious group in everywhere specially in Indonesia which is have the largest population who are Muslim. Sometimes it isn't only an assumption but tend to judge did by the planer of Harm Reduction Program. Is it True?

A pre assessment research among Muslim Religious Leaders in Makassar City, South Sulawesi Province. Indonesia has been conducted related with Harm Reduction Program.

The respondents of this pre assessment research were Muslim Religious Leaders who involved in Majelis Ulama Indonesia (Indonesia Muslim Council), Nahdatul Ulama (NU), Muhammadiyah, Islamic Organization, Muslim Intellectual and Popular Preacher. This pre assessment research tools by using in depth interview and the respondent was determined by using purposive based selection.

The classify of the respondents were:

- 1) Religious Leaders who never received an Information about Harm Reduction or HIV/AIDS.
- 2) Religious Leaders who ever received an Information about Harm Reduction or HIV/AIDS.
- 3) Religious Leaders who always received an Information about Harm Reduction or HIV/AIDS.

The result of this pre assessment research was variety. Some of them agreed of the Harm Reduction program and some were disagree. Disagreed could be because of organization policy or personally disagree.

Lesson Learnt:

- By doing this need assessment could be took the conclusion that the rejected of harm reduction Program by Muslim religious Leaders in Makassar City is not fully correct.
- This need assessment research could be as a basic for future study
- This need assessment could be as a way to decrease the discrimination of the religious leaders from Program planner who always said the religious group as an obstacle of the Harm Reduction Program.

545 **M Faruque, T Azim, N Hussein, E Chowdhury, A Bosu**

ENHANCING EFFORTS AT NEEDLE/SYRINGE EXCHANGE: THE RESPONSE OF AN INTERVENTION PROGRAM TO ONGOING RESEARCH

Issue: Harm Reduction programs are started with a view to lowering risk and preventing an HIV epidemic. However, constant monitoring and understanding of the dynamics of the community is being served can help intervention in being more effective.

Setting: HIV program of CARE Bangladesh has been conducting Harm Reduction Programs with IDUs, which includes NEP in 5 districts in Bangladesh for the last 5 years. Since July'02, ICDDR,B: Centre for Health and Population Research with CARE Bangladesh started a cohort study of IDUs from the NEP of CARE. The aim of this study is to describe the incidence of HIV, hepatitis and syphilis infections as well as risk behaviours for HIV in the selected group of IDUs in order to obtain a better understanding of dynamics of HIV infection in this group of individuals.

Project: 561 IDUs were included in the cohort on the basis of duration of injection and mobility. The study has been designed to assess the behavioural risk of this cohort and to document the HIV infection rate at a regular interval. The baseline data shows that 5.9% of IDUs have HIV infection and that 27.6% used Needle/Syringes (N/S) while 34.7% passed used N/S to others last week. Despite being in NEP 17.5% of the IDUs found to obtain their N/S from multiple sources and 13.2% said that they shared because of unavailability of Outreach Workers when they inject. In response to this data, CARE intensified its program by closer monitoring of field activities, conducting detoxification for HIV+ IDUs, increasing more than 60% of Outreach Workers and gave emphasis on advocacy resulting a significant change i.e. increase needle exchange rate from 80 % to 84 %, patient flow at the DIC on an average 150 to 350 and a better covering of IDUs from 2500 to 3000 per month.

Outcomes: Research studies can enhance ongoing intervention programs and help provide information on changing directions. Although CARE has responded by intensifying its present program, it is yet to be seen whether this will be adequate in averting further spread of HIV.

547 **W Ling**

COGNITIVE-BEHAVIORAL TREATMENT AS HARM REDUCTION AMONG METHAMPHETAMINE USERS

Engaging methamphetamine users in treatment is difficult because many of them do not believe they need treatment and those who do often are so impaired by the drug effects that they cannot meaningfully participate. Clinicians often feel treating methamphetamine users is a losing proposition and an exercise in futility. But cognitive-behavioral therapy as exemplified by the Matrix Model can indeed be delivered to these patients with a respectable level of success, comparable to results seen with cocaine users. Moreover, since there is among these users a very close correlation between drug use and high risk sexual activities that expose them to a range of sexually transmitted diseases including HIV/AIDS, behavioral treatment targeted specifically at reducing drug use in settings associated with high risk sexual encounters can be an effective harm reduction strategy for these users. This presentation will briefly introduce the Matrix treatment model and highlight some of the treatment results.

548 **S Walker, T Haydon**

LIMITING LIFESTYLE CHANGE – THE MISUSE OF PHARMACOTHERAPIES

The advances in options of pharmacotherapy choices in aiding the treatment of opiate dependency have lead to mixed outcomes in the effectiveness of these new treatment modalities. The appealing nature of buprenorphine has included less sedation, greater ease in withdrawal during reduction regimes and, the options for double dosing to limit the frequency of attending chemists, resulted in a significant increase in the use of this pharmacotherapy.

There appears to be an increased efficacy of buprenorphine in comparison to methadone and, an increased safety in relation to naltrexone

(Boyd, Randell, Luurila & Kuisma, 2003). However, like many treatment approaches, one singular intervention is often insufficient in addressing sustainable lifestyle changes. One significant psychological aspect to be addressed for some intravenous (IV) drug users is their relationship with injecting. IV drug users often discuss their struggles with their 'needle fixation' as significant in ceasing their substance use. As larger numbers transfer their pharmacotherapy to buprenorphine there appears to have been a trend towards IV use of buprenorphine. Diversion of buprenorphine physically results in increased risks of venous thrombosis and other infections, used risk of heroin use and /or rapid withdrawal due to not receiving the full dose. Psychologically, the IV use of buprenorphine precipitates an active drug use mentality, as this behaviour mirrors the process of heroin consumption. This does appear to provide an ongoing experience of still using, especially as some people report obtaining a 'stoned' effect from IV use of buprenorphine. This paper intends to explore the efficacy of buprenorphine in relation to addressing an IV drug user's needle fixation cravings. Within the drug treatment sector we need to respond more effectively to the range of addictive behaviours associated with drug dependency in order to reduce the associated harms.

549 **A Conroy, R Kemp**

THE EFFECTIVENESS OF HARM REDUCTION STRATEGIES FOR A QUEENSLAND SAMPLE OF AMPHETAMINE INJECTORS

Background/Objectives: There has been some investigation of the risk factors that are associated with exposure to blood borne viruses for amphetamine users in Australia. There has been limited study, however, of the effectiveness of harm reduction interventions for such populations, particularly in the context of different patterns of use. The effectiveness of interventions within the context of different using styles and environments is assessed.

Methods: This paper examines data from the Amphetamines in Queensland research project, a collaborative endeavour of Queensland Health and the Crime and Misconduct Commission. It went beyond urban and institutional settings, using 17 research sites and varied networks, to develop a health and social profile of a diverse sample of amphetamine users. From October to December 2002, 49 peers of amphetamine users conducted a total of 690 structured interviews, with people that they recruited through their personal networks.

Results: Dependent amphetamine injectors without access to information were at greater risk of exposure to blood borne viruses and other harms compared to other participants. Contact with information was associated with safer practices regardless of the style of amphetamine use. However there were mixed experiences of health services including those providing testing and counselling for blood borne viruses. Many participants had limited prior contact with services, and there was positive feedback regarding the opportunity that the study presented to discuss health issues.

Conclusions: This study demonstrated the capacity of peer-oriented research to provide data on a large sample of amphetamine users with an array of using patterns and backgrounds. It has shown that there may be greater potential for reorienting mainstream services to reduce the transmission of blood borne viruses, including the development of partnerships with amphetamine users.

550 **L Mikhailova, I Tsiguel, N Lomonova**

HIV PREVENTION THROUGH RISK ASSESSMENT, EDUCATION, AND PROVIDING EASIER ACCESS TO MEDICAL -SERVICES

Issue: Approximately 1% of Togliatti population is estimated to be HIV+, 91% of them being infected through injection drug use. The tendency of HIV sexual transmission is proliferating lately: today 8.5% of HIV+ got infected through sexual contacts. Part of women among HIV+ is steadily growing. Although amount of IDUs is declining lately, 25 – 30 thousand IDUs are active in the city. Major part of IDUs 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

Setting: Komsomol'skii district (population – 180 thousand people) of Togliatti. Intended audience – IDUs and their sexual partners (SP).

Project: to empower marginalized groups of population to protect their health and to offer them opportunities to adopt a healthier lifestyle the project's activities included:

- recruitment of IDUs and their SPs by peers
- establishing their 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
- developing a system of referrals to specialized medical services for clients

Outcomes: first interview indicated high level of risk behavior: 52% respondents reported to have shared syringes, 54% – to have shared cooker or filter, 59% – to have lent used syringe to other IDUs. Follow up interview indicated improvement of HIV-related awareness and behavior. The project

- got access to newly discovered community of IDUs and their SPs
- regulated cooperation with various medical institutions in the city and brought available health-care resources closer to high-risk groups of population
- formed relations of trust between stigmatized community and medical professional
- developed healthier lifestyle through education and skill-building workshops
- established culture of regular blood tests
- established culture of syringe exchange.

552 **K Morgan-Francis, J Francis**

THE CHALLENGES AND OBSTACLES FACING THE DEVELOPMENT OF DRUG USER ORGANIZATIONS IN INDIA

Issue: Drug User (DU) Organizations in India face numerous barriers and challenges. They are important in the region for reducing drug related harms and increasing awareness of human rights issues affecting drug users. Therefore, a genuine commitment needs to be made by the harm reduction movement to identify the obstacles limiting their growth. This paper endeavors to shed light on the key challenges, and suggest some possible actions.

Approach: Beyond Appearances, the Delhi Drug User Organization, first conceived in 1997 by a small group of drug user advocates reached several milestones including the publication of several editions of a newsletter, which contained articles from indigenous users. However, 7 years later, it is struggling to expand its capacity in order to function as an active voice for users.

The key challenges facing the development of Beyond Appearance include:

- Lack of infrastructure.
- Lack of funding.
- Lack of commitment from funders to the agenda and priorities of local drug using populations.
- Lack of human resources.
- Lack of skill development for drug users.
- Limited network to draw support from.

Key Points: The actions that need implementation in order to expand BA and develop other Drug User Organisations in India are:

Commitments towards:

- Building a pool of indigenous skilled peers.
- Active participation of users at the grass roots, not only the more educated users.
- The priorities and agendas of indigenous drug users. For example, although HIV/AIDS is important police violence, human rights of drug users, food and shelter were considered more urgent for Beyond

Appearances' membership.

- Sustainable financial resources.
- Strengthening partnerships between user groups and other harm reduction bodies to undertake activities such as skill exchange and fund raising.

553 **M Hossain, N Hussein, A Bosu, M Faruque, K Rahman, J Gomes**

PRE-IMPLEMENTATION ASSESSMENT OF DRUG USE PRACTICES IN PABNA

Background: CARE Bangladesh realizes that higher levels of Harm Reduction (HR) programming to prevent HIV/AIDS, transmission among IDUs have to be implemented. According to NASROB study there are 99 IDUs and 2096 Heroin Smokers identified in Pabna. Needle and injecting equipment sharing among the IDUs were 59% and 64% respectively. The rate of condom use among them was 7%. These statistics clearly indicate that these populations are involved in high-risk behavior practices, which has made the community more vulnerable and demanding for immediate response. However, currently there is no organization working in Pabna on HR program.

Objective of Study: To obtain an updated and current scenario of the opioid/ opiate drug use and existing facilities in Pabna with the view of possible intervention.

Methodology: The assessment was conducted by trained Field Researchers along with Guides in Pabna. Both qualitative and quantitative methods, was used to collect data.

Findings: The study showed that drug users are practicing risky injecting behavior (71.5%, IDUs share syringe-needle in last time). In terms of their sexual behavior, the Drug users are practicing unsafe sex with their sexual partner (86% IDUs did not use condom during last sexual intercourse). In portion of knowledge level, IDUs know that HIV transmitted by sharing syringe-needle and sex without condom 55.4% and 58.5% respectively. Study also showed that there are other health-related problems faced by drug users in Pabna and no NGO is working on HR program in Pabna.

Conclusion: The results of the study showed that Injecting Dug Users continue to practice risky behavior among them. It is hoped that the results of the study will be able to convince donors in implementing Harm Reduction program in regarding of HIV/AIDS and other health consequences.

554 **D Ostrovski**

THE HR-PRINCIPLES AND THE HAART-THERAPY FOR DRUG USERS

Background/objectives: there is the epidemic of HIV developed extremely rapidly in Russia in 2000. In S-Petersburg during 2000 the total number of newly-registered cases was 5417 (420 in 1999) and in 2001 there were 10119 new cases. The main way of transmission was intravenous drug use (more than 96%).

There are above 20000 HIV-persons were officially registered in S-Petersburg on 01.08.2003 and only 6700 persons have applied for aid of the state AIDS Center. The rest of all HIV-infected people (13300) are hidden from the specialists. But according to the specialists' data, when HIV epidemic is 3 years old, about 6,6% of HIV-infected persons need the HAART-therapy: 1300 from 28044. Now only 100 patients get this ARV-therapy.

The main objectives of the project "HealthCare for HIV-infected drug users: creation of the system of healthcare and development of the standards (including VAART-therapy)", which was started this year, are to determine the psychological and socio-behavioral characteristics of HIV-infected IDUs, who haven't the motives to search the treatment, and to create (join the specialists of narcological, infectious and epidemiological services) the coordinated narco-policy according to HIV-infected drug users. This research is financed by "Diakonisches Werk der EKD", Germany.

Methods: deep interviews with 400 HIV-infected drug users, prolonged counseling for diagnostic their behavioral status, laboratory testings of 200 persons (in pre-AIDS).

The results: about 200 active and former drug users were included into

this project, 10 of them have got the HAART therapy from 01.11. 03.

Conclusions: it needs to use the harm reduction principles to draw the IDUs in the interaction with specialists. And the best of them in this situation would be the methadone program. The second – trust to the state services is the main condition of the reaching of 90% adherence to the treatment for the drug users in pre-AIDS.

555 J Francis, K Morgan-Francis

NEEDS ASSESSMENT OF IDU RISK PRACTICES AND THE FEASIBILITY OF POTENTIALLY EFFECTIVE HARM REDUCTION INTERVENTIONS IN CHENNAI INDIA

Background/Objectives:

A 12-week project in Chennai, India aiming to identify:

- The perceived needs of IDUs (illicit drug users).
- The contributing factors to the spread of HIV/AIDS.
- The barriers to HIV/AIDS prevention and the reduction of drug-related harms.

Methods: Two project workers initially networked with drug using networks across Chennai; identifying all the key drug market areas. Qualitative research methodologies were used. Essentially, project workers spent extensive time in the target areas to build relationships and credibility amongst the using and dealing networks. Project workers observed around 80-100 users each day accessing the drug market. So as not to impede the dynamics of this informal research methodology, surveys were not used nor was any other documentation done on-site. Observations and discussions with users were documented to record using practices, the circumstances surrounding these using practices, the nature of the drug market, health and social issues affecting users and other issues of concern raised by users. Discussions with users also explored how they perceived and prioritized health and social issues affecting them.

Results:

Activities and behaviors placing users in Chennai at risk of drug related harms were:

- Sharing injecting equipment
- Using contaminated water supply for injecting.
- Injecting poor grade heroin filled with impurities.
- Poor vein care leading to higher risk injection practices.
- Risky methods of mixing up alkaline heroin.
- Lack of places for users to inject safely
- Reusing used heroin filters
- Poor awareness of safer injecting practices

Conclusions: Ideal interventions from the perspective of local IDUs to reduce drug related harms:

- Peer-based outreach & Needle exchange programs.
- Protection of human rights
- Self-organized welfare support
- HIV/AIDS palliative care services
- Harm reduction based drug treatment.

556 Y Ivanov

HARM REDUCTION STRATEGY IN PRISONS OF TVER REGION

On 1.07.2003 Tver region had 12 000 prisoners, 711 of them had HIV positive status. Under interrogation of the 187 prisoners in February, 2003 173 prisoners have noted, that there was high risk to transmission HIV in the prisons at using of one utilized before syringe for injecting of the illegal drug; 161 – at sexual contacts, including homosexual; 131 – at drawing tattoo; 123 interrogated prisoners were injecting drug users. The majority of the prisoners have noted, that availability of condoms, sterile syringes and information about HIV could change their behavior to more safe in the plan of transmission HIV, hepatitises B, Ñ.

Since December, 2002 the project "Harm reduction in the prisons" is being realized by the AIDS-center with the support of the Soros foundation. The project is being realized in two prisons situated in Rzhev and Andreapol town, Tver region.

Target group of the project is prisoners and staff of prisons including

medical. The project includes information support of the prisoners and staff of prisons; outreach work, distribution of disinfectants and condoms among the prisoners. 28 outreach workers out of the prisoners were prepared; the trainings are conducted among staff of prisons, including medical and prisoners. Two orders of the chief of prison establishments in the Tver region are the important reaching of the project. The first order allows encouraging outreach workers. The second order allows to the prisoner to keep condoms outside of a room of long meetings (so far condoms were withdrawn at the prisoners on absence of the prohibition on their keeping).

Outreach workers performed work of HIV prevention more actively and 4 outreach workers were free ahead of schedule in consequence of the new orders. Available condoms and information support allow to reduce risk of transmission HIV in the prisons.

557 G Stimson, C Fitch, E Oppenheimer, V Poznyak, D Jarlais, T Perlis

CROSS-NATIONAL ASSESSMENT OF RAPID AESSMENT METHODS FOR RESEARCH ON HIV AMONG IDUS: WHO PHASE II STUDY

Objective: To understand how RARs are organised and implemented (resources used, community involvement, data gathering methods and data analysis). Methods. As part of the WHO Drug Injection Study Phase II, a prospective multi-site naturalistic evaluation of RARs which were conducted in Beijing, Bogotá, Greater Rosario, Hanoi, Kharkiv, Minsk, Nairobi, Penang, St Petersburg and Tehran.

Results. RARs cost an average of \$10,127 with a team size of 12. All sites established Community Advisory Boards (CAB), whose functions included: forging strategic links with policy makers; providing a forum for community participation; providing technical and logistic advice; assisting in planning and execution of the study; considering findings and recommendations; and implementing findings. All sites used multiple methods including: existing data analysis; interviewing key informants; interviews with IDUs; focus groups; observations; and mapping. Four sites used all six methods, three used five methods, two used four, and one used three. Data triangulation was evidenced in the research process and in reporting of findings. In some sites induction was evidenced in the research process, theoretical sampling and data saturation. No sites reported negative impacts from the RAR.

Conclusions: Key factors in undertaking the RAR were the involvement of drug users; support, endorsement and cooperation of official agencies such as the police and drug treatment centres, city authorities, AIDS organisations and NGOs; motivation of the RAR team; staff turnover; CAB support; access to existing data. Substantial gains in knowledge and response capacity were reported. Eight sites reported 23 interventions that had been developed and that were informed by the RAR. RARs informed the subsequent WHO survey of IDUs. For relatively low cost RAR is effective in linking assessment and intervention development. The evaluation indicates the feasibility and importance of using RAR in multi-methods studies of IDUs in diverse settings in developing and transitional countries.

559 O Gridassova

THE JOURNALISTS CAN'T DO THE SPECIALISTS' JOB BUT THEY CAN HELP THEM (OR NOT)

Issue: in 2000-2001 there is HIV-epidemic developed extremely rapidly in Russia and the main way of transmission was intravenous drug use (more than 96%). Also HCV had the highest prevalence among IDUs (about 90%). The most vulnerable group is the young people and they have the most high risk behavior (sometimes they are not yet heavy drug users get infected as well as the result of random episodic injections of drug). The same time this group is the most stigmatized in the society – they don't believe in the help of physicians and physicians are afraid of such patients. And IDUs are hidden from specialists. Mass media maintain (automatically often) this stigmatization and prevention work is impossible in this situation.

Approach: our organization 5 years ago decided to implement the long-term program for journalists. We gather them on seminars, where the journalists can get the last news about situation in the country and in the



city, about the main effective principles (harm reduction, HAART-therapy, advocacy), conduct the special meetings and the competition for the best articles every year.

Key points: the journalists can't solve the specialists' problems, but they can help them. To do this thing real we need to try to be clever friends for the journalists and to look for the ways of effective interaction between journalists and specialists.

Implications: the specialists and journalists have to be in the constant contacts and the base of these interaction is the respect and professional skills.

561 **K Eroshina, A Bobrik, V Zhumagaliev, N Vasilieva**

PRELIMINARY RESULTS OF THE STUDY ON RUSSIAN HARM REDUCTION PROGRAMS

Background/Objective: Russia experiences an explosive rise in HIV infection with the majority of cases being registered among injecting drug users (IDUs). At the moment more than 50 harm reduction (HR) projects are operational in various regions of the country. In August 2003 a cohort study was initiated by Open Health Institute to evaluate their effectiveness. The study aims to compare HIV prevalence and incidence, and patterns of risky behaviors among different types of IDUs.

Methods: The settings of the study include three Russian cities (Tomsk, Pskov, Novgorod) with similar population size and socio-economic conditions, but different levels of HR activities. The first stage (cohort formation and initial cross-sectional study) was conducted in September 2003. Detailed semi-structured interviews and HIV tests were conducted for all IDUs who agreed to participate in the study. Incentives were provided to encourage participation. Number of recruited IDUs: Novgorod – 232; Pskov – 300; Tomsk – 425 Time frame of the study is 12 months during which all the participants are planned to be contacted 6 times for follow-up interviews and HIV tests.

First results of cross-sectional study: The prevalence rate of HIV infection in the sample in Novgorod (a city without HR project) is 9,1%, which is 5 times higher than in Tomsk (a city with the coverage of HR project ,10%) and 10 times higher than in Pskov (a city with the coverage of HR project ,80%). In Pskov the base-line HIV prevalence among HR participants is 0,3 % in comparison with 1,1% among non-participants. In Tomsk HIV prevalence among non-participants (3,3%) is 3.7 times higher than among HR participants (0,9%).

Conclusions: The preliminary results indicate the existence of big differences in the base-line HIV prevalence among IDUs in Russian cities with different level of HR activities as well as between HR participants vs. non-participants. It's expected that the data on HIV incidence will be determined on the later stages of the study.

562 **C Aceijas, G Stimson, M Hickman, T Rhodes**

GLOBAL MAPPING OF HIV PREVALENCE AMONG IDU

Background: The UN Reference Group on HIV/AIDS Prevention and Care among Injecting Drug Users (IDU) collates indicators on IDU in developing and transitional countries. We report progress towards obtaining global, regional and national estimates of HIV prevalence among IDU.

Methods: Existing reports of HIV prevalence among IDU were collected from at least 128 sources for the period 1998-2003. Sources included reports, papers, grey literature, computer files, gathered from UNAIDS, WHO, UNODC, EMCDDA and searches in PUBMED and EMBASE. Data quality was rated on a four-point scale depending on the type of sample used.

Results: Data on HIV prevalence was found for 54 developing and transitional countries; 49 of them reported HIV prevalence higher than 0%. Most estimates were for sub-national areas, which meant that nationally and regionally there was a very wide range. Some examples of these ranges at the regional level are: Eastern Europe & Central Asia: 0–76%, East-Asia & Pacific: 0– 80%, South & South-East Asia: 0–92%, MENA: 0- 59% and Latin America: 0-80%. Data coverage and quality are variable, and there are notable gaps in information.

Conclusions: The strength of the evidence produced by the studies collected greatly varies. With the information available currently is hard to ascertain nationally or regional prevalence. Previous estimates from UN information's systems based on qualitative information on the existence or not, of HIV among IDU, had produced a figure of 88 developing and transitional countries and territories reporting HIV associated with injecting practices. The gap of information is, therefore, of 34 countries. There is a need to improve national monitoring of this indicator. Next step of this work will be to fill the gaps and to work towards the production of methods that could be used to reach reliable estimates of this prevalence at the global and regional levels.

563 **A Verster, E Buning**

ADVOCACY: HOW TO PRESENT SCIENTIFIC EVIDENCE TO POLICY MAKERS?

Issue: The challenge of making scientific evidence on the effectiveness of harm reduction interventions available to policy makers. It is well known that policy makers have limited time, are subject to great political pressures and that decisions are often made on emotional grounds. How can relevant information be presented in such a way that it will be read and used by policy makers?

Setting: Policy makers in Europe

Project: Euromethwork's project 'Quality improvement of substitution treatment in the EU' was funded by the European Commission and included -amongst other components- the development of a briefing on the effectiveness of substitution treatment addressing policy makers in Europe. Several considerations are discussed, including the importance of the right format, lay-out, the availability in different European languages, and the right balance between the accessibility and the quality of the information.

The latest available scientific evidence was analysed as well as potential formats of presenting technical information in a simple way. A draft was discussed by a panel of experts from various Member States with different professional backgrounds. A second version was sent out to a wider audience, including experts from the Central and Eastern European region, the USA and UNODC.

Outcome: A small booklet with questions and answers was developed, translated and published in four languages (English, French, German and Spanish) and disseminated amongst policymakers in Europe and also published as a PDF file on (www.euromethwork.org). Themes discussed include: the health and social costs of drug dependence, various aspects of substitution treatment, the effectiveness and cost-effectiveness of substitution treatment and technical issues as the delivery and best practice. The point of departure was the concept of harm reduction, i.e. easy access, adequate dosages, flexible treatment options, etc, without making the concept of harm reduction over explicit.

564 **A Schärmeli**

INHALATION ROOMS IN SWITZERLAND – A NEW ELEMENT IN LOW-THRESHOLD SUPPORT PROGRAMMES FOR DRUG USERS. EXPERIENCE AND SCIENTIFIC FINDINGS

The presentation starts by providing an overview of the fourfold approach (prevention, treatment, survival assistance and law enforcement) underlying Swiss drug policy in general and of harm reduction strategies, programmes and outcomes in particular. The aim of harm reduction is to decrease the physical and psychological damage suffered by dependent drug users and to promote their integration into society.

Safe injecting rooms are a key element in the range of services provided as a means of harm reduction, which also includes methadone maintenance, heroin-assisted treatment, and needle-exchange programmes on the drug scene and in prisons, as well as outreach work and emergency accommodation and employment projects. The establishment of injecting rooms has a sustained positive impact on the physical and psychological condition of drug users, as demonstrated, for example, by a substantial reduction in rates of HIV infection and in the incidence of drug-related deaths. In addition, these facilities have a marked moderating effect and were a major factor contributing to the

disappearance of open drug scenes in Switzerland.

The effectiveness of injecting rooms has been based on the fact that the great majority of users administer drugs intravenously. In recent years, changes have been observed in consumption patterns, and inhalation has now become one of the most widely used routes of administration. In view of this trend, rooms specially designed for users who inhale opiates have been established in certain Swiss cities.

This presentation describes how inhalation rooms are integrated into the existing low-threshold facilities with injecting rooms, and reports on practical experience with these low-threshold services.

The available findings of an evaluation of inhalation rooms are presented, together with the aims and research programme for a planned further evaluation of drug consumption facilities.

565 S Huettner, E Pilibosian, J Havens, D Bishai, L Cornelius, C Latkin, S Strathdee

DRUG USE PATTERNS, INCARCERATION, AND NEEDLE EXCHANGE PROGRAM UTILIZATION AMONG INJECTION DRUG USERS REFERRED TO DRUG TREATMENT FROM A NEEDLE EXCHANGE PROGRAM

Objective: To examine patterns of drug use, needle exchange program (NEP) attendance, and incarceration among injection drug users (IDUs) referred to opiate substitution therapy from a NEP in Baltimore, Maryland, USA.

Methods: IDUs attending one of 13 mobile sites of the Baltimore NEP and who requested a referral for a subsidized drug treatment slot underwent baseline interviews and HIV antibody testing. Behaviors were compared between and within groups of IDUs who entered or did not enter treatment after 3 months of follow-up using descriptive statistics, chi-square, and t-tests.

Results: To date, of 98 IDUs followed for at least 3 months, 71.4% were male, 84.7% were African American, median age was 44 years, and HIV prevalence was 19.4%. Nearly half (49.0%) entered drug treatment after referral (methadone maintenance or LAAM). Compared to those not entering treatment during follow-up, persons entering treatment reported spending significantly less on drug use (mean: \$55 less vs \$24 less, $p=0.001$). Compared to those not entering treatment, significantly higher proportions of those entering treatment reported ceasing injection of heroin (71% vs. 30%, $p<0.001$), cocaine (83% vs. 48%, $p<0.001$), or speedball (71% vs. 44%, $p=0.007$). However, during the three month follow-up period, similar proportions of persons entering and not entering treatment reported having attended NEP at least once (38% vs. 46%, $p=0.39$) or being incarcerated (13% vs 14%, $p=0.83$).

Conclusions: IDUs referred from NEP to opiate substitution therapy appear to benefit significantly, reinforcing the role of NEPs as a bridge to drug treatment. Our data suggest that NEPs represent a means of offering recovering drug users ongoing support, since over one third continued to use the NEP after entering treatment. Efforts to increase access to drug treatment are also needed in jails to ensure that gains in the road to recovery are not lost due to barriers in the system.

566 S Sherman, Y Cheng, M Sapun, D Ompad, D Thomas, S Strathdee

PREDICTORS OF HCV SEROCONVERSION AMONG YOUNG, NEWLY INITIATED IDUS

Background: Up to 95% of injection drug users (IDUs) are HCV-seropositive in many regions of the U.S. and many studies have found that HCV is the first blood borne infection to be acquired by new injection initiates. This study aims to examine factors associated with incident HCV infection among young, newly initiated IDUs in Baltimore, MD, USA.

Methods: The study population was comprised of IDUs aged 15-30 years old who had first injected illicit drugs in the prior 5 years and were recruited into a community-based cohort using street outreach between August 2000 and March 2002. Participants were administered baseline, 6-month, and 12-month follow-up surveys pertaining to drug and sexual behaviors within the past 6 months, and provided a venous blood sample for antibody testing of HIV, HCV and syphilis. Baseline characteristics of

HCV-seroconverters were compared to those who remained HCV-negative as either of the two follow-up visits using Chi-square tests or t-tests. Predictors of incident HCV infection were assessed using Cox proportional hazards models.

Results: Of 411 subjects, 62% were male, 71% White, 47% had less than a high school education, and the median age was 27 years old (IQR: 24-31). Baseline HCV prevalence was 52%. Of 183 initially HCV-negative subjects, 8% seroconverted during follow-up; HCV incidence density was 25.04 per 100 person-years. Factors independently associated with HCV seroconversion were: being aged 27 and above (Adjusted Hazards ratio [AHR]=2.55, 95% Confidence Interval [CI]: 1.19-5.46) and ever sharing syringes in the past six months (AHR=2.54, 95% CI: 1.1-6.68).

Conclusion: Incident HCV infection remains a public health crises and that efforts are needed to prevent infections by both risk reduction and vaccination. New IDUs and noninjection drug users need to be targeted for safe injection practices.

567 S Sherman, D German, M Marks, M Bailey-Kloche

THE EVALUATION OF THE JEWEL PROJECT: AN INNOVATIVE ECONOMIC DEVELOPMENT AND HIV PREVENTION INTERVENTION STUDY TARGETING DRUG USING WOMEN INVOLVED IN PROSTITUTION

Background: HIV risk behaviors among drug users are shaped by economic marginalization resulting from factors such as poverty and a lack of job skills and employment opportunities. Although HIV research among drug users has increasingly emphasized the deleterious effects of these macrolevel factors, few have examined the effects of intervening upon these factors on HIV risk behaviors.

Methods: The "Jewelry Education for Women Empowering their Lives" (JEWEL) pilot study examined the efficacy of an economic development and HIV prevention intervening targeting heroin, crack, and or cocaine using women involved in prostitution. The study was completed in August, 2003. The intervention was comprised of six 2-hour sessions that taught participants (n=54) HIV risk reduction skills as well as the making, marketing, and selling of beaded jewelry. Data were analyzed using McNemar's Test for paired data to compare pre- and post-intervention data.

Results: Participants were 62% African American, 67% were high school dropouts, 5% were currently employed, and the median age was 39 years old (IQR: 34-45). In comparing selected self-reported risk behaviors pre and 3-month post intervention participation, we found significant reductions in the following: receiving drugs or money for sex (100% vs. 71%, $p=0.0005$); receiving money from selling drugs (30% vs. 11%, $p=0.03$); amount of money spent on drugs daily (\$55 USD vs. \$48 USD, $p=0.01$); daily crack use (24% vs. 12%, $p=0.025$); and the median number of monthly sex trade partners (10 vs. 3, $p=0.0001$). The women sold over \$7000 worth of jewelry in 15 sales.

Conclusion: This pilot study demonstrates the utility of economic development and HIV prevention in reducing illicit sources of income, frequency of drug use, and sexual risk behaviors. Increasing women drug users' access to safe and alternative income sources combined with HIV prevention can have a positive effect on HIV risk-taking behaviors.

568 S An

NEEDS ASSESSMENT CONDUCTED UNDER THE DRUG DEMAND REDUCTION PROGRAM (DDRP) IN UZBEKISTAN AND TAJIKISTAN

Background/Objectives: The DDRP is a USAID-funded initiative aimed at responding to the increase in drug use and the concomitant spread of HIV/AIDS.

Methods: A comprehensive needs assessment was conducted by the program partners and local research groups in Uzbekistan, Tajikistan, and Kyrgyzstan (Ferghana Valley): focus groups and in-depth interviews with professionals, parents, migrants, and youth, surveys among parents and review of relevant studies.

The objective was to obtain information on the current drug situation in order to design effective and appropriate DDRP strategies.



Results: The broad findings are as follows:

- There is growing heroine/opiate use in these countries directly associated with HIV/AIDS epidemic;
- Heroin/opiate use is closely related to current societal problems such as unemployment, poverty, migration, collapse of social welfare systems, deterioration of social capital, and lack of educational and recreational opportunities.
- The populations that are vulnerable to drug use include youth, vulnerable women, migrants, prisoners, and sex workers. Within those groups, there are subcategories that differ in terms of vulnerability to drugs;
- The infrastructure in both countries is inadequate and inherits many features of the Soviet approach to drug treatment (punitive, abstinence centered, and connected with the law enforcement system). Existing services are fragmentary, underfunded, and mostly limited to detoxification; psychosocial rehabilitation and reintegration are missing;
- Professionals that are in a position to affect drug demand lack skills and resources;
- General public, mass media and communities mystify drugs and stigmatize drug users and their families.

Conclusions: DDRP must focus on heroine/opiate use; address concurrent social problems; work with most vulnerable populations; assist with developing infrastructures and capacity building; and support public and communities' awareness campaigns.

570 **H Cooper, S Friedman, B Tempalski, M Keem, R Friedman**

RACIAL/ETHNIC DISPARITIES IN INJECTION DRUG USE IN 96 USA METROPOLITAN AREAS

Background/Objectives: The UN World Conference Against Racism (Durban, South Africa, 2000) drew attention to the ways racism renders subordinated racial/ethnic groups vulnerable to poor health. In the USA, while African-Americans and whites have roughly similar drug use rates, research suggests that addiction prevalence among drug users is higher among African-Americans than whites. We hypothesized that the prevalence of injection drug use (IDU) might also be higher among African-Americans than whites. We accordingly estimated the prevalence of IDU among whites and African-Americans in 96 USA metropolitan statistical areas (MSAs) in 1998 and calculated racial/ethnic disparities in IDU rates.

Methods: We triangulated data from three databases that document injectors' encounters with the health care system to estimate the percentage of injectors in each MSA who were white and African-American. Using data from the 2000 Census, we calculated African-American/white disparity scores (defined as the ratio of injectors per capita among African-Americans to injectors per capita among whites in each MSA).

Results: 61% of injectors in the 96 MSAs were white and 25% African-American. The median African-American/white disparity in IDU prevalence was 2.57 (range 0.35 – 11.93). Only 3% of MSAs had disparity scores of 0.67 and below; 86% had disparity scores of 1.5 and above.

Conclusions: Whites constitute the majority of injectors in the MSAs studied. After accounting for each MSA's underlying adult racial/ethnic composition, however, there were large African-American/white disparities in IDU rates. These disparities may contribute to racial/ethnic disparities in injection-related HIV, AIDS, hepatitis C, and other morbidities. Future research should explore the presence of racial/ethnic disparities in IDU internationally as well as the role of racism, and of local variations in racism's manifestations, in shaping vulnerability to IDU.

571 **D Das, K Misra, D Mukherjee, K Chatterjee, V Pavamani**

NEED FOR HARM REDUCTION PROGRAMME IN DARJEELING

Darjeeling is an international tourist destination visited by a lot of national & international tourist regularly. So, catering to the needs of these tourists' almost all types of drugs are available over there.

It was estimated there are around 15,000 local substance users.

Among them 60% i.e., around 9,000 are Injecting Drug Users. Others switch their mode of substance use from Injection during summer & monsoon to Fume Inhalation during winter. Most of the injectors take Buprenorphine Injection. Others dissolve the contents of Spasmo-proxyvon (Dextroproxiphyne) capsules in water & inject that solution. Non-injectors take Brown Sugar (Adulterated form of Heroin). Whenever there is a crisis in the supply of B. S., all the Non-injectors take injections. Most of the substance users have heard of HIV/AIDS but do not have much idea about mode of transmission. None of them have any idea about Safe Injecting Method and sharing of Syringes & Needles are quite frequent. Most of them have Abscess and Skin Ulcers.

There are 5 Drug Deaddiction Centres having 115 beds (cumulative). So, these centres can provide their services to 2000 (Approx) drug users annually. Till date, no drugs & HIV awareness programme has been conducted over there, leave aside Harm Reduction Programmes such as needle syringe exchange & Substitution Maintenance Programmes.

Recommendation: Harm Reduction Programmes such as needle syringe exchange & Substitution Maintenance Programmes must be implemented immediately, along with regular awareness programmes on HIV/AIDS. Separate strategies are needed for local drug users and drug-using tourists.

574 **L Leonard, C Navarro, P Lavigne, N Birkett, G Dunkley, C Kristiansen, R Remis**

THE CHALLENGE: RESEARCH-TO-PRACTICE

Objective: Community-based research, in which researchers, service users, service providers and policy makers are involved from a project's inception and throughout its data collection, analysis and dissemination phases, facilitates multiple opportunities for knowledge transfer and exchange (KTE). The objective of this paper is to describe the KTE strategies adopted to impact HIV prevention policy development and programming for injection drug users (IDUs) as a result of community-based research in the city of Ottawa.

Methods: Strategies for KTE included interactive presentations of research findings with service users, service providers and community-based agencies; formal presentations to Regional Councillors responsible for health and social service policies; and regional and provincial funders were invited to participate in discussions of study results. The network of dissemination of key messages went beyond agencies already involved in needle exchange. Addiction and treatment-based agencies, as well as other HIV/AIDS prevention, support and treatment agencies not previously engaged in HIV harm reduction among IDUs participated in discussions of the implications of the study results.

Results: Timely delivery of actionable, evidence-based messages resulted in the implementation of changes in needle exchange programme policy to increase needle distribution and injection equipment other than needles. The KTE strategies also facilitated a successful request for supplemental funding to increase services and the establishment of agreements with 12 community agencies willing to offer needle exchange.

Conclusion: Shared ownership in the project promoted collaboration between partners which was advanced through structured KTE activities. In order for front-line AIDS service organisations and other community agencies to provide evidence-based HIV prevention strategies, it is essential that methods that can facilitate the transfer of knowledge from the research domain to community providers are identified.

577 **K Misra, S Sen, S Mukherjee, D Mukherjee, V Pavamani**

PREVALENCE OF HIV, HEPATITIS B, HEPATITIS C & VDRL AMONGST INJECTING DRUG USERS (IDU) IN KOLKATA

Background: Regional Resource & Training Centre for Demand Reduction (Eastern India II)-The Calcutta Samaritans has been selected as Sentinel Surveillance centres for IDUs in Kolkata. Calcutta Samaritans is the only NGO selected as sentinel site in the region.

Objective: To know prevalence of Syphilis, Hepatitis B, Hepatitis C and HIV amongst IDUs in Kolkata, which would act as base level data to

monitor the trend of infection in the city, to provide information for estimates & future projections of HIV/AIDS in the city, to use such data to mobilize political & social support for the programme as well as to provide useful data for appropriate planning of health & medical care services.

Methodology: Blood samples were collected between 1st August to 15th November 2002. Sampling method was unlinked anonymous & consecutive sampling. Testing were at reference laboratory of All India Institute of Hygiene & Public Health. Testing method were ELISA for HIV, Hepatitis B & C and VDRL for Syphilis at reference laboratory & RPR at field level.

Results: 205 samples were collected. 60% in 30-44 years age group. 95% from urban areas while 3% migrant. fifty six (56) were illiterate. Occupation wise: 44% unemployed, 32% unskilled workers and 5% transport workers. HIV prevalence among IDUs – 1.46%. VDRL positive-21%, among them 43% illiterate & 33% unskilled worker. Hepatitis B & C prevalence was 5.4% & 43% respectively. 67% migrant had Hepatitis C infection.

Conclusion: HIV infection has taken few steps amongst IDUs in Kolkata, but high Hepatitis C prevalence indicates unsafe injecting practice. Harm reduction programmes should be implemented at the earliest. Behaviour Surveillance Study is recommended. Manual on biohazards and disposal should be translated in local languages. After the result of this study, interventions amongst IDUs start in the states by SACS.

578 E Chamberlain

HARM REDUCTION – RHETORIC TO REALITY: THE AUSTRALIAN RED CROSS EXPERIENCE

How does an organisation like the Red Cross / Red Crescent, traditionally known for "helping" those most vulnerable change to working in partnership with vulnerable groups to achieve sustainable and meaningful outcomes?

The Australian Red Cross has been supporting South East Asian and Pacific Red Cross Societies for over ten years in implementing HIV/AIDS programs for vulnerable people, including Injecting Drug Users. For many countries where we work this has been a major challenge for Red Cross Societies.

Convincing them of the need to work as equal partners with Injecting Drug Users, rather than treating them as "addicts who need help to stop using drugs" is an on going challenge.

This paper will chart the ARC regional approach to addressing this issue and show how an essentially "helping" organisation can change its approach to that of working in partnership with Injecting Drug Users to effectively deliver HIV/AIDS programming utilising the harm reduction approach.

This paper will also share experiences of "selling" harm reduction to Red Cross / Red Crescent National Societies and the success in getting Harm Reduction adopted as an underlying philosophy of the movement in the region and worldwide. It will also discuss the differences between the rhetoric of supporting harm reduction and the reality of delivering and supporting harm reduction programs. There is a long way to go and the Australian Red Cross is committed to working with our partners to ensure that Harm Reduction remains on the agenda.

The Red Cross Red Crescent movement is the largest humanitarian organisation in the world. The experiences of the RC/RC in coming to terms and understanding Harm Reduction can be a lesson that other organisations can learn from

579 G Hurtado, S Acuña

ARGENTINEAN NATIONAL CAMPAIGN ON DRUGS DECRIMINALISATION: IMPACT AND PERSPECTIVES

Issue: During last stage ARDA developed the first phase of an innovative and high profile campaign: The Argentinean Campaign on Drug Users Decriminalization. ARDA's Campaign gathered a high impact in different areas: legal, media, health care professionals, lawyers, social organizations and key stakeholders in the public policies. 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 abrogation 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 23.737, and developing harm reduction 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 between other actions the work with judges and legislative forces as well as with media players and journalists and the drug users themselves.

Outcomes and lessons learned: Several materials and interventions have been designed and 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, opinions on favor of decriminalization of key persons of the Criminal Justice System and the Penal Law, criminologists, academics of medicine and social communication were disseminated.

580 G Hurtado, S Acuña

HARM REDUCTION AND HUMAN RIGHTS MOVEMENTS – NEW EFFORTS OF COOPERATION RELATED TO ARGENTINEAN ORGANIZATIONS

Issue . Social and legal harms related to public drugs policies concern the human rights movement and the defense of public liberties

Strategy: We will analyse the punishment of drug users and its consequences with particular focus on the argentinean case, the concept of security in the era of inequality, the construction of the "drug problem" and social control. The issue of drugs are currently involving prison and therapeutic alternatives, so drugs users are between prison and treatment, an issue that shows harms of drugs enforcement and the myths that supports prohibitionism. The criminal justice related to drugs problems is in conflict with basic rights.

Key issues. We will discuss the role of drugs users movements and organizations, the concept of citizenship and human right movements . The fights related to individual liberties and constitutional guarantees are shown in the framework of the "War against drugs" . The Argentinean Harm Reduction Association ARDA will present as a case example the Seminar about Depenalization of Personal Use of Drugs in the International Conference on Mental Health and Human Rights of the Universidad Popular de las Madres de Plaza de Mayo, its background and impact.

Lessons learned. The role of drug users in the National Campaign on Drugs Use Depenalization of ARDA pointed out the need of an indeep cooperation between the fight for depenalization of drug use and other social movements, youth movements and movements on the defense of civil guarantees.

581 M Dewanji

REDUCTION OF DRUG-RELATED HARM UNDER THE LEADERSHIP OF THE INJECTING DRUG-USERS

Issue : Injecting Drug- Users pose a major problem in today's Indian transitional Society especially the urban areas. This is not only a problem of drug-addiction, but as a matter of fact this is the main reason why high prevalence of HIV and HCV is much higher in this trend in India.

Setting : Ghutiary Sharif, a very renowned muslim religious place , situated near the Ghutiary Sharif Railway station and this place is having a high concentration of the youths who are mostly under-employeds and have no family ties and as a result they become easy targets of drug-trafficking and drug-use. 108 Injecting drug-users have settled in a place near the railway station. Some of them are HIV positive. 81 Injecting drug-users are not having any family ties.

Project : LAMP believes that all development activities must be undertaken under the leadership of the suffering masses , and with this



perspective, LAMP has been successfully organizing awareness generation programmes, formation of their Commune system through organizing extended kinship based family, counseling and drug de-addiction center etc. with the support of the general public.

Outcomes: As a result of LAMP's involvement, an organization of the Injecting drug-users has been formed and this organization has been successful to undertake various action programmes for their own benefits including counseling and drug de-addiction programmes.

At the beginning, the development actions for reducing drug-related harm were initiated by the NGO-LAMP and the Injecting drug-users were requested and motivated to participate in those action programmes and today after six years, all the development actions of reducing drug-related harm are successfully undertaken by the Injecting Drug-users themselves and the NGO-LAMP and other Government and non-government organizations are requested to participate in these programmes.

582 R Waikhom

NEEDLE SYRINGE EXCHANGE PROGRAM IF APPLIED TO A SMALL-TARGETED GROUP WILL BE MORE IMPACT ORIENTED

ISSUE: NESP going wide-scale is not effective when the outlets are confined and limited. Condom promotion along with NESP is an ineffective approach, as IDUs (injecting drug users) seem sexually inactive.

SETTING: Care Foundation has been implementing RIAC (Rapid Intervention and Care) project, a harm reduction approach, at Nambol sub division, Manipur with a targeted population of 300 IDUs.

APPROACH: RIAC is targeted intervention integrated with care and support. Some of its main activities are: community sensitization & mobilization; risk reduction education; outreach work; condom promotion & social marketing; needle syringe exchange program and home based care services.

IMPLICATIONS:

Target population is scattered hence hard to reach.

Syringes are distribution is confined to drop-in-centers.

Frequent bands and strikes hamper activities.

Peer educators and outreach workers enjoys no provision for reaching or distributing syringes to far out clients.

Poses great risk going into the localities with a bagful of needles and syringes, as the police personnel or local youth clubs might react negatively, sometimes cause physical harms.

Generally condoms are totally ignored by current IDUs.

Main factor for causing ineffectiveness is the dire irregularity in fund flow.

Vast coverage and large target population but extremely negligible output/impact.

RECOMMENDATION:

Target should be focused in some particular areas where maximum impact could be made.

Provision of condoms should be reduced while outreach's provision is increased.

Care and support such as OI/STD/OD & abscess management should be included for making the entire program a comprehensive one

583 G Touze, P Cymerman

A COMPREHENSIVE APPROACH TO HARM REDUCTION IN ARGENTINA

In Argentina, the proportion of IDU AIDS cases makes up almost 40% of total cases. Because IDU leads to so many cases of HIV in the country, Argentina's AIDS epidemic is unique in the region and harm reduction programs must be expanded on a greater scale. Social consensus, legislative changes and political support are urgently needed. The Project "Drug Abuse and HIV/AIDS Prevention in the Southern Cone Countries" aims at fostering a broader response among governmental and non-governmental institutions in the Southern Cone countries in Latin America (Argentina, Chile, Paraguay and Uruguay). Supported by UNAIDS and UNODC, Argentina developed a series of activities, mainly located in Buenos Aires and Rosario, during 2003. These activities involved not only

drug users and vulnerable populations but politicians, parliamentarians, journalists, professional associations, scientific bodies and health workers as well. Five strategic lines were developed: advocacy, research, interventions with drug users, prevention and training. Some of the main activities have been:

1. Eight seminars intended to discuss harm reduction strategies, disseminate accurate information and raise awareness.

2. Two research studies that improved knowledge about IDU in poor environments.

3. Five harm reduction programs were supported and two new programs were implemented.

4. Workshops and local campaigns with the wider participation of people in the communities.

5. Training sessions for healthcare workers from both the government and non-governmental sectors and intensive training for outreach workers.

Different institutional actors have arrived at an important consensus. Parliamentary representatives and members of the Judiciary discussed current laws and other legal instruments. Decision-makers at local and national levels were involved. Harm reduction programs covered a larger, though still insufficient, range. Regional cooperation and international support allowed a comprehensive approach which is crucial for the advancement of harm reduction as public policy in the country.

584 G Turienzo, I Maerawari, N Silva

STRENGTHENING OF REDUC – BRAZILIAN HARM REDUCTION NETWORK

Issue: implementation of Reduc, as a strategy of Harm Reduction (HR) strengthening, and proposal for a new drug policy in Brazil.

Setting: Brazilian Ministry of Health has been supporting HR, not only financially, but also distributing supplies (kits for drug users, folders, condoms) through more than 160 projects executed by governmental and non-governmental organizations.

Project: Reduc, founded in 1998, occupies an important role in HR discussions and in national drug policy. It aims to defend drug user's rights as a citizen (advocacy) and it's articulated with many and different civil society segments, such as private companies, universities, governmental and non-governmental organizations, in order to diffuse, discuss, plan, mobilize and defend HR actions. The participation of its member in reunions, debates, conferences, media and other events makes the network stronger and increases the knowledge about the theme.

Outcomes: HR has an important role in Brazilian drug scenario. Since 1989, when it started, until nowadays, the movement has increased a lot. It has provoked discussions, promoted debates, proposed articulations, taken part in campaigns, introduced working proposals and given suggestions to make changes on Brazil's drug policy. This was a difficult path to be followed, but it led to many positive achievements. From now on, more and more people are going to follow it together, always having in mind the importance of proposing directions to a drug policy.

585 D Rossi, M Pawlowicz, P Cymerman, P Goltzman, G Touze

SEXUAL RISK BEHAVIOUR IN COCAINE USERS FROM BUENOS AIRES CITY

Intercambios Civil Association developed a Rapid Situation Assessment and Response (RAR) on Cocaine Use and Sexual Risk Behavior in Buenos Aires in collaboration with the WHO Department of Mental Health and Substance Dependence and UNAIDS. The study aimed to assess the non-injected use of cocaine and its connections with sexual risk behavior in order to devise interventions to reduce the risk of HIV/STI transmission; as well as to promote, in both public and political circles, the need to develop innovative actions focused on reducing the adverse health consequences associated with cocaine use. The research, as a RAR study, used quantitative and qualitative methods. Primary data were compiled through questionnaires with open and closed questions, in-depth interviews with a sub-sample of the population being studied, ethnographic observations and focus groups. Quantitative data were analyzed with the software Epi Info 6. Qualitative data were analyzed using the software ATLAS.ti. Surveys to 150

users at least 18 years of age, who were using cocaine (snorted, smoked or inhaled) at the time of the study, as well as surveys to 50 sexual partners of frequent users were made. From those surveys, 78% of the total number of cocaine users said that their sexual relations changed when they used cocaine. In contrast, (46%) of the sexual partners of cocaine users said that when their partner used drugs, their desire to have sex changed: they felt "distance", "estrangement", and even "rejection". Condom use was more frequent with casual partners (73.8%) than with stable partners (33.9%). The study showed A) the need to adapt interventions to fit the characteristics and practices of different social actors, as cocaine users and their partners come from diverse backgrounds, regarding social class, labor, level of education, locality, age, habits, frequency of use, sexual practices, links with social institutions and pertinent social networks, B) the importance of peer counseling, in preventive activities related to this population.

587 P Goltzman, P Cymerman, S Ghiselli, G Lopez, D Rossi, G Touze

POOR YOUTH, USE OF TRANQUILIZER PILLS AND PREVENTIVE INTERVENTIONS IN BUENOS AIRES

Avellaneda, where 4% of all AIDS cases in the Province of Buenos Aires (Argentina) are concentrated, is also characterized by a high concentration of the population that live in conditions of precarious subsistence. The youngest population in two poor neighborhoods, was appointed for activities of risk reduction in terms of the promotion of healthier sexual practices and drug use. In the Province of Buenos Aires, Argentina, the use of tranquilizer pills, almost always accompanied with alcohol, constitutes a common practice among the youth in poor neighborhoods. The consumption of these substances in the contexts of poverty shapes part of a social image around the youths which is marked by despair in a disturbing framework of precariousness and urban violence. Since 2002, Intercambios Civil Association has been developing actions of harm reduction with young people and working in labor training, the prevention of violence, the creation of spaces and links of reference for youth development, and the adoption of measures for the safer use of pills. In 2003, Intercambios carried out 66 preventative workshops, 17 focal groups on the safe use of pills and 5 community activities of prevention. It placed special emphasis on the formation of groups of youth with more leadership capacities and stable links with the project, who work as harm reduction operators. In total, 150 adolescents took part in the different workshops and activities that the project promoted. The developed actions helped to identify the following issues in diverse groups of youth: modifications in the use of condoms, bringing health institutions closer that aim to know its serological state, and the assumption of the role of activists of prevention. The community institutions recognized and supported the development of these actions by collaborating with resources or promoting the diffusion of ideas of the project between other groups of youth.

588 I Khumanthem, R Tomalsana, O Megha, A Maipak

SAFER SPACE FOR DOUBLY DISCRIMINATED PLWHA/IDUS

Issue: The dual impact of addiction and HIV/AIDS compels the IDUs to change their attitude and behaviour from living positively and productively. Stigma and discrimination have been further accentuated due to their HIV status. Joining the mainstream and face the present society is indeed a real challenge.

Approach: The Care Foundation gives space to share experiences and strengthen each other to face life on its own terms; it provides care and support to IDUs and PLWHAs and enables them to live positively and productively; greater involvement is encouraged; strives to ensure accessibility of affordable ARVs and all other essential medicines; and works against discrimination and stigma.

Key points: Feel hopeless as they thought death was inevitable after being tested positive, so they go back to square one. General public still

stigmatize and discriminate and blames IDU for being the cause of HIV spread. Due to high rate of relapse there is constant threat to breaking up of the self-help groups; lack of funding was the main reason for slowing the pace towards overall progression; there is a need to better co-ordination with other NGOs, GOs and CBOs for better referral system; and lack of proper remuneration for voluntary works leads to constant burnt outs amongst the volunteers.

Implications: The safer space for IDUs will indeed be very helpful to the society as well as to the infected IDUs. Both the infected and affected individuals could meet each other and thereby find better ways to deal with HIV/AIDS and addiction. Such a space will definitely boost the morale of the individuals and help cope with day to day terms of life. Change of attitude and behaviour has led one to become more attractive and the society gradually starts to accept him/her.

589 Y Ivanov

HARM REDUCTION STRATEGY IN RUSSIA PRISONS - FIRST STEPS

As of 1.07.2003 Tver region had 12,000 prisoners, 711 of whom were HIV-positive. In 2003, 42 cases of HIV infection and 2 cases of hepatitis B and C were revealed. Of the 187 prisoners surveyed in February 2003, 173 responded that it is possible to contract HIV in prisons by injecting with a previously used syringe; 161 - at sexual contacts, including homosexual; 131 - through tattoos; 123 of the surveyed were IDU. This testified to the increased risk of HIV and hepatitis transmission in prisons. The majority of inmates responded that the availability of condoms, sterile syringes and information about HIV could make behaviors safer.

Since December, 2002 the Tver region AIDS prevention center, with the financial support of the "Open Society" Fund, is running a project entitled "Prevention of HIV, viral hepatitis and STI among inmates in the Tver region."

The project is run in two prisons (in Rzhev and Andreapol). Prisoners and corrections personnel (including medical) are the target group of the project. The project includes informational support of inmates and staff; outreach work, distribution of disinfectants and 28 outreach workers (drawn from the prison population) were trained. Trainings are conducted among prison staff and inmates. Two directives of the chief of prisons of the Tver region are important accomplishments of the project. The first allows the development of outreach workers among the inmates. The second allows the inmates to keep condoms outside of the "room for long visits" (prior to this, condoms were confiscated from inmates, despite no rule prohibiting their possession).

As a result of the new directives, outreach workers were more active in prevention work and four workers received early release. Access to condoms, their legalization and informational support allows for the reduction of risk of HIV transmission in prisons due to homosexual contact.

591 R Hogg, J Barer, A McGuire

PRISON-FREE LIFE EXPECTANCY IN THE UNITED STATES, 1999-2001

Objective: To estimate prison-free life expectancy in the United states, by race and gender.

Methods: This is a population-based study. Data were obtained for the years 1999 to 2001 on life expectancy and prison rates in the US by race, gender and age. Prison and prison-free life expectancy were estimated by dividing the years lived in each age range of the life table into these two states using published prevalence of imprisonment by gender and race from 1999 to 2001. These figures were then used to compute the life table value of the total remaining years of life and the corresponding life expectancy in each state for each age for the year 2000. Total life expectancy by race and gender was the sum of life expectancy in two states.

Results: A total of six life tables for the year 2000 were computed (African American, Hispanic, and White men and women). Prison-free life expectancy at birth was lowest for African American males and highest for Hispanic and White women (65.7 versus 83.7 and 80.2 years). Based on current estimates of life expectancy and prison prevalence rates, African



American males can expect to spend 2.9 years in jail over their lifetimes. In comparison, Hispanic and White women can expect to spend 0.08 and 0.05 years respectively. On average, African American males will spend 63 times longer in jail over their lifetimes than White women. Men tend to spend more time in jail than women and there is also a racial gradient with African Americans spending the most time in jail and having the lowest prison-free life expectancy.

Conclusion: Our data suggest that there are clear gender and racial gradients in prison-free life expectancy in the US. We believe that current drug policies and imprisonment practices in the US have acutely affected African Americans in comparison to other groups

592 **P Nizarindandi, P Hilda, L Ismael**

LET'S LEARN TOGETHER

"Learning Together", A semi-structured discussion group for women living with HIV/AIDS Picasso Domínguez Nizarindandi, Pérez Vázquez Hilda, Luna Cadena Anuar Ismael In Mexico, the need to create specific spaces for women living with HIV/AIDS has been identified. "Learning Together" is a group run by women for women that fosters information exchange and where exploring our emotions and sharing experiences allows us to generate and support a process of empowerment with respect to living with HIV. ∅ Availability of a welcoming and confidential space for the formation of the group. ∅ Publicity in other support groups, clinics, NGOs and the media. ∅ Participatory and interactive methodology. ∅ Group decisions about priorities. ∅ Weekly two-hour sessions. Topics covered in the sessions: HIV/AIDS, stigma and discrimination, antiretroviral therapy, complementary and alternative therapies, treatment adherence, laboratory tests, empowerment, nutrition, relationships with physicians, sexuality, Sexually Transmitted Infections, couple relationships, opportunistic infections, re-infection, gender, death, fatigue, depression, home care, social support networks. Peer groups are appropriate for creating the trust necessary to discuss difficult issues. It is important to consider the specific needs of women (time, preoccupations, and social situation). The economic situation of some women is an important barrier to their continued participation. Structuring peer discussion groups is an effective strategy for increasing knowledge and abilities, and improving attitudes.

593 **C Pablo, P Goltzman, D Melamed, D Rossi, G Touze, M Vila**

ADVOCACY STRATEGIES IN ARGENTINA

Efforts to introduce harm reduction in time and on a sufficient scale to prevent drug related problems have been unsuccessful in Argentina. HIV and hepatitis epidemics have strongly hit IDU population. Drug users are criminalized and their rights violated on account of their practices. A strategic approach is needed to support and expand harm reduction movement. In order to strengthen the work in the socio-political and legislative levels, Intercambios Civil Association develops a broad advocacy strategy involving different audiences and tools. The main objectives are: 1. To obtain legislative changes oriented to drug policy reform; 2. To improve the impact of drug users rights advocates; 3. To include harm reduction in local and national policies, plans and programs. With these goals in mind, key stakeholders have been identified and dialogue has been opened with policy makers, service providers, community based organizations, academic and research institutes. A newsletter is published, which summarise and disseminate relevant information for researchers, activists and field workers. Systematic contacts with the media include press releases which contribute to make media aware of harm reduction and drug policy reform issues. Seminars, workshops and trainings introduce the debate and propose alternatives to current policies and programs. In 2003, the National Conference on Drug Policies was held in the Honourable National Chamber of Deputies and was attended by more than 250 participants including legislators, judges, decision makers, professionals from the judicial and health systems, NGOs and drug users. This advocacy strategy has contributed to increase social awareness about the inadequacy of current approach to drug related problems. A sympathetic group of

journalists, parliamentarians, academics, practitioners and community leaders has been identified and engaged in harm reduction advocacy. The current debate may directly fall into the social circumstances of drug users improving the results of individual and community interventions.

594 **C Doneda, M Medeiros, E Formagini**

HARM REDUCTION - A GLANCE FOR WITHIN

The registration of the actions of harm reduction in Brazil, is necessary not just for the institutional or government necessities; but the glance of the own outreach worker on his work: the protagonist of the action understands as essential for his work, to know the scene and the character of the users.

Through these inquiries there were the elaboration and invitation for representatives of the harm reduction associations of Brazil. In this way they could be qualified for accomplishment of a video documentary. The activity included from the handling with the equipment, script choice and filming. The videos show the Brazilian's harm reduction action seen by the agents of the action and its main.

The process of information and the protagonists' formation allows that the actions can have a visibility that transcends the own registration but that make this history.

595 **C Silveira**

ANALYSIS OF THE MEDIA - ON THE USE OF ALCOHOL AND OTHER DRUGS

In Brazil, we have always been coming across subjects ratified or same transmitted in the printed, video or electronics media; but the media approach of the use of drugs subjects is under overview of discrimination and prejudice, without any scientific of human rights.

We initiate a research elaboration starting from having selected — clipping — of journalistic material of the Brazilian printed media - about 1000 subjects of newspapers were analyzed. The analysis was presented in a meeting for the professionals of the media.

It was elaborated a report for making a small manual so that the professionals could have a more technical orientation on the subject.

Besides the drug users visibility we intended the citizenship preserving in the perspective of the human rights.

The information is base for public opinion and for construction of the values of the society. That justifies the continuous and insistent work close to media, our main partner in the accusations of violation of human rights but need to be informed better

596 **C Silveira, C Rinaldi, M Manos, A Domanico, W Bastos, D Gandolfi, S Azevedo, D Santos**

CHANGING PIPES

The work with harm reduction in Brazil have one decade - accessing more and more crack users in the communities and field interventions.

The National Program of STD/Aids together with 4 Brazilian associations of harm reduction — ABAREDA - Salvador / BA; ARDPOA — Florianópolis / PR; Centro de Convivência é de Lei - São Paulo/SP and CEPAAAD - Juiz de Fora /MG, intended the accomplishment of a pilot project in each one of this places.

This project main objective was the complications due to the use of the crack in order to develop and to elaborate an equipment that could be safer — making of the first pipes that became available.

There was still questionnaire application to 50 crack users for rising a baseline where are identified the use patterns and risk associated to the use.

This action has been having some replies for legal juridical part, for some government representatives' non understanding that the health is unconditional and protected in our Brazilian federal constitution. Our system of health has as main axes the justness, integrity and universality, so all necessary actions for the implementation and to facilitate access to the health system and services by all citizens, been them drug users or not.

597 **H Hagan, M Latka, J Campbell, E Golub, R Garfein, D Thomas, F Kapadia, S Strathdee for the STRIVE Study Team**

ELIGIBILITY FOR TREATMENT OF HEPATITIS C VIRUS (HCV) INFECTION AMONG INJECTION DRUG USERS (IDUS) IN A MULTISITE STUDY

Background: Although recent studies have demonstrated feasibility and effectiveness of interferon with ribavirin as treatment for HCV-infection in IDUs, treatment access has been low relative to other patient groups. We studied treatment eligibility according to the 2002 NIH Consensus Guidelines for Management of HCV.

Methods: Eligible subjects included HCV-antibody positive Baltimore, New York and Seattle IDUs aged 18-35 who injected illicit drugs during the prior 6 months. To estimate the proportion who may be ineligible for HCV-treatment, we assessed depression (Centers for Epidemiologic Studies Depression (CES-D) score >16 or 23), problem drinking (Alcohol Use Disorders Identification Test (AUDIT) score >8 or 10), recent drug injection and ALT levels.

Results: Of 320 subjects, 67% had CES-D scores >16, 50% had CES-D scores >23. Forty percent scored >8 on AUDIT, 31% scored >10. Sixty-one percent had ALT values above the upper limit of normal. Mean number of days since last injection was 5.7; 94% injected during the previous month. Of those with elevated ALTs, 65% may not be candidates for HCV-treatment because of depression (CES-D >23) or problem drinking (AUDIT >10); using more restrictive criteria (CES-D >16, AUDIT >8, injection in past 30 days), the proportion rises to 96%.

Implications: Increasing access to HCV-therapy in this population will require concurrently addressing drug use, depression and alcohol use, which are all treatable conditions. Applying recent drug injection as an exclusion criteria would eliminate access to treatment for a majority of young HCV-positive IDUs in our sample.

598 **V Mathai, T Thomas, J Thomas**

DIFFUSION OF 'HIV RISK BEHAVIOURS' AMONG THE INJECTING DRUG USERS IN PERI-URBAN AREAS OF INDIA

Injecting drug use plays a crucial role in the global diffusion of HIV infection. It's believed that sharing injecting drug use paraphernalia is confined to only major metros and in some North Eastern States of India. Contrarily, this study indicates that injecting drugs use in peri urban areas of India, too has a substantial number of injecting drug users.

Objectives: To identify the extent and nature of injecting drug use in Calicut To identify the risk profile of injecting drug users in Calicut To identify avenues for intervention to reduce HIV vulnerability amongst injecting drug users in Calicut. To develop an effective intervention strategy to reduce HIV vulnerability among injecting drug users in Calicut.

Data was collected from 80 injecting drug users using a pre-tested interview schedule using 'snowball' sampling. Data was analyzed using SPSS.

46% of the respondents inject drugs three times a day, 29%, 4 times or more. 25% twice a day

91% of the respondents shared syringes and needles while injecting drugs.

The frequency of sharing almost always is 23.8%

70% of the respondents shared needles with 2 - 4 people in the last week.

82.5% had lent or borrowed syringes and needles from others

39% of the unmarried respondents had not ever used condoms

87% of the married respondents have sexual partners other than a spouse

72% of them ever had sexual intercourse with sex workers

55% perceive getting HIV to be unlikely

2 of the respondents reported to be positive for HIV antibodies

This study reveals that there is an urgent need to address HIV related risk behaviours of drug users in Calicut. Diffusion of 'HIV risk behaviors' among the Injecting drug users in peri-urban areas of India is wide spread than anticipated.

599 **H Haque, A Panza, F Nijame**

DEVELOPING A PEER EDUCATOR TRAINING CURRICULUM FOR A DRUG USER INTERVENTION FOR PREVENTION OF HIV/AIDS IN BANGLADESH

Issue: IV prevalence among IDUs in Central Bangladesh has increased from 1.7% in 2001 to 4% last year. Considering multiple risk behaviors such as sharing of injection equipment and having unprotected sex with multiple partners, IDUs are particularly vulnerable to HIV infection. Epidemiologic models show how IDU infections can drive the HIV/AIDS epidemic in Bangladesh. FHI/Bangladesh employs a peer educator based outreach approach to increase individual self-risk perception and psychosocial competence for adopting less risky behaviors by IDUs. However, success of such an approach largely depends on the peer educators who are former or current members of IDU community. These peer educators often need motivation and psychosocial competence to change their own behavior; skills to influence behavior change of their peers; and basic knowledge on HIV, AIDS, STI and drug use to be able to work effectively.>

Approach: This paper describes key issues and considerations used in the development of an IDU peer educator training curriculum.

Key points: The paper addresses the issues such as participant selection; training needs and approach; modules; justifications; format; objectives; expected outcomes; materials required; and assessment and evaluation methods.

Implications: The paper shares FHI's experience and learning in Bangladesh in terms of peer educator training curriculum development for IDUs. A draft curriculum for IDU Peer Educator training will be shared.

603 **M Gituathi**

THE ROLE OF NETWORK OF COMMUNITY BASED ORGANISATION (CBO) IN CENTRAL PROVINCE (NCCP) IN COMBATING HIV/AIDS AND DRUG ABUSE IN KENYA

BACKGROUND: The NCCP has played a major role in educating, empowering and fighting stigmatization among the people living with Aids (PLWAS), orphans and marginalization of old peoples and youths and handicapped, etc in Central Province.

METHOD: According to the report given by Central Province Surveillance Group on matters related to the role of CBOs, non-governmental organizations (NGOs) in Central Province of October this year indicate that minorities being PLWAS, youths, orphans and disabled are encountering problems like unemployment, drug abuse, migration, poverty, illiteracy, etc. The research done in seven districts indicates the poverty level in Central Province to be 1,000,000 people living below 1\$ per day (the rate of poverty is 43% in Central province).

RESULTS: Street children/families underdevelopment of industries, agriculture and financial sector, high rate of crime, prostitution, poverty, squatters, poor infrastructure, etc.

CONCLUSION: The role of NCCP in educating and empowering CBOs in Central Province is a key role in developing people at the grassroots level in Kenya. It has trained CBOs in proposal writing, monitoring and evaluation, income generating projects and access to donor funds, resources and funds from Central Province, networking of CBOs and availing important information from all over the world.

RECOMMEDATION: The government should help in networking of CBOs and NGOs in Kenya and seal the widened gap between donors and the poor grassroots people in Kenya to fight poverty, drug abuse and HIV/AIDS.

606 **P Reid, G Adkins**

"PRIMARY HEALTH EIGHT DAYS A WEEK." ... A BLUE-PRINT FOR DEVELOPING, EXPANDING AND INTEGRATING HARM REDUCTION SERVICES

The work of three service components of Inner South Community Health Service's (ISCHS) Health Innovations Program (HIP) integrate in a harm minimisation framework working with at-risk and marginalised people who are often transient and homeless, a majority of whom inject drugs. HIP has developed, extended, implemented & evaluated innovative & flexible



programs to provide access to services in an innovative approach which identifies and directly meets needs at the times these needs are best delivered. This model is delivered as a blue-print for Service Delivery for working with other marginalised communities.

This presentation details the integrated model used to combine the Mobile health Outreach Service (MhOS), Arrest Referral within the MhOS context and the Extended Hours Service Delivery Pilot, Hustling to Health (H2H). We explore the difficulties, challenges & some of the successes in identifying and reaching a group of people who usually start work just as main-stream services close their doors – injecting drug users in the City of Port Phillip - some of whom are street based sex workers.

This presentation will include statistical & qualitative data, problems & successes encountered during service integration & suggestions for further development, relationship with other Primary Health service delivery models for injecting drug users and expansion of services to match demonstrated need.

Paulo Reid is the Principal Coordinator of the Mobile health Outreach Service (MhOS) and has worked in the Inner South Community Health Service (ISCHS) for over nine years and the community sector for 30 years. Greg Adkins is a Team Manager in the Health Innovations Program at ISCHS and has directed the development and implementation of the extended hours service delivery pilot "Hustling to Health". Greg has many years experience in public health provision from policy development to practice rollout and direct service delivery.

607 **A Akhtar, M Zafer, M Aslam**

CHANGE IN DRUG USE PATTERN AND TRENDS AT FAISALABAD PAKISTAN

Background: The drug addiction is a worldwide phenomenon. Pakistan is situated in a geographical region where the hemp and poppy grow and cultivated illegally in abundance. The increasing population of drug addicts is a source of increasing concern for Pakistan.

Objective: To assess the change in drug use pattern and trends from the year 1996 to the year 2002.

Method: This study was conducted at Model Drug Treatment Center, D.H.Q Hospital Faisalabad- third highly populous city of Pakistan. All drug addicts, admitted in this center were enrolled in the study, during the years 1996 and 2002. A well-structured questionnaire consisting of open and close-ended questions was constructed to explore the research objectives. The data of both the years was compared.

Results: The total number of the drug users increased more than two times in the year 2002 and the respondents from urban areas increased to 77% from 23%. In both the years, the ages of the respondents ranged from the years 19 -55 but the trend of detoxification increased at more earlier ages at 20-25 years. In both the years, the age at the time of first use ranged from 10-45 years but the trend of addiction started at more earlier ages 16-20 years from 21-30 years. The trend of duration of abuse was increased. The trend of married respondents trapped in drug addiction increased but involving in drug addiction after marriage decreased two times. The trend of becoming un-employment increased many folds. The trend of use of multiple drugs increased and the number of IDUs increased four times.

Conclusions: The increase in number of drug users, prevalence of unemployment, start of abuse at earlier age, and shifting to multiple drugs & injections are the major factors, which are responsible for full of harms to them and to the community.

608 **A Akhtar, M Zafer, M Aslam**

USE OF DIFFERENT INTERVENTIONS FOR REDUCING HARM, AMONG DRUG USERS IN PAKISTAN,ISSUE;

The drug addicts are at higher risk to infectious and communicable diseases like HIV/AIDS, STIs, Tuberculosis and Hepatitis B& C.

HIV linked to drug addicts especially to injecting drug users (IDUs) is now spreading alarmingly in many developing countries of Asia. Drug users also function as a "bridging group" that is a bridge for HIV transmission between the core HIV risk group and general population. Peoples have

higher risk of HIV, if they have STIs. STIs are higher in condition of poverty, due to poor access to health care.

Setting; Program of harm reduction interventions was implemented at Model Drug Abuse Treatment Center (MDATC) D.H.Q Hospital Faisalabad- third highly populated and industrial city of Pakistan. It provides treatment and rehabilitation to the drug addicts who are mentally prepared for detoxification.

Project Activities;

1) Drug addicts, during their admission in MDATC were detoxified with drug free treatment. This was the 1st Step towards harm reduction.

2) Drug addicts along with their spouses were investigated for STIs, Tuberculosis & Hepatitis. This was one step more towards reducing harms.

3) During education campaign with drug addicts and their spouses, lectures and workshops were arranged on different interventions e.g., safe sex, condoms, early treatment of STIs and abstinence. The mechanism of transmission and prevention of HIV was elaborated in detail. Comparative research design (before and after the intervention education campaign) was applied to assess the impact of education campaign.

Outcomes; This program has also involved spouses of drug addicts, so combination of multiple interventions including campaign, has made this project more effective for reducing the drug related harms. It can also be said confidently that the drug users and their spouses became well aware about the reduction of drug related harms.

609 **A Akhtar, M Zafer, M Aslam**

DETERMINANTS OF RISK BEHAVIOR AMONG DRUG USERS IN FAISALABAD PAKISTAN

Background: While the numbers of reported and estimated cases of HIV in drug users are still very low in Pakistan but the risk behaviour that could lead to HIV epidemic is reported to exist in drug users.

OBJECTIVE: To identify the risk factors for HIV transmission among drug users.

METHOD: Drug users admitted during the year 2002 were enrolled at Model Drug Abuse Treatment Center D.H.Q Hospital Faisalabad- third highly populated city of Pakistan. A well-structured questionnaire consisting of open and close-ended questions was constructed to explore the research objectives. Drug users were tested for HIV infection.

RESULTS: All, 210 respondents were male, Muslim and majority belonged to urban areas. Their ages, ranged from 19-55 years and 48% were in 26-35 years. 67% were married. 69% were literate, majority having primary and secondary schooling. 70% were unemployed. Maximum duration of drug use was up to 30 years and 75% was introduced to drug by friends. 35% were injecting drug and 86% gave evidence of use of contaminated needles and syringes. 90% had heard about AIDS but they had inaccurate information. 55% had engaged in sexual activities within the last year, 35% of them were having sexual contacts with female commercial workers and 10% reported engaging in homosexual activity. 98% believed that condoms were used for family planning. No drug user was HIV Positive.

CONCLUSIONS; Even most of the drug addicts are literates but they do not know the mechanism of spread and prevention of HIV. Further, they are married, having a long duration of use and have risky sexual behavior. All these factors including, the use of shared contaminated needles make an excellent chain of HIV transmission. The potential for HIV epidemic rates with sample population is exceptionally high, once the virus enters this vulnerable group.

610 **C Hughes**

PORTUGUESE DRUG POLICY – LESSONS FOR AUSTRALIA

Issue: Europe offers a valuable site for comparative drug policy analysis. Portugal's recent policy innovation – including its decriminalisation of all drug consumption – offers the opportunity to analyse its relevance to other societies grappling with the dilemmas of illicit drug use and control. Australia has often neglected the study of broader implications of European drug policy for the Australian context, and focused on selected policies eg.

safe injecting facilities.

Approach: This paper examines the rationale and implementation of Portugal's unique drug policy, reports on preliminary outcomes, and explores implications for Australian drug policy in terms of the conceptual, institutional and pragmatic foundations of the Portuguese approach. Additionally, the paper outlines proposed empirical research, comparing the outcomes of Australian and Portuguese policies for drug consumption.

Key points: In 2001 Portugal decriminalised the use and possession of all drug consumption. This was one of a number of wide-ranging initiatives based on a comprehensive report, which established philosophical, conceptual and practical foundations for a significantly revised illicit drug policy. This approach is based on science and evidence and attempts to reduce the harms associated with drug use through humanistic principles. Other aims include increased opportunities for treatment and social reintegration. The Portuguese experience suggests that drug policy can focus on health and social causes of drug use without condoning use. Early research indicates positive reductions in crime, mortality and AIDS.

Implications: The pragmatic foundation of Portuguese drug policy and its highly centralised coordination have important implications for the improvement of Australian drug policy. A major task is to assess the extent to which a regionally-specific policy is transferable to Australia, and whether such a policy represents an improvement on current directions in Australia.

611 P Mallick, R Kelly, K Rahman, P Baatsen

NEEDLE-SYRINGE EXCHANGE PROGRAMS (NEP) IN CENTRAL-BANGLADESH AND THEIR EFFECT ON HARM REDUCTION PRACTICES

Background: Fourth round sero-surveillance shows that HIV prevalence is highest among Injecting Drug Users (IDUs) in Central Bangladesh (4%). Using 4th round BSS data, this paper explores the associations between participation or non-participation in needle exchange programs and continued IDU-related risk behaviors.

Methods: Two-stage probability sampling with equal probability as the first stage and "fixed" number at the second stage.

Results: Significantly higher proportions of IDUs in Central Bangladesh shared (actively or passively) at last injection outside NEP as compared to inside NEP (85% vs. 52%). Passive sharing last week was also significantly higher ($p=0.030$) among IDUs outside NEP.

IDUs in intervention areas were twice as likely to use condoms at last commercial sex with female (42% vs. 21%; $p=0.003$) and four times more likely to use condom consistently with the same in previous year (23% vs. 6%; $p=0.002$). Similar trend (26% vs. 11% $p=0.009$) was found in last time condom use with their regular female partners.

Less IDUs in intervention areas (37% vs. 45%; $p>0.05$) reported at least one STI symptom in the past year and more IDUs (51% vs. 37%; $p=0.068$) in intervention areas sought medical treatment for their last STI. The mean waiting days before seeking STI care was significantly less (4.9 vs. 8 days; $p=0.000$) among the exposed IDUs.

Conclusions: The results show higher sharing, lower condom use and lower health seeking among the IDUs in non- intervention areas compare to intervention areas. In the fourth round of BSS, only 46% in Central Bangladesh mentioned being exposed to NGO intervention programs and 98% of those were involved in NEP. To prevent a looming HIV epidemic, immediate expansion of existing programs to cover all IDUs is urgently required.

612 P Mallick, R Kelly, K Rahman, P Baatsen

THE VULNERABILITY OF INJECTING DRUG USERS (IDUS) IN SOUTHEAST-D-A CITY IN BANGLADESH

Background: National Assessment of Situation and Responses to Opioid / Opiate use in Bangladesh (NASROB) explored an estimated figure of around 200 IDUs in Aug-November 2001 in Southeast-D (SED). Following the assessment, this population group has been included for the first time in 4th round of BSS in 2002. This paper highlights the HIV vulnerability of this group of IDUs.

Methods: Take-all approach. After mapping all spots were considered

and every one was interviewed during the stipulated time period set in mapping exercise.

Results: On average, IDUs in SED have been injecting for just over two years. 31% have been injecting for one year. Mean age 26 is years and 26% are married. Among those who were interviewed 51% injected passively and 47% injected actively in last injecting episode (74% in any direction last time). Three quarter of them also passively shared in last week. 60% injected in another city/district (of those 36% in Central-A, Bangladesh where HIV prevalence is 4%) and 2% sold blood in last year. All were sexually active. 36% had sex with regular partner, 64% with commercial female and 5% with commercial male/hijras in past year. 15% reported group sex in past month. 67% never used condom in their life. Last time condom use with commercial partners varied between 0 and 18% and that of consistent condom use in last year with the same regular partners was 20 and 4% respectively. 46% reported at least one STI symptoms in last year and 63% did nothing to prevent STI. 56% had ever tried to quit drugs and 23% ever been to jail in past year.

Conclusions: No intervention exist in SED. The findings revealed an urgency of immediate intervention program for IDUs in SED.

613 B Johnson, W Davis

GENDERED DISTRIBUTION ROLES AMONG CRACK AND HEROIN USERS IN CENTRAL HARLEM

Objective: This analysis investigates the extent to which users and/or sellers of crack, powder cocaine, and heroin in Central Harlem participate in various roles in distributing these drugs with a focus upon gender differences.

Methods: Chain referral sampling and other strategies were combined to acquire a sample of 657 hard drug users and sellers in Central Harlem (NYC) who self-reported drug use and other factors in a face-to-face interview. Analyses examined factors associated with current involvement in one or more drug distribution roles.

Results: More than two-fifths (41.1%; $N=269$) of all respondents self-reported participation in at least one drug distribution role in the 30 days prior to interviewing. The most common roles were acting as a middleman (23.6%), steering buyers (16.9%), holding drugs or money (both 16.3%), transporting drugs (12.6%), selling or renting paraphernalia (11.6%), acting as a lookout (10.8), providing space (10.5%), and preparing and/or packaging drugs (8.2%). While women were more likely to be distributors, males distributors were active in more roles. Among drug distributors, men were more likely to be direct sellers and transporters of drugs ($p<.000$), as well as holders of drugs ($p<.03$) or money ($p<.008$), lookouts ($p<.003$) or steerers ($p<.016$). Women were more likely to sell/rent paraphernalia ($p<.000$). Among those with a drug distribution role, men were more likely to have been in prison ($p<.000$) and less likely to have non-criminal sources of income than women.

Conclusions: Gender contrasts support previous research indicating the male dominance of drug distribution roles. However, previous studies may have underestimated women's participation in drug distribution roles and overlooked the kinds of roles women perform. The implications of findings for policies directed against drug selling is discussed.

614 K Oeuvray

COMPULSORY TREATMENTS AND COMPULSORY AMBIGUITIES

Objectives: The research project QCT-Europe (2002-2005) seeks to create a European evidence-base on "Quasi-compulsory and compulsory approaches to drug treatments". Exploratory interviews identified key dimensions of the control-care dichotomy.

Methods: Twenty-two QCT clients and 15 professionals from judicial and care sectors were interviewed in cities taking part in QCT-Europe (Berlin, Fribourg, Kent, London, Padua, Vienna and Zurich). The semi-directed interviews explored "best possible" practice, inhibiting conditions within and across sectors, treatment processes and ethical issues. Whilst highlighting national themes, analysis sought to identify underlying QCT issues.



Results: Interviews reflected "inclusiveness" and "ambiguity" as 2 fundamental and related characteristics of QCT. While formal definitions could limit analyses to specific treatment programmes, "working definition" of QCT context and boundaries takes in both control and treatment sectors, obliging clients and professionals to affront conflicting representations. Four problematic and interrelated dimensions thus emerged as decisive for shaping both QCT context and treatment processes. First, judicial and treatment sectors need to find minimum agreement on key issues. Secondly, limited QCT choices need to correspond with optimal matching between client needs and treatment offers. Thirdly, the relation between "pushed" motivation and retention needs to be understood. Finally, QCT is seen as evolving in time, suggesting differing issues according to treatment and order stages, not least of which is being sure that the order itself will end.

Conclusions: Cutting across national contexts, differences between QCT systems can be explained by the varying ways that actors attempt to find satisfactory solutions for sometimes irreconcilable positions. In addition to more conventional indications, the QCT-Europe evidence-base will thus include a typology of how European QCT systems attempt to face such issues.

615 **K Oeuvray**

CONTROLLED USE OF ILLICIT DRUGS: AN ACTION MODEL OF COMPETENCIES AND RESOURCES

Objectives: The existence of "hidden", occasional users of heroine and/or cocaine has been recognized for years. Methadone patients, too, occasionally use these products whilst refusing to consider themselves as "relapsing". How do such groups control their recreational use heroine and/or cocaine? What types of supports, resources and competences are necessary?

Methods: Forty persons, coming from French speaking Switzerland, identified themselves as recreational users for at least 12 months preceding interviews. Comprehensive, semi-directive interviews covered aspects of their present way of life. An ongoing qualitative approach allowed emerging themes to be identified and explored in greater depth with subsequent interviewees. A focus group of experienced methadone clients also suggested themes and examined results for plausibility.

Results: Controlled use implied using resources and developing capacities to construct a stable and significant "action system" constituted by 4 distinct and interactive "reasoning" schemas. Professional reasoning concerned the necessary practical knowledge about minimizing health and social risks associated with drug use. Symbolic reasoning concerned the capacity to attribute a positive signification to one's drug using activities. Values adherence concerned the ability to subscribe to values unrelated to product using. Adaptation or strategic reasoning concerned the capacity to get out of problem situations. Controlled use seemed to depend on all four capacities being present and indeed being consciously maintained and renewed. Differences between forms of control (and types of potential vulnerability) became explainable by capacities being more or less developed.

Conclusions: The analytical model of controlled use can be used to visualise the form of controlled use, with its force and its weaknesses. As such, the model can indicate the types of resources (significant others, material support, accessible alternatives) needed in order to decrease the vulnerability of ongoing users.

617 **D Mukherjee, S Mukherjee, K Misra, V Pavamani**

BALANCE OF SUPPLY REDUCTION WITH HARM REDUCTION- URGENT NEED FOR DRUG DEPENDENTS IN RESOURCE POOR SETTINGS

To prevent the problem of drug abuse, supply reduction has very important role. But experiences has shown that sudden raid on local peddler in a limited geographical area resulted in more marginalisation of the drug dependents and non-availability of their substance of choice resulted in increased risky practices. e.g. in the city of in Calcutta(1993), Jamshedpur(1996) and Mumbai (2000), sudden raid by law enforcement personnel resulted in shifting of the non-injector to injector. Lost without a clue, drug dependents were used physically, mentally and economically by

people of various levels, apart from increase vulnerability to HIV/AIDS. The same observation has been found in rural area, mainly villages along the trafficking routes and international border. As in Lalgola and other villages situated in the trafficking route at Indo-Bangladesh Border observed the same scenario. Moreover these places did not have any drug treatment centres or prevention programme nearby. So, there is a need of striking balance between drug demand and supply reduction and bringing changes in a planned manner with a clear cut strategic policy supported by ample scope and service facilities to prevent them from undue victimisation under such situation. It's their right too.

618 **S Natalya**

PREVENTION OF HIV/AIDS/STI AMONGST SEX WORKERS IN THE SOUTH OF KYRGHYZSTAN

BACKGROUND: Kyrgyzstan – one of the post-Soviet republics. It is situated in Central Asia, it borders with Uzbekistan, Tajikistan, Kazahstan and China. The population is 5 million people. The capital – Bishkek.

Osh is situated in the south of Kyrgyzstan and located in south-eastern part of Fergana valley, at the northern part Kichik-Alai chain. By climatic conditions Osh is located in the northern part of subtropic part of mountainous Pamir-Alai. The population is more than 350 000 people. The problem drug trafficking is on the top, as well as unemployment and difficult social position of people make them find money on easy or uneasy way. Therefore more and more people become vulnerable in our society and are at risk.

Public Foundation "Podruga" was registered on November, 21, 2001 in Osh City. Our foundation was established with the aim of prevention of HIV/AIDS/STD amongst population of Kyrgyz Republic, particularly amongst risk groups, promotion of social rehabilitation and adaptation of people related to vulnerable groups, promotion consultative and legal assistance, attraction of state and public structures' attention to the problems of high risk groups.

Since March 2003 the project "Prevention of HIV/AIDS/STD amongst sex workers" has been sponsored by Soros Foundation and USAID for second year.

Since December 2002 the project "Prevention of HIV/AIDS/STD amongst sex workers and social assistance" has been funded by Netherlands Foundation "MamaCash".

OBJECTIVES OF STD/HIV/AIDS PREVENTION PROJECT:

1. Reduction of STD cases among sex workers (SWs).
2. Provision of health access for sex workers.
3. Promotion of solidarity amongst sex workers.

ACTIVITIES:

- outreach visits
- syringe and needle exchange
- medical support
- consultation
- seminars
- collaboration with international and national organizations
- social support
- working out information materials
- peer education
- working with SW's clients

620 **M Filipowicz**

MMT IN TEMPORARY PRISON – THE PILOT PROJECT

As every one know (hopefully), society free from addictions is an utopia. It would be hard not to agree with that, seeing all around people smoking, drinking alcohol, spending hours in front of their computers and using drugs. Prison is part of this society, and those who are affirming that "there is no drugs in prison" are in deep ignorance. Especially if they insists on that, proving it to be true, because it is based on fact, that no drugs were found. For me, it only means, that there is problem with uncovering, not that there is no drug problem. To accept this fact, is the first step to take some actions to deal with it. To accept this fact, is the first step to take

some actions to deal with it. I'm glad that in Krakow, Poland the first step has been made. We started to conduct the first methadone maintenance programme in temporary prison on Montelupich. It is the first, and the last so far, this kind of program in Poland. As I know Poland also introduced it as a first country in Eastern and Central Europe and post Soviet Union countries. It is important especially if we have a look at what researchers said the reduction of injecting and syringe sharing occurs with MMT – in community and in prison. So, the role of programme is hard to overrate, nowadays in HIV/AIDS epidemic era. It also important from , let's call it, philosophical point of view; the inmates should have the same access to health care services as people/drug users in community. And other positive aspect of leading MMT in temporary prison, is fact that it gives a possibility to continue being maintained for patients who started their substitution on hospital program. This works in other side also: the patients which started MMT in prison program, have the right to continue it after being released. This is the most important aspect of cooperation between two methadon programs which are holding at this moment.

621 S Azariah

INTRODUCTION OF HARM REDUCTION AS A PUBLIC POLICY AND PRACTICE IN PAKISTAN

Issue: Introduction and acceptance of Harm Reduction as a legitimate public policy, approach and practice in Pakistan.

Setting: The DFID funded 'HIV/AIDS Prevention with Drug Harm Reduction in Pakistan (HAPDHRP) Project' is a part of the national Enhanced HIV/AIDS Control Programme and also its forerunner.

Harm Reduction Services are provided through Non-Government partners for the 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 Europe is contracted to manage the project. Initially an issue, Government ownership is now high as all the decisions are made by a Steering Committee and its Technical Working Group comprised of Government and International stakeholders.

The HAPDHRP 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 by the TWG 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 is estimated that there are about 16,000 – 20,000 IDUs in Pakistan despite exaggerated projections of up to 60,000 IDUs. The contracted NGOs will reach approximately 14,000 IDUs.

Intensive NGO capacity building and performance monitoring is being done by Futures Group.

Outcomes

1. Formal NGO Contracts in the ambit of Public Private Partnership.
2. Acceptance and full support of Harm Reduction Policy and Practice by GoP.
3. Harm Reduction Service Provision (through static and mobile Harm Reduction Units) in provincial headquarters and a small town.
4. Improved NGO Capacity on Harm Reduction.
5. Approx. 14,000 IDUs accessing effective HR Services.

625 A Kucheruk

IMPACT OF HARM REDUCTION PROGRAM FOR DRUG INJECTING SEX WORKERS

Issue: After disintegration of Soviet Union Ukraine faced difficult economic situation. Unemployment and poverty became the main reasons that forced women to render sex services. Lack of information, migration in search of job and bad health care led to increase of STD and HIV/AIDS. During last decade twice increased sexual way of HIV transmission in Vinnitsa region (in 1997 – 10% and in 2003 this index reached 22%). Drug injecting sex working women dealing with 2 factors of HIV transmission risk became the most vulnerable group.

Setting: Since 2001 the project was implemented in 5 districts of Vinnitsa region and Vinnitsa city. The length between points of support is 40-120 km. The majority of the target group aged at 16-35 and has only secondary education. 81%-unemployed. 16% have got syphilis, 83%-gonorrhoea. Length of drug usage and sex work – 4-6 years. Opiate "hanka" is the most popular drug.

Project: Having studied the situation our organization started syringe exchange, counseling (medical specialists, psychologist, lawyer), distribution of condoms, information-educational work, trainings, peer education, assistance with employment and support with medications for SWs. The organization established long-term connections with target group and organizations-partners; 193 clients are under our observation.

Outcomes and lessons learned: The results of studies revealed significant changes in SWs behavior to safer forms after our intervention. In 1998 – 100% of clients used any syringes, but in 2003 only 2,3% noted use of somebody others syringes. Condom use increased to 71%.

HR strategy realization among SWs contributed that on the background of decrease of new HIV-cases revealing the part of HIV-infected women decreased from 30,3% in 2001 to 26% in 2003 from the total number of the cases registered in Vinnitsa oblast.

HR Programs coupled with rendering the possibility to get treatment from STD significantly decrease risks for drug injecting SWs.

626 A Kucheruk

FORMATION OF THE NETWORK OF MOBILE HELP FOR VULNERABLE GROUPS IN VINNITSA REGION

Issue: In recent years Ukraine has become one of HIV-epicenters in CEE region. Drug addiction and prostitution increase. Local authorities do not render HR material support. Small towns and countryside suffer the most. Rural problems are aggravated by low access to medical care and information, scarce resources of local hospitals, social stigmatization of IDUs\SWs and PLWH, high unemployment rate, absence of governmental preventive programs and support for vulnerable groups.

Setting: In Vinnitsa region 616 HIV-infected persons were registered. 75% of them live in countryside. The majority of the target group (IDUs\SWs and PLWH) aged up to 35 and has only secondary education. 79% – unemployed. Opiate "hanka" is the most popular drug. 1234 clients are under our observation.

Project: Since 2001 our organization first in Ukraine extended geographical coverage and rendered HR services not only in the city but also in 5 small towns and countryside. The NGO established network of stationary and mobile points to make HR Programs accessible for vulnerable groups.

Intervention of syringe exchange, counseling, information-educational work, condoms distribution, newspaper publishing, trainings, peer education, support with medications have influenced positively on HIV-prevalence in target group in the region.

Outcomes and lessons learned: Creation of network successfully implementing HR strategy among vulnerable groups in Vinnitsa region.

According to the results of studies HR Program in Vinnitsa city covered 80% of registered IDUs, and the coverage reached 60% of IDUs registered in Vinnitsa region.

The program activity stabilized HIV spread among IDUs and SWs by significant changes of their behavior to safer forms. The project



intervention contributed the positive dynamics of decrease of HIV-incidence rate from 5.5 (in 2000) to 4.7 (in 2002) for 100,000 of general population.

Introduction of HR in rural localities of the region showed the necessity of its continuation and drew funds from local sources.

627 S Mitra

POLICING AND HARM MINIMISATION: THE CALCUTTA, INDIA EXPERIENCE

Issue: Indian police guided by the Narcotic and Psychotropic Substances Act find it difficult to incorporate contemporary ideas and concepts about minimising the harm among drug users. Hostility towards drug users is endemic but their suffering is rarely understood. For the Calcutta Police the strategy is to use new concepts of community policing which also supports harm reduction.

Setting: One section of the Calcutta police has implemented a method of working towards minimising the adverse consequences of drug use, with a prime focus on injecting drug users, in three city areas.

Project: Calcutta Police, aware of the complexity of drug addiction, works in partnership with two main NGOs that have a focus on drug users. The programs adopted by the police include: orientation courses for police officers with the help of NGOs in modern techniques of handling HIV/AIDS; police involvement in community programmes such as street plays, drug awareness rallies, educational programs in schools; and police facilitated NGOs intervention among drug users through needle-syringe programs, substitution programs, distribution of condoms, abscess and general health treatment programs and counselling of drug users and their families.

Outcome: A positive change in the attitude of the community and the police towards drug users has emerged. Drug addiction and vulnerability of drug users is more openly acknowledged. Access and listening to drug users issues has facilitated the formation of more effective health policies. Socio-economic rehabilitation of drug users has increased as has the level of awareness of STI and HIV/AIDS issues. Many IDUs embraced oral substitution programs with positive outcomes: reduction in incidents of petty crime committed by those enrolled in the program. A fusion of State and law enforcement agencies with welfare oriented NGOs are required if crime and criminals are to be outpaced. Our project demonstrates it can be done.

628 K Lindorff

THE INTRODUCTION OF SMOKE-FREE GAMING LEGISLATION IN VICTORIA AND IMPLICATIONS FOR GLOBAL TOBACCO CONTROL

Issue: The Tobacco (Miscellaneous Amendments) Bill 2002 came into force on 1st September 2002. The Bill bans smoking in gaming rooms and was introduced to protect patrons and staff from the harms associated with environmental tobacco smoke.

Setting: The smoke-free gaming legislation applies to all gaming rooms in the state of Victoria, Australia. The legislation is one of the first of its kind in the world.

Project: Extensive consultation took place prior to introducing the legislation. A comprehensive communication campaign to inform gaming venues and members of the public of the changes was implemented and local government Environmental Health Officers were funded to undertake education and enforcement visits to the premises.

Outcomes: Anecdotal evidence suggests that the smoking bans have been well accepted and supported by the public.

The potential effect of the legislation on the gaming industry was largely unknown. Gaming revenue fell dramatically in the first three months of the ban from September-December 2002. This outcome was not anticipated. Revenue from January – June 2003 largely levelled out with a very slight increase, however this increase was not at the same rate of increase as prior to the smoking bans.

The gaming industry responded quickly to the law. Many venues have constructed new 'rooms' within the gaming area that do not contain gaming machines and therefore smoking is permitted in them. These rooms have introduced problems of smoke drift as according to the legislation they need only be substantially enclosed, not fully enclosed. The Victorian Government is monitoring the implications of the industry response.

As Victoria is one of the first jurisdictions worldwide to implement smoke-free gaming legislation, the outcomes and lessons learned have implications for global tobacco control.

629 S Mahmood, A Khan, B Mahmood

MANAGING HIV/AIDS IN BANGLADESH: THE ROLE OF PUBLIC HEALTH ADMINISTRATION POLICY IN RESPONSE TO HIV/AIDS

Objective: Explore the susceptibility of the People of Bangladesh to HIV/AIDS. Assess the risky behavior of contracting HIV/AIDS. Recommend measures to be adopted for prevention of HIV infection among the people of Bangladesh.

Methodology: The study was done through the latest Internet and literature survey on global and regional prevalence of HIV/AIDS, analysis of the existing situation in Bangladesh, discussion with national and international experts.

Results: The prevalence of HIV/AIDS in the neighboring countries may have reasonable proportions of impact in our country. Curses of poverty, illiteracy, ignorance, proximity, malnutrition, unemployment, slum housing, family fragility, physical and sexual abuse of Bangladesh to the so-called 'Golden Triangle' & high prevalence of STIs make our country seriously vulnerable. Sharing injecting equipment increases the HIV risk and can start very early-for example, glue-sniffing by youngsters. In addition increased number of migrant workers, unsafe practice in health service, unsafe sex practice, lack of awareness on HIV infection, increasing number of homosexuality, low popularity of condoms and lack of voluntary blood donors and dependence on professional blood sellers further increases the susceptibility. According to the data provided by a Bangladesh University, the number of People living with HIV/AIDS has reached 248 as of June 2002. Almost 80% of them are male. 20% are female.

Conclusion: Importance of appropriate education on safe sex, violence, HIV/AIDS at all levels of our society including counseling is emphasized. As preventive measures, uses of condom, sterilized equipment's, disposal blades in surgery, dental surgery, barber shops, ensuring safe blood transfusion, obeying religious rituals, using mass media materials are important. Equity in all fields; health, education, environment, the economy are essential if women are to act to protect themselves when it comes to HIV and AIDS. Above all Bangladesh should immediately translate its HIV/AIDS policies into action to benefit her people.

630 S Sultanov, A Abdullaev

SYRINGES' EXCHANGE – PROGRESS AND FAILURE

The early study on problems of the drug addicts' have been started in 2001. The interrogation was held in three regions of the Azerbaijan Republic and two districts of Baku. As a result of the study it has been determined that injection drug addiction is extended in the south of Azerbaijan (at the border with Iran), but in the west of Azerbaijan the smoking of marijuana is prevailed.

The accumulation of the users of injection drugs (UID) in Baku is concentrated in two districts of the city. The main drug is heroin. For the purpose of decrease of the harm of UID it has been organized the stationary center on exchange of syringes in two said districts. The attendance of these centers was very low. The reason of low attendance was unwillingness of the UID to reveal themselves. As a result of this, the project was changed into another form – the mobile center of trust moving to places of concentration of drug addicts where exchange of syringes was implemented.

It has been involved 75 UID in this project. This research discovers their "activity" for the period of 12 months, from July, 2002 up to September, 2003. During this project it has been fixed 8086 primary and 6913 repeated visits of UID, was given 95480 syringes, 4300 condoms and 1717590 sets of sterile dressing materials. Progress of this work is trust of UID to mobile centers, their active attendance and attracting their friends to these centers. Failures of the project are termination of the attendance of UID and unwillingness to visit lectures regarding HIV Infection and harm of drugs.

631 **A Domanico**

BRAZILIAN PIPES

ISSUE: In May 2002 three Brazilian harm reduction projects began working with crack cocaine users. At that time there was only one project that supplied wooden pipes aiming to avoid the sharing of pipes during crack use.

SETTING: The initial project in Juiz de Fora- Minas Gerais State, developed, with the help of crack users, the prototype of the wooden pipe. The three projects which followed suit were in Florianopolis, Santa Catarina State, Salvador, Bahia State and São Paulo.

PROJECT: Since then the four projects have been distributing pipes for the smoking of crack cocaine, apart from distributing a standard questionnaire designed to draw up a profile of users.

OUTCOMES: The standard pipe was only considered satisfactory by the Juiz de Fora users. The users from São Paulo and Florianopolis considered the pipe to be too big, since as they were mainly street dwellers, they preferred something smaller and easier to hide during police searches. The Salvador users, who live in communities, did not feel any need to hide their pipes. The greatest lesson to be learned is that, when doing research into new equipment, it is necessary to take into account regional specificities. During a meeting with members of the four projects, it was agreed that all should think about new equipment made in glass or some other heat resistant and non-porous material, since it is common for crack users to scrape their pipes after use, in order to consume the remains of the resin. Should the pipe be made of porous material such as metal, plastic or even wood, there is the risk that the user might inhale pipe particles during use.

632 **T Seamionova**

BEHAVIORAL RISKS OF CLUB YOUTH

Background: The fact that Byelorussia is situated in a particular geopolitical location poses a number of negative aspects. One of them is drug substance trafficking through the territory of Byelorussia. Byelorussia is known to have been a drug trafficking corridor; however, recently, it became a market place for drug pushing. Not only does it relate to different subcultural informational flows, but also to the reduction of prices for drugs.

Objects/aims of research: Young people from 17 to 24 years of age who belong to the subculture of "club youth" and use of drugs by this subculture. To find out how strong the attachment to drugs is and how well this subculture is informed of drug use related risks.

Tasks:

- to find out periodicity of drug use
- to find out which drugs are used by this subculture; light, heavy or medical preparations.

- to get an idea of their informational level on the subject

- to estimate a degree of risk behavior in the group

Methods of research: questionnaire

Results/conclusions:

- due to use of club drugs (ecstasy, marijuana, amphetamines) the level of sexual risk behavior among club youth is extremely high

- periodicity of drug use makes minimum one time a week, however, continuance of drug use may take place repeatedly

- the favorite drugs used among the group are amphetamines, ecstasy and marijuana

- the group is well-informed of intravenous drug use related risks and ways of intravenous HIV/STI transfer. Nevertheless, the group is vulnerable by its uncontrollable conduct related to use of amphetamines and ecstasy.

- information about the risk of overdose by amphetamines and ecstasy is absent

633 **A Judd, S Hutchinson, S Wadd, M Hickman, A Taylor, S Jones, J Parry, S Cameron, T Rhodes, S Ahmed, S Bird, R Fox, A Renton, G Stimson, D Goldberg**

A TALE OF TWO CITIES; A COMPARISON OF PREVALENCE AND RISK

FACTORS FOR HEPATITIS C AMONGST RECENT INITIATES TO INJECTING IN LONDON AND GLASGOW DURING 2001-02

Background/objectives: London and Glasgow, the two most populous cities in England and Scotland respectively, are home to a substantial number of injecting drug users (IDUs). Previous studies had suggested that prevalence of hepatitis C was higher amongst IDUs living in Scotland than in those living in England. This study therefore sought to (a) compare the prevalence of hepatitis C antibody (anti-HCV) amongst recent onset IDUs in London and Glasgow and, (b) investigate whether potential risk factors could account for any disparity in prevalence between the two cities.

Methods: Cross-sectional studies of IDUs who had initiated injecting drug use since 1996 were conducted in London and Glasgow during 2001-02. IDUs were recruited simultaneously from community settings in both cities and structured questionnaires with identical core questions were used to gather data on risk behaviours for anti-HCV. Each respondent was also asked to provide an oral fluid specimen which was tested anonymously for anti-HCV.

Results: Overall prevalence of anti-HCV was 35% (122/354) in London and 57% (207/366) in Glasgow ($p < 0.0001$). In multivariate analysis, factors significantly associated with raised anti-HCV prevalence were longer injecting careers, daily injection, polydrug use, having a needlestick injury and having served a prison sentence. Lower anti-HCV prevalence was associated with use of crack cocaine. After adjustment for these factors, the increased odds of anti-HCV associated with being a Glasgow IDU were diminished but remained.

Conclusions: This study found high prevalence of anti-HCV in recent initiates to injecting in London and Glasgow. Adjustment for covariates only partly explained the increased prevalence of HCV among Glasgow IDUs suggesting that other factors are also likely to play a role. Comprehensive action is required to prevent HCV incidence from reaching saturation point among injecting populations in London and Glasgow.

634 **D Ciavaglia**

SNIFF WELL KIT

ISSUE: Taking into account the transmission of the Hepatitis B and C viruses and how the constant sharing of cylinders for sniffing cocaine has been shown to be a means of transmission (Journal of Medical Virology 2003;70:387-390) we set out to find alternatives to this custom.

SETTING: The Central do Brasil rail and bus terminus in Rio de Janeiro, Brazil, giving special attention to the sex workers (prostitutes, transvestites and male hustlers) who use inhaled cocaine.

PROJECT: Development of a kit of easy manufacture conceived of and financed by the author composed of: a plastic straw cut in half with a piece of rubber tubing of about four centimetres wrapped around one of its ends, and having about 0,5 centimetres protruding beyond the straw, so as to protect the nasal mucosa; two vials of physiological serum for cleaning the nasal ducts after cocaine use; a card, similar to a phone card, carrying information on health care and drug prevention, to be used jointly with a surface of hard cardboard for preparing the cocaine for use; two folders with information on health care, drug users rights, recommended procedures during and after use, etc. and a third folder with information on drug treatment centres.

OUTCOMES: 350 kits were distributed on several occasions among approximately 90 sex workers. The kit was very well received and elicited an increase in interest for safer methods of drug use, health care and better control in avoiding undesired effects and abuse.

635 **R Lesniowska**

INDIGENOUS-SPECIFIC DRUG STRATEGY – THE VICTORIAN GOVERNMENT'S (AUSTRALIA) COMMITMENT TO REDUCE SUBSTANCE MISUSE IN THE KOORI COMMUNITY

The presentation will outline the development of a Koori-specific drug strategy, including an overview of major drug issues and developments within existing, new and future Koori alcohol and drug treatment programs.

In September 2001, the Victorian Government announced that \$1



million dollars would be allocated over two years for the development of a Koori Alcohol and Drug Strategy, as an integrated yet identifiable component of the overall Victorian drug strategy.

Throughout the development of the Koori Drug Strategy, Aboriginal health organisations, peak bodies, community members and alcohol and drug workers continued to identify alcohol and drug misuse as a major contributor to poor health and a general lack of spiritual wellbeing within the Indigenous community, particularly Koori youth.

In response to identified priority areas, the Government allocated resources for the following initiatives in 2003-2004:

- development of a Koori youth residential rehabilitation service
- upgrade of Koori Community Alcohol and Drug Resource Centres
- development of an Inhalant Resource Kit for Koori workers working with Koori people who inhale solvents
- Koori workforce development
- a Koori-specific community drug education package
- five different community tobacco control projects
- Koori-specific About Better Communication on Drugs Program
- research projects regarding: foetal alcohol syndrome, barriers to successful transition to primary schools and Koori worker access to drug information
- extension of drug and alcohol treatment support services to custodial prisoners

The presentation will outline:

- substance misuse and treatment trends within Indigenous communities
- the current alcohol and drug program in Victoria
- context to the Koori Drug Strategy
- Koori-specific drug initiatives implemented in 2003-2004
- plans for future drug and alcohol treatment, prevention and early intervention initiatives targeting Koori communities

636 M Naim

AN ASSESSMENT OF PROBLEM DRUG USE IN KABUL, AFGHANISTAN

During recent years UNODC, and Afghan communities themselves have expressed concern about the escalation of problem drug use in Afghanistan. As a reliable data on the extent, nature and pattern of drug abuse/misuse did not exist in Afghanistan, particularly in Kabul city, it was therefore necessary to conduct this assessment.

Study objectives:

To assess the nature, extent and pattern of drug abuse/misuse in Kabul city

To provide information for all those agencies, who work with problem drug users.

Methodology: The assessment is based on a Rapid Situation Assessment (RSA) methodology that uses a combination of several qualitative and quantitative data collection techniques.

200 drug users and 100 key respondents (professionals) from different parts of Kabul were interviewed for the assessment.

Results: The first-ever assessment revealed that heroin, opium, hashish pharmaceutical drugs and alcohol are being used by thousands of Afghans including women across the city.

The assessment, also found that some heroin and pharmaceutical drug users are injecting drugs even sharing needles and syringes, thus increase the risk of HIV/AIDS, Hepatitis and other blood-borne diseases.

The lowest estimated number of drug users in Kabul were: 23,995 hashish users; 14,298 users of pharmaceutical drugs; 10774 opium users; 7,008 heroin users; and 6,568 alcohol users.

Nearly one third of the opium users interviewed were women (29 percent) and 35 of the pharmaceutical drug users, particularly valium were women. Nearly half the heroin users interviewed had started to use heroin while refugees in Pakistan or Iran.

640 B Sirojn, V Chaitep, T Teekayu, T Swangying, S Panupintu, S Wongsuwan, S Taejaroenkul, W Pumyim, A Aramrattana, D Celentano

HIV AND STDS RISKS AMONG METH- AMPHETAMINE USERS: THAILAND

Back ground: Meth-amphetamine (MA) has been widely used in Thailand for almost 10 years. The majority of users are young people. Research indicates MA use may increase sexual desire in users and there are data that young people who are sexually active do not use condom regularly. Therefore engaging in using MA the young would increase HIV/STDS risk behaviors. Methodology: Ethnographic methods, including 66 in-depth interviews, 8 focus group discussions and field observations, were used to collect data in Chiangmai from November 2001-2002. Result: 48 out of 66 from in-depth interview respondents reported engaging in sex. They reported that sex while on MA takes longer time and is rougher than usual. MA users tend to have more sexual partners than non-drug users. Unplanned sex is common among those who use drugs in a group. Condom use among MA users is generally infrequent and only sporadically used. Long-term regular MA users tend to have sex for drugs and/or money. Conclusion: Sexual behaviors among MA users are high risk for HIV/STDS. Ethnographic approaches are a potential method to reach MA users in their communities. Educational program and behavioral intervention aiming to reduce drug intake/demand and sexual risks are needed to limit their risk of acquiring HIV/STDS

641 N Russell

PEER EDUCATION IN THE RAVE SCENE

Issue: Reduction of harm associated with the use of party drugs within the rave/dance scene.

Setting: Rave/dance scene.

Project: RaveSafe is an initiative of VIVAIDS and funded by the Department of Human Services. RaveSafe is a Peer Education project, in that the project development, implementation and evaluation is coordinated by the RaveSafe Peer Education Officer and a team of 5 Peer Educators.

The project has two different components 'RaveSafe' and 'Partysafe' which aim to increase the capacity of different individuals and organisations involved in the rave scene to minimise the harms associated with 'party drug use.' The RaveSafe focus is on the 'raver' or substance user as an individual and is dedicated to providing partygoers with up-to-date and relevant written/verbal information about safe sex, safer using, drugs and raver health issues such as nutrition and hearing protection.

Secondly the 'Partysafe' component aims to target other groups and get the safe partying messages out earlier. These groups include event organisers, promoters, club staff, security, senior school students, youth workers and drug and alcohol workers.

The project's strategies and implementation are overseen by a Reference group consisting of representatives from St John's Ambulance, Australian Drug Foundation, Turning Point Drug and Alcohol Centre, Pt'chang Non-violent Community Safety Group, Department of Human Services, Enlighten (pill testing agency), Victorian Police, Department of Education and Training, Ambulance Victoria, VIVAIDS and promoters/event organisers.

Outcomes: From its implementation in February 2003, RaveSafe has identified the following key strategies as important in dealing with party drug use.

- Peer Education
- Working with and up skilling event organisers and promoters
- Developing appropriate resources
- Developing and maintaining partnerships between appropriate agencies.
- Influencing of legislation (eg free cold water in clubs, introduction of pill-testing)
- Up skilling of AOD workers

642 **T Butler**

RISK BEHAVIOURS AND HARM MINIMISATION IN THE NEW SOUTH WALES (AUSTRALIA) CORRECTIONAL SYSTEM

Substantial evidence exists that Australian prisoners engage in risk behaviours during incarceration. Transmission of blood borne viruses from injecting drug use (50% of IDU report injecting while in prison) and tattooing (40% report having prison tattoos) has been documented.

Data on the prevalence of blood borne viruses (eg. hepatitis B, hepatitis C and HIV) are a useful measure in monitoring the extent to which prisoners engage in risk behaviours and can be used to monitor the impact of harm-reduction strategies such as hepatitis B vaccination. Regular health surveys are undertaken in New South Wales to monitor risk behaviours and infectious diseases.

Several programmes have been introduced into prisons to minimise these risks such as the provision of bleach for cleaning injecting and tattooing equipment, condoms, immunisation, and health education.

This presentation examines longitudinal data from two prison based population health surveys on the prevalence of risk behaviours and blood borne viruses among inmates.

643 **D Pinituwon, A Boontaphuk, P Suk-kaew, P Kwanthong**

PEER OUTREACH FOR HIV RISK REDUCTION AMONG YOUNG ATS USERS IN THAILAND

Issues: In last 3 years, there has been an increase in amphetamine-type stimulants (ATS) use among youth in Thailand, especially in the northern region. Estimates hold that use has increased more than 50 %. Although ATS is usually taken orally and very rarely injected, use can contribute to youth's risk for HIV infection by compromising sexual decision-making and decreasing the likelihood of condom use and limiting partners.

Setting: The OZONE project targets youth in Chiangmai aged 15-25 who use ATS and are likely to participate in unprotected sexual activity.

Outreach activities take place in student dormitories as well as entertainment venues, such as clubs, bars, and public parks.

Project: The goal of the OZONE outreach project is to encourage youth to adopt and maintain healthier behaviors to reduce their risk of contracting HIV, especially as related to drug use and sexual behavior. The project builds and develops a peer network to ensure that accurate information about HIV/AIDS and risk reduction is disseminated among ATS users. Former users are trained to conduct weekly information sessions on risk reduction strategies. Activities are informative as well as fun and include games, question and answer sessions, and group work.

Outcomes and lessons learned: The OZONE outreach project has been successful at reaching youth in high-risk areas around Chiangmai. Peer educators contact at least 200 individuals each week and provide weekly sessions on risk reduction strategies to ATS users. Future activities will include measuring the contribution of peer-led sessions on users' beliefs and attitudes about HIV/AIDS. Outreach efforts should also be increased to contact the hardest-to-reach ATS users who demonstrate the highest risk behavior.

644 **D Pinituwon, M Inchochasan, K Longfield, W Heaton**

OZONE: A DRUG RISK REDUCTION "DROP-IN CENTER" FOR THAI YOUTH

Issues: Although many drug users (DUs) in Thailand know about HIV/AIDS, they engage in behaviors that increase their risk for infection. DUs, especially youth, have difficulty accessing risk reduction information and services due to discrimination in communities. Drop-in centers that provide services in a non-judgmental environment are an appropriate method for reaching young DUs.

Setting: "OZONE: Options for Life" opened in February 2003 as a "trust point" for DUs to access user-friendly services. Located in Chiangmai, OZONE targets youth aged 15-25 who are former and active users of amphetamine-type stimulants (ATS).

Project: OZONE encourages youth to adopt and maintain healthier behaviors that reduce the chances of drug relapse and other risks for HIV infection. Youth pay a modest membership fee to access services, including support groups, counseling, condom provision, life-skills training, and recreational activities. OZONE provides a safe place where youth can "breathe freely." Trained peer educators, all former DUs, provide services and community outreach in high-risk areas.

Outcomes and lessons learned: OZONE has approximately 300 members, 88% aged 15-25. Sixty-nine percent are students and only 13% of non-student members have full-time work. Most (66%) have ever used drugs and 66% report using multiple drugs. Only 7% report ever injecting drugs and 3% have shared injecting equipment. Most (73%) are sexually active, but 42% report never using condoms and 32% report multiple sexual partners. OZONE hosts 15-20 members each day, many seeking advice from peer counselors. The most popular recreational activities are watching TV and videos, reading, and playing sports. Art and cooking classes are also popular. OZONE has proven successful at reaching youth and providing healthy alternatives to drug use. Additional efforts are needed to reach youth who currently use drugs and communicate safer sex messages. Finally, more life-skills activities should be offered to assist members in finding employment.

646 **D Harvey, M Graas**

AN EVALUATION OF THE VICTORIAN YOUTH ALCOHOL CAMPAIGN

Issue: In June 2002 the Victorian Government launched the Victorian Alcohol Strategy Stage One Report. The strategy identified young people under 18 years of age as demonstrating harmful patterns of alcohol use. The campaign aimed to:

- Increase awareness of hazardous drinking among young people aged 14-15 years;
- Influence young people's attitudes, decisions and behaviours around alcohol and reduce the likelihood of consolidation of regular harmful drinking; and
- Increase young peoples awareness of the services available to help someone with an alcohol problem.

Setting & Project: The Victorian Youth Alcohol Campaign is a statewide campaign that takes a peer based approach – with the tag line "Is getting pissed getting pathetic? Just ask your friends". The campaign comprises of:

- 13 weeks television and cinema advertising;
- 5-13 weeks print advertising in outdoor locations;
- 10 weeks radio advertising; and
- Internet advertising.

Outcomes:

A targeted benchmark evaluation prior to the campaign indicated:

- Two in three teenagers (68%) recalled recent advertising
- 82% recalled Federal Government television commercials
- "Acting in a different way/doing stupid things" – major problem (45%) amongst respondents
- 22% were aware of DirectLine (24 hour, 7-day telephone counselling, information and referral service)
- 35% increase in calls in first 2 weeks after launch of Youth Campaign
- 8% increase in alcohol related calls compared to alcohol reporting over the entire 2002/03 year
- 82% would use the web to find out more about alcohol
- Hits to www.alcohol.vic.gov.au increased from 2316 hits in August to 4608 hits in September

Pre-campaign results from benchmark survey and post campaign data indicate a high level of awareness already exists, maintaining this knowledge and translating into actions that will reduce harmful consumption of alcohol in youth, will be closely monitored by Government.

647 **D Burrows**

COMMON ELEMENTS OF CITIES ACHIEVING HIGH COVERAGE OF HARM REDUCTION SERVICES AMONG IDUS

Background: This presentation is derived from data in the UNAIDS Best



Practice report: HIV Prevention among IDUs in Developing and Transitional Countries: High Coverage is Feasible (to be launched at the IHRC 2004). It provides a summary of the discussion section of the report to identify key features of high coverage sites.

Method: High coverage harm reduction sites were chosen by surveying individuals who have worked on HIV prevention among IDUs in two or more developing and transitional countries. The final list (for which case studies are provided in the report) was: Dhaka and Rajshahi (Bangladesh); Hong Kong (China); Soligorsk (Belarus); Pskov (Russian Federation); Sumy (Ukraine); Salvador (Brazil). Literature search; site visits to most "high coverage sites" including key informant interviews, review of service statistics, and data analysis.

Results: Key elements common to high coverage programs are:

- Principles of harm reduction programs used to design appropriate HIV interventions for sites' social and cultural contexts.
- Government and community support at all sites through initial and ongoing advocacy, including use of credible proponents and specific joint work by health and law enforcement staff
- Sustained and sufficient funding to reach high coverage
- Convenience of access to services
- Involvement of IDUs in provision of most services
- Breadth of services and referrals
- Technical assistance and training, staff supervision and effective management
- Similar problems: funding gaps and uncertainty; gender and sex issues; balance between expenditure on HIV prevention and treatment; lack of uniform data collection and analysis methods

Conclusion: Harm reduction programs can reach high coverage of IDUs (as measured by the number of IDUs ever reached by the program). Monitoring to determine regular reach (those who are in regular contact with harm reduction services) should be added to set of uniform data collection methods of harm reduction programs.

651 **G Karmanova**

DRUG DEMAND REDUCTION IN UZBEKISTAN AND TAJIKISTAN

Issue & Setting: Drug Demand Reduction Program in Uzbekistan and Tajikistan is an innovative USAID-funded five-year program which tackles the problem of increasing drug usage and spread of HIV/AIDS epidemic in Central Asia. The program is being implemented by the consortium of partners including OSI/Soros Network, Population Services International, AIDS Foundation East-West, Community Development Center "Accord", Internews Uzbekistan, and Internews Tajikistan. The program's target groups include populations vulnerable to drug use – youth, prisoners, sex workers, different categories of migrants, and select categories of women. The program is also aimed at strengthening capacity of various professionals in the field of drug demand reduction.

Project: The program employs realistic, evidence-based approaches to drug demand reduction as opposed to ideology-based approaches. Since drug abuse occurs within a wider economic and social context, mediated by regional and historic trends, the program focuses on the reduction of the scope of drug-related problems and is aimed at decreasing vulnerability of target populations to drug use by meeting their most prominent social needs. DDRP endeavors to provide a full spectrum of drug demand reduction activities targeted to select populations at disproportionate risk and relevant professionals, while at the same time seeking to build and institutionalize these drug demand reduction capacities.

Expected outcomes of the program are:

- Select populations are better informed about the risks of drug use and dependency and the prevention of drug-related problems;
- Vulnerability to drug misuse of target populations is reduced due to creating/enhancing social protective factors;
- Capacity of local governmental/non-governmental organizations to address drug demand reduction is strengthened;
- Innovative programs addressing target populations will be piloted and replicated further;

- Stigma attached to people who are using drugs and their families will be reduced.

653 **L Gardiner, K Smith**

HARM REDUCTION AND SYRINGE DISPOSAL IN THE CITY OF MELBOURNE

Issue: In the late 1990s, with the number of heroin overdoses rising dramatically, increasing numbers of syringes discarded in public places, and heated debate over the proposed establishment of safe injecting facilities, Victorian local governments were called upon to respond in an appropriate and timely manner.

Victorian state government 'hot spot' funding for local government initiatives positioned five specific councils to respond in a pro-active way to illicit drug issues. Responses have been developed within a harm reduction paradigm.

Setting: The City of Melbourne has been at the forefront of the local government response to drug issues since the 1990s. In particular, City of Melbourne has been acknowledged for its best practice approach to disposal of syringes and paraphernalia found in the public domain and on private properties. Excluded from this program are syringes associated with medical procedures.

Project: A comprehensive Syringe Management Plan (2001-2003) was developed in 2000 to ensure a coordinated, rigorous and policy based approach to dealing with discarded syringes. A second Syringe Management Plan (2004-2006) was developed after research, expert input and extensive community consultation. It will be endorsed by City Council and commence implementation by the end of 2004. Both plans were developed on the central philosophy of harm reduction, and health for all.

Outcomes: This paper outlines the major achievements of the City of Melbourne's Syringe Management Plans, and investigates future directions for Council's responses to these ongoing issues.

654 **S Buck, M Hind**

PEER PERSPECTIVES IN PHARMACY TRAINING, WA

Substance Users Assoc (WASUA) and the Pharmacy Support Project formed an innovative alliance to deliver information and training to frontline pharmacy and hospital workers across the state of WA.

Community pharmacies are the major providers of Needle and Syringe Provision (NSP) to people who inject drugs (PWID) in WA.

The aims of the COAG funded project were to increase the knowledge and skills around NSP and intravenous drug use/users with the emphasis being on BBV's.

The success of the project was a direct result of the partnership which provided credibility to the peer perspectives from both parties ie a pharmacist delivering and coordinating the workshops and an NSP Coordinator from a user group who is a current IDU presenting user and agency perspectives.

With 91% of new HEP C notifications in WA being a direct result of IDU this paper will explore the challenges and strategies involrd in all aspects of delivering critical/practical information relative to health care workers in relating to HEP C prevention and working with and understanding IDU.

655 **F Olivet**

COMMISSION DE SUBSTITUTION, 6 YEARS OF PRESCRIBED DRUGS USERS REPRESENTATION: AN EXPERIENCE OF LOBBYING FOR PATIENTS FROM A PARTICULAR KIND

Since 1997, ASUD (Auto Support des Usagers de Drogues), gets the opportunity to join the Commission nationale consultative des traitements de substitution, a governmental organization, created to council French health ministry in the matter of substitution treatments.

The challenge was to transform our message of protest oriented on drugs users citizenship ness, as a medical users lobby.

Two visions of drugs uses were facing. The first one, medically oriented, is the try to assimilate drug users as sick people, and substitution as long-term prescription treatment. The second one is the users, point of view. It

considers that in a drugs prohibition context the only way to reach effective citizenship is to accept the role of patients, specially in the matter of substitution treatments, understood as legal way of access for opioids.

Asud has fought on several goals:

- The morphine maintenance program, tolerated under special conditions until now.
 - The Subutex misuses, a substitution dysfunction concerning buprenorphine, the most French prescribed drug
 - The individual liberties of patients and legal condition of deliverance.
- In this presentation, several key points will be explored:
- The danger of being a governmental alibi,
 - Difficulties to build a patient's culture in a pathology which remain illegal,
 - The opiates specificity which influences the whole drugs fields
- After 6 years, this part of Asud action is still a beginning. A lot of drugs use aspects connected with non-opiates substances can't be represented in this pathologic field.

In fact, substitution treatments are the only part of drugs field where a drugs users group can clearly act as a patients lobby.

658 M Passey, S Patete, L Brooks, J Vail

OVERVIEW OF THE OUTCOMES OF LISMORE MERIT – A PRE-PLEA DRUG DIVERSION PROGRAM

The Lismore Magistrates Early Referral into Treatment (MERIT) Pilot Program, a pre-plea early court intervention, was a pilot program run for two years. MERIT targets adult defendants with a demonstrable illicit drug problem who are eligible for bail and motivated to engage in treatment. As part of the evaluation, social functioning, health outcomes, recidivism and participants perspectives were assessed.

Participants were interviewed on entry, exit and several months after program exit. Standardised interviews incorporating the Opiate Treatment Index (OTI), General Health Questionnaire (GHQ) and the SF-36 were used to assess changes in drug use, health and social functioning. Recidivism was assessed using arrest data from the NSW Police database.

Respondents' health and social functioning on entry were very poor. At the exit and follow-up interviews there were significant reductions in the number of classes of drugs used, and significant improvements on many of the scores of the OTI, SF-36 and GHQ, with a reduction in heroin as the drug of choice.

The majority of respondents, were extremely satisfied with the program, identifying the support of the caseworker as the most critical element. Participants reported substantial improvements for program completers, including reduced drug use, improved life skills, improved family relationships and greater self-esteem. Transport to attend program requirements was the greatest challenge identified.

Those who completed the program were significantly less likely to reoffend, and took longer to reoffend than those who did not complete. The reduction in reoffending was significantly associated with program completion, even when other factors associated with recidivism were controlled for.

The findings suggest that the Lismore MERIT Pilot Program was well received by participants and improved the health and social functioning of program completers. The program reduced detected reoffending among program completers, relative to non-completers, both for the duration of the program and following completion.

659 J McVeigh, P Duffy

THE INDEPENDENCE INITIATIVE – EVALUATION OF A UNIQUE RELAPSE PREVENTION PROJECT

Background – The Independence Initiative (II) is a UK based relapse prevention service for clients recovering from drug misuse. The II utilises a unique approach where staff help clients on a one to one basis by 'brokering' individualised, client identified training/education and employment activities.

Objectives – To evaluate client progress within the programme, explore

perceptions of the effectiveness of the II within key drug services, and collate data regarding the uptake of II interventions, service activity and outcomes.

Methodology – Multiple research methods included; analysis of routine drug treatment monitoring data, re-examination of data from previous research, detailed two stage interviews (6 month interval) with 'new' (n=25) and 'established' (n=28) clients, in-depth interviews with 'long term' clients (n=6); telephone interviews with key personnel at drug services.

Results – The II's client base has expanded numerically and geographically. Client's awareness of services provided by the II was high, as was service uptake. Interviews revealed improvements for clients in critical areas including decreases in drug use and criminality. Improvements were also seen in health indicators; hospital presentations and self-reported health, and in levels of training and employment. Feedback from clients and referral agency staff was very positive including suggestions for satellite offices and expansion of the main site.

Conclusions – The themes to emerge were development, consensus and effectiveness. The II demonstrates development in a focused direction with positive consequences for clients and effectiveness throughout the service. Clients and referral agency staff praise the ethos of the service; the one-to-one approach protecting vulnerable drug users by minimising the danger of relapse and eliciting positive effects in clients' lives. The paper presents clients self reported improvements in drug use, health, lifestyle and community integration.

661 R Mardiaty, D Utami

STUDY OF METHADONE MAINTENANCE TREATMENT IN DRUG DEPENDENCE HOSPITAL JAKARTA AND SANGLAH GENERAL HOSPITAL BALI,

IDU's opioid is a serious problem in 138 countries. In Indonesia there are increasing number in HIV positive status among IDU's, no effective treatment for opioid dependence. To overcome this problem, harm reduction are needed and our country want to try substitution treatment. Many studies suggested that Methadone is still one of the effective treatment for selective cases.

The pilot project of MMT has been implementing since February 2003 in Jakarta and Bali. To know how is the process of MMT implementing, the impact and the outcome of MMT we do evaluation research. The objective of this study are ; to promote harm reduction through MMT program, have new experience in using other treatment modalities (both consumers and provider), to promote HIV services in IDU's, develop trainer's manual on monitoring for MMT service, need assessment of training for are that set up new services for drug treatment in accord with HIV-AIDS.

Method used is evaluation research. Subjects are patient in Drug Dependence Hospital and Sanglah General Hospital. Total subjects are 100 persons. Recruitment will be done during 6 months. Data/information collect from; checklist, questionnaires , interview and specific written information.

The measurement device : History of using and treatment opioid, Opiate Treatment Index (OTI), Addiction Severity Index (ASLI Lite), Severity of Dependence Scale (SDS), World Health Organization Quality of Life (WHOQOL-BREF), Zung Self – Rating Depression Scale, Blood Borne Virus transmission Risk Assessment Questionnaire (BBV-TRAQ)Opiate treatment Index-Sexual Behavior and Biological Sample.

The complete report of this study can not be presented yet, because the study is ongoing process.

664 O Pazyna

HIV/AIDS PEER EDUCATION PROGRAM IN PRISONS

According to the Saratov Oblast AIDS Center estimates, there were 5723 HIV infected individuals in the region on May 5, 2003, 1067 of which were local prisons offenders.

In order to prevent HIV/AIDS and to ensure that prisoners with HIV receive adequate care, treatment and support the Saratov Regional HIV/AIDS Peer Education Program (SRPEP) was developed by the Center



for International Understanding modeled from the National Canadian PEC Program. SRPEP is based on the principles of harm reduction and health promotion.

SRPEP's commitment is to meet needs and requirements of the following target groups among offenders: teens, individuals at pre-trial detention cell, drug users, pre-release groups, and people with HIV. Each of these groups are supported with the specific training and counseling program to answer psychological, social, and medical requirements.

The educational component of SRPEP contains information on the principles of adult learning, peer support and education, harm reduction, risky behavior and their consequences.

The social component provides support in the areas of professional occupancy in the prison, and employment after release.

The medical component serves to improve medical services for offenders.

The Program is based on the social partnership approach that serve to unite government, business, and NGO-community efforts to improve the quality of life of the prisons community.

100 Peers from the Saratov Region prisons have been trained to date.

There were published 2 training manuals "Peer Education for Russian Prisons": (i) for specialists of the Correctional Service; and (ii) for offenders.

665 **S Kawichai, D Celentano, T Vongchak, S Sherman, C Latkin, V Quan, K Wiboonnatakul, N Srirak, R Khumpan, A Aramrattana**

SUBSTANCE ABUSE AMONG NORTHERN THAI INJECTING DRUG USERS (IDUS) AFTER THE ENACTMENT OF THE THAI GOVERNMENT WAR ON DRUG

Background/objectives: On February 1, 2003 the Thai government enacted a "war on drugs". The policy placed extensive pressure on drug users to cease their activity or face harsh consequences. We conducted a rapid survey among injectors in Chiang Mai province to examine consequent drug utilization patterns.

Method: A cross-sectional survey was administered to 184 injectors in August, 2003.

Results: Eighty-six percent of participants were male, 53% were ethnic Thais, and 51% lived in rural areas; the median age was 32 years. Fifty-seven percent reported injecting within a month prior to the war's enactment, of whom 81% reported ceasing injection within 3 months and 13% relapsed. Of participants who ceased injection within 3 months and did not relapse, 66% used other illicit drugs, often methamphetamine and/or opium (73%). Alcohol use was common (64%), and the proportion of daily use was greater among those who ceased injection (54%) compared to those who continuously injected (28%) ($p < 0.01$).

Conclusions: Most study participants reported ceasing injection, with the majority transitioning to other routes of drug use. Daily alcohol use, which is well acknowledged to be a leading cause of accidents, domestic violence, and HIV risk taking, became widespread. Unintended consequences of the war on drug policy need close monitoring.

668 **S Kawichai, V Suriyanon, J Jittiwutikarn, T Vongchak, N Srirak, M Razak, O Short, D Celentano**

HIGH RISK HIV TRANSMITTERS IN THE COMMUNITY

Background: IDU is an important core group to sustain HIV epidemics in general populations. HIV can spread rapidly among IDU due to a lack of awareness of their behavior and they serve as a sexual risk bridge to the general population.

Method: Male IDU admitted for opiate detoxification at Northern Drug Treatment Center (NTDC) in Thailand from Feb, 1999 – Dec, 2000 who consented to participate in a cross-sectional interview on HIV risk behaviors and received HIV VCT.

Results: A total of 293 (35.5%) tested HIV positive of 825 IDU enrolled. Among the positives, 97.6% reported either unprotected sex or sharing needles in the three months before enrollment. Of 52% who shared, 93.3% passed their needle to others, 44.2% shared with more than one friend, and most (95.3%) shared everyday. None used bleach or alcohol to

disinfect their needles. Cleaning with cold water was common. Of 42.3% who had sex, 87% had sex with regular partners and only 10% reported always using condoms.

Conclusion: These data reveal a high probability of HIV transmission to drug and sexual partners by HIV infected IDU. Needle exchange, harm reduction, HIV prevention and VCT are urgently needed for IDU and their sex partners in the region.

669 **A Asril, R Mardiaty, D Utami, Hanati, A Maw-Naing**

METHADONE MAINTENANCE PROGRAM IN DRUG DEPENDENCY HOSPITAL, JAKARTA, INDONESIA

Methadone Maintenance Program, need the daily oral administration of methadone for a long period of time as a substitute of heroin and other short acting opiate.

One of the benefits of Methadone Maintenance Program is to prevent the spreading of the blood-transmitted disease (such as HIV / AIDS and Hepatitis C) among intra venous drug users (IDUs).

Indonesia has started using Methadone in the Ministry of Health's pilot project supported by WHO since the total number of IDU and unlinked surveillance HIV/AIDS increase rapidly.

Jakarta is a capital city of Indonesia has 12 million populations. The Methadone clinic, as a unit of the Drug Dependence Hospital was opened at January 27th, 2003 is placed in South Jakarta. The number of the patient until October 2003 was 80. The age between 18 – 30 years, the education is senior high school.

Methadone substitution therapy is only indicated for opiate addicts should be met with the certain criteria to be admitted. They must be an injecting drug (heroin) user, minimum 18 years old, has been addicted at least 1 year, and relapse after several time. This program is voluntary, an option and integrated to a psychosocial intervention. Before admitted, an addict will be examined carefully by a team. The patients also have to sign an informed consent.

During joint this program their activities are increased from 50.91% to 70.91%. Most of the "drop-out" patients live nearby the clinic. During the program, urine testing for opiate and blood testing for Hepatitis C and HIV / AIDS (after voluntary counseling and testing – VCT) will be conducted for evaluative reason. The positive result of opiate testing is decrease and the last result is 32.2%. HCV is 84 % positive and HIV/AIDS positive are 42.11%.

670 **K Wiboonnatakul, S Sherman, C Latkin, T Vongchak, A Aramrattana, N Srirak, R Khumpan, S Kawichai, D Celentano**

NORTHERN THAI INJECTING DRUG USERS (IDUS) SOCIAL NETWORK

Introduction: IDUs' social networks have been found to influence their risk taking behaviors and therefore is an important point of prevention. Very little is known about the social networks of Thai IDUs.

Methods: A cross-sectional survey was administered to IDUs who volunteered to participate in the pilot phase of a randomized peer-outreach HIV prevention trial among IDUs in Chiang Mai, Thailand between Feb-Nov/2000.

Results: A total of 118 IDUs were interviewed, 78% are male and 75% were under 30 years old. The participants reported having 390 persons who are important to them in the past six months (referred to as their network) of which 110 IDUs referred 306(78.5%) friends, 58 IDU referred 63(16.2%) spouse or sexual partners, and 12 IDUs referred 20(5.1%) family members. Injecting drug among friends, sex partners, and family members were 96%, 36%, and 45%, respectively. Of the IDUs who reported having networks who also injected drug, about 50% shared needle/syringe. For those who shared, 65% shared with two or more network members.

Conclusions: The persons whom IDUs considered to be important to them mostly were friends, majority of whom also injected drugs and shared needle/syringe. Network-based harm reduction interventions could be useful in HIV prevention and other health promotion programs targeting IDUs.