



Harm reduction succeeds below the radar in Pakistan

NATIONAL ASSEMBLY OF PAKISTAN MEMBER

Dr Donya Aziz will address this afternoon's closing session. A former parliamentary secretary for population welfare, she is also chair of the health sub-committee on HIV/AIDS.

IHRA estimates that there are around 125,000 people who inject drugs in Pakistan, and there are now needle and syringe programmes in place.

'The programmes have been running for quite a while but they're limited to urban areas where communities of IDUs have been identified, especially those areas where we've had concentrated epidemics of HIV,' she says. 'Unfortunately there is also a realisation that the IDU communities are incredibly mobile, and usually what happens is when the government or a specific police officer needs to show themselves doing something really great they'll just crack down on the users, who then flee all over the place and it's difficult to re-engage them.'

The HIV/AIDS sub-committee has been trying to persuade the police to put a stop to these activities, she says, with some signs of success,

while a pilot opioid substitution programme approved for 2010-11 had to be postponed as a result of the country's devastating floods. 'The floods took place in the first month of our financial year, and so much of the money had to be diverted to deal with the 20m displaced persons. We probably won't see the pilot programme materialise this year, but next year is a possibility.'

The fact that harm reduction is clearly making inroads into Pakistan is perhaps at odds with the view that some people might have of the country. 'Pakistan is one of those countries where we have stringent laws on the books, but the implementation of those laws is very lax, and in some cases non-existent,' she points out.

'What we've seen is that if you're willing to work below the radar and advocate with and lobby government officials in a non-public manner then they're much more receptive than when there's a huge media splash – in those cases everyone tends to revert to the more conservative line that they know is the safest one to tow. So

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HIGHLIGHTS

Thursday 7 April MAJOR SESSIONS

9.00-10.30

Naloxone

Saving lives with overdose prevention programmes.

Risk environments of drug use and sex work

Harm reduction initiatives for diverse and difficult contexts.

Economics and effectiveness

A look at harm reduction models of investment.

11.00-12.30

Families, parenthood and drugs

The social and economic impact of drug use on families.

New trends and patterns of drug use

Issues around mephedrone and prescribed opiates.

Human rights

Impact assessments and safeguarding against abusive practices.

15.30-16.45

Closing session

John-Peter Kools, chair of IHRA

Elie Aaraj, director of SIDC and MENAHR

Donya Aziz of the National Assembly, Pakistan

Awards ceremony, featuring the National Rolleston Award, Travis Jenkins Awards and the Film Festival Award.

Paddy Costall, Conference Consortium

Rick Lines, IHRA

Handover to **John Ryan** of Anex, Australia, for next year's conference.



Programme change

THURSDAY 7 APRIL 2011

Sessions

09.00-10.30 – Banquet Hall 1 & 2: M13; Naloxone. Elena Borzunova – 373 – speaker change; speaker is now Dasha Ocheret. Change of chair. The chair for M13 is now Azzi Momen.

09.00-10.30 – Banquet Hall 3: M14; The risk environments of drug use and sex work. May Myat Thu – 518 – speaker change; speaker is now – Thinzar Tun.

09.00-10.30 – Banquet Hall 4: M15; Economics and effectiveness. Robert Gray – 736 – Speaker change; speaker is now – Beth Skorochod.

11.00-12.30 – Banquet Hall 1 & 2: M17; New trends and patterns of drug use: mephedrone and prescribed opioids. Mukta Sharma – 117 – cancelled. There are only three presenters in this session.

13.30-15.00 – Banquet Hall 1 & 2: Plenary 3; Promoting change. Rich Needle – 1167 – cancelled. There are only three presenters in this session.

Closing session

15.30-16.45 – Banquet Hall 1 & 2. In addition to those listed in the programme, the following will also be presenting in the plenary session: Irina Teplinskaya, INPUD; Pye Jakobsson, Rose Alliance; and a member of Youth Rise.

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

To advertise in DDN email 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.

Reporting team: Claire Brown, David Gilliver, Ian Ralph. Design: Jez Tucker. For editorial enquiries or feedback, please email claire@cjwellings.com

Evolution as IHRA becomes Harm Reduction International

IHRA will change its name to Harm Reduction International, its chair John-Peter Kools will announce at today's closing session.

'THE CHANGE REFLECTS THE EVOLUTION OF THE ORGANISATION and it puts harm reduction first,' executive director Rick Lines told the *Daily Update*. 'It better reflects our objectives – from a professional association of harm reduction researchers, providers and activists, we have become a diverse and multi-faceted organisation.'

'We started as a trade organisation, a convention of members to plug the gap between conferences in an age before email and social networking,' added Pat O'Hare, a founder of IHRA. 'We did a lot of advocacy, but not in a strategic way. The new name reflects much better the work that we do now.'

This year's event had been particularly responsive to delegate feedback, incorporating training and skills building, and making women and sex work key elements of the programme.

A strategic objective now was to take harm reduction messages and drug policy reform to other NGO sectors. 'Drug harms have an impact on many other sectors... it's got to be about building close allies,' said Rick Lines. 'The name Harm Reduction International will help the organisation to communicate more directly.'



SIGN UP NOW!

IHRA is calling on all organisations to sign up to the Beirut Declaration on HIV and Injecting Drug Use: A Global Call for Action, the official declaration of the 2011 International Harm Reduction Conference.

The declaration, which has already been featured in the editorial of the world's leading medical journal, *The Lancet*, is calling for key commitments from world leaders at the 2011

United Nations High Level Meeting on HIV/AIDS in June. 'We need decision-makers to endorse it – especially institutional and organisational endorsements,' said IHRA executive director Rick Lines. 'We also call on them to engage their networks and all the organisations they're in touch with. There's an urgency for people to sign up – there are ongoing civil society consultations feeding into the UNGASS process, so if we're going to get your support we need it now.'

Sign up at www.ihra.net/declaration or email declaration@ihra.net



Taking control: A demonstration of female condoms shows women safe and simple harm reduction.



Dialogue on decriminalisation

Joao Castel-Branco Goulao is Portugal's national drugs co-ordinator. In yesterday's Dialogue Space he explained how decriminalisation became part of the country's drug strategy.

PORTUGAL WAS A CLOSED SOCIETY, with almost no connections with European societies. Hippies and the student activism in France – all of it passed by our society. Drugs were present – but not for the masses.

Then there was a revolution, and soldiers came back from the colonies with experience of using drugs. The association of drugs with freedom was explosive and there was a boom of drugs, beginning with cannabis. Other dealers came into the emerging market bringing heroin, and society wasn't prepared for it.

We were very naïve about drugs – we knew nothing. It was easy for people to go from cannabis to heroin; it was easy to spread experimentation and for people to get hooked.

In the late 1970s and '80s there was an enormous spread of heroin use. It was almost as if everyone who started using drugs became an addict. Out of 10m inhabitants we estimated that 100,000 people were hooked on heroin – 1 per cent of the population.

Lots of people committed crime and it became an enormous health and social problem, as well as a political problem. When asked 'what is your greatest fear for your children?' people would talk about drugs.

More and more people were feeling that someone using drugs was not a criminal but someone who needed help, so we started to invest in treatment. A campaign to offer treatment in the mid 1990s didn't go in the right direction and the minister responsible realised he had to change the paradigm.

I was among the group of specialists he invited in, and we talked to leading countries such as Spain and Switzerland. People came to



Joao Castel-Branco Goulao: 'Out of 10m inhabitants we estimated that 100,000 people were hooked on heroin – 1 per cent of the population.'

Portugal to watch what was going on and made a lot of proposals on treatment and harm reduction. Even if a person could not stop taking drugs, we realised they still needed investment.

It's still not legal to use drugs in Portugal, but you get a penalty like not wearing a seat belt. The political Right used to say Portugal would become paradise for drug users all over the world and that our children would use drugs for milk! But it didn't.

The strategy was approved in 1999 and became law. In 2005 the Socialist Party gave it a new push and it became part of public health, with a 75m Euro budget.

The indicators of success are good. There has been a clear decrease in drug use among 15 to 19-year-olds and indicators show a decrease in AIDS.

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there are lots of opportunities, and a lot of great things have been happening, most of it probably not reported. In some cases that's the best way to go.'

However, some government members were adamant that they would not approve the pilot OST programme, she says. 'I tried to explain the importance of the programme and to dispel some of the misconceptions that they had, and luckily enough they were willing to go ahead.'

One of the problems Pakistan faces is the country's very high rates of hepatitis B and C. 'We have approximately 7-11 per cent prevalence, which in a population of 180m is a lot of people,' she says, while HIV prevalence among injecting drug users is thought to be around 15 per cent. IHRA estimates that just 4.5 per cent of drug users living with HIV are aware of their status. 'We're a developing country and we don't have a lot of money – our

blood banks now screen for hep B and C, but we don't have the money to screen for HIV,' she states.

A key challenge remains the amount of Afghan heroin coming across the border. 'There's no doubt about the fact that that has played a major role in various socio-economic issues in Pakistan, HIV/AIDS being one of the topmost,' she says. 'We have also found that much of our migrant labour that goes to the Middle East is coming back infected, and unfortunately they are not told of their status. In some of the Gulf countries they do sporadic testing and if someone is found to be positive they are very unceremoniously deported and throughout the process are not told what their status is. They're married men coming back and infecting their wives or other partners. This is a huge human rights issue from our perspective and Pakistan has taken the lead

after the World Health Assembly on flagging this issue within the context of HIV/AIDS, and starting a dialogue with those countries to change this practice.'

She is delighted to be addressing the 22nd International Harm Reduction Conference, she says. 'I say keep up the good work. All the activists and players in the HIV/AIDS field have come a really long way. When I was a medical student in 1999 I was told that HIV/AIDS would never be an issue for a country like Pakistan because we're Muslim. The fact that the government now has programmes that respond to drug users, sex workers, MSMS and the general public at large shows that the people who have been advocating and lobbying in this field have done a good job. Everyone deserves a lot of appreciation for that and they need to take time out to celebrate the milestones they've achieved.'



Canadian sex workers battle 'structural stigma'

ALTHOUGH LESS THAN 20 PER CENT OF THE CANADIAN SEX INDUSTRY was street-based, more than 90 per cent of criminal charges were laid against street sex workers, Fred Chabot of POWER (Prostitutes of Ottawa Work Educate and Resist) told yesterday's *Sex work – challenges in peer involvement and harm reduction* session.

Street workers were vulnerable to police harassment, with the punitive enforcement undermining their ability to implement harm reduction strategies. 'And this is not just a few "bad apples" – it's institutional,' she said. 'The fact that it's easy to talk about "the kind of person who is a sex worker" speaks to the stigma that a job defines who a person is.'

Sex workers were defined as either 'victims to be pitied or amoral and dirty, a discourse that has little basis in fact'. These assumptions had become so common that they were embedded in the criminal justice system as 'structural stigma'. Selling sexual services was not illegal in Ottawa, but the activities of sex workers were nonetheless criminalised, with legislation often the result of lobbying by communities who didn't want sex workers in their neighbourhood. 'They create laws that play to those stereotypes that sex workers are risky and dangerous to the community.'

Ottawa police engaged in 'prostitution sweeps', invoking images of 'dirt removal', she said. 'They have a "proactive approach" to sex work

– calling women to account for themselves before an offence has been committed, arbitrary detention and forcing sex workers to remain outside of specific areas.'

This was a violation of human rights, she stressed. 'It's an interesting coincidence that the bulk of social services, health services, methadone clinics, food banks and other vital services are in these neighbourhoods. It seriously affects the ability of sex workers to keep themselves safe.'

Sex workers were highly motivated to engage in safe sex practices, yet police routinely confiscated condoms. 'Ottawa sex workers constantly report harassment – it's hard to imagine any justification for this treatment by those who are supposed to serve and protect. They are undermining people's ability to protect themselves from HIV and hepatitis while sending letters to the community warning of links between sex work and disease. They are contributing to the very problems that they claim to be concerned about.'



Fred Chabot: 'Vital services.'

'Underground' Palestinian sex workers vulnerable

DESPITE THE FACT THAT PALESTINIAN SOCIETY WAS MORE OPEN THAN MANY IN THE MIDDLE EAST,

sex workers were facing exploitation and violence, Maysa Kassabry told delegates.

Sixty years of political instability and very high levels of poverty meant that there was low access to education and healthcare for women, she said, and Palestinian society was also strongly patriarchal. 'Sex work is an 'underground issue', which increases the risk of HIV. It is seen as a despicable crime, taboo and socially unacceptable.'

There were no accurate statistics on the numbers of sex workers, and its illegality meant high rates of violence and rape, poor access to services and high levels of stigma. There was, however, increasing peer-education work to help deliver key health messages.

Research was needed along with legislation to respect the rights of sex workers and people with HIV, and campaigns to change attitudes. 'In Palestine, we are only allowed to talk about condom use in the context of family planning.'



Maysa Kassabry: 'Poor access.'

Battling a maze of bureaucracy in Macedonia

A GROUP OF MACEDONIAN SEX WORKERS had joined together to create an association in 2007, Borche Bozhinov told the conference. However it was when they attempted to officially register Star-Star that their problems began.

'After two years of campaigning we submitted a formal application. It was denied, and we were told to remove the terms "sex work" and "sex worker" from all documents. Don't ask me why – it was never explained to us,' he said.

Star-Star learned that it had been accused of 'encouraging sex work' and even attempting to set up a brothel. 'It amounted to denial of free association. We sank into a legal maze, and we had the choice of going the hard way or becoming more pragmatic. We chose that route, because the legal battle would have taken years and diverted us from our main focus.'

The process had made the organisation more determined than ever. 'We had to be creative and come up with alternative solutions.' Star-Star's plans were now to strengthen their structure, involve more activists, raise awareness and improve legislation. In the meantime, sex workers could still find themselves the victims of harassment and viewed as criminals, he said. 'Our slogan is "to be a sex worker is my right! To be a brute is a crime!"'



Borche Bozhinov: 'Diverted from our main focus.'



Reaching out to women in Nepal

Gill Bradbury (who also provided conference medical services) presented a poster about the needs of marginalised women in Nepal. She spoke about her role in giving technical advice and support to Dristi Nepal

MANY FEMALE DRUG USERS IN NEPAL endure sexual, physical and mental abuse in supporting their drug habits, and are trapped in a drug dependent and deprived lifestyle. They are denied access to good nutrition, healthcare and education, making them vulnerable to sexual exploitation, poor health and HIV. The government turns a blind eye, failing to protect those in most need of support.

Dristi Nepal offer advocacy, support and harm reduction services to female drug users. Founded in 2006 by a small group of female ex-users and led by programme director, Parina Limbu Subba, they try to offer positive role models, peer mentoring and a feminist approach based on personal empowerment – as well as fighting HIV and viral hepatitis.

They have provided a range of services over the years but have been unable to develop comprehensive services because of funding constraints. This has meant service provision can be inconsistent – currently they're only operating a drop-in centre, needle and syringe programme, outreach and peer education services.

Women are second-class citizens in Nepal. They live within a male-dominated, patriarchal society, which continues to influence not just their status and value, but also the extent of treatment and care. Girls can be seen as a burden to the family and are increasingly trafficked

across the border to India to work in the sex industry. At least 40 per cent of trafficked women, when repatriated, are HIV positive and many are abandoned by their families and shunned by their community.

It's not known how many women have a drug problem in Nepal, nor how many are HIV positive and/or infected with hepatitis C – there's no reliable data. Women remain the most marginalised group in society, particularly FDU, women living with HIV and women who work in the sex industry – a disregard that threatens public health and creates a significant disease burden.

FDUs need targeted services and gender-sensitive care, coupled with awareness-raising campaigns. They must be made to feel less isolated, and empowered to address their drug-using behaviour. There are few residential rehabilitation centres that focus on the needs of women, and they are only affordable to a minority. Women need access to crisis and stabilisation centres, free detoxification and rehabilitation programmes to achieve abstinence, including aftercare services and employment opportunities.



Gill Bradbury: 'Women are second-class citizens in Nepal.'

Challenging archaic laws for greater equality

Ahead of the session on *Sex work – the police, policies and the law*, Sandra Ka Hon Chu, Jenn Clamen and Kara Gillies tell the Daily Update about challenging Canada's prostitution laws to create safer working conditions for sex workers

PROSTITUTION ITSELF IS NOT ILLEGAL IN CANADA, but the criminalisation of many prostitution-related activities leaves sex workers vulnerable to violence and exploitation. It makes protected work spaces illegal, and pushes sex workers into dangerous situations. In an effort to promote their rights and reduce harms, sex workers in Canada have been fighting for the decriminalisation of prostitution-related activities since the 1970s. In 2007, three current and former sex workers in Ontario used years of sex workers' research and experience to take this fight to the courts.

The applicants challenged three sections of the criminal law that, they argued, violated their constitutionally protected rights to liberty, security and freedom of expression. They reasoned that provisions against 'keeping a bawdy house, living off the avails of

prostitution and public communication for prostitution' created legal prohibitions on their safety.

In September 2010, an Ontario trial court struck down those provisions of the criminal law, finding that they were unconstitutional because they forced sex workers to choose between their right to liberty and their right to security of the person. The judge concluded that the provisions 'prevent prostitutes from taking precautions, some extremely rudimentary, that can decrease the risk of violence towards them.'

While the Canadian government has appealed against this ruling and the law will remain in force at least until the appeal is heard in June 2011, the court ruling underscores the importance of law reform in protecting sex workers' safety. In British Columbia, a concurrent constitutional challenge of Canada's prostitution laws is also taking place. Rights-based litigation may be one approach to challenging laws that impede sex workers' health and equality.

Once criminal laws are removed, sex worker leadership in policy development will be essential to ensuring that subsequent regulations do not reproduce the harms and rights violations that sex workers fought to overcome.



Working to bring harm reduction to prison populations

'DRUG USE IS A COMPLEX ISSUE IN LEBANESE PRISONS,' Hana Nassif of the Justice and Mercy Association (AJEM) told delegates in the *Developing harm reduction interventions in prisons in Middle East and North Africa* session. 'There is a lack of knowledge of risks and lack of care services, but a huge number of people take drugs in prison.'

Her organisation worked in the severely-overcrowded Roumieh prison in Beirut, which had made headlines this week. Many parents lacked the capability to face up to their children's drug use problems and, without the means to pay for care, chose to report them to the police instead (see Tuesday's *Daily Update*, page 5).

AJEM's mission was to improve the conditions and social status of prisoners, she said. 'Ninety per cent of inmates know nothing about rehab or harm reduction, or else they have the wrong ideas. There is no right to needle and syringe programmes or condom distribution, but we use all available means to educate prisoners, including motivational interviews, counselling, and working closely with lawyers.' A UNODC-funded initiative had also facilitated a unified infectious disease programme in all of Lebanon's prisons, and AJEM was also working on post-release care.

HIV prevalence among prisoners in Morocco, meanwhile, was around 0.8 per cent, Dr Fatima Assouab of the Moroccan Ministry of Health told delegates. The ministry had conducted a study of prisons in the north of the country – where heroin was widely used – in association with UNAIDS and UNODC, and found that 45 per cent of those arrested had been arrested for drug use, with many continuing to inject when in jail.

A harm reduction programme had now been launched in Tangier, Nador and Tétouan, while a plan for HIV control and prevention had been initiated as part of an overall AIDS strategy. New prison policy legislation was now being implemented, she said, although a needle exchange programme was still to be discussed. Ten centres had been created for preventative and psychological care for prisoners living with HIV, as well as training for the judiciary in harm reduction and HIV prevention.

'The next steps are extending methadone maintenance therapy in all prison settings in 2012,' she told delegates, 'along with implementing needle and syringe exchange in prisons and a monitoring and evaluation framework.'



Dr Fatima Assouab: '45 per cent arrested for drug use.'



Happy birthday Mainline!

To celebrate their 20-year anniversary, harm reduction foundation Mainline brought all of their staff over to the IHRA conference. Mainline provides drug information and harm reduction advice to users in Amsterdam.

Prisons need comprehensive harm reduction package

'WHEN WE SAY PRISONS WE REFER TO ALL TYPES OF CLOSED SETTINGS,' Fabienne Hariga of UNODC's HIV/AIDS section told the *Developing harm reduction interventions in prisons* session.

Thirty million people were incarcerated each year, she said, with people who use drugs accounting for up to 50 per cent of the prison population in some parts of the world. 'The legal framework needs to be addressed. There's an over use of prison, not just for drug users but for sex workers and other vulnerable populations.'

Transmission of HIV in prison was not limited to drug use, she stressed. 'There's sexual transmission, including sexual violence, and unsafe medical services.' There was also poor access to general healthcare services, stigma and discrimination, poor prison management and issues around gangs and corruption. 'Prisons are breeding grounds for HIV and TB epidemics – for the people living and working there, their families and communities.' Furthermore, HIV prevalence among women in prison was almost always higher than among men – three times higher in the US.

UNODC tried to provide a comprehensive package for HIV and TB prevention, she said, based on scientific evidence, as well as adopting an holistic approach to health in prisons. 'Very few countries have developed a real health in prisons programme. And of course the comprehensive package of harm reduction should be available in prison, including needle and syringe exchange, OST, voluntary counseling and testing, access to condoms and anti-retroviral therapy.'



'The most rewarding aspect has been seeing the conference in Beirut and what that entails in terms of benefits and policy change,' said local organiser Nina Abi Fadel of Eventa.



Read all about it!
 Delegates catch up on the conference news.



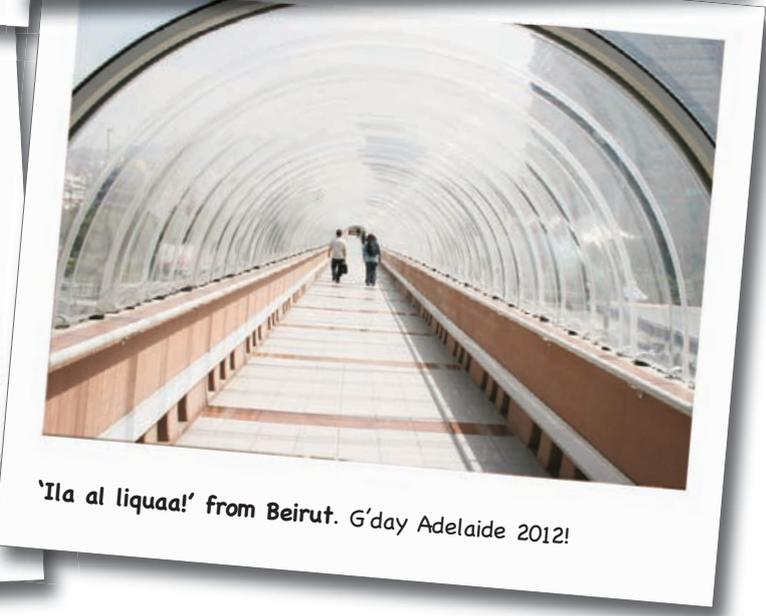
Sex, drugs and rock 'n' roll
 Not the conference party... but the name of this harm reduction board game developed by Mainline.



Positive INPUD
 Olga Byelyayeva discusses drug user organising.



Talk like an Egyptian!
 The Global Fund in the dialogue space.



'Ila al liqaa! from Beirut. G'day Adelaide 2012!



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Global Drug Policy program



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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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Methadone Man & Buprenorphine Babe STOPPING HIV IN ITS TRACKS

Outside of Africa, nearly one in three HIV cases is the result of contaminated needles and syringes. Methadone and buprenorphine reduce the risk of HIV transmission by helping opiate users inject less. They also help people stay on AIDS treatment.

So why are these lifesaving medications available to less than 10% of people who need them?

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