



## Women's issues to the fore

**'WOMEN'S HARM REDUCTION IS A PROBLEM ALL OVER THE WORLD – there is a gap between consciousness and reality,' said Anne Coppel, chairing yesterday's session on *Building a women-centred harm reduction response*.**

Sophie Pinkham (*second right*) looked at overcoming stereotypes to respond to the needs of women who use drugs, and drew on her experience working with women in Eastern Europe. Research showed that women had a greater history of sexual and physical violence, so it was important to create a safe and participatory atmosphere to draw them into services, she said.

Offering practical support to mothers could help build positive relationships with them about issues beyond drug use, while networks of trusted healthcare providers could help to counter past negative experiences. 'We have to knock down barriers of fear,' she said. 'Make collaborative relationships – teach them that narcologists can be their friends. If you can improve people's health the opportunity for positive change can evolve.'

Katya Burns (*right*) looked at improving harm reduction programmes for women in resource-constrained settings, using her experience of

training in Islamabad. Women drug users were often at risk of extreme violence, and many women who had been given bloodborne viruses by their drug-injecting husbands were prevented by them from receiving treatment, she said.

Extreme poverty and weak healthcare systems in many countries meant that some women did not attend services at all. 'You have to understand the national and local context you're operating in,' said Ms Burns. 'We need gender-specific guidelines and targeted measures.'

Jennifer Kelsall (*left*) gave insight to the issues faced by female drug users, both from her own experiences over 20 years and those of other women. 'I wanted to look at how we construct our identity as injecting drug users and how we juggle conflicting roles,' she said. 'We are survivors, retaining control over our destinies,' – yet adding injecting drug use to the mix could make things very grim. 'Women with children are denounced and subjected to disapproval and vilification. They are forced underground to hide their drug use,' she said.

Ruth Birgin (*second left*) explained support for women who use drugs through two networks, *INWUD* and *WHRIN* – see Monday's issue of *Daily Update*, page 6.

## HIGHLIGHTS

### Tuesday 5 April MAJOR SESSIONS

#### 9.00-10.30

*Banquet Hall 1 & 2*

***Sex work – challenges in peer involvement and harm reduction***

The obstacles faced by sex workers from Canada, Palestine, Macedonia and the USA.

#### 14.00-15.30

*Banquet Hall 1 & 2*

***The harms of criminalisation***

Punitive enforcement of drug laws around the world.

#### 16.00-17.30

*Banquet Hall 3*

***Key issues and innovations in harm reduction practice***

New ideas for safer injecting and behaviour change.

### DIALOGUE SPACE

**12.30-13.00:** Launch of the *International Journal on Human Rights and Drug Policy*.

**13.00-14.00:** Decriminalisation in Portugal – Joao Castel-Branco Goulao, Portuguese Drugs Czar.

**14.00-15.00:** Meet the leaders: The Global Fund and partners.

**15.00-15.30:** INPUD: structural violence, stigma, discrimination and drug user organising.

**15.30-16.00:** Meet the sex worker activists.

**16.00-16.30:** DIY detox.

**16.30-17.30:** Naloxone panel.

### DEMONSTRATION AREA

**10.30-11.00:** Overdose response

**12.30-13.00:** Female condoms

**13.00-13.30:** Tobacco harm reduction

**13.30-14.00:** Needles and syringes

**15.30-16.00:** Crack cocaine harm reduction



## Programme changes

WEDNESDAY 6 APRIL 2011

### Sessions

**9.00-10.30** – Banquet Hall 3: M08; Tobacco. Karl Lund – 1039 – cancelled. New presenter: Ernie Drucker, USA

**09.00-10.30** – Banquet Hall 4: M09; Barriers to treatment access and how to respond to them. Christine Tapp – 927 – cancelled. There are only three presenters in this session.

**11.00-12.30** – Banquet Hall 4: M12; Country experiences in opioid substitution treatment. Change of chair. The chair for M12 is now Gerard De Kort.

**14.00-15.30** – Banquet Hall 3: C22; Obstacles to reducing – cancelled. There are only three presenters in this session.

**14.00-15.30** – Banquet Hall 4: C23; Preventing and treating hepatitis C. Holly Hagan – 835 – cancelled. Don Des Jarlais – 376 – cancelled. This session has two confirmed speakers and three discussants. The following will partake as discussants in C23: Neil Hunt, UK. Dean Lewis, India. Noah Metheny, Thailand.

**14.00-15.30** – Hamra: C25; Issues in delivering effective opioid substitution therapy. Sarz Maxwell – 961 – cancelled. There are only three presenters in this session.

**16.00-17.30** – Banquet Hall 4: C28; Compulsory drug detention in Asia. Change of chair. The chair is now Frederick Altice. Theodore Hammett – 681 – Speaker change; speaker is now – Son Phan. Risa Alexander – 717 – speaker change; speaker is now – James Blogg. Dato Zuraidah Haji Mohamed – 1080 – speaker change; speaker is now Shariha Khalid.

**16.00-17.30** – C30; Opportunities for harm reduction and drug policy in Africa. **Please note that this session will take place in the Hamra room, not Rabieh.**

### Workshops

**16.10-17.40:** Estimating the size of most at risk populations. This workshop has a change of trainer. Abu Abdul-Quader has cancelled, instead Emran Razaghie from Iran will lead this workshop discussion.

### Posters

#### Posters added:

**1046:** Tran Thi Hanh. New presenter added.  
**779:** Marijuana Markets in the Czech Republic and in the US – different drug policy approaches and harms; Vendula Belackova. (Moved from Monday).

#### Posters Withdrawn:

**335, 367, 1110, 292, 997, 955**



**A puff of smoke:** Delegates at the demonstration area saw ways of reducing the harms of smoking by using different nicotine delivery products.



**Are you dancing? We're asking...** If you enjoyed the dancing in the venue yesterday, ask at IHRA conference reception in the dome about tickets for tonight's Lebanese party!

## About the daily update

The Daily Update is produced on behalf of IHRA by CJ Wellings Ltd, publishers of *Drink and Drugs News* (DDN) in the UK. DDN is a free monthly magazine circulated to people working in all areas of the drug and alcohol field, and is read worldwide online. The DDN website, which contains current and back issues of the magazine, is freely accessible at [www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com)

To advertise in DDN email [ian@cjwellings.com](mailto:ian@cjwellings.com)

Daily updates will be available on Monday, Tuesday, Wednesday and Thursday mornings at the conference, and will include late changes to the programme.

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# Women carry bulk of drugs harm

**THE VOICES OF WOMEN WERE VERY OFTEN ABSENT** in conversations about injecting drug use, Bronwyn Myers told delegates in the *Neglected issues* session. This was despite the fact that women carried a disproportionate amount of harm, with higher rates of HIV and other health issues.

The root of the problem could be found in the patriarchal society and subordinate role of women in many countries, she said, where it could very often be difficult for them to negotiate safe injecting and sexual practices and where they remained vulnerable to violence. 'In many of the contexts in which women use drugs they're reliant on men – to perform injections, to obtain drugs – and it exposes them to a broad range of risks and creates a sense of indebtedness.' If women were also engaged in sex work then that put them at 'triple risk' of violence and exploitation, she said.

There were systemic barriers to women accessing harm reduction services, she told delegates, including lack of knowledge about specialist treatment and concern about the punitive nature of the services, as well as the attitudes of many service providers themselves. There were also issues of affordability, especially in patriarchal societies where women either did not have their own income, or where their income was controlled by men. Women also often needed their partner's permission to attend services, she said.

'Women who use drugs have multiple service needs that extend beyond, and intersect with, drug use,' she said, encompassing financial, housing and other issues. One way for harm reduction providers to engage with vulnerable and hard-to-reach women was through co-located services that offered a comprehensive package, she said. 'Services that aren't labelled "drug services" can minimise stigma. We also need to scale up outreach services, but most importantly we need to work hard to hear women's voices rather than just impose our own ideas.'



**Bronwyn Myers: 'Women... often needed their partner's permission to attend services.'**

# Pregnant drug users need better support

**Farah Diaz-Tello and Lynn Paltrow tell the *Daily Update* about protecting pregnant drug using women, ahead of yesterday's session on reducing harm for women**

**IN THE UNITED STATES AND AROUND THE WORLD**, women who use drugs – particularly women whose drug use becomes problematic – find it hard to get the support and help they need. State responses tend to focus on punishment through criminal prosecution and child removal, which undermines, rather than supports, women, children, and families.

Some US prosecutors claim that drug using pregnant women who continue their pregnancies should be treated as child abusers. A private organisation, Project Prevention, falsely suggests that such women inevitably harm their babies and offers \$300 for current and former drug using women to get sterilised or use long-acting birth control.

Project prevention have now turned their attention to Kenya, where they are offering HIV+ women \$47 to use long-acting birth control. Recently, several NGOs representing people living with HIV and AIDS sent a formal inquiry to Project Prevention seeking information about their activities in Kenya. They responded by stating in part that 'everybody is talking about the rights of the woman' but they, in contrast, 'focus on the rights of the child to be born healthy, the right of the child to parental care and ultimately their right to life.'

Children indeed have a right to health. Project Prevention's strategy however does not advance health – rather it advances the idea that states may ensure children's health by preventing certain kinds of women from pro-creating and certain types of children from ever being born. By targeting HIV+ women in extreme poverty and inducing them to use long-acting contraceptives with cash incentives, Project Prevention actually undermines women's right to family planning and reproductive health, and adds to the stigma of women and children living with HIV.

It is clear that whether targeting drug using women in the US and UK or HIV+ women in Kenya, policies that increase stigma hold only pregnant women accountable for the health of their children, and fail to support better access to drug treatment and healthcare.



**Lynn Paltrow: 'Some US prosecutors claim that drug using pregnant women who continue their pregnancies should be treated as child abusers.'**



# LGBT homeless youth suffer barriers to services

**Ahead of yesterday's session on *Sexual identities and drugs*, Daniel Castellanos explains to the *Daily Update* some of the challenges of integrating substance use services in housing programs for LGBT homeless youth**

**NATIONAL STUDIES ESTIMATE THAT OVER 1.5M YOUNG PEOPLE** experience homelessness every year in the US, with 20-40 per cent of them lesbian, gay, bisexual or transgender (LGBT). In New York City alone, between 3,000 and 8,000 LGBT youth will experience homelessness each year.

For these young people, social stigmatisation, lack of family support, and peer harassment result in a more traumatic and isolated adolescence. Their non-normative sexuality sometimes increases family conflict, resulting in being thrown out or running away. Once on the streets, they are more likely to experience abuse and victimisation and engage in survival sex and substance use.

Although substance use is often an integral part of day-to-day street survival, it can be intensified when combined with non-normative sexualities and homelessness. LGBT homeless youth have higher levels of substance use and experimentation with a broader variety of drugs than heterosexual homeless youth. Yet they find it more difficult to access substance use services.

Already living at the margins, these homeless young people are afraid of repeating past negative experiences with counsellors, losing urgently needed services, or being asked to abstain. The lack of LGBT-appropriate interventions, abstinence-focused housing regulations, and ambivalence towards harm-reduction make access to services difficult.

A different social and policy perspective is needed on adolescent substance use. Although acceptance of harm reduction has steadily increased, it is still a controversial approach – particularly for those who depend on the state's funding and service systems for shelter and daily subsistence because of their age and social status.



**Daniel Castellanos: 'LGBT homeless youth have higher levels of substance use and experimentation with a broader variety of drugs than heterosexual homeless youth.'**

## Service providers should ask themselves tough questions

**'WHAT DO WE MEAN BY HARD-TO-REACH COMMUNITIES?'** Pye Jakobsson asked yesterday's opening *Neglected issues* session. 'Sometimes it seems as though if someone's not immediately accessible on the street, they will be labelled as hard-to-reach.'



**Pye Jakobsson: 'You shouldn't feel as though you have to "save" people.'**

The solution could often be something as simple as a drop-in centre that was open at night, she said. 'A drop-in centre open during the day is not much use for sex workers, for example. As a sex worker, drug user and healthcare provider, harm reduction should make perfect sense to me, but I took a long time to discover it because Sweden, my country, doesn't really recognise it.'

It was important that service providers 'took a hard look', not just at their target groups, but at themselves, she told delegates, as everyone had prejudices or an agenda to some extent. 'Most sex workers are interested in rights rather than rescue, for example. You shouldn't feel as though you have to "save" people, as most won't respond well to that.'

Peer involvement was also vital, she stressed, not just for spreading information but in terms of opening doors. 'Peers will know the right questions to ask – let them act as your translators. You might think you can walk the walk and talk the talk, but believe me we can tell.' Service providers could very often be surprised by the reality of the information gathered in this way, however, and often assumed that the data was either wrong or the client group unrepresentative. 'But you should continue being brave, and evaluate your work to see if people are actually happy with the services they're receiving.'

The question should not be 'why can't they be reached' but 'why can't they be reached by us?' she told the conference, as some people were more challenging to reach than others, particularly those dealing with multiple stigmas. 'They've had bad experiences in the past and they're often very suspicious,' she said.





# Africa at risk of 'new HIV outbreak'

**AFRICA CONTAINED JUST OVER TEN PER CENT OF THE WORLD'S POPULATION**, but around two thirds of people living with HIV/AIDS, Adeolu Ogunrombi of Youth Rise and the Youth HIV/AIDS Network in Nigeria told delegates in the *Youth drug policy* session. More than half of Africa's 840m people were below the age of 18, he said, with young people making up more than 60 per cent of Nigerians. 'At the centre of Africa's HIV epidemic are young people.'

Although drug use was not on the same level as Europe, Asia or other parts of the world, it was growing at an 'unprecedented rate', he said, with Africa on the smuggling routes from South America to Europe, and the UN estimating that \$1bn worth of cocaine passed through West Africa in 2010. Around 31 African countries had now reported evidence of injecting drug use, and there were increasing rates of use among young people, he said. 'Drugs are more accessible in the street than ever before, but there is no education or guidance about harms.'

The average HIV prevalence among injecting drug users in Nigeria was around 5.6 per cent, he told delegates, although it was as high as ten per cent in some states. Exacerbating factors included poverty, homelessness and unemployment, as well as gender issues. 'Drugs can be seen as a definition of masculinity, a rite of passage.' There were also factors of peer influence, community values, and social skills, with many people lacking the ability to make appropriate decisions.

'We need to stem the tide,' he told delegates. 'The AIDS sector is already stretched beyond limits so it's essential that we respond appropriately now.'

Africa's first reaction to the AIDS problem had been one of 'total denial', he said, so it was vital to learn from the lessons of the past. Most of the country's drug policies focused entirely on drug law enforcement, with harm reduction making few inroads – some countries had made attempts to review their policies, only to 'come up with even tougher measures'.

'Most governments measure success in terms of seizures and arrest, and any review of drug policies to entrench human rights and public health will still be met with stiff opposition,' he said. 'Government agencies are not ready to look critically at the challenges and develop robust strategies.'

Punitive laws and policies were a 'breeding ground for a new outbreak of HIV', he warned. 'We want a review of national drug policies to be evidence based and youth friendly, and central to this should be meaningful participation and representation of young people. Young people are not just statistics.'



**Adeolu Ogunrombi: 'At the centre of Africa's HIV epidemic are young people.'**



**Wanting answers:** Members of Youth Rise, Mirtaza Majeed, Sally Shamas, and Chantalle Kallas, put questions on subjects ranging from the war against drugs in Afghanistan to the treatment of drug users in Lebanon to Adel Mashmosi, Lebanese head of drug enforcement, and Christian Kroll from UNODC.

## Lebanese women suffer 'unfair, ineffectual' policy

**THERE WERE A RANGE OF ISSUES AFFECTING YOUNG FEMALE DRUG USERS IN LEBANON**, Chantale Kallas of Youth Rise told delegates in the *Youth drug policy* session. These included stigma, the patriarchal society and taboos around sex. 'When people see a young woman who takes drugs they'll think she also provides sexual services – they connect them all,' she said.

Drug use could carry a custodial sentence of between three months and three years, she told delegates, or people could instead submit to treatment measures enforced by the courts. 'I interviewed 31 young women aged between 16 and 31 – either in treatment or active users – and, although some were aware of this policy, many thought the actual policy was "pay money or go to prison",' she said. 'Drug policy is seen as unfair and illogical.'

More than 75 per cent of the women felt threatened by the legal framework, with 90 per cent expressing fear of being jailed. However, 98 per cent said this had no impact on their drug use. 'It's a total failure as policy, totally ineffective. There's fear, there's threat, but there's no effect on drug use. One woman told us "there's verbal abuse as if drug users were animals, the worst in society. This is how they see us."'

What was needed was correct implementation of the law, she stressed, along with human rights in prisons, respect for the rights of minors, diversified treatment centres and provision of the correct medical services, especially during withdrawal. 'We heard stories of people cutting themselves in order to get medication,' she said.



# Partnership with INPUD creates TB resource

**SUNDAY SAW A GATHERING OF DRUG USER ACTIVISTS** to continue a joint development programme on TB advocacy between WHO, UNAIDS, HIT and the International Network of People who Use Drugs (INPUD).

HIT, in partnership with INPUD, has been commissioned by WHO and UNAIDS to develop a *TB advocacy guide for people who use drugs* using a participative development model that engages the expertise of drug user activists around the world.

Drug user activists from India, Nepal, Afghanistan, Russia, Georgia, Portugal, Canada, and the UK were consulted on the draft of the TB advocacy guide at a learning event on Sunday. A much wider group of activists has been involved in three earlier TB advocacy workshops, and more will be engaged through ongoing virtual consultation. The resource will eventually be published in a range of languages.

This has helped raise awareness about the importance of TB for people who use drugs and flagged up the significance of co-infection with TB, HIV and viral hepatitis. The process has led to drug user activists embracing TB advocacy, allowing for its increasing integration.

'People who use drugs have established advocacy skills and we can be key agents for driving forward effective country responses to TB,'



**TB advocacy: '...Key agents for driving forward effective country responses to TB.'**

said Mat Southwell from INPUD. Dr Haileyesus Gatahun Gebre from WHO Stop TB Programme added: 'We have expectations for this partnership with HIT and INPUD.'

## Get realistic about young people's drug use

**'YOUNG PEOPLE USE DRUGS,'** Aram Barra of Youth Rise told the *Neglected issues* session. 'This may seem obvious, but in order to be effective, policy needs to be realistic about drug use.'

Although states recognised the need to protect young generations, this required acknowledging 'without judgement' the reality that children and young people used drugs, he said. There was also an urgent need for more disaggregated data, and to actively include young people in policy formation.

'Youth are not currently involved in policy and programme design – they're only seen as recipients of services.' There was also the crucial issue of the ongoing criminalisation of children and young people, he stressed.

'We know what works, but we're still far from successful in responding. Some organisations, such as IHRA, provide excellent support, but we need to develop further support for young people to bring their perspectives to the debate.'

## Coordination vital to fight TB

**IT WAS ESTIMATED THAT A THIRD OF THE WORLD'S POPULATION** was harbouring *M.tuberculosis* bacteria, Haileyesus Getahun Gebre told the *Neglected issues* session. The risk of developing TB itself was higher among those living with HIV, he said, and there was a higher TB risk among people who use drugs regardless of HIV status, with up to 40 per cent of people who use drugs in Iran infected.

There was also a link between TB, injecting drug use and incarceration, he told the conference. 'One in 11 TB cases in high-income countries are prisoners, as are one in 16 in low-to-middle income countries. Prisoners have around a 23 times higher risk of TB than the general population.' Hepatitis B and C were also common among TB patients, he stressed.

A functional coordinating body was vital for a multi-sectoral response, he said, which should include harm reduction programmes, the criminal justice system, HIV organisations and others. The key challenges, meanwhile, were an absence of credible data, lack of ownership of services and collaboration among stakeholders, the stigma linked with



**Haileyesus Getahun Gebre: 'Addressing TB among injecting drug users is a public health priority.'**

multiple co-morbidities, and lack of awareness among activists and advocates.

'Addressing TB among injecting drug users is a public health priority,' he said. 'Services should be scaled up in a client-friendly manner with due respect to basic human rights.'





## Global Drug Policy program



The Global Drug Policy program supports organizations worldwide that strive for drug policy reform at the international level.

[www.soros.org/initiatives/drugpolicy](http://www.soros.org/initiatives/drugpolicy)

"From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland" is the first in a series that documents drug policy reform. Come and pick it up from our booth!

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