HARM REDUCTION 2011
IHRA'S 22ND INTERNATIONAL CONFERENCE
Beirut

DAILY UPDATE

DAY TWO
Tuesday 5 April 2011

Smaller countries battle against the mighty alcohol industry

'ALCOHOL IS THE BIGGEST HARM REDUCTION ISSUE ON THE PLANET,' said John Hedge, chairing yesterday's session on reducing alcohol harm. Four speakers gave perspectives from different countries.

Nepal was experiencing escalating alcohol problems, said Hom Lal Shrestha (pictured). Public health policies were being hampered by lack of state commitment and interference from multinational companies. Among the challenges were that large events were sponsored by the alcohol industry, glamourising its use faster than public health programmes could be implemented, and he called on support from WHO Global Alcohol Policy.

Robert Power of Burnett Institute, Melbourne, highlighted escalating issues in the Pacific region, which had been virtually alcohol free 20 years ago. Domestic violence towards women and children was now commonplace, with long drinking sessions taking place regularly.

People responded readily to the promotion 'big pla spak, lik lik money', meaning 'you can get very drunk for very little money', he said. Strong home brewed alcohol was a particular problem and had added to the culture of intoxication, which went hand in hand with acceptance of violence. Drug and alcohol use was identified as a trigger in 14 per cent of all incidents resulting in a hospital visit.

The Pacific Region was seriously off track to achieve Millennium Development goals by 2015, said Mr Power. 'Large investments are not leading to better outcomes.'

Bangorn Sirirojn explained problems of underage drinking in Thailand, which had tripled over the last 14 years to become the fifth highest alcohol consumption per capita in the world.

The Thai government had introduced laws to restrict availability and promotion and a study had been carried out to look at the way young people were drinking and the relation to their sexual risk behaviours. Drinking venues, which often featured alcohol promotion girls, were seen as places for casual encounters, where people drank to get drunk.

Sanji Gunasekara, a senior advisor of the New Zealand Drug Foundation, talked about the risks Free Trade Agreements (FTAs) could have on health. They were in danger of promoting aggressive consumerism, he warned, which was not helpful in the case of alcohol and tobacco.

'Trade liberalisation is a vehicle for industry to expand their global footprint into developing countries,' he said. 'They are glamourising alcohol in the developing world… 'local' brands are owned by global corporations, which tap into local culture.'

HIGHLIGHTS

Tuesday 5 April

MAJOR SESSIONS

11.00 – 12.30
Banquet Hall 3
Young People want better drug policies. Don't you?
A panel discussion on drug policies, harm reduction services and young people.

Banquet Hall 1 & 2
Building a women-centred harm reduction response
Partnership working and a look at the women's harm reduction movement.

Banquet Hall 4
Developing harm reduction interventions in prisons in Middle East and North Africa
Experiences relating to HIV prevention, care, treatment and support.

14.00-15.30
Banquet Hall 1 & 2
Sex work – the police, policies and the law
Challenging prostitution laws, cooperating with police, and the impact of HIV on sex workers.

16.00-17.30
Banquet Hall 1 & 2
Reducing harm for women: policies and ethics.
Safe motherhood, and a look at risks, rights and evidence.

DIALOGUE SPACE

13.30: Equity, human rights and the Global Fund.

15.00: Meet the drug user activists.

DEMONSTRATION AREA

10.30-11.30: Female condoms.

13.00-13.30: Crack and cocaine harm reduction.

ihra
INTERNATIONAL HARM REDUCTION ASSOCIATION

CONFERENCE CONSORTIUM

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*

Fun on the front row: Elie Aaraj from MENAHRA shares a joke with Miss Lebanon, Rahaf Abdallah, and Lebanese singer and composer, Regheb Alama at the MTV International Drugs and Harm Reduction Film Festival 2011.

Programme changes – TUESDAY 5 APRIL 2011

Sessions

11.00-12.30 – *Banquet Hall 3: M05; Young people want better drug policies. Don't you? There is a complete panel change of discussants. Discussants in this session are now: Christian Kroll, UNODC, Austria; Adel Mashmoushi, Youth Rise, Lebanon; Sally Shamas, Youth Rise, Lebanon; Murtaza Majeed, National AIDS Control Programme, Afghanistan.*

11.00-12.30 – *Banquet Hall 4: M06; Developing harm reduction. interventions in prisons in Middle East and North Africa. Atef Sherif – 492 – Cancelled. Bahman Ebrahimi – 1154 – Cancelled. New presenter: Hady Aya, Lebanon. New presenter: Ihab Abdel Rahman, Egypt.*

14.00-15.30 – *Rabieh: C14; Stimulants and harm reduction Kate Smith – 924 – Cancelled. New presenter: Catalina Iliuta, Romania.*

14.00-15.30 – *Hamra: C15; Reducing drug harms in South-East Asia. Huynh Thi Nguyen – 519 – Cancelled. New presenter: Lawan Sarovat, Thailand.*

16.00-17.30 – *Banquet Hall 4: C18; Law enforcement and harm reduction. Change of chair. The chair for C18 is now John Ryan.*

16.00-17.30 – *Hamra: C20; Sexual identities and drugs. Anthony Rizk – 1137 – Speaker change; speaker is now – Carine Loutfi.*

Workshops

12.45-14.15: *How to implement harm reduction in prisons. This workshop has a change of trainers. Dr Farnia, Dr Nazari, Mr Hoseini and Dr Alasvand have all cancelled. Instead Emran Razaghie; Iran, Cinzia Brentari; Italy and Gata Cucu; Romania will lead this workshop discussion.*

14.30-16.00: *Hepatitis treatment and care: A participative training resource for developing and improving services. Danny Morris will take this workshop, replacing Eberhardt Schatz.*

Posters

Posters added:
396 *Barrier for drug user to access the existing service – Kimhai So.*
795 *Advocacy for hepatitis programs in Ukraine – Tetiana Deshko, board 89.*
981 *Understanding the diversity of sex work practices, life conditions, patterns of victimisation and harm reduction techniques among Chicago prostitutes – Gregory Scott, board 122.*
Posters withdrawn:
691, 121, 290, 327, 892, 372, 683.

Other notices

European Networking Meeting
The European Networking Meeting is taking place today at 11.00-12.00 in the Dina Room of the Metropolitan Hotel. (Walk across the covered bridge next to the conference dome to access the hotel; the room is on lobby level).

IHRA elects new Board members at its 2011 AGM

On Monday, the International Harm Reduction Association held its Annual General Meeting in the Metropolitan Hotel, adjacent to the conference venue. At the meeting IHRA members held elections to fill five seats on the Board of Directors.

Two of IHRA's current Board members were re-elected to second terms. These were John-Peter Kools of the Netherlands, IHRA's current Board Chair, and Emran Razaghi of Iran.

In addition, the AGM elected three new members to the IHRA Board.

Anya Sarang of Russia is President of the Andrey Rylkov Foundation for Health and Social Justice in Moscow, where she works on advocacy for access to health and protection of human rights, as well as dignity for people who use drugs and humane drug policies. Anya is a past winner of the International Rolleston Award.

Suskma Ratri of Indonesia has extensive experience working a broad range of fields including HIV, migration, sexual and reproductive health rights, drug use, human rights and sex work. She is a former Core Group member of WAPN+ (Women of the Asia Pacific Network of People Living with HIV/AIDS) and is currently on the UNAIDS Programme Coordinating Board.

Jamie Bridge of the UK is the former Communications and Programmes Officer for IHRA, where he played a leading role in the organisation's growth. Since 2009, Jamie has been at the Global Fund, where he is an integral part of the harm reduction working group.

Harm reduction vital to stop HIV spread in MENA

THE MENA REGION was one of the few where there was limited knowledge of the HIV epidemic, Ghina Mumtaz told the *Harm reduction developments in Middle East and North Africa* session. She had helped to carry out a research project with the aim of gathering, analysing and synthesizing all of the available evidence on the epidemiology of HIV among injecting drug users in the region, using hundreds of data sources.

Although these were of variable quality, there had been a noticeable improvement of the data in recent years, she said. There were around 1m injecting drug users in the MENA region, constituting 0.2 per cent of the population. Around 50 per cent reported sharing of needles and syringes, she said, with the average age of first injecting between 20 and 28 years old. There were also overlaps between sexual risk behaviour and injecting drug use.

Injecting drug use was an important mode of transmission in Afghanistan, Bahrain, Libya, Tunisia, Pakistan and Iran. The latter two had the highest HIV rates among injecting drug users, she said, with injecting drug use accounting for transmission in two thirds of Iranian HIV cases.

'There are concentrated HIV epidemics in Iran and Pakistan, emerging HIV epidemics in Afghanistan and Egypt and at least "outbreak-type" epidemics in Algeria, Bahrain, Libya, Oman, Morocco and possibly Tunisia.' There was low/zero prevalence in Lebanon, Jordan, Kuwait, Saudi Arabia and Syria, she said, although available data for many was poor.

'HIV prevalence among injecting drug users in the region remains in the low to intermediate range,' she said. 'But we are seeing high-risk behaviour, which means there is potential for further spread. We need to expand HIV surveillance and HIV testing, as well as prevention and treatment services. And there is a great need for national harm reduction programmes.'

Gina Mumtaz: 'We are seeing high-risk behaviour.'

Helping to battle stigma in Morocco

THERE WAS LESS THAN ONE PER CENT prevalence of HIV in Morocco, Amina Latifi told delegates in the Harm reduction developments in Middle East and North Africa session. She was involved in a programme, implemented in 2009, to provide psychological and social support for injecting drug users living with HIV.

IDUs constituted 13 per cent of Moroccans living with HIV, she said. The programme, which was now in its third phase, allowed access to quality care, anti-retroviral treatment and counselling. 'Of the 26,000 people in Morocco with HIV we only cover 4,256 of them – most people are unaware of their status and are diagnosed late. The testing is available, but not the education.'

Distribution of methadone had only begun in June of last year, she said. 'Currently, 77 people are in receipt of this although we anticipate the numbers will soon be much higher.' The programme had also been helped by Morocco's national AIDS programme in partnership with the Global Fund, which allowed it to capitalise on activities at a national level to enlarge and institutionalise it.

The psychological and social programme monitored people's therapy, she said, as well as facilitating access to care and allowing drug users to be independent and integrated into a society where drug use was criminalised and stigmatised. 'People can be afraid to ask for care because of this stigmatisation,' she said.

The programme had now been accredited with a wide range of bodies and was helping to deliver extensive training for mediators and medical staff, as well as providing judicial support and organising social occasions and outings – 'so that people can be far away from the eyes of the people who stigmatise them'. 'We will continue to fight descrimination and stigmatisation against people with HIV and people who use drugs,' she told the conference.

Problems compounded for female Iranian drug users

FEMALE IRANIAN DRUG USERS FACED A RANGE OF PROBLEMS beyond those immediately related to drugs, Shabnam Salimi told delegates. There had been no official data on female drug use in Iran, which had prompted her to help set up a study. 'The aim was to explore the characteristics of drug users seeking treatment, and to track improvements,' she told the conference. A clinic for female drug users was established in 2007, with focus groups and in-depth interviews used to build up an accurate picture of the situation. 'Interview questions are normally adapted from Western countries, but we needed to hear our clients' own voices.'

The study interviewed 40 female drug users, with a median age of 37. Eighty-seven per cent used heroin, 69 per cent opium, 27 per cent stimulants and 12 per cent cannabis, while 79 per cent smoked cigarettes compared to just 2 per cent of the Iranian female population as a whole. Of the heroin users, 88 per cent smoked the drug rather than injecting.

Twelve per cent had a history of injecting drugs, with HIV prevalence at 5 per cent. 'However, no one reported sharing injecting equipment,' she said. Reasons for leaving treatment included stigma or wanting to carry on enjoying taking drugs, but male dominance was also a very significant factor. 'If their partners didn't use drugs then they didn't allow them to access treatment because they thought the clinic was not a good place to be. But if their partner did use drugs, they didn't allow them because they wanted someone to take drugs with.'

Stigma for female drug users in Iran was far worse than for men. 'I asked them their greatest wish for themselves. They said "what we want is to be healthy". I hope that policy makers and decision makers give them the support that they need to make that a reality.'

Creating a catastrophe

'OUR REGION IS FAMOUS FOR ITS HIV EPIDEMIC,' Olga Byelyayeva of Ukranian harm reduction programme VIRTUS told delegates in the *Drug users speak* session. 'We have 3.7m people living with HIV, a zero-tolerance policy, and high levels of imprisonment.'

Withdrawal pain was not treated as medical pain in the region, she told the conference. 'We also know of one woman who was refused painkilling drugs after surgery, and tied to the bed. She escaped, and the stitches came apart. So, as a result of stigma and discrimination, she died.'

People who confessed drug use were also vulnerable to intensive interference from state agencies, which could include having their children taken away, she told delegates. Doctors were very often so intimidated by the severe control regulations that they refused to treat drug users altogether, leading to things such as multi-drug-resistant TB and amputation of limbs.

'If you ask me why this situation exists I can quote a representative from the Ministry of the Interior I spoke to last week – because they don't want the diversion of drugs to the black market. But out of 11 tons of illicit drugs seized in the Ukraine last year, a total of 2.6g were diverted methadone.'

Her organisation worked through client management and protection, as well as documenting cases of refused treatment, and had set availability of analgesics for drug use as its advocacy target for 2012. 'It is important to show that these strict policies don't just effect drug users, but all of those who need drugs to kill pain, such as cancer patients.'

A question of pleasure

'MY OVERRIDING CONCERN WAS TO PRESENT A PICTURE OF INJECTING DRUG USE that we don't often see, and one from the perspective of injecting drug users themselves,' Dayle Stubbs told the *Drug users speak* session. A recently-graduated honours student, she had conducted research into pleasure and injecting drugs that had raised important issues for the harm reduction movement, she said.

Dayle Stubbs: 'People inject drugs because it's pleasurable.'

'We need to make pleasure a more central part of analytical frameworks,' she told the session. 'People inject drugs because it's pleasurable – it's the elephant in the room.'

Previous research into pleasure had tended to focus on 'party drugs and the drug-taking activities of the socially privileged', she said. Her research had been a qualitative study using in-depth interviews to bring forward the perspectives of people who take drugs. 'We need to give more primacy to subjugate knowledges. People are capable of making sense of their own experiences and we – by which I mean everyone in the harm reduction movement – just need to listen.' One emergent theme had been that pleasure was not a singular, stable experience, she said. 'It's different things to different people, it's nuanced, layered and contextual, and sometimes it's quite unremarkable. But it cannot simply be reduced to the absence of pain, which is why abstinence doesn't work with so many people.'

People wanted to talk about pleasure, but were just not given the opportunity, she said. 'Why can pleasure be such a problem for harm reduction? Injecting and addiction are automatically conflated, and there are also questions of moralism. If your starting point is harm, it can sometimes make it difficult to hear about pleasure. I hope we see more research driven by, and for, people who use drugs that acknowledges that harm does not have to be our starting point.'

Challenging stereotypes, changing perceptions

'I'M AN EMPLOYED PERSON ABLE TO GO ABOUT MY JOB AND EVERYDAY LIFE, whereas other people are the subject of fear and stigma,' James Rowe told delegates.

A university lecturer in Australia, he had '20 years of injecting drug use, with periods of hiatus', he said, and had completed a PhD on 'the farcical drug policy in the middle of a heroin glut'. This was 'a policy that determines whether people are looked after and cared for', he stressed. The stereotypical view of injecting drug users was as homeless, sex workers or mentally ill, views that were shaped by the media rather than objective, rational understanding. 'The public stereotype of drug users is, to quote one Australian newspaper, as "infectious objects of repulsion".'

His university work involved educating future social workers and others who were getting their information from these sources, he said. 'Could I sit back and let a visible minority of injecting drug users continue to be society's scapegoat? I thought, "why not design my own subject?"'

He has delivered the course, *The sociology of drug use*, since 2003. 'It's about the damage caused by how we respond to drug use rather than the drugs themselves,' he said. The most powerful thing had been the willingness of students to challenge the stereotypes on which repressive policies were based, he told delegates. 'As soon as people realise I'm one of those people, and don't fit the stereotypes, their attitudes completely flip. I'm someone whose drug use is just one un-extraordinary aspect of my life, not the junkie stereotype they expected when they walked in, because everything these kids believe has come out of these newspapers. They find themselves in a position where it's inconceivable to hang on to their support for the law enforcement agenda, and they become passionate advocates of harm reduction.

Bringing HIV under control in Indonesia

INDONESIA'S RESPONSE TO THE HIV EPIDEMIC among its injecting drug users had initially been hampered by the country's legal framework, Dr Kemal Siregar of the Indonesia National AIDS Commission told delegates in yesterday morning's *Building capacity* session.

However, civil society organisations had been working hard to address the situation since the beginning, with systemic campaigning by drug user activist groups and NGOs. In 2006 the Ministry of Health issued a decree on harm reduction service guidelines, and three years later a new law helped to mainstream harm reduction practices.

By 2009 harm reduction services were available in 16 provinces, reaching more than 50,000 drug users – around 48 per cent of the drug-using population – compared to just 15,000 in 2006. 'People who inject drugs now have access to information on HIV and hepatitis C and can access sterile needles and syringes,' he said. 'Research shows that they are consistently not sharing equipment'. Sixty-three per cent of drug users reported that they were not sharing equipment in 2010, compared to less than 50 per cent in 2004. The final challenge was to change sexual behaviour in the drug-using population and promote consistent condom use, as this remained low, he said.

'Civil society and people who use drugs empowered with information, working in partnership with government agencies, have played a crucial role in response to the HIV epidemic, helping to bring it under control.'

Harm reduction superheroes: Methadone Man and Buprenorphine Babe, characters developed by the Open Society Institute's International Harm Reduction Development Programme (IHRD) to raise awareness about the lack of access to these life-saving drugs. In many countries with high rates of HIV, largely driven by injecting drug use, these medicines are banned. Information about the campaign is at www.methadoneman.org

Learning the rules

LEBANESE DRUG USERS LEARNED TO ADOPT A RANGE OF SURVIVAL BEHAVIOURS in order to go about their lives, performing artist and event organiser Rawya El Chab told delegates in the *Drug users speak* session.

She had been a drug user for 12 years and was now on an opioid substitution programme, she said. 'The truth is that when a drug user follows a set of rules it's possible to avoid arrest or compulsory treatment. When I chose to use drugs I could not afford to draw attention to myself, so I had to modify how I looked and interacted with society. I started using make-up to hide the circles around my eyes and changed my outfits from my previous rebellious "couldn't give a damn" appearance.'

Being a woman made it easier, she told delegates. 'It's more difficult for men. People are stopped and searched on the street, and those are decisions that are based on appearance – on clothes, haircuts, attitude.' It was also crucial for drug users to be on good terms with their neighbours she said, so as to not draw attention to themselves, and most drug users tried to leave their parents' home as soon as they were able, even though rents were high. 'It's not possible to hide your use, and there's so much misinformation around.'

The first reaction of people's parents was usually denial, she said, followed by anger and panic. 'People can be taken from one hospital psychiatric ward to another, while some parents might just throw them in jail to teach them the hard way – and we all know what happens then. Many people overdose within a couple of days of release.

'It is essential that drug users become equal partners in the harm reduction practices that are starting to show up on our shores,' she told the conference. 'If harm reduction is to take hold in Lebanon then it's important we change the discourse, and change the minds and beliefs of those who work with our community.'

Rawya El Chab: 'There's so much misinformation around'

More data needed on young people's drug use

TOO LITTLE WAS KNOWN ABOUT YOUNG PEOPLE'S DRUG USE and there was no agreed methodology to collect the data, Marie Phelan from IHRA told delegates in the *Young people in search of evidence* session. The most commonly used data collection method was school-based surveys, which although they had the advantage of collecting large-scale samples could lead to significant underestimates of drug use through their reliance on self-reporting.

Even when the surveys were conducted anonymously, young people tended to lie through fear of discovery, she explained, something backed up by an American study of hair samples which had found a 52 per cent higher rate of cocaine use than the self-reporting study had indicated.

Another serious concern was that the surveys did not include homeless young people and those excluded from education, although they were known to have high numbers using drugs and engaged in risk-taking behaviours. It was important to improve data collection methods and increase the number of street-based surveys, she said. 'Until we know the extent of the harm we can't provide for those who need help,' she said.

Brun Gonzalez, from ESPOLI in Mexico, reported how recent studies in South America had demonstrated that regional levels of drug use were rising, while the age at which people started to use drugs was falling, with a study in some states showing higher levels of drug use among those aged between 12 and 15 than those aged 25 and above. One serious consequence of the drug use was the danger of HIV from risky sexual behaviour, he said, and a new focus was needed to tackle the consequences of young people's drug use.

The need for a new approach was restated by John Howard from the University of New South Wales, who had been involved in work with young drug users in Asia, where many countries excluded young people from harm reduction programmes and compulsory treatment was the norm. 'There is a need to increase ways of delivering youth-friendly harm reduction programmes, and there are three centres across the region examining how this can best be achieved,' he told delegates.

The lack of data around young people's drug use in Lebanon was explored by Patricia Haddad from MENAHRA, in a study focusing on the reasons why young people started to use. The study had commenced in 2008, recruiting participants receiving treatment from a Lebanese NGO. The group came from a cross section of society, but it was much harder to involve women in the study because of the stigma they faced, she explained.

Lebanon's law change on buprenorphine

THE LEBANESE GOVERNMENT has announced that it will allow injecting drug users to be given the opioid substitute buprenorphine in hospitals. Making the announcement at the launch of IHRA's conference, Dr Walid Ammar, director general of the Lebanese Ministry of Public Health said: 'It is the hope of the Lebanese government that buprenorphine will save lives.' The first pilot programme will run for 12 months. A planned second phase will then allow for the sale of buprenorphine to all public hospital pharmacies in Lebanon.

Have your say!

THE GLOBAL COMMISSION ON HIV AND THE LAW will be holding an informal consultation this morning to explain its aims and structure, but also to hear from delegates about what they think its priorities should be. 'That's by far the most important thing – to hear from the people in the room,' said the commission's vice chair, Shereen Elfeki.

The commission was established by the United Nations Development Programme to examine the impact of laws that criminalise and discriminate against people living with HIV/AIDS, and those at highest risk of infection. 'As someone pointed out in one of the sessions yesterday, a great many of the problems that people face are legal. We want to hear what people think we should be focusing on, and the key is hearing from people at the sharp end – not just of formulating laws, but those on the receiving end of the laws themselves – and we're very keen to hear from people from all regions.'

The meeting will be held in the Noura Hall, Metropolitan Hotel, at 10.30.

International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Global Drug Policy program

OPEN SOCIETY FOUNDATIONS

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

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!

APOTHICOM

Tools for harm reduction

www.apothicom.org

Reckitt Benckiser Pharmaceuticals

Reckitt Benckiser Pharmaceuticals, through Suboxone and Subutex, is proud to partner with IHRA to further our shared goal of improving access to quality treatment

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

2011 Partnership Forum

Your opportunity to input into the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria!

The Global Fund's Biennial Partnership Forum is taking place from March to June 2011, and will provide a unique opportunity for partners to engage and input into the future work of the Global Fund. A key priority area in these consultations is the organization's new five-year strategy, currently in development, for approval in December.

For more information on how to participate, please visit:
www.aidsportal.org/web/globalfundconsult/home

SIDC and HIT present

an evening of music

followed by a jam session
(instruments available - just bring your talent)

on
tuesday 5 april at 8.30pm
at the
yaba restaurant
sin el fil - beirut - lebanon

admission $10
(includes food and drink to the value of ticket)

BLENHEIM CDP

THE LONDON DRUG AGENCY

Blenheim CDP is *'The London Drugs Agency'* providing drugs treatment services across London. Our mission is:

"To end drug and alcohol dependency and related harm by enabling people to change."

We develop proactive respectful partnerships with our users and communities which supports our dynamic approach to service delivery and enables our development of new services, and continuous improvement of existing ones.

We also provide unique accredited training packages for service users, volunteers and professionals across the health and social care sector. These include:

- *OCN (Open College Network) accredited Crack/Cocaine Training*
- *RELS (Recovery, Engagement, Life Skills)/ITEP – mapping, challenging thinking patterns. Recognised UK-wide ITEP training provider since 2007.*
- *OCN accredited 'A Pathway to Drugs Work' (6 month course) – ideal for those interested in working in the drugs field.*
- *OCN accredited 'SUNDIAL' (4 month course) – developed by service users for service users – supporting recovery and ETE pathways.*

For more details about our treatment services and extensive training and consultancy programme please contact our head office on 020 7582 2200 or visit our website at:

www.blenheimcdp.org.uk