A conference of immense diversity

It is very difficult to succinctly summarise the 15th International Conference on the Reduction of Drug Related Harm. This is precisely because a key feature of the conference was diversity. There was diversity in the delegates, the presentation methods, and the content. There were over 1100 delegates, representing more than 40 countries as shown in Fig. 1. While most delegates were from Australia, as is usual with hometown representation, there were large numbers from Canada, China, Indonesia, Myanmar, New Zealand, Thailand, UK, USA and Vietnam.

The diversity was also reflected in the delegate affiliation. There was equal representation from service providers, development and aid organisations and researchers – which reflects a pleasing grounding for both science and practice wisdom. Additionally 15% of delegates were from government or represented policy bodies. It is important that governments hear and are informed by the latest research and practice wisdom. For the first time, law enforcement had a strong voice at the conference. Law enforcement representatives presented in plenary sessions, and across the entire programme were integrated with other perspectives. This achievement by Dr Nick Crofts, the Conference Director and the programme committee is to be applauded.

There was strong representation from South East Asian countries, recognised with the opening address by His Excellency, Dr Achman Sujudi, Minister for Health in the Government of the Republic of Indonesia. Similar themes for South East Asian countries echoed throughout the conference – the need for proactive harm reduction (HR) strategies at the local level, the importance of anti-retroviral treatment for AIDS, healthier environments for injecting drug users (IDUs), accessibility of needle syringe programmes, development of co-operative coalitions between government and other sectors, and improved access to effective treatments, such as pharmacotherapy maintenance.

The diversity of delegates was equally matched by the diversity of presentations (Australian Drug Foundation and The Centre for Harm Reduction, 2004). Presentations included: epidemiological analyses, qualitative methods, participant observation, ethnography and sociology, randomised clinical trials, programme evaluation, economic analyses, discourse and round tables, film, and performance. The “film fest lounge” which showed short films from around the world covering multiple aspects of drug use and harm reduction was a great success. Not only did it provide cognitive space to rest from the scientific programme, the film medium brought a new and rich perspective to our understandings of drug use and harm reduction.

As befits an international harm reduction conference, the scientific programme focused on blood borne viruses – HIV, hepatitis (18% of papers), harm reduction theory and policy (14% of papers), harm reduction practice (12% of papers), pharmacotherapies and other drug treatment (11% of papers) and law enforcement (11% of papers). Consumer advocacy and human rights, patterns of drug use and harm, prison services, indigenous and ethnic minorities and local community initiatives were also covered (see Fig. 2).

Selected highlights

Sophisticated harm reduction policy analysis was a feature of the conference, led by the opening address (the
International Harm Reduction Association’s Rolleston Oration given by Dr Neal Blewett, President of the Alcohol and Drug Council of Australia. From his perspective as a politician, activist, scientist and policy analyst, Dr Blewett gave an outstanding speech on the history of drug policy in Australia. He pointed to the importance of language and its representation of ideology. In teasing out the distinctions between harm minimisation and harm reduction, including defining a strict constructionist view of harm reduction, Dr Blewett lay the conceptual groundwork for papers that followed throughout the conference. Key theoretical issues appear to focus upon the role and place of prevention with harm reduction, the tensions between law enforcement and harm reduction, and abstinence-oriented responses. Three dominant frames of reference for delegates were human rights, public health and drug user empowerment. Sometimes these frames of reference conflict with each other. Harm reduction can have an ambiguous focus as articulated by Neil Hunt (#801), who noted that harm reduction can benefit the consumers or society – and sometimes these are mutually exclusive. (Abstracts referred to throughout the article are numbered according to the Conference Handbook.)

New research into harm reduction as applied to school drug education programmes was presented by Christiane Poulin, Dalhousie University, Canada (#399) who demonstrated that there may be differential impact of harm reduction approaches depending upon the target audience. In her work, Christiane Poulin demonstrated no significant positive or negative effect for harm reduction in senior school students, but less support for a harm reduction focused drug education programme for junior school students.

The inherent link and co-existence of law enforcement and drug use was well explored. One of the contentious
issues in harm reduction is the role and influence of law enforcement – as a supply reduction technique, in relation to the role and influence of policing strategies, and from a legislative point of view. The conference included presentations which covered the latest evidence-base in relation to law enforcement. A presentation on the impact of decriminalisation of all illicit drugs in Portugal demonstrated evidence to support the policy shift, including reductions in AIDS cases and mortality (#610). Peter Reuter, University of Maryland, USA (plenary abstract) presented his analysis of effectiveness of law enforcement. The main supposition underlying law enforcement strategies is that greater enforcement will decrease availability and increase price, thereby decreasing consumption. Peter Reuter argued that there is little evidence to support either of these assumptions. Larry Campbell, Lord Mayor of Vancouver, Canada (plenary abstract) presented the importance of a coalition of crime prevention and treatment. An ex-policeman, Larry Campbell received a standing ovation – an indication of the rapprochement possible between different perspectives.

Local council approaches were the focus of one of the conference streams. Margaret Hamilton, Director of Turning Point Alcohol and Drug Centre, Australia, pointed out the potential for real impact of local harm reduction programmes (#1247). Cities need to consider harms to citizens as well as visitors, and develop innovative responses that minimise harms to all the stakeholders. The body of evidence in relation to alcohol harm reduction at a city-level is impressive and provides opportunity to review and develop strategies for illicit drug use. The CHARM Initiative – Cities for Harm Reduction – was launched at the conference by the International Harm Reduction Association (http://www.ihra.net). Given the evidence presented at the conference regarding the potential and actual effectiveness of city-wide approaches to the reduction of drug related harm, the CHARM Initiative has a solid base upon which to move forward.

Pessimism or optimism

There were a number of papers presented at the conference that demonstrated just how much more work we have to do. There is no slowing down of the rate of injecting drug use. The latest estimate of worldwide prevalence of injecting drug use is 12,600,000 (presented by Carmen Aceijas, Centre for Research on Drugs and Health Behaviour, Imperial College, London, #222). The majority of these people are in developing and transitional countries. HIV/AIDS continues to be a massive public health problem – five million new infections last year (according to Anindya Chatterjee, Senior Advisor, UNAIDS). Active discrimination against people who are HIV positive is rife. Susan Paxton (#220), reported systematic discrimination including coercion into being tested, breaches of confidentiality, lack of pre- and post-test counselling and refused access to treatment amongst the HIV+ Asian people she interviewed. The Conference heard that the USA has the highest rate of imprisonment per 100,000 people. The common response is the belief that this has largely been driven by drugs. However, Ernie Drucker, Department of Epidemiology and Population at the Montefiore Medical Centre, USA, in his plenary presentation, pointed to the absurdity of that explanation for the 'discontinuity' in imprisonment rates (#1193). Levels of drug use have remained relatively stable and there is no evidence of higher drug use for blacks (where the imprisonment rates are substantially higher) than for whites. Figures indicated that of 20- to 30-year-old black men, 20% had been in prison. The level of collateral damage to families in the black community is immense, including denied access to public housing and other basic human rights (e.g. voting). The driver of the rise in imprisonment rates for black men, argued Ernie Drucker, was the drug laws and policing. There were equally bleak pictures coming from Brazil, Thailand and Russia, to just name three countries represented at the Conference.

On the other hand, there were many stories of hope within papers presented at the conference. For example, the revolutionary shifts in central and eastern Europe described by Anya Sarang, Coordinator of the Central and Eastern European Harm Reduction Network and winner of the 2004 International Rolleston award. In her plenary presentation, Anya Sarang articulated the major paradigm shift required in central and Eastern Europe. This saw not only the introduction of harm reduction as a drug policy initiative, but required an appreciation of human rights and a commitment to a public health paradigm. The scale of this achievement cannot be underestimated. This then needed to be integrated with health care services, that is a shift from provision of harm reduction services by a committed and enthusiastic few, to provision from mainstream services with non-enthusiasts.

Iran has seen major changes in drug policy over the past 25 years. From a zero tolerance approach in 1980, there have been major shifts, with the government working to find a non-penal solution. According to Iranian delegates at the Conference (#1194, 1196, 1197), Iran is striving for harm reduction and human rights perspectives. Whilst there is still further work to be done, the changes in Iranian policy encourage optimism.

Australian research presented by Jim Hales (Health Outcomes International, Australia, #1081) showed the significant return on investment from needle syringe programmes (NSP). The NSP saved Australia $7 billion, and avoided 25,000 cases of HIV. It is impossible to argue with the success of this public health initiative.

The conference was not without controversy, coming this year from the Russian delegates. The Deputy Chief of the Moscow Police Department, General Ivan Glukhov outlined Russia’s drug problems in a plenary session. The rise in injecting drug use and the associated harm appeared difficult to tackle when Russia prohibits needle syringe programmes as well as methadone treatment programmes. An impromptu invitation to speak to the delegates surprised...
General Aleksander Kononets, Head of the Medical Penitentiary System in Russia. He was not subtle in expressing his views, believing that “methadone is a therapy of despair … like a death sentence”. Delegates responded and strongly rejected the claims. This was further supported by the weight of evidence. Various scientific papers across the conference outlined the real benefits (health, social and economic) of harm reduction interventions such as NSP and methadone maintenance. Perhaps the pleasing message, as articulated by Sue Simon from the Open Society Institute, was the preparedness to speak about such contradictory views and have the debate in public.

The sign of a strong science and stable policy framework is capacity to tolerate difference and to argue from a solid evidence-base. Harm reduction has achieved this, as demonstrated fully at the 15th International Conference. The conference portrayed both the very positive developments of harm reduction around the world, as well as provided impetus for us all to continue the efforts towards a global, humane and pragmatic approach to drugs.

Reference