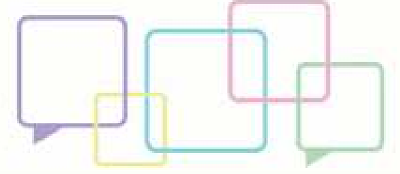
HARM REDUCTION
INTERNATIONAL CONFERENCE 2013
JUNE 9 - 12 | VILNIUS, LITHUANIA



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Session Overview

Date: Monday, 10/Jun/2013

9:00am - 10:30am	**P1: Values of harm reduction** Session Chair: **Pye Jakobsson** Fr. Sean Cassin, Ireland - Irena Yermolayeva, Kyrgyzstan - Kate MacKenzie, United Kingdom
11:00am - 12:30pm **Plenary Room**	**M1: Users' choice** Session Chair: **Jude Byrne** Session Chair: **Rick Lines**

Community organizing to build power and political engagement among drug users

Anastasia Teper, Elizbaeth Owens

This presentation will discuss community organizing techniques that have been successful in building power among people who inject drugs and winning policy change in New York City. We recognize that that New York City has a different political context for community organizing among drug users, including both challenges and opportunities that are unique to that context.

VOCAL-NY Users Union believes that building collective power among drug users is an essential strategy for ending the war on drugs, promoting alternative approaches to drug use and protecting the fundamental rights of people who use drugs. Moreover, we believe that an effective method for challenging stigma and sterotypes around drug use is ensuring that drug users control their own agenda and serve in leadership roles.

Although traditional community organizing methods can be relevant to organizing drug users in different contexts, there are special challenges created by the war on drugs and the extreme marginalization many drug users face, including legally sanctioned discrimination, institutionalized violence, high levels of distrust among users, internalized stigma and other barriers to becoming political active. Establishing trust is a challenge that all community organizers face, but these factors make community organizing with drug users especially challenging.

This presentation will discuss basic building blocks of community organizing, strategies for building trust among drug users, and connecting direct services and self-help approaches to social change.

The presentation will also discuss concrete policy change that drug user organizing in New York has brought about, including in areas around overdose prevention, syringe access and hepatitis C care.

Human rights violations in rehabilitation centres, Manipur, India

Rajkumar Nalinikanta

Issue:Prior to Harm Reduction, the major treatment approach with injecting drug users (IDUs) in Manipur, India has been through rehabilitation centres. Physical abuse and violence, isolation, chaining, forced labour and denial of medical services and other forms of ill-treatment were commonly practiced as a treatment approach in privately run centers. Most of these centers function without proper treatment guidelines and training.

Setting:Manipur is one of the states in India which has the highest number of drug users and it has been estimated around 50,000 drug users. The prevalence of HIV among the IDU is about 28%.

Key arguments:Condemning the death of a patient due to torture in a rehabilitation center based in Churachandpur district, Manipur state. CoNE, a state level network of community based organizations of people who use drugs in Manipur initiated advocacy with State Government authorities to stop violation of human rights in rehabilitation centers. The campaign involved media, civil societies, human rights and lawyers groups.Consultation meeting, press briefing, memorandum submission to the police, social welfare & deputy commissioner,mass silent rally were organized demanding impartial inquiry into custodial death and ensuring all centres adhere the minimum standard guidelines issued by the Ministry of Social Justice and Empowerment, Government of India.

Outcomes and Implications:Deputy Commissioner of district convened a high level meeting with the representatives of rehabilitation centres and people who use drugs to address this issue.The meeting declared that chaining of inmates is illegal and should be stop immediately, staff should be capacitated to follow the guidelines. A monitoring committee with representatives from government, NGOs and drug users community monitored eleven rehabilitation centres on regular basis to improve the quality of De-addiction and Rehabilitation centres. As a result, human rights violation and torture are no more practice in all the rehabilitation centres.

Lesson learned and challenges of starting the first drug users self support group in Afghanistan

Abdur Raheem

Issue:

Afghanistan has been implementing a national comprehensive Harm Reduction (HR) strategy since 2006. It aims to mitigate and reduce an HIV/AIDS epidemic driven by People Who Use Drugs (PWUD) throughout delivery of UN package of HR services. Implementation of this strategy raises the issue of community involvement.

Setting:

According to UNODC, more than 1 million PWUD are estimated to live across the country and are in need of essential health services provided by local NGOs. But PWUD face severe human right abuses that counteract real access to those services. The country was in need of a strong community-based group aiming to address this challenge.

Project:

The Afghan Drug Users Group (ADUG) is the first Afghan community-based and self-support group to fulfill the community-based component of the national HR strategy. ADUG was established in 2009 by a peer educator working in a HR program, following a community-activist workshop organized in Kabul with INPUD. ADUG's first public action took place at 2010 World AIDS Day when 400 Afghan PWUDs made a demonstration in Kabul to ask wide access to Opioid Substitution Therapy.

Outcomes:

ADUG is now endorsed in Afghanistan as a key stakeholder to make heard the voice of PWUD regarding HR, HIV/AIDS and PWUDs' rights. At national level ADUG is fully included in high level meetings with Afghan policy makers. At international level ADUG is recognized by media, UN agencies and harm reduction organizations as a valuable activist group fighting for human rights of PWUDs.

But stigma, low self-esteem and poor livelihood setting are major barriers to the recruitment of active members. The main challenge for ADUG is now to develop and support a strong national network of drug users self support groups to build capacity and confidence among PWUDs willing to promote community involvement and human rights.

Anthrax contaminated heroin; how global drug user organisations have responded.

Mick Webb

Following the 2009/10 events in Scotland (UK) where an outbreak of anthrax infected heroin affected 47 people, causing 14 fatalities, further cases and deaths have been reported this summer in Germany, Denmark, France and Scotland. Since June 2012 ten cases have been reported in the EU: three in Germany, two in Denmark, one in France, and four in the UK (one in Scotland, two in England, and one in Wales) four were fatalities.

The response from drug user organisations was rapid, extensive, and inhibited only by the inability or unwillingness of harm reduction organisations to cascade information effectively to street based heroin users. The media response proved to be slow and disinterested, with health protection organisations developing and circulating publications seemingly only for the benefit of other public health organisations.

We will highlight some initiatives carried out by street drug user activists, and the potential outcome of anthrax warning messages when not circulated. Further discussions would include the unwillingness of some professional organisations to circulate comprehensive information published by the International Network of People who Use Drugs (INPUD), and the impact and reach of the latter material.

The presentation will further reinforce the key harm reduction messages and information about anthrax infected heroin, the signs and symptoms, and present clinical effects of advanced anthrax infection due to injecting heroin when antimicrobials are not accessed.

Recommendations:

1) Pharmaceutical diamorphine to be made more widely and easily available on prescription to eliminate illnesses due to contaminated heroin.

2) Harm reduction services to audit internal communications processes to ensure the wide circulation of critical harm reduction information to affected groups.

3) Peer based drug user organisations are best placed to report on such outbreaks and the information they produce needs to be adequately distributed by harm reduction services.

11:00am - 12:30pm
Major Room 1

M2: Parenting and drug use

Session Chair: **Craig McClure**

In our own words: Challenging modern discourses of injecting drug-using parents in Australia

Imogen Felicity Byrne

Background

As the child of an injecting drug user, I designed this research to explore the lived experiences of my peers. The children of functional Injecting Drug Users (IDUs) are exposed to a system of values that construct their parents as junkies who are 'bad' people. Little is known about how the children of functional IDUs see their parents in spite of these cultural constructs or indeed if or how these constructs directly affect the families of IDUs.

Methodology

In 2010, in conjunction with the Australian Injecting and Illicit Drug Users' League (AIVL), I designed and carried out a research project that involved a series of in-depth qualitative interviews with eleven adults who grew up with functional IDU parents in Australia. For the purpose of this research, a functional IDU parent was defined as a person whose child had spent the majority of their childhood living with them in a family home.

Results

I present an exploration of how the participants in this study 'learnt' and internalised expectations that they should be ashamed of their parents' drug use and what influence this shame had on them. In doing so I challenge the dominant discourse that states that the most substantial hazard to us is our parents' drug use, by exploring the harm caused by stigma, prejudice and discrimination.

Conclusion

I challenge the idea that injecting drug-use and parenting are mutually exclusive and argue that, in fact, some children suffer more from negative stereotypes than from the effects of drug use on parenting skills.

This research contributes new knowledge to our understanding of the experiences of the children of IDUs, and the potential parenting abilities of IDUs, in Australia. This can help inform both public policy and IDU parents who are interested in how children can experience parental drug use.

Home and Community Based Care for People Who Using Drugs (PWUD), People Who Injecting Drugs (PWID) in Cambodia

Sok Chamreun Choub, Socheat Ny, Phoeuk Taing, Kimhai So

Issue:

Due to Cambodia's present legal atmosphere towards PWUD/ PWID, specifically the implementation of the "Commune and Village Safety Policy," access to NSP, OI, ART, and MMT services are extremely limited. As a result, treatment adherence suffers and beneficiaries are more susceptible to overdose and relapse.

In 2010,a home and community based care and harm reduction service modality was introduced with the aim of improving PWUD/ PWID adherence to OI, ART, and MMT in Cambodia.

Setting

MondulMeanchey, KHANA's drop in center for PWUD/ PWID in Phnom Penh was established in 2010 with funding and technical support from AusAID/HAARP and USAID

Project

MondulMeanchey delivers home and community based care services for PWUD/ PWID through a joint outreach and medical team. The team consists of a medical doctor, a medical assistant, and outreach workers. Services are provided to PWUD/ PWID through twice weekly scheduled visits. During the visit, the team meets with the beneficiary and with the beneficiary's parents and/or partner. At each visit, the team provides information about MondulMeanchey's available services, and gives updated information about outreach activities and the emergency hotline. In addition to drug use and HIV education, the team also offers different services based on the request and needs of PWUD/ PWID beneficiaries and their families, including individual and family counseling, medical treatment, and referrals for various medical and social services.

Outcomes

As of November 2012, 60 families, 385 PWUD, and 135 PWID have been reached through home and community based care services. Amongst these, 56 PWID are enrolled in MMT and the retention rate is improving significantly. The dropout rate for MMT is only 24.5%, which is significantly lower than rates at other clinics and programs. The center is scaling up and providing support to other NGOs.

New Ethical Decision-making Guidance for Carers working with Highly-stigmatized Children and Families

John Miller

Carers working with children and families in highly-stigmatized groups such as people who use drugs and sex workers face difficult decisions. According to a recent global survey, this happens at least weekly and often daily. In the absence of proper guidance, they can make decisions that are unethical, and often based on bias or influenced by stigma about who has the ability or right to parent. These decisions can do more harm than good.

An international working group is filling a major programmatic gap by developing a guidance to help carers in community-based organizations to make better decisions when they are faced with competing choices or when the rights or interests of two people (perhaps a parent and a child) are in conflict.

Anchored by a code of ethical values and principles and using a simple four step tool, care workers will be guided in understanding how ethical decision-making differs from following the law, organizational policy, religion, culture or societal norms. They will then gather all facts, challenge stigma, identify ethical principles in conflict, make a decision, and document, debrief and self-evaluate. Managers will be encouraged to apply the tool consistently across staff teams.

The working group comprises groups representing people who use drugs, sex workers, transgender people, people living with HIV, men who have sex with men and other gay men, care worker organizations, ethicists, major NGOs and funders. This group undertook a global consultation and has drafted a guidance that is being improved based on key informant feedback and pilot testing in five regions. An interactive multi-media version using the software 'Articulate' will be available as well as a version in PDF format. The guidance will be translated into at least five languages, ready for dissemination in March 2014, and then evaluated and revised again after six months.

Outcomes at three years for opioid users with and without children in their custodial care at treatment intake

Catherine Maria Comiskey

The aim of this research was to measure the longitudinal and sustainability of effects of having children in a client's custodial care, on opioid treatment outcomes. A three year national, longitudinal study was implemented. Outcomes were measured using the Maudsley Addiction Profile, 404 clients (75% male) were recruited and 97% were located

at 3 years. Comiskey (2012) demonstrated that at 1 year significantly fewer of those with children in their care were using heroin, benzodiazepines and cannabis but having children in a client's care at intake was a significant and positive predictor of using other opioids at 1 year. This analysis also revealed that there was a significant reduction in the proportion using alcohol in the last 90 days and in the mean days alcohol was used among those with no children in their care. Results at 1 year demonstrated that having children in a client's care improved outcomes for heroin use but also suggested the possible use of substitution substances. This paper explores the sustainability of the original findings and the longer term 3 year outcomes for clients with children in their custodial care at treatment intake.

11:00am - 12:30pm

Major Room 2

M3: Access to hepatitis C treatment: from national to global advocacy

Session Chair: **Azzi Momenghalibaf**

Last in Line No More: Coalescing a Global Movement for IDU HCV Treatment Access

Karyn Kaplan, Chloe Forette, Laura Martelli, Tracy Swan

As user-led harm reduction movements proliferate across the globe, hepatitis C infection (and HIV coinfection) has emerged as a common crisis faced by people who inject drugs (PWID). At least 10 million PWID are chronically infected with the hepatitis C virus (HCV). In many lower- and middle-income countries (LIMC), where HCV diagnostics and treatment costs are prohibitively expensive, HCV prevalence exceeds 80% among injectors. The failure of most countries to formally support harm reduction and adopt a human rights-based approach to PWID health compounds their lack of access to treatment. Though the epidemic is concentrated in PWID, paradoxically, their access to HCV treatment is virtually non-existent.

In 2012, international harm reduction and HIV activists joined forces to address major barriers to HCV treatment access, which include: lack of awareness of HCV disease; lack of access to diagnostics; the exorbitant cost of pegylated interferon (2-5x the annual GDP in LIMC), and meager government investment in harm reduction or targeted PWID healthcare services, such as HCV screening, testing and linkage to treatment and care.

Most HCV education and advocacy work is community-driven. In 2012 a coordinated effort to raise HCV advocacy for access to affordable diagnostics and treatment everywhere has emerged. Eastern Europe's "Treatment Waiting List," demanding the pharmaceutical industry lower prices for HCV treatment and diagnostics; the "Washington Call," a global platform of activist principles and demands, and real-world IDU HCV treatment initiatives will be described.

We will present the dynamic history and key strategies and regional-level achievements of the global advocacy movement from Russia to India, Georgia to Thailand, and pose critical questions including how advocates can prepare for imminent changes to the current HCV treatment standard of care, which are poised to emerge as direct-acting antivirals (DAAs) are approved in upper-income countries over the next few years.

Community-led Advocacy for Access to Hepatitis C Treatment: Thailand's Example

Paisan Suwannawong, Jirasak Sripramong, Karyn Kaplan, Kamon Uppakaew

One in two people who inject drugs (PWID) in Thailand are living with HIV; an estimated 90% are co-infected with chronic hepatitis C virus (HCV), yet HCV education and advocacy have not been integrated into government or non-government programs providing services to people who inject drugs. Thai AIDS Treatment Action Group (TTAG), a PWID-led HIV and harm reduction advocacy organization, spent four years developing an implementing a peer-driven HCV awareness and education program that led to major policy changes including government price negotiations and the placement of pegylated interferon on the National Essential Drugs List, to be covered under the national healthcare scheme.

This paper describes the key steps drug user activists took, from consultations to research to policy advocacy to direct action organizing, to raise HCV and HIV co-infection on the AIDS NGO national policy agenda and achieve tangible change. Few countries in the world can claim an organized, community-led strategic advocacy campaign involving key international NGO allies, the successful mobilization of resources and grassroots activists from the directly-affected communities of PWID and PLWHA, and real policy change in a matter of several years.

TTAG's documented success offers a real-life case study for PWID and PLWHA across the world, and this presentation will provide concrete examples for harm reduction practitioners and advocates of the key steps taken, how barriers were overcome, persistent challenges and future plans, and educational and advocacy materials used to achieve this unique progress. We will include an analysis of the centrality of the community-led approach.

Access to Hepatitis C treatment: Long Fight ahead of Drug Users in India

Amritananda Chakravorty

Issue: India is undergoing a silent epidemic in Hepatitis C (HCV), with its disproportionate impact on the injecting drug users (IDUs). An estimated 10–12 million people in India, including 50% of IDUs nationally and 90% of IDUs in North-East, are infected with the HCV. IDUs lack access to HCV diagnostics and treatment, due to the exorbitant cost of the drugs on account of the patent held by Hoffman- La- Roche (Roche) on Pegasys, a key anti-HCV drug used to treat liver diseases.

Setting: Sankalp Rehabilitation Trust, an organisation providing harm reduction services to IDUs, challenged the patent granted to Roche in 2007 through Lawyers Collective, in light of its debilitating impact on the health of IDUs, on account of its steep price. Though the challenge was rejected in 2009, Sankalp filed an appeal before the Appellate Authority, which revoked the patent granted to Roche on Pegasys in India in November, 2012, thereby paving the way for realising the right to health of millions of drug users in India, who are suffering from HCV. Recognising the standing of the drug users' organisation as an interested party in a patent litigation, this decision has acknowledged the role the affected communities play in devising the country's public health policies and programmes.

Outcomes and Implications: This patent revocation has far-reaching implications in terms of access to treatment for HCV for IDUs. While it has opened the market for generic manufacturers to produce the much-needed drug at a cheaper price, it ought to spur the Government to take concrete measures in tackling the Hepatitis C epidemic. The challenge lies in making the decision effective in the lives of the IDUs through sustained community advocacy with the government, pharmaceutical companies and medical fraternity, in order to make the treatment for HCV available and accessible to all.

Access to HCV treatment in EECA - reports on advocacy

Dasha Ocheret, Azzi Momenghalibaf, Karyn Kaplan

In 2011-2012 EHRN in cooperation with its country partners and community activists organized a mapping exercise to assess the situation with the access to hepatitis C treatment in Georgia, Kazakhstan, Kyrgyzstan, Lithuania, Russia and Ukraine. The mapping results showed that the most significant barrier to hepatitis C treatment access is the extremely high price of pegylated interferon. In every country surveyed, that element of the combination treatment regimen is unaffordable both to EECA governments (which provide most health services in their countries through public-sector facilities) and to patients. Other findings underscore the lack of attention and effort given to addressing this high-cost obstacle. Most notably, governments do not consider hepatitis C to be a public health threat, and therefore there is little political will or interest in taking aggressive action to confront it. Also, in all six countries surveyed: there are no specific national programmes/strategies on hepatitis C; the quality of treatment offered is substandard due to the lack of treatment guidelines prioritizing up-to-date internationally recognized hepatitis C diagnostics and treatment protocols; inadequate information is available as to HCV prevalence and treatment demand due to weak or non-existent surveillance systems; HCV testing access and uptake are extremely low; and awareness of hepatitis C, including risk factors and treatment, is limited among both healthcare providers and patients.

Role of Community in Eliminating Barriers to Hepatitis C Treatment

Sergey Golovin

The high cost of hepatitis C treatment remains a critical barrier to treatment access, particularly in lower and middle income countries where there is little to no government or international funding for treatment, as is the case in Eastern Europe and Central Asia. While there are promising new HCV medicines in the pipeline anticipated to result in all-oral treatment regimens, they too will be exorbitantly priced and out of reach for patients in most regions.

In the field of HIV, there have been examples of the civil society engaging in the struggle for improving access to therapy. The activities targeting pharmaceutical companies include:

• Street rallies and marches against the access policy of pharmaceutical companies;

• Open letters and petitions with requests for a fairer access policies;

• Negotiations with pharmaceutical companies regarding access in the form of Community Advisory Boards;

• Building the capacity of the community around access issues.

There are also some important cases of the civil society taking the lead in the fight for an improved HCV treatment access.

• The case of India, where the patent for pegylated interferon alpha-2a was revoked following a suit filed by a patient organization, shows that actions taken by the community do lead to concrete results as to improving treatment access.

• Protest actions against the pricing policies of both Roche and Merck throughout the world are another example of community engagement.

• Community Advisory Boards both in Europe and in EECA demand a fairer pricing policy from the companies in the field of HCV treatment.

• Several analytical documents have been published by the community organizations, showing the widening gap between the need for treatment and the actual situation.

2:00pm - 3:30pm
Plenary Room

CC01: Developing harm reduction services for women who use drugs

Session Chair: **Joanne Csete**

Tailoring harm reduction services to and empowering women who use drugs(WWUD) in the fight against blood borne virus, poverty and stigma in Tanzania

Karen Mrango, Susan Masanja, Sandrine Leila Pont, Ancella Voets, Niklas Luhman

Issue:

The international medical organization Medecins du Monde (MdM) has started implementing a comprehensive harm reduction program in Tanzania since 2010. From the beginning the program aimed at reaching out to and empowering WWUD. MdM started providing HR services with specific focus on women needs. Moreover, MdM started allowing WWUD to make sufficient income in order to contribute to reducing their vulnerability.

Setting:

WWUD have been found to be particularly vulnerable to HIV infection in Tanzania and other Sub-Saharan African countries. In 2011, MdM reported HIV prevalence of 67.7% among Women Who Inject Drugs in Temeke District, Dar es Salaam. It was furthermore reported that 51% of WWUD had sold sex in exchange for money or drugs in the previous 12 months and only 4% declared living from skilled labour.

Project:

MdM offers the core harm reduction service package recommended by WHO for PWID with additional components of social rehabilitation and human rights promotion. From October 2011 to September 2012, 600 women attended services at MdM drop-in centre (DIC). These services have been specifically tailored to women's needs; namely by allocating a room solely for women and opening once weekly to female drug users only. In July 2012 a trainer provided training for 55 drug users on income generation activities (IGA) WWUD are also supported by a legal officer

and a psychologist,

Outcome:

WWUD interviewed in depth in September 2012 have reported having regained family support, predisposing them to less harmful environment.

12 WWUD have started businesses following the IGA training (tree nursery, food vending, batik)

The program continues to successfully target and include WWUD. First efforts of reintegration into their communities show promising results and need to be further developed and evaluated. However, there is still a need for more work on legal and policy frameworks that criminalize drug use and prostitution.

Positive Living Education among female IDUs with Hepatitis-C and HIV co-infection: Experience from the Chanura Kol project, Manipur, India

Visvanathan Arumugam, Kaushik Biswas, Shamnu Rao, Sonal Mehta, Shaleen Rakesh, James Robertson

Issues: The burden of HIV among PWID is increasing. Also, other blood-borne infections, such as hepatitis B (HBV) and hepatitis C (HCV), are spreading through risk behaviours related to sharing of contaminated needles and syringes. Women who inject drug and also practice sex work are even more at risk of acquiring HIV and HCV due to dual risk of sex work and injecting behaviour.

Setting: Largely neglected in the current HIV strategy in India, female IDUs are highly marginalised and in need of a comprehensive response to meet their specific health and social needs and reduce their vulnerability to HIV and HCV. Women constitute approximately 7% of PWID in India (NACO 2010) and their numbers are especially high in Manipur.

Project: “Chanura Kol” project implemented in three districts of Imphal, Churachandpur and Moreh, in Manipur. The project provided a holistic, community-based response to meet the needs of women who inject drugs between June 2010 and April 2012. The project targeted 700 FIDUs. FIDUs were provided with HCV prevention education, referral for HCV testing and positive living education for those have been identified as positive for HCV.

Outcomes: 702 female IDUs have registered and all were educated on HCV of which 165 were identified as HIV positive and 77 were found positive for Hepatitis-C. HIV and HCV co-infection is high among Female IDUs: is 64% among Hep-C positive FIDUs and 30% among HIV positive FIDUs. In resource poor settings, even though treatment for HCV is very limited, education on prevention and positive Living can help limit the impact of HCV on female IDUs.

HOW TO INTEGRATE GENDER PERSPECTIVE IN HARM REDUCTION PROGRAMS

Vlatko Dekov

Very often creators and providers of Harm Reduction Programs – HRP think that they are gender sensitive if they include women in creation and providing such programs. But is it enough?

To understand the influence of gender and gender relations on HIV transmission particularly among Injecting Drug Users, structural characteristics shaping and determining that influence should be taken into consideration, of social, economic and political nature, including analytical categories that surpass the individual approach of a behaviorist analysis.

I will present the guidelines for integration of the gender perspective in HIV response developed by NGO HOPS

Some of recommendations are:

Women and men using drugs should be included in the creation of an HRP. Their expertise and contribution to the design, implementation, monitoring and evaluation of services contributes to the improvement of service effectiveness and efficacy.

The inclusion of women-drug users as staff or volunteers in Harm Reduction Programs shall contribute for women-drug users to feel more comfortable and less stigmatized. This will contribute to the increase in the percentage of women using the program’s services.

Help women-drug users become more independent.

Provisioning specific intimate and comfortable space and specific time in which women can use the services.

The free of charge legal aid for women-drug users shall enable access to legal remedies in case of abuse, exploitation, unjust imprisonment or losing custody over their children. This is of special importance for the respect of their rights, but also as a preventive measure, because it sends a message to women-drug users that they cannot be abused, without the perpetrator being punished.

Harm Reduction programs should provide counseling for intimate communities (intimate partnerships).

The guide is appropriate for service providers and policy makers. Audience will learn what is gender sensitive HRP and why it is important.

Developing a Menu of Services to Improve Access to HIV Prevention and Treatment for Women Who Inject Drugs

Sophie Pinkham, Claudia Stoicescu, Bronwyn Myers

The prominent role of sexual transmission in driving HIV rates among women who inject drugs (WIDU) points to a need for gender-sensitive interventions that address both injecting and sexual risks, including engagement in sex work, unprotected sex in the context of drug-using partnerships, and high rates of intimate partner violence. To broaden programmatic options for addressing HIV prevention among WIDU, Harm Reduction International has

developed a package of gender-sensitive harm reduction interventions that draw upon international research and best practice examples globally.

A comprehensive literature search for published literature was performed to retrieve existing research on the prevalence of drug use and HIV among WIDU, as well as effective harm reduction interventions targeting this population. Key informers were consulted to retrieve grey literature and extract relevant case studies of programs targeting this population.

The 'menu' of services is based on existing international research on WIDU risks, needs, and program effectiveness, and on program examples from around the world, and is presented to reflect varying levels of investment. The proposed 'menu' of services includes: (1) small additions to existing programs to attract and retain more female clients (e.g. gender-specific materials, short-term childcare, women-only activities); (2) multidisciplinary interventions to address factors in WIDU vulnerability (e.g. case management, parenting support, responses to intimate partner/sexual violence, "one-stop shopping"); and (3) stand-alone services, such as multi-disciplinary maternity services for WIDU or women-only rehabilitation centers.

Presenting programmatic improvements to reach WIDU as a "menu" of services gives policymakers, donors, and service providers a practical overview of which interventions can be implemented to improve WIDU access to HIV prevention and treatment, depending on the level of resources available. There is a clear need to more explore strategies through which existing programs can improve the services they already provide to more effectively reach women who use drugs.

2:00pm - 3:30pm

Major Room 1

CC02: Children, young people and drug use: policy, law and practice

Session Chair: **Larisa Abrickaja**

The story of children using drugs in Romania

Ioana Tomus

"We are in the day clinic for drug addicts, part of Matei Bals Hospital for Infectious Diseases in Bucharest....They found I was HIV positive six weeks ago.I have been addicted to heroin from the age of fourteen. Now I am thirty. I'm one of the long-term clients at the clinic." The issue of respecting the rights of children and young people is a well-established part of any democratic society. The child protection system is the most relevant example in which the values promoted by CONVENTION IN THE RIGHTS OF CHILDREN within strategies, policies and programs are at their most visible.However when trying to put in perspective, at a more empirical level, how exactly these issues are tackled within national legislative framework and in direct services it then becomes a sensitive issue. More so when we try to connect child's rights with drug using and access to services.The purpose of this presentation is to highlighted the need to continuously enhance our efforts towards developing youth-friendly harm reduction services and to advocate for the fundamental rights of children using drugs,at national level. What Romania did in practice:minimum Standards for service providers working with most-at risk adolescents (MARA),capacity assessment of the service providers targeting at-risk adolescents quality evaluation of services offered for MARA and young populations (aged between 10-24 y.o., boys and girls),changing the current laws and regulations and introducing a referral mechanism for MARA cases,research on "legal drugs" use among young users.The limitations impose by the lack of a integrated approach concerning children using drugs are directly inhibiting the development of a valid drug policy system specifically addressing children using drugs.Each country's story and practice can be a step forward in creating the necessary framework for treating the child as he/she is: as an individual. Their story must be told.

Safe space to grow: Reaching street-involved youth in Bandung, Indonesia

Tri Eklas Tesa Sampurno

Issue

Young people who use drugs (YPUD) have unique developmental and situational needs that are not addressed by traditional 'adult oriented' services. In order to reach young people, address their harms, and also intervene before progression into more problematic and injecting drug use, an innovative and creative response is required.

RumahCemara isa community organisation providing peer-to-peer harm reduction services for people who use drugs in Bandung, Indonesia. Whilst successfully providing harm reduction for 'older' people who inject drugs (30+ years), they recognised that children and young people were not being reached by their programs, particularly those that are not yet injecting.

Setting

Bandung is a city in West Java, Indonesia. Many YPUD in Bandung are street-involved, poly-drug users, and experience a wide range of harms due to their drug use, general living situations, stigma and discrimination, and harassment from law enforcement.

Project

Responding to the concern that young people were not being reached, RumahCemarainitiated a Youth Program with the support of the HIV/AIDS Alliance that specifically targets YPUD. With participation of street-involved youth and based on their identified needs, the program was designed to focus on 1) information on drugs, their effects, and how to reduce harm, 2) life skills development, 3) legal rights education, 4) and provision of a safe and supportive environment.

Outcome

RumahCemara successfully overcame their barriers to reaching YPUD with their targeted youth friendly Program. Lessons learned in the development and implementation of the Program include:
- Need for a holisticand integrated response that addresses young people's vulnerabilities to and harms related to drug use as well as thebroad issuesstreet-involved YPUD experience including nutrition, shelter, sexual health, creative expression, education, vocational training;
- Importance of full participation of the youth in development and implementation of the project;

- Need for flexibility and creativity in the Program.

Street Connected Children and Harm Reduction

Vicky Ferguson

TYPE: Oral presentation

TRACK: Practice

AUTHORS: Vicky Ferguson

TITLE: Street connected children and harm reduction

Issue –

Street connected children and young people globally have disproportionately high levels of substance misuse within their 'communities' and are notoriously difficult to engage with services. Solvent use along side poly substance use means harm reduction is crucial.

Setting -

Mombasa is the second largest city in Kenya with a large and ever growing population of street connected children and young people. Approximately 90% of this population are substance users, most of whom are poly substance users. There is also an increasing amount of heroin use in this community.

Project –

Glad's House supports Street connected children and young people through a drop in centre and outreach work. The project is holistic and child centred and works to address issues including physical health, emotional health, education and mediation with family. One key issue that needs to be addressed is substance misuse and risk taking behavior that is linked to this. We deliver sessions around harm reduction of cannabis, alcohol, stimulants and Glad's House is committed to reuniting children and young people back with their family or where this isn't possible sourcing appropriate foster families or supported living. Glad's House addresses key issues whilst children and young people are still living on the street and develop detailed care plans to ensure transition is from street to community living is as seamless as possible. A full risk assessment is also completed for each child and young person.

Outcome –

The prevalence of solvent misuse within Street Connected communities makes harm reduction challenging for all organisations working with these Communities. Glad's House challenging that culture but a shift in attitude towards this and other substance use for these marginalised children will take time, more joined up working and resources.

Silent cries: Experiences of a young IDU in Nepal

Bikas Gurung

Through sharing his personal experiences, the speaker aims to highlight the plights of young people who use drugs that prevents them from accessing life saving services.

Globally, 4o percent of new infection is among young people. Injecting drug use has been one of the major routes of HIV transmission. South Asia is one of the least developed regions still practicing repressive drug policies. Evidence shows analarming rate of young people injecting drugs and is one of thehardest hit groups by the HIV epidemic. A number of programs have beenintroduced to halt and reverse the HIV epidemic in the region, stillthe majority of young people who inject drugs are denied from themainstream services such as needle syringe programs, condomprogramming, and opiate substitution treatment. These youth are denied basic human rights which is further compounded by repressive drug policies.

This presentation will provide a personal account of the presenter's experience as a young injecting drug user in Nepal. He will share is experiences of police harassment and imprisonment, overdose, and challenges in accessing life-saving services. The presenter will also share his journey from using to activism and will provide recommendations for an effective response from the perspective of a young person who injects drugs. After recently initiating a Youth RISE chapter in Nepal, he calls young people to join the movement and for policy makers and service providers to engage, listen to, and act on the needs of young people who use drugs.

Discussant

Craig McClure

No presentation

2:00pm - 3:30pm
Major Room 2

CC03: OST: National regional development

Session Chair: **Catherine Joanne Cook**

Availability and access to opioid substitution treatment, a tale of two Europes?

Alessandro Pirona, **Dagmar Hedrich**

It is estimated that more than 700.000 people in the EU receive OST for their problem opioid use (about one in two problem opioid users are in OST). EMCDDA data also show that the levels of OST provision in most of the Member States (MS) that joined the EU since 2004 are still sub-optimal when compared to the so called old EU MS. Thus, coverage levels of the target population are in most of these countries well below the recommended 40%, with countries such as Latvia, Estonia and Poland indicating coverage levels below 10%.

One of the factors explaining the limited coverage of this treatment in this region is possibly related to its limited

acceptability among professionals and law makers. Thus, while primary health care, mostly general practitioners, is involved in most of the old MS, none of the new MS, with the exception of the Czech Republic, have yet allowed the provision of OST to take place outside specialised drug treatment centres. Thus, waiting times to access OST in the old MS are generally non-existent to less than a week, while waiting times in the new MS can range from months to years. The lack of access or the low rates of OST provision in prison settings in most of the new MS further illustrates this point.

In conclusion, the lack of access to OST and other crucial harm reduction interventions, such as needle and syringe exchange programmes in the north and south- eastern region of the EU puts them at increased risk of localised HIV outbreaks among their injecting drug using population. It has therefore become urgent for law-makers and professionals from the new Member States to prioritize maintenance treatment programmes with methadone or buprenorphine-based medications as the treatment of choice for problem opioid use in community and custodial settings.

Methadone Maintenance Therapy in Vietnam: An overview and the role of policies for scaling up

Tam Nguyen, Long Nguyen, Manh Pham, Hoang Vu, Mulvey Kevin

Background:

Methadone Maintenance Treatment (MMT) was piloted in Vietnam in 2008. The MMT Decree approved by the Vietnam Prime Minister in 2012 is the skeleton in the expansion of the pilot.

Methods:

We use data on patient enrolment in the National Methadone Program to describe the trend of patient and facilities from September 2008 to September 2012. The numbers till 2015 by the MOH is illustrated. We review the effectiveness of the MMT program and summarize the implication of the Decree on sustaining the system of care and treatment for substance abuse disorders and HIV/AIDS in Vietnam. We anticipate key challenges and possible solutions.

Results:

From 2008, Methadone treatment program in Vietnam has received strong supports from the Party, Government, and Ministries at all levels. By the end of September 2012, 52 MMT clinics have been opened, providing Methadone treatment for 10,600 patients. Besides, patients receive variety of auxiliary services including counseling, accessing clean syringes and needles, condom, peer education, group and family meetings, HIV counseling testing, referral to Anti Retro Viral Treatment (ARV) and other treatments when needed. Studies have showed positive outcomes around health, social and economic aspects. MOH has aimed to have 67 MMT clinics and treat 15,600 patients in 13 provinces by the end of 2012. Nationally, around 80,000 patients will be treated in 245 clinics by 2015. The MMT Decree, the enormous effort led the MOH in collaboration with relevant government ministries creates needed framework and terms for increasing access, expanding program, ensuring the sustainability and quality.

Conclusions:

The Decree approved in November 14, 2012 supports the collaboration and coordination in the implementation of the effective and sustained national MMT program. It helps maximize the use of resources for the prevention, care and treatment of both HIV/AIDS and opioid dependence.

IMPLEMENTATION OF BUPRENOPHINE IN LEBANON: RESULTS OF EARLY CLINICAL EXPERIENCE

Nadya Mikdashi

The presentation will describe the early clinical experiences with buprenoprphine treatment for opiate dependence following Lebanese governmental approval of the medication in January 2012. The data presented will include information on treatment demand during the first year of bupenorphine implementation in Lebanon and how widely buprenorphine is being prescribed and dispensed. Patient characteristics, patient retention, changes in patient functioning, including drug use will be presented. The authors will describe methods used for informing the public and recruiting patients into treatment. Clinical issues concerning the use of concurrent behavioral treatments, methods for preventing diversion and strategies for making the medication affordable for patients will also be discussed.

The introduction of buprenorphine into Lebanon represents an important benchmark in the expansion of medication-assisted treatment in the Middle East

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Scaling the barriers to Scale - OST with Buprenorphine in India

Raj Kumar Raju, Luke Samson

India has a history of responding to the HIV epidemic among PWIDs with NSP as a Harm Reduction intervention being launched through its National AIDS Control Program Phase 2 (NACP 2) in 2002. OST became part of the response to HIV among PWIDs in the next phase ie., NACP 3 through a process led by a group of CSOs which latter became the Indian Harm Reduction Network (IHRN). OST with sublingual Buprenorphine in community settings were rolled out in 52 sites by the IHRN CSOs in 2006 through the DFID Challenge Fund. Further through rigorous advocacy work, these sites became part of the NACP 3 since 2008. The potential for prevention of BBV infections & improvements in quality of life among PWID became evident. But due to impediments of ideological conflicts the country still hasn't reached the needed scale of OST services due to impediments like Drug Policies and Laws continue to conflate drug trafficking with drug use, and lack of capacity and understanding of OST by the Govt. and agencies working on drug treatment. The current priority for OST scale up is through arrangements with Govt. hospitals which are not community friendly. Even though the country is still witnessing raising epidemics of HIV and viral Hepatitis among young men and women PWIDs, currently NACP caters OST to less than 5% of the estimated PWIDs

As part of planning and design for the NACP 4, five regional consultations of CSOs and the Indian Drug Users Forum IDUF) were held during May 2011. OST scale up emerged as single biggest demand. For this, solutions are in

collaborative arrangements between the hospital & community settings rather one or the other. Decriminalization of PWIDs, and a critical need for course correction where drug policy & Public health Policy interact needs to be worked.

2:00pm - 3:30pm
Concurrent Room 1

CC04: Making injecting safer

Session Chair: **James Bridge**

Can we change the needles and syringes that people use, and if we could, would it reduce HIV transmission among people who inject drugs?

William Zule, David Otiashvili

Issue: People who inject drugs continue to share syringes due to paraphernalia laws, inadequate funding for harm reduction and social relationships. There is an immediate need for biomedical interventions that reduce the risk of HIV transmission if syringes are shared.

Setting: Europe, Asia and North America.

Key arguments: Low dead space needles and syringes may represent such a biomedical intervention. They retain less blood after injection and rinsing than standard needles and syringes retain. Circumstantial evidence from a variety of sources suggests that low dead space needles and syringes reduce the risk of HIV transmission if they are shared. In mathematical models, changing the types of syringes that people who inject drugs use prevents or reverses injection-related HIV epidemics. Traditionally, low dead space syringes have only been available in 1 ml sizes with permanently attached needles. These are not acceptable to people who inject larger volumes of fluid, or people who prefer detachable needles. Fear that low dead space syringes would not be acceptable and concerns regarding the strength of the evidence that they reduce HIV transmission have stymied efforts to promote low dead space syringes.

Outcomes and implications: Important progress has been made. Low dead space detachable needles that fit standard syringes of different sizes are now available at competitive prices. In July, 2012, the WHO included a recommendation for needle and syringe programs to offer their clients low dead space syringes. We argue now for research to assess the feasibility of switching people to low dead space needles and syringes and to determine if doing so reduces HIV incidence. If this research demonstrates the feasibility and effectiveness of switching people from high dead space to low dead space needles and syringes, harm reduction would have a powerful inexpensive tool for reducing injection-related HIV transmission.

Factors associated with the cleaning and reusing of works in the UK: who should we target to minimise the risks?

Vivian Hope, Fortune Ncube, Katelyn Cullen, Sara Croxford, John Parry

Background: The sharing and reuse of needles and syringes - 'works' – is associated with acquiring a range of infections. In response, many countries have established needle and syringe programmes (NSP) to provide easy access to new sterile injecting equipment. However, even in countries with large-scale provision of easy access to NSP, like the UK, injections using cleaned works continue to occur.

Method: PWID recruited through over 60 NSPs and prescribing services, across England, Wales and Northern Ireland, completed a short questionnaire and provided a dried blood spot sample. Factors associated with the use of cleaned works in 2011 were explored through a multi-variable analysis.

Results: Among 982 participants who had injected during the preceding 28 days (mean age 34; 22% women), 325 (33%) had injected with cleaned works during that period. There were univariate associations with sharing works, injecting into hands, injecting crack, frequency of injection, recently having symptoms of an injection site infection, recent homelessness, drug treatment uptake, and age. There were no associations with other types of drug injected, other injection sites used, uptake of other interventions, imprisonment, sexual activity, or gender. In the multi-variable analysis, injecting with cleaned works was more common among those who had: shared works (30% v. 8.7%; adjusted odd ratio [adj-OR] 4.15, 95%CI 2.88-5.97); recently been homeless (42% v. 30%; adj-OR 1.50, 95%CI 1.22-1.99); and who had good NSP coverage (62% v. 50%; adj-OR 1.54, 95%CI 1.16-2.05).

Conclusions: These findings suggest that injecting with cleaned works is not due to poor access to NSP. The association with homelessness and sharing suggest that sub-groups of injectors, possibly with more chaotic lives, are at particular risk – possibly due to issues about managing injecting equipment. Targeted interventions are needed to promote good injecting equipment management and the best cleaning methods to those at risk.

Injecting Behavior Among Transgender People in Surabaya, Indonesia

Doni Arisetyawan, Risa Alexander, Theo Zainuri

ISSUES :

There are 582 transgender people in Surabaya. Most work as street singers, barber shop assistants and as commercial sex workers. Use of sedatives, alcohol, cocaine and buprenorpine is common. There is a high rate of sharing of needle syringes (NS) among transgender people in Surabaya, which is associated with silicon injecting as well for injecting illicit drugs.

SETTING :

Silicon injecting among transgender people is usually carried out by the most experienced member of each group of transgender people without medical supervision. Sharing needles of NS is common because of the relatively high price of NS and that 5 - 6 NS are used at each silicon treatment session.

PROJECT :

One component of harm reduction (HR) programming is promotion of single use of sterile NS. However, NS distribution usually targets people who inject illicit drugs (PWID). In reality, there is significant NS sharing outside of

the PWID context associated with a range of substances.

Transgender people are commonly refused to access NS programs at community health centres (CHC) because of prejudices held by health staff towards transgender people and the misconception that HR services should be provided exclusively for PWID.

OUTCOME :

Promotion of sterile single use of NS among transgender people by Bina Hati staff has been quite effective. Many transgender people now feel more comfortable accessing NS through outreach staff and have begun to collecting NS through the satellite distribution outlets including CHC.

The risk of sharing NS continues to be explained to transgender people by outreach workers. Currently at least 2% of transgender people understand the risks associated with NS sharing. However this process needs to be intensified amongst transgender people and extended to all CHC in Surabaya.

Vein Care as a Blood Borne Virus Prevention Strategy

Sam Liebelt

Injecting drug use invariably causes vein damage to the individual. This damage, be it abscesses, collapsed veins or bruising means that the process of injecting becomes increasingly more difficult, and potentially over time more 'bloody'. As the majority of injecting occurs within networks of peers, it is imperative that the amount of blood in the injecting environment is minimized.

With this in mind, AIVL embarked on a project to create an interactive online resource which provides information on vein care as an important aspect of individual safer injecting techniques and blood borne virus (BBV) prevention strategies. It aims to introduce the concept of good 'vein health' as a means of lowering the potential for contracting and/or passing on hepatitis C and other BBVs to both injecting drug users and harm reduction workers.

"AIVL's Online Vein Care Guide" was developed into six topic areas; it also contains short animations depicting the development of complications for injecting drug users; abscess formation, vein collapse and how the re-use of syringes damages veins.

To date this resource has been extremely well received, to the extent that it has become the 'first point of call' for both injecting drug users, and people who work with them to assist in increasing knowledge of the basic principles surrounding vein care as a BBV prevention strategy.

The presentation will outlines the important concept of vein care as a crucial BBV prevention strategy; an area rarely given credence and include a short 'tour' of the site and viewing of specific animations created for this project.

Kyrgyzstan's pharmacy-based voucher approach: creating sustained access to naloxone for overdose death prevention among people who inject drugs (PWID)

Maxim Kan, Leila Koushenova, Marat Bakpayev, Shana Aufenkamp, Julia Gall

Issue

PWID in Kyrgyzstan hesitate to request emergency assistance during overdose for fear of stigma and harassment. Prior donor-dependent naloxone distribution implemented through governmental facilities resulted in limited and unsustainable access to this lifesaving product.

Setting

According to official statistics, over 130 annual deaths from overdose happened during 2007-2009 in Kyrgyzstan. As of 2011, naloxone, an opiate antagonist preventing death from overdose, was not registered in Kyrgyzstan for sale in pharmacies.

Project

In 2011, Population Services International (PSI) launched a pharmacy-based pilot program for distributing naloxone in Osh, Chui and Jalalabad. The first year, PSI assisted wholesalers with registration and identified pharmacies for the project. PWID were trained on overdose prevention and naloxone use. After training, trainees received a voucher to redeem for free naloxone at partner pharmacies. The program refunded pharmacies for the cost of the distributed product, using vouchers as verification. Using the voucher system instead of direct distribution helps build a sustainable market for naloxone, where PWID become accustomed to obtaining naloxone from pharmacies. Eventually, the donor subsidy is to be reduced and removed and PWID will begin paying full price (approximately $0.4).

Outcome

According to a 2012 survey (N=100), 27.8% of PWID interviewed suffered overdose, 50.6% witnessed an overdose, 69.4% heard about naloxone, and 49.8% received or bought naloxone. The intervention trained 2,004 PWID and 1,410 ampoules were distributed via 10 pharmacies. Outcomes show that PWID can be effectively trained, are willing to go to pharmacies for naloxone, and that pharmacies are willing to stock naloxone. These outcomes are significant for harm reduction in Kyrgyzstan because past naloxone work relied on small-scale free distribution, with naloxone becoming difficult to obtain after the project was over. This naloxone distribution pilot, using pharmacies and vouchers, creates the potential for a sustainable market and supply of naloxone to PWID.

2:00pm - 3:30pm

Regional Session Room

CC05: Regional track - Drug Policy: Open dialogue

Anya Sarang, Andrey Rylkov Foundation for Health and Social Justice - Annie Madden, AIVL - Niamh Eastwood, Release - Stephen Gutwillig , Drug Policy Alliance - Chair: Michel Kazatchkine

2:00pm - 3:30pm

W1: Overdose basics and training of trainers

Overdose Basics and Training of Trainers

Roxanne Saucier, Azzi Momenghalibaf, Maya Doe-Simkins, Nabarun Dasgupta

This workshop will have two sections. The first will be a basic training on risk factors for overdose, recognizing an overdose, and responding properly, including with naloxone and rescue breathing. Participants will have an opportunity to practice what they've learned during role plays.

The trainers will also provide basic information about recognizing and responding to stimulant "overamping."

In the second part of the workshop, the trainers will discuss what to include in a brief (2-3 minute) overdose training (such a brief training can be useful during street outreach or when clients have limited time at a drop-in center). Workshop participants will practice these short minute trainings with partners.

We will then discuss a potential curriculum for a longer overdose training. Trainers will provide insights into how to augment an OD training for various groups, such as parents, police, or treatment providers.

4:00pm - 5:30pm

Plenary Room

CC06: New approaches to harm reduction programming

Session Chair: **Maria Phelan**
Session Chair: **Claudia Stoicescu**

Feasibility and Acceptability of Adding Tincture of Opium (TO) Substitution Treatment Program to OST Clinics in Iran

Leila Seiri, Alireza Noroozi, Azarakhsh Mokri, Hossein Dezhakam

Issue: Tincture of Opium (TO) has been approved by Ministry of Health and Medical education (MoHME) as a new agonist medication for treatment of opiate users in Iran, since 2011. Previous studies in Iranian National Center for Addiction Studies (INCAS) have showed safety and efficacy of the treatment particularly when the service linked with self-help recovery program delivered through a non-governmental organization namely Congress 60.

Setting: Aftab clinic has been among the first drug treatment centers in the country which added opium tincture substitution treatment to its services. The clinic is a certified private substance abuse treatment center which established in 2005 and has been active for treatment of opioid users with methadone and buprenorphine since 2006. The clinic located in east of Tehran, where opiates and methamphetamine are the main problem drugs among drug treatment seeking population.

Project: The opium tincture treatment program in Aftab clinic lunched at November 2011. The treatment program includes TO distribution in the clinic and psychosocial services delivered through Congress 60.

Outcomes: During one year working with TO, 260 opioid dependent clients entered to the program. More than 70 percent of treatment entrants have been opium dependents. There was no change in retention of methadone/buprenorphine clients and there was not any report that other agonists' clients want to change their treatment to TO. No serious adverse events were seen. Preliminary analyses of the program data showed about 70 percent are still in the program while about 15% dropped out of treatment and another 15% completed their program. This program showed adding opium tincture to methadone and buprenorphine treatment services is feasible and it is acceptable for treatment centers clients.

Success of Substitution Therapy in the Poltava Region, as a Result of Consolidation Efforts of Local Narcology and the Charitable Association “Light of Hope”

Vadim Klorfayn

The realization of Substitution Maintenance Therapy (SMT) started in 2008 in the Poltava region and within the first year there were 32 patients receiving medication from Poltava’s drug dispensary. Now, there are 8 sites of SMT with programs serving 435 people throughout the region.

Preparation and implementation of SMT programs has been possible due to close cooperation of "Light of Hope" and representatives of "International HIV\AIDS in Ukraine."

SUCCESSES of SMT:

1. SMT programs cover up to 34% of IDUs who are registered, which meets WHO recommendations (30%) on how to achieve the goals of universal access to prevention and treatment of HIV for infected IDUs.

2. In spite of the current Ukrainian vertically-structured services for substance abuse, TB, and HIV/AIDS; they are working on departmental orders and have managed to establish an integrated customer service for SMT.

3. For the first time in Ukraine, "Light of Hope" was able to procure SMT funding for 5 patients from the regional budget of General Directorate of Health in Poltava. Additionally, Komsomolsk local authorities allocated funds for program staff bonuses throughout the city budget.

RESULTS:

Availability of SMT programs, regular cooperation with local authorities and public non-governmental organizations provide sustainable hope for the vital work of SMT programs. Also, the provision of free access to the program and the gradual purchasing of SMT drugs from the local budget is a great achievement.

Methadone Maintenance Therapy (MMT) based Peer-led Behavior Change Communication (BCC) and Psychological Support for Harm Reduction and HIV Prevention in Nanning Guangxi, China

Jing Wang, Jing Wang, Xiaohai Zhu, Kai Wang, Hongyun Fu, Grace Lo

Issue:

In 2004, the Chinese government initiated a MMT program. To date, 696 MMT clinics have been established nationwide. However, major challenges facing MMT clinics are their relatively low coverage and low client retention. Studies from Yunnan and Guangxi provinces showed that MMT clients continued injecting heroine occasionally (60%), sharing injecting equipment (6%), having unprotected sex (31%).

Setting:

Nanning has approximately 8,000 registered people who inject drugs (PWID) and nine MMT clinics in the greater Nanning Area. Various international agencies, historically funded by USAID and AusAID, have collaborated with the government to implement a range of community-based harm reduction and HIV-prevention activities targeting PWID.

Program Interventions:

Since 2008, the International HIV/AIDS Alliance (Alliance) and Population Services International (PSI) implemented PWID-targeted interventions in Nanning, using a peer-led and community-based approach with USAID support. Complementary program activities included: (1) Alliance's peer-led BCC, interpersonal communication and psychosocial support to promote MMT adherence and healthy behaviors for clients of four MMT clinics through 71 trained peer educators from 2 programs; (2) PSI's monthly MMT-based training and counseling services conducted by health professionals and peer educators; (3) PSI's regular outreach to attract new MMT clients and to refer them for other service.

Outcomes:

1) Reached 3,413 MMT clients with peer-led BCC and MMT-based services;

2) Increased MMT utilization and adoption of healthy behaviors: Higher levels of MMT (80% vs. 54%, $P<0.01$), longer adherences to MMT among those who dropped out (on average 12 months vs 3 months, $P<0.05$), and a higher likelihood of consistent condom use (OR: 3.05, CI: 1.98-4.71) were reported among PWID who attended USAID-funded programs, relative to those who had no exposure to interventions;

3) Due to the success of the intervention, the package was promoted to five other MMT clinics through the Alliance in Nanning with local government support.

Harm reduction works in Tanzania: The first East African comprehensive & community based harm reduction program for people who use drugs in Temeke district, Tanzania, by Médecins du Monde, as an example for the country and the rest of the region

Nicolaus Abraham, Ancella Voets, Sandrine Leila Pont, Niklas Luhmann

Issue

Médecins du Monde (MdM) started a comprehensive community based harm reduction (HR) program in Temeke District in Dar es Salaam (Tanzania) in 2010, in order to address the growing issue of HIV transmission among people who use drugs (PWUD) and to demonstrate feasibility and effectiveness of HR interventions in a semi-urban setting in East Africa.

Setting

Tanzania has grown into an important entry point for heroin and the use of heroin in the community is becoming a major challenge. The national Drug Control Commission (DCC) estimates there are currently 50.000 PWUD in Dar es Salaam. While HIV prevalence among the general population steadily decreases, a concentrated epidemic emerges among PWUD, with prevalence rates going up to 67% for female injecting drug users.

Project

The MdM program includes all nine components of HR programming as recommended by the WHO. Besides MdM has implemented psycho-social counselling, OD prevention initiatives, income generating activities (IGA) and legal aid for its beneficiaries, and has trained 30 PWUD to work as peer educators, trainers and advocates.

Outcomes

Having reached more than 6.500 PWUD between July 2011 and October 2012, the MdM program has shown to be feasible and well accepted by the community. Beneficiaries have improved their knowledge on health issues such as safe injection, HIV and viral hepatitis and changed their practices accordingly. Moreover, 20 PWUD have started cooperative businesses, while others have found paid or volunteering jobs at MdM and other NGOs. This successful model program contributed to the opening of the first NSP run by a Tanzanian NGO in September 2012. Besides the national hospital, providing OST since 2011, is currently starting NSP through its partner NGOs. Finally the MdM program started to function as a training and resource centre for countries in the region since August 2012.

4:00pm - 5:30pm
Major Room 1

CC07: Outreach and peer education

Session Chair: **Annette Verster**

Comcare as multimedia database IDU outreach

Sabam Maruli tua

Background

Existing problems for field workers is to conduct outreach recording, much time was spent in recording activities in the reporting form, thereby reducing the quality of outreach and assistance refferal.also estimated amount due to uncertain when reached by the officers of the officers, may be reached by another officer thereby increasing the amount estimated in the region.

Setting

City administration jakarta timur, with an estimated number of 10,840 IDUs and hiv prevalence among IDUs 49.62% (2009). Activities in sept 2012 - oct 2012.

Activity

In sept 2012 start using the application COMMcare activities, is based on android platform to create and manage mobile applications in strengthening public health projects. By using mobile COMMcare enter patient data and provide support for the client's needs. To complete COMMcare clients, there is a web portal called CommCareHQ to create, view and analyze data, and to manage and communicate with the user.

field workers equipped with mobile phones that have installed the application COMMcare, so do outreach to enter data more efficiently, (at a time when, the same day as outreach) and can enter the required indicators in reporting. field workers who are in eastern Jakarta every day they work directly enter data using a mobile phone with a predetermined indicators.

Result

Within one month of its implementation sep 2012 - obtained client data as much 81 people, with the number of contacts over 161.

According to the field officers conducting the use of this software is very helpful because they are not very practical need to fill out the form daily data time-consuming and may be lost can occur. It also improves the quality of outreach in the field because of time spent entering data in a bit more and can add time to the provision of information or to make referrals to health services

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Back to basics: meeting the challenges in developing quality outreach harm reduction services in Central Asia

David Stewart Macdonald

Between 2005 and 2012 the DFID funded Central Asia Region HIV and AIDS Prevention Programme (CARHAP) has been instrumental in the development and implementation of outreach harm reduction services targeted primarily at PWIDs and the prevention of HIV and AIDS in Kyrgyzstan and Tajikistan. Most of these services are implemented through small local NGOs with minimal funding and in resource poor settings where the majority of outreach workers are ex-drug users, co-dependents and current drug users.

CARHAP's priority has been to build the capacity of both outreach workers and NGO management in order to develop and implement quality harm reduction services as well as the scaling-up of services. This has involved ensuring that proper safety, supervision, support and salary scales are in place for outreach workers and the development of a comprehensive staged practical skills-based training programme including training on safer injecting and overdose prevention and management to enable and empower workers to provide a quality harm reduction service. Emphasis has also been placed on ensuring that procurement, supply and distribution of a comprehensive range of safer injecting commodities are fit for purpose especially in remote rural areas.

The presentation will focus on the issues, problems and constraints in developing and implementing quality outreach harm reduction services in challenging and changing cultural, social and political contexts in Central Asia.

Needs assessment among sex workers done by peers

Carina Edlund, Pye Jakobsson

Due to marginalization and operating in a highly criminalized environment, where sexworkers are seen as “victims” in need of “rescue”, the health and safety of sex workers in Sweden has been ignored. No real hiv/sti-prevention efforts are taking place, there is no condom distribution in the two biggest cities, no harm reduction services are provided and there is a complete lack of knowledge of the situation for sex workers in Sweden in general and safe sex practices specifically.

Rose Alliance is the Swedish sex worker organization and has been trying to raise awareness about harmful sexual practices, issues around health and safety and discrimination from service providers.

In January 2012 Rose Alliance, in partnership with Hiv-Sweden, started a project to develop a tool for effective peer to peer hiv/sti-prevention funded by the Swedish Institute for Communicable Disease Control. It was decided that this was to be a peer project from beginning to end. The lack of documented knowledge lead to a series of interviews and the development of a qualitative survey. The survey consists of questions around safety, health and rights. The project manager is a former sex worker, and she supervised the development of the survey that was done by three of Rose Alliance members and later peer reviewed by an additional five sexworkers. The distribution of the survey was done by peer workers and has resulted in more than 100 answered surveys in 3 months.

After reporting the first six month period of the project the funder has decided to budget for an official report, a translation of the report to English as well as using the result of the survey as a source of information for the next UNGASS report as Sweden has, until now, been unable to report on sexwork.

Motivation Improvement Process for Supporting of Peer Educators for People Who Inject Drug in Thailand

Jarunee Siriphan, Pascal Tanguay

Issue:

The CHAMPION-IDU project, operated by PSI Thailand, aims to reach over 12,000 people who inject drugs (PWID) across 19 provinces through an extensive network of peer educators (PEs). PEs play a key role in the reaching

PWID in Thailand and provide and refer them to health services. Since project inception in 2008, high PE turnover rates have been recorded stemming from internal conflicts and external pressures. PSI Thailand developed a motivation improvement process to increase PEs' motivation and value to address such issues.

Setting and Project:

The process was conducted with PEs from 5 DICs in three stages:
- Self assessment: Consideration of personal characteristics, personal goals and objectives, and professional goals and objectives;
- Teamwork: Identifying qualities and positive reinforcement in themselves and colleagues that enhance teamwork;
- Growth: Developing a plan for adapting oneself towards personal and professional goals.

Outcomes:

Findings indicate that the process strengthened PEs' self-confidence and enhanced pride in their own work while developing critical skills and thinking around personal and professional strengths and weaknesses. The process also generated a better understanding of others' communication styles that has enhanced cohesion and teamwork. The process fostered a better understanding of the value of PEs work and their role in the project that generated increased motivation and reduced internal conflicts as evidenced by decreasing PE turnover rate at DICs.

The motivation improvement process yielded visible results that stabilized the DICs operations and has become an important component of PSI's harm reduction program. Given that many PEs are recovering drug users, establishing mechanisms to support and empower them is critical to the success of the harm reduction project in Thailand. The process was very helpful for PSI Thailand management to develop key messages that further motivate PEs. This process should be continued and repeated every 6 months.

4:00pm - 5:30pm
Major Room 2

CC08: National drug policy and harm reduction advocacy

Session Chair: **Tamas Varga**

Converging values toward harm reduction: A multiple streams perspective on policy change in Tanzania, 1995-2007

Eric A. Ratliff, Sheryl A. McCurdy

Background: Harm reduction policies have proven to be effective measures for preventing the spread of HIV among people who inject drugs (IDUs). In 2007, Tanzania became only the second country in sub-Saharan Africa to implement harm reduction policies. What were the sociopolitical processes that created this change in policy in Tanzania? Can the Tanzanian experience serve as a model for other countries to adopt and implement harm reduction policies?

Methodology: In this policy analysis, we applied Kingdon's "multiple streams" framework to describe how harm reduction policies emerged in Tanzania. Drawing from participant observations and a review of news media, research reports, and government documents, we examined how the three process "streams" of policymaking – the problem stream, the policy stream, and the politics stream – converged over time (1995-2007) to create a window of opportunity in which the Tanzanian government adopted harm reduction policies.

Results: Analysis reveals how researchers, health practitioners, journalists, and government officials created collaborative networks to bring these different streams together by appealing to common values of democracy, human rights, and public health. They accomplished this by defining the link between heroin use and HIV (problem stream), identifying effective solutions (policy stream), and generating popular support for adding harm reduction policies to existing criminal statutes (political stream).

Conclusion: Understanding how the problem, policy, and political streams interact in the policymaking process provides useful information for the development of shared values among diverse stakeholders. The Tanzanian experience in addressing HIV prevention among IDUs thus serves as a constructive model for implementing harm reduction policies in other settings.

One step forward and two step backward in Indonesia Drug Policy and Harm Reduction

Asmin Fransiska, Tyas Suci, Lamtiur Tambubolon

Issues

The research is studying on the implementation of the right to health services for drug use (DU) and how this policy is to be achieved. Based on these questions, we could find whether Indonesian drug policy has moved from criminalization to decriminalization.

Methodology

The research conducted in Jakarta, Indonesia with qualitative approach. We conducted indepth interview with individual & group from Ministry of Health (MOH), Social Affairs, Polices, National Narcotic Boards (NNB), doctors, Academics, DU as well as the Correction Institution.

Result

Law No. 35/2009 on Narcotic provides the obligation to judges for imposing rehabilitation and the drug use could report themselves to the institution of rehabilitation center, However the data shown the program is failed. MOH targeted 5000 DU will be reported, however only 212 DU who use methadone program filled the target. The health care institution is not ready to accept the new patient from DU. There are only max 0.4% of DU who are accessed the rehabilitation. The police municipal detention and police sectoral detention are the most common place of abuses against DU. Rarely judges imposes the DU to access the health services instead of imprisonment. The MOH, MOSA and NNB still overlap to conduct the services because they are rarely discus in the common platform.

Conclusion

This study will help the Indonesian government to read the map of the obstacles and challenges of the drug policy that they established. The research will give strong evidence that when the law on paper is relatively good but without equal making process among the stakeholders especially the DU community and strong force on public health services and harm reduction that suit with drug users need, the drug policy reform leads to be nowhere.

Changes in Legal Framework Support Methadone Maintenance Treatment (MMT) Expansion in Vietnam

Manh Duc Pham, Tam Thi Minh Nguyen, Nhu To Nguyen, Peter Banys, Ngoc Thi Minh Nguyen, Hong Thu Nguyen, Thai Nam Hoang, Minh Huy Pham, Jacka David, Kevin K Mulvey, Huy Le Pham, Hien Thi Hoang

Issue:

Vietnam is in transition from a social evils model to a public health model of heroin addiction, relying on the efficacy of methadone to reduce injection drug use and HIV transmission. However, there is a large pre-existing human and capital investment in community detoxification and compulsory '06 rehabilitation centers. The government has begun a “renovation” process to convert most compulsory centers to voluntary care at the same time it seeks to expand MMT capacity.

Settings:

HIV arrived in 1990 and is driven by injection heroin and unsafe sex. Vietnam opened 7 MMT Clinics in 2008 with international donor support. By Nov 2012, there were 11,035 patients in 60 MMT clinics in 20 provinces. Despite a government commitment to treating 80,000 patients by 2015, until now there has been no legal framework for scaling or for government investments.

Key arguments:

The 2008 HIV/AIDS Law endorsed MMT, but parallel, inconsistent systems of voluntary and compulsory placement called for major policy revisions -- including “renovation” planning for compulsory centers, revisions of applicable drug laws and decrees, and a new judicial pathway for compulsory placements (effective 2014).

Outcomes and implication:

The Ministry of Health, with support from PEPFAR (SAMHSA, USAID, CDC), FHI360, WHO, UNAIDS, and UNODC, developed the Opioid Substitution Treatment Decree #96 (Nov. 2012). The Decree authorizes opioid substitution treatments in any district having more than 250 heroin users, in prison settings, and in the private sector. Heroin users in the community may now voluntarily choose between detoxification-abstinence support centers and MMT programs. The Decree moves MMT admission selection from non-medical Peoples' Committees to the clinics, and it protects MMT patients from detention in compulsory settings. From 2014, compulsory placements will no longer be administrative matters, but will require a final judicial process with additional procedural protections.

Legal and socio-economic impact analysis of drug policies in Georgia

Eka Iakobishvili, Tea Kordadze, Levan Jorbenadze, Irena Gabunia

This presentation is to highlight findings of the research in Georgia on the 'legal analysis and socio-economic impact assessment of drug policies on drug users, their families and wider public in Georgia'.

Drug policies in Georgia are considered as one of the strictest in the region. Average estimates show that over 2/3 of the prison population in the country have their convictions at some point affiliated with either drug use, possession of drugs or trafficking. Country lacks profound research on the impact of drug policies on the rights of people who use drugs and their families as well as wider society.

Research undertaken by the GHRN in cooperation with PRI covered two aspects of drug policies in Georgia: legal analysis of the drug policies and its intersections with the human rights, and socio-economic impact of existing drug policies aiming at exploring the gaps and opportunities for further enforcement of the good practice and reforming the harmful policies. The research also sought for the possible solutions to promote human rights based approaches to drugs and harm reduction policies in Georgia.

Desk review of literature and legislation including international standards was conducted. Also, a number of drug users (both, male and female), their family members, donors, experts, NGO activists, academics, health and law professionals, government (prison, probation justice and health professionals), MP, and other policymakers were interviewed.

Both – legal and qualitative studies were published and presented to the high-level governmental working group on drug policy. Recommendations made in the research have been disseminated to relevant stakeholders and actors on the ground. Documents became an advocacy tool both in and out of the country in relation to the drug policies and human rights of those affected by drugs. Advocacy strategy and follow up activities have been designed on the basis of these researches.

Together for harm reduction: Adapting European guidance to national needs in Poland

Magdalena Dabkowska, Joanne Csete, Kasia Malinowska-Sempruch

Issue

Poland has one of the most punitive drug policies in Europe. Fear of incarceration for drug possession for personal use keeps drug users away from harm reduction services. Therefore the number of services has declined in recent years. While over a million Poles consume illegal drugs, only 9-15% of those in need have access to substitution therapy, much less to injecting equipment exchange.

New development

In October 2011, the European Centre for Disease Prevention and Control (ECDC) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) published joint guidance on prevention and control of infection diseases among people who inject drugs. Designed to be coherent with existing EU policies, the guidance describes seven key interventions (injection equipment, vaccination, testing, treatment for drug dependence and infectious disease, health promotion and targeted delivery of services).

Arguments

Experts from different fields, alarmed by the decline of harm reduction in Poland, used the ECDC-EMCDDA publication to open debate among decision-makers, practitioners and activists. The guidance, translated into Polish, was the basis for a conference held in June 2012 with EMCDDA and UNAIDS participation, where the list of seven key interventions was supplemented by numerous sub-interventions adapted to the Polish situation. Contrary to practices rooted in ideology, proposals developed by the expert community were pragmatic, progressive and supportive of harm reduction values. Afterwards, an additional group of harm reduction practitioners was invited to comment on the new document and welcomed it warmly.

Outcomes

All together around 100 persons worked on the Polish guidance. Polish advocates now have a powerful tool for advocacy on both the national and local levels. The involvement of practitioners and advocates from multiple sectors was important to the development of a locally appropriate tool from continent-wide norms.

4:00pm - 5:30pm
Concurrent Room 1

CC09: Harm Reduction is one central pillar of the Swiss Drug Policy

Session Chair: **René Akeret**

Harm Reduction in Switzerland today: realities and challenges

Peter Menzi

Within the past twenty years Switzerland developed a system of harm reduction measures all over the country, currently comprising more than 250 institutions and reaching out to some 10’000 to 15’000 clients. Contact centers, offers within the night life setting including checking of illicit substances, accompanied living and working, methadone substitution centers and heroin assisted treatment form part of these measures.

At present, harm reduction is facing various problems, some of which are:
- Mixed consumption is common: especially in the nightlife setting, involving substances such as alcohol, cocaine, ecstasy and medication as well as emerging substances.
- Increase uses of public space pose challenges for the cooperation between addiction help and the police.
- High Hepatitis C prevalence among drug users (50 to 80%): Treatment and testing of sexually transmitted infections are not often a part of the basic health programmes.
- Physical and psychological health status is worsening and needs special attention.
- Health in prisons: only a few prisons offer needle exchange programmes and substitution treatment is not part of the standard prison health programme available.

Challenges

With regards to older consumers, job offers and daily structure as well as adequate services for care and support will be increasingly necessary. On the other hand younger drug consumers are characterized by high-risk consumption and an increased inclination towards violence and they can barely be reached by traditional harm reduction facilities. Therefore, existing help services are challenged to critically question how their services can be better adapted to young consumers’ needs and behaviour.

It is assumed that Switzerland will be confronted with an increased consumption of Research Chemicals in the future. Here, prohibition is not likely to solve this upcoming problem as new such substances will likely appear substituting any others taken off the market.

The four pillar Swiss Drug Policy and the meaning of harm reduction

Astrid Wüthrich

The Swiss drug policy consists of the four pillars of prevention, treatment, harm reduction and repression. This effective concept is based on cooperation between the pillars, each reinforcing the other. It responds to different kinds of addiction and offers a wide frame for interventions accepted by society. Switzerland is one of the few European counties that have accepted the concept of harm reduction has anchored it in its national law and has passed the test of gaining the electorate’s consent.

Until today, harm reduction is the most disputed of the four pillars. For one, evidence for its effectiveness is often requested and consumption rooms (called “injection rooms” in other places) are a nuisance when confronted with more conservative approach. However, evaluations has shown that low threshold interventions such as contact points, consumption rooms, exchange of needles or syringes or sleep-ins are important measures for the stabilization of addicted people’s social environment. In the past few years, there have been hardly any new infections with HIV, crime amongst addicts has decreased and many have successfully been re-integrated into society, having their own apartment and a job.

For the past 20 years, a majority of the Swiss population demonstrated an accepting stance towards drug addicts. Meanwhile, Switzerland is a federal state. Addiction interventions, including its harm reduction offers, lie within the competence of the cantonal authorities, of which there are 26 in Switzerland, with an overall national population of some 8 Mio inhabitants. Despite coordination efforts of the federal administration, harm reduction measures have not been implemented in the same way in all the regions, so that the interventions on offer vary widely between the cantons.

Infections with HIV, HBV, HAV of IDU’s in Switzerland, 1967-2011: Correlation to harm reducing

measures

Peter Grob

An epidemic of heroin use began in Zürich, 1967, this in the context of the 68 cultural movement (Rolling Stone and Jimi Hendrix concerts) and spread all over Switzerland As a reaction the federal drug law was revised 1975 towards a repressive policy. Despite this, the estimated number of IDU's, rose from 10'000, 1985, to 20'000, 1988 and 30'000 in 1992

1989, large scale needle exchange was initiated in Zürich (needle park) and 1992 also low threshold methadone substitution. At that time scientific analyses revealed that the IUD's were a heterogeneous group, one third each of them being socially fully or partly integrated or dissociated from society. It was also found that IUD's showed the highest prevalence's and incidences concerning infections with HIV, HBV, HCV and HAV of all groups at risk.

A slow but consistent change in drug policy was the result. IDU's became an important target group for hepatitis B vaccination. A dense network of social and medical help for IDU's was established all over Switzerland. Needle exchange became everywhere available, partly also in prisons. 1995, 14'000 and 2000, 17'000 IUD's profited from methadone substitution. After 1997 a scientifically accompanied program of heroin supported therapy was initiated, involving 900-1200 IUD's.

The overall incidences of infections with HIV, HBV, HCV and HAV began to steadily diminish after 1994, the most prominent decrease concerning IUD's.

In the last years major progress has been made in the treatment of infections with HIV, HBV and HCV. Confections in IUD's remain a major problem

2008, the Swiss drug law was revised in the sense of adding the principle of harm reduction to repression (4 arm principle).

The problem of use of heroin and other addicting drugs and the harmful sequellaes is not solved but mitigated. Further efforts are needed.

Forms of collaboration between harm reduction services and law enforcement in the city of Zurich

Michael Herzig

Drug scenes in Zurich have a long history: with up to 2000 users visiting them on a daily basis, as well as a big nuisance for the citizens of Zurich. Ever since the last closing in 1995 big open drug scenes no longer exist in the city of Zurich.

Since then Zurich has gone through a long learning process leading from isolated interventions to collaboration among participating institutions. On this way the city of Zurich has realised that isolated action of police forces without the backup of social and health services is a failure from the start on. Therefore the city of Zurich has developed a well balanced approach in dealing with drug use through prevention, law enforcement, harm reduction and therapy.

Since 1993 less and less people are dying because of their drug consumption. Even more it's statistically proven that the amount of HIV infections was reduced by over 80%. Also the outbreak of HIV/AIDS among drug users could be reduced and that shows the better general medical situation of drug consumers in general but also that their consumption pattern is less harmful than before. Since the integration of the 4-pillar-model the amount of new heroin user was also much lower than before: 1991 we calculated around 850 new heroin users, 2001 there were only 150.

In fact the experience in Zurich has shown that partnership and coordinated actions of all participating institutions is the key factor in preventing open drug scenes and in improving the health and social life of drug users. But the experience of Zurich has also shown that in order to implement measures successfully it is vital to make sure that the cooperation of police work and social services actually takes place in the streets and in the neighbourhoods on site, not just among roundtables and power-point-presentations.

4:00pm - 5:30pm **Regional Session Room**	**CC10: Regional track - Opioid substitution treatment - Who defines the quality?**
4:00pm - 5:30pm	**W2: OST basics in the region**

Date: Tuesday, 11/Jun/2013

9:00am - 10:30am

P2: Financing of harm reduction
David Wilson, World Bank - Victoria Macdonald, ITN

11:00am - 12:30pm
Plenary Room

M4: Regional track - Human rights violations: Who to blame and what should be done?

Report of the Ombudsman for Addicts and Drug Users Program – Good Practice from Poland

Agnieszka Sieniawska-Bogumił

11:00am - 12:30pm
Major Room 1

M5: An added value: harm reduction and the tuberculosis epidemic

Session Chair: **Anya Sarang**
Session Chair: **Smiljka de Lussigny**
Anya confirmed as a chair

Measuring TB burden and access to TB services for people who inject drugs in the WHO European Region, 2010 and 2011

Annabel Baddeley, Andrei Dadu, Pierpaolo de Colombani, Smilka de Lussigny, Christian Gunneberg, Linh Nguyen, Annette Verster, Haileyesus Getahun

Background

People who inject drugs (PWID) are at heightened risk of tuberculosis (TB), irrespective of HIV. Poor access to TB services leads to lower survival rates. TB prevention, diagnosis and treatment are integral components of harm reduction. Data related to this at-risk population is limited to a few studies so WHO introduced indicators for routine reporting in the WHO European Region in 2010 to better gauge the TB burden among PWID and their access to TB services.

Methodology

We compared the proportion of PWID among the general population with the proportion of PWID among notified TB cases during 2010 and 2011 as well as the TB notification rates in the respective populations in 11 of the 53 countries in the Region. The reported contribution by drug treatment centres to case detection was also analysed. Data on PWID estimates were provided by UNAIDS and extracted from The Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. All other data were provided by WHO.

Results

The pooled TB notification rate among PWID was more than double the rate of the general population in 2011 (RR 2.55, 95% CI 2.41-2.69). Only two of the 2132 TB/PWID cases were reported to have been detected in drug treatment centres over the two years. Six out of eleven countries reported significantly higher proportions of PWID among TB cases than among the general population (range 3.7 times higher in Lithuania to 11 times higher in Uzbekistan).

Conclusion

Higher TB notification rates among PWID and higher proportions of PWID among TB cases support evidence that PWID are at higher risk of TB. Improved monitoring should be encouraged. Drug treatment centres and harm reduction stakeholders need to increase efforts to reach this at-risk group by including TB interventions in their services.

From guidelines to community advocacy for effective TB services for people who use drugs

Mat Southwell, Madeleine O'Hare, Pat O'Hare

This paper has four aims:

To explain the development of the TB Advocacy Guide for People who Use Drugs as a joint venture between the WHO, UNAIDS, HIT and drug user activists.

To introduce the TB Advocacy Guide as a practical advocacy tool for drug user and PLHIV activists.

To explore the impact of meaningful participation on the development process.

To discuss the role of tools in stimulating community action among PLHIV and drug user activists.

The methods used in the development of the TB Advocacy Guide were as follows:

Scoping the project and agreeing development principles

Existing WHO TB Advocacy resource identified as comprehensive but inaccessible source resource

Regional and global meetings of drug user activists and UN staff supports an expert exchange that embraces different expertise

Drafting of the document by a peer consultant

Testing through further workshop with drug user activists and virtual consultation with UN staff

Copy editing to ensure accessibility of document once technical information and advocacy messages agreed

New donors attracted to fund translations of TB Advocacy Guide

Sharing of TB Advocacy Guide on virtual and social media platforms

The major conclusions from project were as follows:

TB treatment needs to be integrated with harm reduction and HIV services

PLHIV and drug user activists are potential agents for change in TB services

The TB Advocacy Guide provided a platform for a dynamic partnership between the UN, a technical agency and drug user activists

The partnership events created a chance for different stakeholders to become sensitized to each other

Partnership working that embraces meaningful participation allows you to know your subject and to know your audience

Copy editing helps refresh the text after detailed expert editing

Investment in onward dissemination and demonstration work is important in securing the roll out of the tool

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TB Case Detection and Treatment among Injecting Drug Users in Tanzania; the Dar es Salaam experience

Dickens Bwana, Happiness Madunda, Mapunda Joseph

Issue

MUKIKUTE, a Tanzanian nationwide organisation of former tuberculosis (TB) patients created in 2005, started a program to improve access to TB and HIV care and treatment services for injecting drug users (IDUs) in Temeke District, Dar es Salaam, Tanzania by screening and testing IDUs for HIV and TB and supporting those who are referred for treatment.

Setting

Drug use is associated with increased rates of TB and HIV. TB-associated mortality rates are much higher among IDUs living with HIV than among other people living with HIV, and TB is a leading cause of mortality among IDUs living with HIV. Moreover, HIV-negative drug users have a much higher rate of TB development than non-drug users. Finally drug use is associated with lower rates of TB treatment completion, which is a major risk for developing resistance and spreading TB.

Project

In September 2012 MUKIKUTE introduced a community-based TB & HIV program for IDUs, aiming to intensify the TB case detection among this hard to reach population in Temeke District, Dar es Salaam. Trained IDUs, former TB patients and outreach workers provide TB and HIV education as well as condoms and sterile injection equipment in a low threshold drop-in centre (DIC) and during outreach work. With help of a nurse they screen IDUs on TB an HIV. Those who need treatment are referred or accompanied to the appropriate health care centres and MUKIKUTE delivers medication to patients who cannot reach the health care institutions themselves.

Outcomes

After two months approximately 1.000 IDUs were informed about TB and HIV and over 800 received condoms and sterile injection equipment. 96 IDUs were screened for TB and HIV. Nine were confirmed to have TB and are currently on TB treatment; twelve tested positive for HIV and are starting ART with support from MUKIKUTE.

Helping to adhere: a review of evidence and practice on adherence strategies among TB patients who inject drugs in Eastern Europe and Central Asia

Maria Golovanevskaya

Background: In Eastern Europe and Central Asia (EECA) numerous structural barriers are responsible for poor TB treatment compliance among injecting drug users (IDUs), with default rates as high as 100%. The aim of this study is to consider the evidence for successful adherence strategies that demonstrate improved treatment outcomes for active and latent TB (LTBI) in IDUs through a review of the literature and select innovative TB treatment practices in EECA.

Methods: Evidence on successful adherence strategies to TB treatment in IDUs was culled from peer reviewed and grey literature. Fieldwork (on-site in-depth interviews) was undertaken at integrated care sites and harm reduction programs in 3 cities in Ukraine to document effective TB interventions for IDUs in the region.

Findings: Available evidence demonstrates improved treatment outcomes when DOT-based TB and LTBI treatment is used in conjunction with opioid substitution therapy at drug treatment clinics. Harm reduction programs have also emerged as effective platforms for TB testing and treatment in IDUs through the use of outreach, peer workers and case management. Support aimed at addressing economic and social hardships and direct engagement of patients in their treatment process similarly demonstrate a positive effect on compliance and TB treatment outcomes in IDUs.

Conclusion: The existing TB treatment paradigm in EECA must accommodate more patient-centered adherence promotion strategies that respond to the needs of IDUs. Important lessons on improving DOT programs can be drawn from existing low-threshold HIV treatment and prevention efforts tailored to IDUs. Drug treatment and harm reduction programs can serve as effective platforms for DOT-based TB and LTBI treatment and should be supported and scaled-up. Given the dearth of evidence on local best practices, greater effort should be made to support operational research and documentation of promising practices of integrated TB treatment for IDUs emerging from the EECA region.

11:00am - 12:30pm
Major Room 2

M6: Researching the Values and Impacts of Harm Reduction

Session Chair: **Tim Rhodes**

The Ethical Imperative to Ensure Low-Threshold Needle-Syringe Programs for HIV Prevention

R. Douglas Bruce, Don Des Jarlais, Daniel Wolfe, Barrot Lambdin, Rebecca Schleifer, Robert Heimer

Abundant evidence has demonstrated that needle and syringe programs (NSP) reduce HIV infection rates among people who inject drugs. Despite this evidence, some countries have refused to adopt NSP because of ethical concerns that NSP does harm through increasing drug use or preventing individuals from accessing treatment. The argument against NSP is therefore an ethical argument, but one that has not, heretofore, benefited from a specific delineation. Here we summarize the three main ethical views as they relate to NSP (teleology, virtue ethics, and deontology) and clarify a common misperception of deontology as it relates to NSP. Because some societies have failed to engage NSP due to a wrongful endorsement of a prior generation's social norms or economic policy, we discuss these two critical viewpoints that impact the public health policy that surrounds NSP. Tragically, a misunderstanding of ethical principles has resulted in a growing HIV epidemic among people who inject drugs – an epidemic that was avoidable, but an epidemic that is not too late to reverse. It is our hope that this discussion will remind civil society of its moral obligation to care for those in need.

Return on Investment: Estimating the cost-effectiveness of needle-syringe programs in preventing HIV and HCV infection

Lisa Maher, David Wilson, Jisoo Kwon, Cliff Kerr, Jonathan Anderson, Hla-Hla Thein, Lei Zhang, Jenny Iversen, Gregory Dore, John Kaldor, Matthew Law

Background: This study aimed to evaluate the impact and cost-effectiveness of needle and syringe programs (NSP) in Australia based on estimates of the number of HIV and hepatitis C virus (HCV) infections averted in people who inject drugs (PWID) due to NSPs over the period 2000-2010 and economic benefits over the period 2000-lifetime.

Methodology: A health economic analysis was conducted incorporating a mathematical model of HIV and HCV transmission among PWID. An empirical relationship between syringe availability and receptive syringe sharing (RSS) was assessed. We compared the epidemiological outcomes and costs of NSP coverage (status quo RSS of 15–17%) with scenarios that had no NSPs (RSS of 25–50%). Outcomes included numbers of HIV and HCV infections averted, lifetime health sector costs, and cost per quality-adjusted life year (QALY) gained. Discounting was applied at 3% (sensitivity: 0%, 5%) per annum.

Results: We estimated that NSPs reduced the incidence of HIV by 34–70% (192–873 cases) and HCV by 15 43% (19,000–77,000 cases) during 2000–2010, leading to 20,000–66,000 QALYs gained. Economic analysis showed that NSP coverage saved AUD$70–220 million in healthcare costs during 2000–2010 and will save an additional AUD$340–950 million in future healthcare costs. With NSPs costing AUD$245 million, these programs are very cost-effective at AUD$416–8,750 per QALY gained. Financial investment in NSPs over 2000–2010 is estimated to be entirely recovered in healthcare cost savings by 2032 with a total future return on investment of $AUD1.3–5.5 for every $AUD1 invested.

Conclusion: The early introduction and high coverage of NSPs in Australia has significantly reduced the prevalence of HIV and HCV among PWID. NSPs are an extremely cost-effective public health strategy and will result in substantial net cost savings in the future.

Expansion of harm reduction interventions for people who use drugs and the impact on the HIV epidemics: an analysis of impact across four epidemically diverse nations

Andrea L Wirtz, Arin Dutta, Carel Pretorius, Stefan Baral, Chris Beyrer, Farley Cleghorn

Background: HIV continues to be a key threat to the health of people who inject drugs (PWID. Mathematical modeling can provide information on the possible benefits of scale-up of key harm reduction interventions.

Methods: As part of a multi-country analysis published by the World Bank, we reviewed the current situation of injecting drug use, HIV epidemiology, and prevention among PWID in four epidemically and politically diverse countries: Kenya, Pakistan, Thailand, and Ukraine. We used a deterministic model (Goals) to project the impact of the HIV epidemic among PWID and the adult population, according to four scenarios of scale-up of needle and syringe programs, medically assisted therapy (for opiate use only), HIV counseling and testing, and equitable access to antiretroviral therapy for those in need of treatment. Each country model was populated with population size, epidemiology, and behavioral data, and fitted to UNAIDS estimates. Based on a literature review, we constructed a matrix of impact parameters translating intervention coverage to reduction in key risk behaviors. Sensitivity analysis was conducted on these effect parameters.

Results: From 2011-15, reductions in new HIV infections among PWID were observed when effective PWID and ART programs were expanded to ambitious yet achievable targets, in comparison to a status quo. Such scale-up may avert in 1,570 new infections Kenya (56% reduction from status quo), 4,130 in Pakistan (33%), 1,570 in Thailand (35%), and 3,900 infections averted Ukraine (34%).

Conclusions: Criminalization, stigma, and lack of resources have historically been a barrier to global scale-up of harm reduction; however, improved in-country tolerance and implementation suggest scale-up may now be realistic. Impacts of the expansion of these four interventions vary across epidemics; influenced by HIV prevalence in different risk groups, risk behaviors, and population size. Our findings are important as the interventions are both rights affirming and have demonstrated effectiveness.

Systematic review of economic evaluations of harm reduction targeting prevention of blood-borne infections: Evidence and methodological concerns

Arie Rahadi

Background

Evidence for cost effectiveness of harm reduction approach to injecting drug use in preventing blood-borne infections (BBI) is methodologically contentious. Such public health programs are not as amenable to experimentation as

pharmacological interventions, and a long injecting period, during which risks of acquisition and transmission are being accumulated, is not entirely observable, giving rise to uncertainties in the estimates of costs and effectiveness. This review summarizes the economic evidence of harm reduction programs facilitating safe injections (needle exchange programs [NEP], supervised injecting facilities [SIF], bleaching distribution program [BDP]) and underline key methodological concerns in conducting economic evaluation of harm reduction programs.

Methods

Systematic review of cost-effectiveness, cost-utility, and cost-benefit analyses of harm reduction programs was performed. Search strategies on multiple databases (EconLit, Medline, NHS EED, and Google Scholar) were conducted before applying inclusion/exclusion criteria. Publications in English until year 2010 were considered.

Results

A total of 20 studies (NEP=15, SIF=5, BDP=0) containing 25 analyses (four had more than one analysis different by study design, perspectives and comparators) met eligibility criteria. Majority stated their scope of costs and consequences (perspective), discounted both uniformly, used clear health measurements expressed as utility or reduction in meaningful health detrimental events, and had adequate timeframe. However, in most analyses the observed improvements in injecting behaviour translated into stable rates of transmission throughout the analysis timeframe, underplaying the transmission dynamics of BBI. Economic benefits also risk misestimation due to failure to capture the realistic uptake rates of healthcare services for injecting drug user population and HIV transmission to sexual partners, even when the analysis adopted a healthcare perspective.

Conclusion

Given these methodological concerns, the economic value of harm reduction appears most plausible for areas with low baseline BBI prevalence. Analytical models and data quality should be improved and subject to rigorous sensitivity analysis.

Preventing death among people who inject drugs – priorities for action

Bradley Mathers, Louisa Degenhardt, Chira Bucello, Lucas Wiessing, Matthew Hickman

BACKGROUND: In order to reduce fatal drug-use-related harm among people who inject drugs (PWID) it is necessary to understand causes of mortality and who might be most at risk. While the focus of harm reduction initiatives in many countries is centered on the prevention and treatment of HIV it is important to consider whether these efforts are appropriate for preventing early-death among PWID.

METHODOLOGY: We conducted a systematic review of the peer-reviewed and grey literature to identify longitudinal studies of PWID that measured mortality. Meta-analyses were performed to estimate overall mortality rates and 'excess' deaths compared to the general population, and to identify individual and study-level factors associated with increased mortality.

RESULTS: Sixty-seven cohorts were identified, fourteen from low or middle-income countries (LMICs). The pooled crude mortality rate across these studies was 2.4 deaths per 100 person-years; overall PWID had rates of mortality nearly 15 times greater than their age and gender matched peers in the general community. Male PWID had higher rates of mortality than females; however the inverse was true when looking at excess mortality compared to age-matched peers. Mortality was higher in LMICs, and during periods when PWID were not in drug treatment. Overdose and AIDS were the primary causes of mortality across cohorts. Predictably, mortality was much greater among those PWID who were HIV positive; this was, however, not wholly due to AIDS related causes, with this group also having significantly greater levels of overdose mortality compared to PWID who were HIV negative.

CONCLUSIONS: Though rates vary in different settings, the considerably elevated risk of mortality among PWID is an important public health priority. A comprehensive approach is required and, while efforts to reduce HIV are critical, drug-overdose must be addressed effectively, and importantly among those most at risk if harm is to be properly reduced.

2:00pm - 3:30pm

Plenary Room

CC11: Sex work and harm reduction

Session Chair: **Erin O'Mara**
Session Chair: **Ruth Morgan Thomas**

The value of harm reduction in anti-violence work within street sex work and drug contexts

Anita Nicole Schoepp, Liam Michaud

Setting:

As streetworkers, we have worked in downtown Montréal for 2+ years, in an area frequented by sex workers (sw) and drug users from primarily First Nations, Inuit and Caribbean communities. The area is characterized by poverty, crack use, poor access to harm reduction material.

We witness high levels of violence faced by sw's in the area (between them and their intimate partner / client / pimp / dealer). This violence represents an obstacle in accessing HIV / HCV prevention and reducing risks associated with sex and drug use, specifically testing, negotiating condoms use, and general autonomy. This violence is compounded by the impacts of colonialism and barriers in accessing services.

Issue:

Canadian anti-violence models are namely victim-based and focus on the separation of parties. These models alienate those most affected. This initiative advances a harm reduction approach for reducing violence that includes all parties, and which recognizes that sw's will not be safe from violence unless aggressors also have access to support.

This initiative includes:
- Working with aggressors to strategize ways to prevent acts of violence (capacity building, etc) and to heal.
- Reinforcing access to healthcare / STI testing through mobile nursing due to high levels of sexual violence.

- A discussion with inmates serving time for drug-related crimes on violence within the drug and sex trades, and strategies for reducing violence, both as aggressors and as bystanders.
- Focus groups with intervention and shelter workers to create practices that reduce the risks of violence in sex work.

Outcomes:

We initially targeted fifteen aggressors. We observed the following positive indicators:
- open dialogue about violence
- several individuals actively seeking support for aggression
- strategies with individuals in managing drug use in relation to violence
- network building of intervention workers in the development of responses
- mobilization of other streetworkers to apply harm reduction principles to violence

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Best practices in services for sex workers who use drugs and drug users who sell sex: Addressing the intersections of sex work & drug use and implications for program evaluation, organizational policy & practice.

Cyndee Clay

Issue –

Harm Reduction programs have traditionally focused on reducing the harms associated with drug use, especially injection drug use. By focusing on injection, and often opoid use, harm reduction programs are often challenged in effectively addressing user's sexual risk, or reducing the harms that can be associated with sex work.

Setting -

Since 1993 HIPS has assisted individuals engaging in sex work in leading healthy lives in Washington DC, USA. Although first and foremost a sex work organization, HIPS has always served sex workers who use drugs – nearly 80% of whom engaged in non injection drug use prior to our integration of syringe access in 2007.

Project –

HIPS programs assist our participants in reducing the risk associated with drug use and commercial and non commercial sexual behavior. This includes specific interventions which help sex workers address their drug use, and drug users address sexual exchange. This presentation will provide lessons learned and our best practices for working with primarily street based sex workers and drug users of color, and will include messaging, interventions, and organizational policy that have helped us engage and empower our participants to improve their health, and our process for evaluating our success.

Outcome –

HIPS programs work with an estimated 2,500 people per year. 80% of the individuals who enrolled in HIPS interventions set and reached a risk reduction goal. HIPS will present on which parts of our programs are more popular and accessible for individuals who are primarily drug users, primarily sex workers, and those who identify as both. We will also discuss organizational challenges for setting appropriate policies, staff training needs and structure for effectively serving both populations.

Acess to Justice for Vulnerable Women in the Criminal Justice System in Sierra Leone

Sabrina Mahtani

Sierra Leone is rebuilding following a brutal 11 year civil war. The justice system was severely impacted and there remains no formal legal aid system in the country.

In a country at the bottom of the Human Development Index, many women resort to sex work in order to survive. Many are child prostitutes, forced into sex work by "foster families" or who leave home following abuse.

Most sex workers are at risk of abuse by clients or police, who arrest them under wide and punitive "loitering laws" if they do not pay bribes or

agree to sex. Child prostitutes are often arrested rather than seen as in need of protection and support.

Many women also sell marijuana in order to make a living as it is more profitable than other trades. However, they are often arrested and subject to prison sentences whereas the suppliers are not as targeted.

In response to this need, AdvocAid (a civil society organisation) provides free legal representation to women in conflict with the law through lawyers and paralegals. In January 2012, our intervention resulted in the release of 22 people detained for loitering who were sentenced to 3 months imprisonment although the maximum offence in law is 1 month, including a 9 month pregnant women. We conduct specialised legal and reproductive rights workshops with groups of sex workers in order to empower them about their rights. We also launched the first ever legal TV drama series in Sierra Leone, Police Case, following the story of 3 women who were arrested in order to inform the public about their rights and highlight issues affecting women in the criminal justice system.

From rescue to reform: Unintended negative impacts of legislative changes on HIV risk among female sex workers in Phnom Penh, Cambodia

Lisa Maher, Pisith Phlong, Julie Mooney-Somers, Keo Sichan, Ellen Stein, Jennifer Evans, Marie-Claude Couture, Kimberly Page

Background: While individual and biological factors remain important determinants of HIV epidemics among female sex workers (FSW), structural conditions, including criminalized legal and policy environments, also shape the risk of HIV in this group. In 2008 the Cambodian government enacted a law designed to combat human trafficking and sexual exploitation. The law made buying and selling sex illegal and was accompanied by widespread police

crackdowns and brothel closures.

Methodology: As part of the Young Women's Health Study, a prospective observational cohort of young women (15-29 years) engaged in sex work in Phnom Penh, we conducted in-depth interviews (n=43) to explore the impact of the law on HIV risk behaviour among FSW. Interviews were conducted in Khmer by trained interviewers, transcribed and translated into English, and analysed for thematic content.

Results: By 2009 only 4% of the estimated 36,713 FSW in Cambodia identified as brothel-based . Our data indicate that the law displaced FSW to entertainment and street settings, where vulnerability and violence may be increased, and reduced access to HIV prevention, with FSW reluctant to carry condoms and entertainment venues reluctant to provide them.

Conclusion: Results highlight the role of structural barriers in impeding effective responses to HIV in FSW. In particular, our data suggest that the intensification of anti-prostitution and anti-trafficking activities has been counterproductive and threatens to undermine Cambodia's efforts to reduce HIV. A recent review found that FSW in low and middle income countries had an increased risk of HIV relative to the general female population of reproductive age, with those in Asia at highest risk. Despite evidence showing only modest effectiveness, interventions targeting FSW in Asia continue to focus on individual behavioural change. Impacting HIV in this population will also necessitate addressing structural conditions, including the legal and policy environments in which sex work is criminalized.

2:00pm - 3:30pm
Major Room 1

CC12: Harm reduction donors

Resourcing harm reduction in a changing financial landscape: taking stock and future projections

Catherine Cook, Susie McLean, Jamie Bridge

The Global Fund Contribution to the Harm Reduction Programmes in Asian Countries

Saman Zamani, Dumitru Laticevschi, Sandra Kuzmanovska, Urban Weber

Indicators, Targets and Performance – Negotiating the Thailand Performance Framework with the Global Fund

Pascal Tanguay

TITLE: “Between a Rock and a Hard Place: How the Drug User Movement Juggles Funding Constraints with Membership Imperatives"

Geoffrey Lloyd Ward

2:00pm - 3:30pm
Major Room 2

CC13: Law enforcement supporting harm reduction

Session Chair: **Karolina Walecik**

The Key Population for the Key Populations: LEAHN - Advocacy to the police

Nicole Maree Turner, Melissa Jardine, Alexander Zelitchenko

The behaviors that make people vulnerable to HIV are at least highly stigmatized in most parts of the world, but also very often criminalized, often with severe sanctions. Police and their behaviors are more often than not the major determinants, positive or negative, of these people's risk environments for HIV, and globally these behaviors are often severely adverse. However, until recently, advocacy to police has been relatively neglected, and their potential key role as partners in the response to HIV has been inadequately realized.

The Law Enforcement and HIV Network addresses this gap. Begun in 2009, with a slogan of ‘by police, for police, the Network runs a website in English and Russian which provides a wealth of resources for advocacy to police, with a growing network of Country Focal Points establishing national-level and local language websites. LEAHN also runs advocacy and training workshops for police and their HIV program partners,

An International Police Advisory Group (IPAG) has been established for LEAHN, made up of senior police, serving and retired, from all parts of the world. As its first action, IPAG has published a Statement of Support by police for harm reduction, with many police signatories publicly stating their support for alternative approaches to policing key populations at risk of HIV.

LEAHN and IPAG are establishing an alternative culture for police supportive of harm reduction, using principles of peer education and enlightened self-interest. Removing a barrier to HIV prevention is only half the story; gaining powerful allies in creating effective responses to HIV is equally or more important.

Advocacy With Law Enforcers and Civil Society

Mohd. Zaman Khan Rahim Khan

Harm Reduction of HIV/AIDS, with funding from the government has been implemented in Malaysia since 10 years ago and with it simaltaneous campaign to minimise stigma and discrimination. Although we have acheived a measure of success harassement by the law enforcers; the Police and Islamic religious authorities is still disruptive to smooth implementation. The causation is rising street crimes statistics and sense of inecurity felt by the society.

To minimise and if not to tatally eradicate this phenomena it is important that civil society and NGOs involved work in collaboration with police training institutions and advocacy with those concerned with development and implementation of drug laws and police police enforcement policy. The engagement so far by giving talk at training establishments, and in-service trainings to to law enforcers; including the Islamic religious groups and teachers trainig colleges are on going. The trial of MMT at a mosque prove to be successful not only to draw in clients but also getting the support of the community. The most positive anti-stigma effort is the “I am Positive” stage show performed by PLWHA in theaters and graced by VIPs. PLWHA; singles, marrieds, gays and transgenders would speak of their

status and ability to live normal lives and raise a family.

The distribution of findings from research, reports and expert opinions to the law enforcers, politicians and civil societies also prove instrumental in decreasing stigma and discrimination. It is cheap and cover a wide range of the targeted groups. This done by putting those identified in the loop for distribution. Exhibition at fairs, weekend open market, health days, World AIDS Day, International Candle Light Memorial day helps and must be on going.

Law Enforcement Assisted Diversion - A new and alternative approach to arresting drug users/sellers using harm reduction

James Vincent Pugel

After a decade of litigation over drug law enforcement in Seattle, Washington, key criminal justice system stakeholders, elected officials, and civil libertarians agreed to try a different strategy. The Law Enforcement Assisted Diversion (LEAD) project is a pilot pre-booking diversion program representing a shift away from criminal justice driven approaches to low-level, outdoor drug sales and use, and prostitution. It is the first program of its kind in the United States and has generated considerable interest from those in other areas who are seeking alternatives to arrest, prosecution, and incarceration.

Launched in 2011, LEAD is a demonstration project employing a multi-jurisdictional effort to reduce the individual and social harms associated with low-level drug sales and use and prostitution. LEAD represents an innovative collaboration between the American Civil Liberties Union of Washington, Evergreen Treatment Services, the King County Prosecutor, the King County Sheriff, the Seattle City Attorney, the Seattle Police Department, The Defender Association, community members, and elected officials. Rather than being booked into jail and prosecuted, individuals arrested for possession/sales of drugs or prostitution are offered diversion into case management services. Drug treatment or other services are offered on demand, but are not required. LEAD operates on an explicit commitment to harm reduction. LEAD represents a novel approach to mitigating the harm involved in criminal justice system sanctions while at the same time addressing the pressure on law enforcement agencies and elected officials to address outdoor drug sales and sex work.

LEAD grew out of mutual dissatisfaction with drug law enforcement on the part of key stakeholders. One of the most surprising outcomes has been a profound cultural shift among criminal justice system stakeholders, who now openly question the traditional paradigm of drug law enforcement. This presentation will describe LEAD's development, implementation, preliminary evaluation, and possibilities for replication.

Mitigating the negative effects of repressive strategies: The Pacifying Police Units (UPP) in Rio de Janeiro

Jorge da Silva

This presentation will focus on the Pacifying Police Units Program (UPP), a law enforcement initiative that was launched in Rio de Janeiro in 2008 to reduce the tragic effects of militaristic tactics employed by the police against the drug traffickers in the favelas. This presentation will look at how the program works as well as how it is monitored and evaluated. It will also consider the changes observed in police-community relations, as well as prospects and challenges.

Model for cooperation between Organizations and Police to address drug related problems: so called "Frankfurt Way

Thomas Zosel

The presentation will discuss cooperation between the municipality of Frankfurt/Main with the city's police department. Chief Detective Thomas Zosel will explain the approach of the police to people who use drugs, and will provide his insight into existing support systems. The so-called "Frankfurt Way" – a series of 1992 reforms based on a coordinated four-pillar approach of prevention, treatment, harm reduction and law enforcement – will be the focal point of the presentation. The intervention will describe the development of cooperation between the municipality and the police in Frankfurt/Main over a period of 25 years.

2:00pm - 3:30pm
Concurrent Room 1

CC14: Multi country HIV and harm reduction programming

Relationship between cultural norms, policy barriers to accessing harm reduction services, HIV-related behavior and quality of life of injecting drug users (IDUs): results of baseline study in Kenya, China, India, Indonesia and Malaysia

Olga Varetska, Vyacheslav Kushakov

Background: Community Action on Harm Reduction (CAHR) project is implemented in Kenya, China, India, Indonesia and Malaysia, and aims to expand HIV prevention and care services to over 230,000 IDUs. A baseline assessment measured outcome indicators, identified needs of people who inject drugs, and determined the association between existing prevention services and well-being and HIV risk behavior of IDUs.

Methodology: Cross-sectional survey using a structured questionnaire administered to clients was conducted. Total sample size was 936; random sampling without replacement was used to recruit clients of harm reduction projects (66.7%) and convenience sampling for new clients (33.3%).

Results: 20.3% of clients were female and 79.9% male. Only 55.6% of the respondents have a possibility to get an HIV test anonymously (ranges from 26.3% in Kenya to 76.2% in Malaysia). Access to HIV prevention services is the lowest in Kenya: less than 7% of the respondents indicated regular uptake of services. 18.05% of all respondents indicated using somebody else's syringe during the last injection (ranges from 5.3% in Malaysia to 48.4% in Kenya). 53.0% of all respondents did not use a condom during the last sexual intercourse (from 35.4% in India to 70.8% in Malaysia). The majority of respondents in Kenya feel being highly stigmatized, and only 19% have their basic needs met.

Conclusion: The results indicate correlations between policy barriers to accessing harm reduction services, HIV-related behavior and quality of life of drug users. Lack of access to harm reduction services in Kenya is associated with riskier injecting behavior and lower level of satisfaction with life. Cultural and religious norms in

Malaysia are associated with lower condom use. Comprehensive response should include provision of HIV prevention services that are proven to be effective, advocating for policy changes, and behavior change communication that influences cultural norms and perceptions.

Community Based Harm Reduction Interventions by Community Based Organisations in Three Provinces in Indonesia

Anton Mulyana Djajaprawira

Issue

Harm reduction programme was started in 1999 which then started to develop in most of major cities since 2004 is still generally available for beneficiaries to access. This programme is mainly run by NGOs and CBOs, and due to a lot of interest from donors and other funding institutions, there are many similar interventions run by different actors in a region. This issue is caused by the inflexibility of the programme itself by the donors, as well as the NGOs and CBOs lack of capacity to modify and adapt the programme to meet the needs on the field.

Setting

The Community Action on Harm Reduction (CAHR) is run in the second and third largest population of people who use drugs in Indonesia, West Java and Bali with an addition to Lombok where it is the only harm reduction intervention available.

Project

In collaboration with the International HIV/AIDS Alliance, since 2011, the CAHR project has been designed to support CBOs in three provinces in Indonesia in order to fill the gap from other harm reduction interventions, instead of overlapping similar actions. The project that is implemented in each area varies from the other including, outreach; capacity building; psycho-social support for MMT; prison intervention; and advocacy. With the variety of interventions, the needs of people who use drugs are more accommodated and the CBOs have the ability to adapt the intervention based on the circumstances on the field.

Outcome

Up to 2012, the CAHR project has reached 1,374 people who inject drugs and a total of 6,211 beneficiaries which include family and partners and people who use drugs in three provinces in Indonesia. This approach is adaptable in any location in order to create a more effective harm reduction intervention. Although funding is limited, it can create effective impacts and quality.

The Kenya Network of People Who Use Drugs (KENPUD): Expanding Community Action on Harm Reduction

Daniel Tinga Kalafa

Background

The Kenya Network of People Who Use Drugs (KENPUD) has been established so that people who use drugs (PWUDs) are able to reach and engage their peers. We work to promote access to quality harm reduction and HIV prevention programmes.We advocate with government, donors and services to ensure that the health and rights of PWUDs are upheld.

Achievements

With the help of UNODC, we have recruited,trained and involved 30 outreach staff. Since 2005,these individuals have managed to make around 80,000 referrals into voluntary testing and counselling, and to drug treatment services.In 2012, with technical assistance from the International Network of People who Use Drugs (INPUD),26 active PWUDs were recruited and trained as part of the Community Action on Harm Reduction (CAHR) project (which is coordinated by the International HIV/AIDS Alliance and the Kenyan AIDS NGOs Consortium).

Outreach workers identify PWUDs,share their own experiences, and provide peer education on: HIV, drug use, overdose management and prevention, the prevention of blood-borne viruses, abscess prevention, and other related services. KENPUD also supports community engagement to reduce stigma.

Challenges

There remains a lack of access to quality, accessible, comprehensive services for PWUDs, their sexual partners and other key populations in Kenya.This has resulted in HIV prevalence of 18.7% within this community. Despite the “Right to Health”being preserved for all Kenyans in the new constitution, only 16% of PWUDs have access to services.

Responses

KENPUD will continue to deliver programmes under the maxim of “Nothing About Us, Without Us”. We provide continuous training for peers, as well as pushing for the introduction of needle and syringe programmes, medically assisted treatment and naloxone distribution.The greater involvement of PWUDs in advocating for comprehensive, quality services in Kenya will benefit the entire community. Together we can!

Community Action on Harm Reduction: How innovative policy advocacy has supported the scale-up of service delivery

Mayuree Ann Fordham, Jamie Bridge, Marie Nougier, Gloria Lai

Issue:

Even where funding is available, efforts to scale up harm reduction services continue to be seriously undermined by

national or local drug control policies and practices that stigmatise, marginalise and punish people who use drugs. These problems are often exacerbated by a lack of harmonisation between health and drug control agencies.

Intervention:

The Community Action on Harm Reduction (CAHR) project is scaling up harm reduction services to people who inject drugs in China, India, Malaysia, Indonesia and Kenya. In the first 18 months nearly 15,000 people have been reached with services, and over 1,200 policy makers have been reached through targeted advocacy activities.

One key innovation of the project has been ensuring specific resources for activities to influence national policy environments. The International Drug Policy Consortium (IDPC) is a technical partner responsible for policy engagement. Advocacy initiatives have been tailored to the cultural and political contexts in each target country, and a global campaign has been created to support advocacy efforts. For example, one key strategy has been to facilitate dialogue between responsible government agencies, with local civil society organisations playing a central role. IDPC has also worked to build civil society capacity for strategic drug policy advocacy.

Outcomes:

The CAHR project has recorded important successes in the short time that it has been operational, particularly as it operates in challenging policy and legal environments. Lessons learned will help guide the final two years of the project – such as the need to engage diverse groups (including law enforcement, parliamentarians, community leaders, academics and networks of people who drugs). It is important to consider the ways in which counterproductive policies impede programme delivery, and to overcome and document these challenges in order to scale up in a sustainable, effective way.

2:00pm - 3:30pm
Regional Session Room

CC15: Regional track - The cost of hepatitis C

2:00pm - 3:30pm

W3: 'Youth friendly' harm reduction services in practice

'Youth friendly' harm reduction services in practice

Anita Krug, Robin Pollard

(B) Workshop objective

Young people are especially vulnerable to drug related harm due to a number of individual, social, and structural influences. Many harm reduction programs however report difficulties in reaching young people with their services, as well as other ethical, legal and practical issues with responding to drug use amongst youth (particularly with young people under the age of 18). Young people who use drugs require an innovative and ‘youth friendly’ response.

The objective of the workshop is to train service providers on design and implementation of ‘youth friendly’ harm reduction.

(C) Workshop format

The format of the workshop will be a mix of presentations and interactive activities. Four resource persons (young people who use drugs) will be facilitating the sessions.

Topics covered:
- Introduction to unique developmental and situational needs of young people who use drugs;
- What does ‘youth friendly’ harm reduction look like? What issues need to be taken into consideration in harm reduction for children and youth;
- Reaching both injecting and non-injecting youth;
- Developing and supporting youth-led harm reduction programs;
- Case studies.

4:00pm - 5:30pm
Plenary Room

CC16: From paper to practice: preventing viral Hepatitis among people who use drugs

Session Chair: **Raminta Stuikyte**

Developing WHO guidance on viral hepatitis B and C for people who inject drugs

Nick Walsh, Annette Verster, Michelle Rodolph

Background

People who inject drugs (PWID) are disapproportionally affected by viral hepatitis B and C (HBV and HCV) in many regions in the world. In 2009, WHO began the process of developing guidance on the prevention, treatment and care of viral hepatitis in PWID. A scoping document identified the following issues that most needed WHO guidance: clinical guidance on the treatment of HCV, better data on the scale of the problem (which stressed the need for improved HBV and HCV surveillance including their case definitions), and improved prevention of HBV and HCV for PWID.

Methodology

WHO guidance is based on the rigorous GRADE approach. The Grading of Recommendations, Assessment, Development and Evaluation (GRADE) methodology was followed to ensure a structured, explicit and transparent approach to assessing the evidence and building consensus on the recommendations. PICOT questions were

developed following consultation. A comprehensive literature search was conducted. Decision and Grade tables were developed following analysis. At the end of the process a technical consultation with global and regional experts reviewed the presented evidence and provided expert opinion to establish the strength of the recommendation in accordance with this evidence.

Results

Guidance on prevention of viral hepatitis B and C in PWID was developed which includes recommendations on improving uptake of HBV vaccination among PWID, on the use of low-dead space syringes to be included in needle and syringe programmes and on psychosocial interventions delivered by peers.

Conclusion

The WHO guidance provides a set of good practice and technical recommendations and which also serves as an advocacy tool for stakeholders in the field. Key areas requiring further research were identified and will be presented. The WHO Global Hepatitis programme is now in the process of developing guidance on treatment of HCV.

Hepatitis B and C virus infection in people who inject drugs in Europe

Teodora Groshkova, Roland Simon, Lucas Wiessing, Dagmar Hedrich

Monitoring viral hepatitis, their prevention and control in PWID (people who inject drugs) across Europe is at the heart of the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) work. This presentation aims to review available evidence, based on national and sub-national analyses of European countries (EU plus Norway, Croatia and Turkey) of hepatitis B virus (HBV) and hepatitis C virus (HCV) infection prevalence, as well as mapping availability and coverage of key harm-reduction interventions. In Europe PWID constitute between 50 and 70 % of the notified cases of HCV, where risk factors are known. In 2009-10, we find reports of HCV prevalence up to 70 % among this group in 20 European countries and available regional estimates vary between 5 and 80 %. Responses to the spread of viral hepatitis infection among PWID include drug treatment, particularly opioid substitution treatment, needle and syringe provision, testing and antiviral treatment. EMCDDA and ECDC (European Centre for Disease Prevention and Control) promote combined application of these interventions across Europe – and a notable progress is reported for some of them over the period of the current EU drugs strategy (2005-2012). The estimated number of clients in opioid substitution treatment has increased by 30 % (2005: 550 000 cases; 2010: 710 000 cases). Nonetheless, evidence exists of variability in interventions coverage that underlines a need to foster and further support a closure of remaining gaps.

Study from an interactive educational pilot program aiming to reduce hepatitis C transmission among active injecting drug users through behavioural changes developed in Paris and Colombes in France since 2011

Marie Debrus, Elisabeth Avril, Valère Rogissart, Niklas Luhmann, Marie-Dominique Pauti, Audrey Kartner, Jean-François Corty, Olivier Maguet

Issue

Merely providing sterile injection materials, general information, education and communication strategies to intravenous drug users (IDUs) have shown a limited impact on several injection-related diseases: namely hepatitis C virus (HCV), and other viral and bacterial infections.

Setting

In Paris and Colombes (France), more than 60% of injecting drug users is infected by HCV. Most of them need additional support about their practices in order to strengthen their ability to reduce risks.

Project

Since 2010, Médecins du Monde-France, SIDA Paroles and Gaïa-Paris have implemented a pilot program based on an interactive, face-to-face educational approach regarding drug injection-related risk behaviours. It provides an opportunity to discuss and develop customized strategies for behavioural change with the client through proposing IDUs to perform their injection in front of two facilitators, one of whom is always a nurse.

Outcomes

In 2012, the group was comprised of 65 IDUs (12 women, 53 men, average age: 36,3 years [19-57]). The program carried out more than 400 educational sessions and recorded observational and declarative quantitative data (inclusion and follow-up). After more than 2 years of experimentation, our first results outline that participating injecting drug users showed considerable risk behaviours for transmission of HCV and bacterial infections. Observing the practices of the users not only underlines the risks already associated with sharing paraphernalia, but also identifies new risks, the danger of which is often underestimated by the IDUs. Data indicates considerable behavioural changes during follow-up after educational sessions. Those preliminary results provide the first evidence for relevancy and efficiency of this interactive educational approach. This strategy should be further investigated, researched and potentially scaled up within common harm reduction services, including safe consumption rooms.

Assertive outreach enhances hepatitis B vaccinations for people who inject drugs (PWID) in Melbourne, Australia.

Danielle Louise Collins, Rebecca Winter, Esther Aspinall, Margaret Hellard, Paul Dietze, Peter Higgs

People who inject drugs (PWID) are at substantial risk of hepatitis B virus (HBV) infection, through both unsafe injecting and sexual activity. Chronic HBV infection can lead to liver cirrhosis and hepatocellular carcinoma (HCC), both of which are more likely to develop in individuals co-infected with the hepatitis C virus (HCV) which is prevalent amongst PWID. Despite the availability of an effective vaccine a considerable proportion of Australian PWID remain unvaccinated.

The B-VAX Project supports an accredited nurse immuniser to deliver the HBV vaccine to to hepatitis B naive PWID

'in the field' using assertive outreach methods and a small motivational incentive to maximise vaccination course completion. PWID who have been serologically confirmed as susceptible to HBV infection were identified from the MIX cohort study and approached to participate. Consenting participants were randomised to receive either a standard vaccination course (a three dose course of HBV vaccine at 0, 1 and 6 months) or an 'opportunistically' delivered accelerated three dose vaccination course at 0,7 and 21 days, and 12 months.

HBV vaccination uptake was measured and we are investigating the feasibility and acceptability of this model of vaccine delivery. The effectiveness of the outreach model for HBV vaccination delivery as well as successful immunity will be measured.

The B-VAX project shows that immunisation, along with health promotion messages that specifically target prevention and safer injecting practices are cost effective. Together they provide sustainable measures that work to eradicate HBV. This study is among the first to determine whether a rapid 3 week vaccination schedule is as effective as the standard 6 month schedule for PWID. The results will inform the delivery of HBV vaccination to PWID as well as the wider community.

4:00pm - 5:30pm
Major Room 1

CC17: Applying harm reduction lenses to prisons

Session Chair: **Cinzia Brentari**

Strategic advocacy toward achieving Australia's first needle and syringe program in a prison

J Ryan, P Griffiths

Issue

Australian national health policies now accept that in-prison NSP is sound public health policy, but implementation of such programs remains politically sensitive and vehemently opposed by prison officers and their Union.

The Australian Capital Territory Government was recently re-elected with a stated commitment to implement Australia's first in-prison NSP. It would be a minimalist 'one-for-one' exchange through the medical centre.

It was made possible through strategic communications, including political relations, which positioned the issue as mainstream by recruiting and publicising a coalition of eminent Australia's from across the political divide.

Election opinion polling revealed that voters did not nominate the proposed prison-NSP as a matter of concern.

Discussion: Alongside the evidence-base, political and supporting media strategy was critical in positioning NSP as a responsible public health measure. Anex established a Harm Minimisation in Prisons Committee (HMPC) comprising medical and research leaders. Prominent Australians from across the social spectrum, including former military leaders, a Governor General, leading business figures, scientific leaders, were enlisted as a means of publically re-positioning prison NSP away from its portrayal as a "leftist" pro-prisoner rights issue as its opponents often do. Close consultation with the Government was critical. The timely public endorsement during post-election negotiations by the Australian Medical Association, which was also recruited in support, highlights the benefit of achieving cross-sectional support when promoting sensitive public benefit initiatives that are susceptible to 'tough on crime', 'tough on drugs'-type opposition. Industrial opposition remains the most likely barrier to implementation, however.

Conclusion: Enlisting respected opinion leaders from across the political spectrum has provided enhanced political legitimacy for a contentious area of corrections practice. Ongoing and careful political strategy throughout other jurisdictions is required to supplement the existing evidence-base supporting prison NSP. Corrections staff have much to learn from law enforcement cooperation with NSPs.

Lebanese prisons: changing a "pro-harm" environment through harm reduction

Joanna Imad, Hana Nassif, Shereen Baz, Lamia Farhat, Julie Khoury, Hady Aya

Prisons are extremely high-risk environments for HIV transmission because of overcrowding, poor nutrition, limited access to health care, continued illicit drug use and unsafe injecting practices, unprotected sex and tattooing. In Lebanon alongside this high risk environment prisons are still considered to be punitive rather than restorative. This implies that there is a lack of rehabilitation and treatment which increases risk and recidivism creating a 'pro-harm' environment. Since 1996, Justice and Mercy Association (AJEM) a non-governmental, nonprofit organization started working with HIV/AIDS inmates within Roumieh prison. This service was recently developed into a harm reduction initiative due to statistical research conducted in 2011 which highlighted the need for a harm reduction policy to be implemented within Lebanese prisons. The statistics showed that more than 34% of new comers were drug addicts, 37% of which were IV drug-users (IDU), and 25% were found to be HIV and hepatitis B, C positive. This high number of IDU inmates became our first targeted population, however we could not ignore the role of the Internal Security Forces (ISF), general prosecutors and NGOs in the process of implementation of harm-reduction.Therefore the targeted populations received IEC sessions surrounding prevention, treatment and harm reduction programs to promote, enable and strengthen widespread introduction and expansion of evidence based targeted interventions for vulnerable/high-risk groups. Recommendations from these sessions were then provided to stakeholders (judges, deputes, ISF managers, representatives of ministries of health, social affairs and justice) in order to set the scene for the implementation of our final objectives which are introducing OST within prisons, needle exchange programs and condom distribution. This project can be an innovative approach to harm reduction in Lebanese cultures where drug users are still penalized rather than treated and the harm reduction strategies are considered to be idealistic for some.

Prison Health Now: Mobilizing for needle and syringe programs in Canada's prison

Richard Elliott, Sandra Ka Hon Chu, Seth Clarke, Annika Ollner, Steven Simons, Ed Jackson, Carrie Robinson, Walter Cavalieri, Jackie Esmonde

20 years after an expert committee acknowledged the need for prison-based needle and syringe programs (PNSPs) and despite mounting evidence in support of such programs and numerous requests from community organizations, PNSPs do not exist in Canada. This is in spite of rates of HIV and HCV that are at least 10 and 30 times higher in prison than in the population as a whole. Not only is this a public health concern, but a violation of prisoners' constitutional rights.

Repeatedly, the Canadian government has denounced PNSPs and clung to a “zero tolerance policy” on drugs in prison. However, significant investments in drug interdiction initiatives have yielded little success and rates of drug use remain steady behind bars. New legislation will also swell Canada’s already overcrowded prisons with people serving sentences for drug-related offences, many of whom will have substance use issues that put them at risk of contracting or transmitting HIV or HCV while incarcerated.

Having advocated for PNSPs, with little success, before parliamentary committees, with public health and correctional officials, and through public education and media campaigns, a constitutional challenge was initiated by a former prisoner who was infected with HCV while incarcerated and four HIV organizations. The case will rest on the Canadian Charter of Rights and Freedoms, which protects prisoners’ rights to life, liberty and security of the person and to equal treatment before and under the law, and equal protection and benefit of the law without discrimination. A first volume of materials in support of the challenge was filed in September 2012, complemented by a multi-media campaign. The applicants seek an order directing Canada’s correctional service to ensure the implementation of PNSPs in federal correctional institutions, in accordance with professionally accepted standards.

Drug Users in Pre-trial Detention - A Human Rights Issue

Valentin Simionov, Maria-Nicoleta Andreescu

Issue: in 2010, 3,419 drug offenses were registered. 3,360 criminal cases related to drug and precursor laws were solved. 6,436 persons were investigated for drug offenses and 1,099 persons were sent to trial. The courts of law have passed conviction decisions for 718 drug law offenders. Drug users are put in police or prison custody in a greater proportion compared to other groups of suspects. Given the need for medical attention of incarcerated drug users and the precarious conditions in pre-trial units, RHRN and APADOR-CH initiated a research in order to document the situation and to identify the key issues to be addressed in further advocacy actions.

Geographical location: Romania

Target groups: drug users, judges, prosecutors, police officers, probation officers,

Project:

RHRN conducted a study in order to document the legal provisions and practices regarding the use of pre-trial detention in the case of drug users. The report reviews provisions concerning the application of preventive arrest, drug users and expert opinions on procedures and the effects of judicial provisions on drug users in pre-trial detention. A set of conclusions and recommendations was developed, representing proposals to improve the current legislation, procedures and practices related to the application of pre-trial detention to drug users.

Recommendations:

1. In order to ease drug users access to life saving medication to treat HIV and other transmittable infections, possession for personal use should be decriminalized.

2. The continuity of care needs to be guaranteed within the criminal justice system.

3. Training on human rights and experience exchange programs should be initiated for professional categories within the criminal justice system, such as judges, prosecutors, police officers, lawyers in order to increase professional’s awareness on the effects of pre-trial detention and the benefits of therapeutic justice.

4:00pm - 5:30pm
Major Room 2

CC18: Creative uses of the law

Session Chair: **Tatyana Margolin**

Innovative ways to increase access to naloxone under existing legal frameworks

Maya Doe-Simkins

Maya Doe-Simkins helped set up the Massachusetts (USA) standing order program, and will also speak about collaborative drug therapy agreements, where doctors authorize pharmacists to distribute naloxone (without a prescription) to people they believe to be drug users (ie. people who come in to purchase needles) or those filling scrips for pain medications. Ms. Doe-Simkins, who is not a lawyer, is in a particularly good position to discuss "creative uses" of the law to advance the rights of IDUs.

How bureaucratic loopholes can help get IDUs out of pretrial detention

Dmitry Dinze

Dmitry Dinze will talk about a unique medical-legal collaboration that he is spearheading in St. Petersburg, Russia, through which he, together with a forensic medical expert, use various aspects of the law and local bureaucracy to get IDUs out of pretrial detention.

Migrants and HIV: using the law to overcome treatment barriers.

Alexander Koss

In his presentation, Alexander Koss will discuss his work in Kaliningrad, Russia, on getting access to ARV treatment for migrants without Russian citizenship or with otherwise problematic immigration status through the law. He will discuss his successful case at the European Court of Human Rights, and will also talk about bigger-picture strategies on using various aspects of the law to address urgent needs of this highly marginalized and stigmatized group.

4:00pm - 5:30pm
Concurrent Room 1

CC19: Health care and health needs

Session Chair: **Alison Crockett**

Quality of life, depression, anxiety and suicide ideation among men who inject drugs in Delhi

Luke Joshua Samson, Gregory Armstrong, Michelle Kermode, Shalini Singh, Amenlanuken Nuken, Anthony Form

Introduction:Mental disorders contribute substantively to the burden of disease in high and low income countries, and are a major public health problem in India. The co-occurrence of mental disorders and illicit substance use has been well documented, but few studies have examined poor mental health among PWID in Asian settings. This paper reports on the results of a cross-sectional survey examining quality of life, depression, anxiety and suicidal ideation among adult male injectors.

Methods: A cross-sectional survey was undertaken using a structured questionnaire that was interviewer administered at three needle exchange sites managed by Sharan. Participants were 18 years and above, and not currently enrolled in Opioid Substitution Therapy. Data was collected using Time Location Sampling, and domains covered socio-demographics, drug use practices, sexual behaviour, QoL and suicidal ideation.

Results: There were 420 PWID recruited into the study, and 173 additionally who were approached who declined participation. The mean age was 37 and more than half had never been married (53%) and had no children (60%). Less than 25% felt hopeful for their future, and most reported their health (88%) and social life as poor (83%). There was a high proportion of homeless (69%) and 33% had been beaten up in the last 6 months. Suicidal ideation was common, more than half felt like killing themselves and 36% attempted suicide in the past year.

Discussion: Outstanding features of the male injecting sub-population in Delhi reveal the high level of social exclusion, violence, unemployment and homelessness, apart from health and psychiatric co-morbidity. Rather than being considered secondary to psychiatric and psychiatric treatment, community development should be a key strategy in addressing mental well being in marginalized populations. Perhaps a broader mental health promotion approach considering social determinants of mental health needs to be structured into effective harm reduction strategies.

Nursing care with people who use drugs: Creating culturally safe spaces in healthcare

Jane McCall, Bernie Pauly, Joanne Parker, Annette Browne

Background: People who use drugs often report negative health care experiences and as a result may delay, discontinue or avoid seeking care. Registered nurses are a key point of health care access and play an important role in the delivery of care to this group. However, there are few models to enhance and guide the provision of such care. Cultural safety is a value-based framework that has been used successfully in some settings for the delivery of care to indigenous populations, but has not been applied to the culture of drug use.

Method: This project's purpose was to generate new knowledge and foster understanding of what constitutes culturally safe nursing care in acute care settings for people who use drugs and are socially disadvantaged. The research took place on two medical units at an urban Canadian hospital. We used a qualitative, ethnographic research design, and used purposive sampling to recruit key informants. Data collection consisted of (a) participant observation, (b) in-depth interviews with nurses and nurse-managers, (c) in-depth interviews with patients, and (d) document analysis, including patient charts, care plans and organizational policies. Data were analyzed using interpretative description.

Results: Both nurse and patient interviews highlighted i) constructions of drug use and underlying values that are deeply embedded in organizational structures and ii) nursing approaches that helped mitigate negative experiences and create safe and welcoming spaces. Nurses also revealed that they operate within complex and sometimes contradictory layers of value-laden policy in relation to harm reduction, and patients highlighted how the values towards drug use embedded in hospital environments shaped their hospital experiences.

Conclusions: We conclude by proposing policy solutions to support the delivery of culturally safe care in acute care settings.

A History & Explanation of the U.S. '911 Good Samaritan' Law & its Implications for Preventing Fatal Overdose

Meghan E. Ralston

In recent years, as the number of fatal drug overdoses continued to rise in the U.S., a small group of advocates across the country successfully began lobbying for a policy reform designed to save lives. The reform, referred to as "Good Samaritan," is designed to increase the likelihood that a witness to a suspected drug overdose might summon emergency medical assistance. By reducing criminal penalties associated with being present at the scene of an overdose, such as being in possession of small amounts of drugs or being under the influence of drugs, otherwise reluctant witnesses could feel more confident in seeking emergency medical help.

2011 and 2012 were watershed years for the passage Good Samaritan laws in the U.S. in a number of ways, including passage of the law in California and New York, and a high profile veto of the reform in New Jersey, which led to an unprecedented statewide outcry and grassroots organizing effort to override the veto. Ten states now have some type of Good Samaritan protection and several other states are currently working toward the introduction of similar laws. While public health and harm reduction advocates champion this reform, law enforcement opposition can thwart even the best efforts to pass these laws.

This presentation will provide a historical context for the need for the reform; a description of the various laws currently in place; a discussion of the similar obstacles faced by most advocates working to pass these reforms and the winning strategies used to ensure passage of the laws.

4:00pm - 5:30pm **Regional Session Room**	**CC20: Regional track - Women and harm reduction: Equal rights, non-equal opportunities**
4:00pm - 5:30pm	**W4: Low threshold digital video storytelling for harm reduction advocacy, activism and education**

Low Threshold Digital Video Storytelling for Harm Reduction Advocacy, Activism, and Education

Matt Curtis, Greg Scott, Istvan Gabor Takacs, Erin Scott, Peter Sarosi

Sawbuck Productions, a Chicago-based nonprofit film company, and the Hungarian Civil Liberties Union propose a two-session, low-threshold workshop that will prepare participants to conceive, produce, distribute, and use digital videos in harm reduction advocacy, practice, and training. The workshop presumes no video production competency on the part of participants and begins on the assumption of limited access to production and editing resources. Workshop activities will involve accessible everyday equipment, including cell phone cameras, inexpensive digital audio recording devices, handheld lighting, and free video editing software.

The first workshop session will present a guided “tour” of effective uses of video in harm reduction over the past decade. Workshop facilitators will provide a basic and practical overview of digital video storytelling approaches and techniques. Participants will share their own experiences with video-making and identify ways in which they would like to use video in their future harm reduction efforts. The second session will entail a dialectical, hands-on “skillshare” modality, wherein facilitators and participants will work together as a collective to develop, produce, and edit a short film using participants’ cell phone cameras and editing freeware.

Participants will understand:
- How to tell a compelling story
- Types of video content
- How to collaborate with video participants (participatory action video-making)
- Pre-Production:
- Developing a focus
- Storyboarding (visual planning of a story told through moving images)
- Identifying necessary resources
- Framing the story and selecting modality (interview, observation, etc.)
- Production:
- Video shot composition and video literacy
- Shooting video in anticipation of editing and storytelling
- Guidelines for conducting and filming interviews
- Best practices for observational filming
- Capturing high quality sound
- Post-Production
- Using freeware editing software
- Organizing, tagging, and cataloguing footage
- Creating and arranging clips and sequences
- Shaping a story from arrayed sequences
- Outputting a completed, edited movie to a variety of formats
- Distribution
- Burning to DVD
- Internet distribution

Date: Wednesday, 12/Jun/2013

9:00am - 10:30am

P3: Recent developments in drug policy reform and why they matter
Session Chair: **Joanne Csete**
Viedo message from Sir Richard Branson, Global Commission on Drug Policy - Ethan Nadelmann, Drug Policy Alliance

11:00am - 12:30pm
Plenary Room

M7: Conference debate

11:00am - 12:30pm
Major Room 1

M8: Optimising ART for PWID: for treatment and prevention
Session Chair: **Susie McLean**

Scaling up access to HIV treatment for drug users in Ukraine

Pavlo Smyrnov, Liudmyla Shulga, Vyacheslav Kushakov, Tatiana Deshko, Olga Burgay, Olga Denisiuk, Evgenia Geliukh

Ukraine has achieved significant successes in prevention programs coverage of the groups most vulnerable to HIV, injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSM). As of July 1,2012 159,385 IDUs, 28,636 FSWs and 18,930 MSM were covered.

This became possible due to the active role of the civil society, civil and non-governmental organizations (NGOs), local communities, risk groups' representatives and their efficient cooperation with the local authorities and healthcare facilities (HCF). This helped decrease HIV morbidity among IDUs in Ukraine. However, this success of prevention programs has no influence on the vulnerable groups access level to the HIV infection treatment.

Despite joint efforts of NGOs and HCF and availability of the sufficient number of antiretroviral therapy (ART) courses the number of HIV-positive IDUs receiving ART remains exceedingly low. Even among those HIV-positive IDUs who are enrolled in care at regional AIDS centers only 4% receive ART. The number of active IDUs who receive ART as of September 1, 2012 in the regional AIDS Centers is 2,303, at the same time when only in 9 months of 2012 3,769 IDUs were enrolled in care with newly diagnosed AIDS, and 4,406 more were registered with HIV-infection.

Only one third of the HIV-infected patients in substitution maintenance therapy programs receive ART. Such situation with the HIV treatment availability among the IDUs causes high mortality in this group. Only in 2011 3,859 HIV-positive IDUs died, most of them did not even have a chance in the form of treatment (only 503 patients among the deceased IDUs received ART).

The innovative model to build-in case-managment into harm reduction project was proposed by Alliance Ukraine to significuntly increase the number of people who receive ART among HIV positive drug users.

Development of the 2013 WHO HIV Guidelines for HIV treatment and prevention

Annette Verster, Meg Doherty, Rachel Baggaley

WHO is in the final phase of development of the revised and consolidated World Health Organization (WHO) Guidelines on the Use of Antiretroviral Drugs for the Treatment and Prevention of HIV Infection.

The guidelines will include four tracks of recommendations: clinical guidance for adult people with HIV, clinical guidance for children and mothers, implementation, and programmatic guidance.

Four expert panels reviewed the evidence on relevant topic areas which included current scientific evidence, feasibility, acceptability, affordability, costs and cost-effectiveness and community values and preferences of a range of HIV interventions. The outcomes of these consultations inform the completion of the full draft of the guidelines which was first reviewed by the Guideline Development Group in February 2013 and subsequently by around 140 external peer reviewers with a balanced regional representation as well as expertise across the four thematic areas of the guidelines and a strong participation of individuals who are end users of the guidelines. The guidelines will be released at the IAS 2013 Conference at the end of June 2013.

Draft recommendations on maximizing the clinical and prevention benefit of ARVs for key populations will be discussed, taking into account the programmatic and operational aspects and ways to increase equity in access and the provision of acceptable, effective ART as part of comprehensive HIV services for people who inject drugs.

What does successful treatment as prevention need to look like for people who use drugs and which ethical issues may be of a concern

Anna Maria Zakowicz

We need to advocate for:

• Access to treatment for all people living with HIV who need it

• The full involvement of people living with HIV in the development of treatment as prevention (TasP) strategies.

• A rights-based approach to TasP.

• Dissemination and provision of accurate information on treatment and TasP

• Education, awareness and capacity-building on approaches to TasP.

• Development and implementation of a robust TasP research agenda examining issues such as the optimal time to start treatment, benefits, side effects and toxicity for various communities of people living with HIV, and adherence.

Though there is a concern that people living with HIV will be coerced into starting treatment for the public health benefits - and this is a real concern for many; it is equally true that in many situations people living with HIV who are drug users are being excluded from the possibilty of being included in the discourse or possibilities of being a

population able to consider the benefits of TasP. A robust research agenda and advocacy must be supported to answer the question of why this exclusion is there; if TasP is part of the goal of equal rights to health for everyone this should include drug users living with HIV.

Country specific examples of good, and/or bad practice as TasP has and will be rolled out for people who use drugs will be discussed as part of the session.

11:00am - 12:30pm
Major Room 2

M9: Exploring linkages: key populations and harm reduction

Session Chair: **Julian Hows**

Intersections between sex work and drug use: key recommendations for practice and policy

Claudia Stoicescu, Pye Jakobsson, Catherine Cook, Annie Kuch

Background: Important overlaps exist between sex work and drug use, including alcohol and injecting drug use. However, there has been limited focus on the issues facing people who engage in both sex work and drug use, regardless of the group or behaviour with which they identify. A new report from Harm Reduction International being launched at IHRC 2013 reviews available evidence on the particular vulnerabilities experienced by people who use drugs and sell sex, identifies the programmatic needs of these individuals and highlights key recommendations for practice and policy.

Methods: A systematic literature search for published and grey literature was conducted to retrieve existing research on known groups that engage in sex work and drug use simultaneously. This included male, female and transgender sex workers who use alcohol and drugs, as well as people who use drugs that engage in sex work. Key informers and leading organizations that work with sex workers and people who use drugs were consulted in order to retrieve grey literature and extract relevant case studies of evaluated programs.

Results: People who engage in both sex work and drug use experience higher rates of HIV and other negative health outcomes, and are highly vulnerable to violence and discrimination. They also have specific programmatic needs that are not sufficiently addressed by the current international HIV response. Increased and targeted policy advocacy is needed to address this important intersection.

Conclusions: Ongoing collaboration is needed between harm reduction and sex workers' organizations to develop evidence-based services. There is an urgent need to increase the visibility of sex work and harm reduction within the harm reduction and HIV sectors, improve the accessibility of harm reduction and sex work resources and more effectively utilise international policy mechanisms to acknowledge and address this overlap.

Transgender People - Urgent issues in Reducing Harmful Practices

Maria Sundin

Transgender Europe represents over 65 trans* and LGBTQ organizations in Europe and Central Asia. Trans* and gender variant people belong to the most marginalized and vulnerable populations globally.

Our community is at high risk for HIV/STI. A large portion of trans* women as well as trans* men engage in sex work in order to survive. HIV rates range from 30-40% among trans* women in South and South East Asia to 25% among African-America trans* sex workers. In Europe surprisingly few governments support HIV/STI prevention among trans* people.

This increases the risk to being victims of violence and of violent death. We are at present monitoring the murders of trans* people globally. Since 2008 well over one thousand trans* people have been murdered globally, of them 29 in Turkey, 28 in the Philippines, 67 in the US of A. I a EU study as many as 75% reported being victims of violence, hate speech and harassment.

Exclusion from primary health care results in difficulties difficulty in accessing hormone treatment which results in a high use of potentially harmful bootleg hormones, sharing of needles, the use of birth control pills as a hormone source. Even in affluent countries such as Sweden well over 80% of trans* people relay on nonprescription hormones due to a highly restrictive health care system.

Poverty as well as prejudices makes access to plastic surgeries difficult which leave many trans* women with no other option than accept back alley genital surgeries and the injection of liquid industrial grade silicon in order to enhance desired body features with the risk of premature death by blood poisoning, blood clotting and chemical induced pneumonia to name some factors.

Harm reduction is a vital issue for our community, trans* people must become a part of the harm reduction movement.

A review of drug use prevalence, harm, and targeted intervention provision for men who have sex with men

Adam Bourne

BACKGROUND

Men who have sex with men (MSM) experience disproportionate levels of ill-health in many parts of the world. They frequently face stigma and discrimination from their families or members of their community, which can be a barrier to them accessing appropriate health services. Isolated studies in several settings imply that recreational drug use is higher among MSM when compared to general population samples.

METHODOLOGY

In order to establish the prevalence of recreational drug use at a global level, the motivations for such use and the harms that may be associated with it, a comprehensive review of publically available literature was conducted using MEDLINE, EMBASE and PyscInfo. A mapping exercise of targeted harm reduction interventions for MSM was conducted, assisted by key stakeholders across all continents.

RESULTS

Establishing the prevalence of drug use among MSM is complicated by diverse data collection and reporting methods, and the fact that sex between men remains illegal in many parts of this world. Available data suggest that MSM primarily use stimulant drugs, such as ecstasy, cocaine and amphetamines, while use of opiates is comparatively low. Higher rates of stimulant drug use were observed among black gay men, young gay men, men in urban areas and certain drugs higher among men with diagnosed HIV. A range of psychological, social and physical harms (including greater likelihood of HIV transmission risk behaviours) were identified, but targeted services to help reduce such harms were scarce.

CONCLUSION

Stimulants frequently play an important role in men's social and sexual lives, but can also be the cause of significant harm. MSM often feel uncomfortable, or are unwelcome, in generic harm reduction services given the types of drugs they use or the contexts within which they do so.

Harm Reduction for People who Use Drugs Living with HIV

Rajiv Kafle

PLHIV across the world face significant levels of stigma and discrimination in many spheres of their lives. That this happens in healthcare settings and by health care providers limits a basic human right – the right to health. We know that this increased in the case of PUD who are living with HIV . In many places people who use drugs who are also PLHIV rarely access harm reduction services due to fear of their HIV status to their peers and consequently being ostracised from the non sero-positive PUD community. Many HIV programmes are poorly equipped to cater to the other medical needs of PUD who are PLHIV, such as managing abscesses and wounds with extra care and stronger painkillers. Similarly oral substitution programs in many regions of the world have extremely limited capacity to address the needs of PUD on ART. Many countries restrict or set high thresholds for active PUD to enrol in ART programs. Those who are using oral substitution such as methadone and ART often face challenges in switching their therapy because of drug interactions due to limited knowledge and expertise within such programs. Despite facing so many challenges there are areas of opportunities as well. Harm reduction services could be an entry point for PUD to learn about HIV, get tested and access the necessary treatment care and support There is a need, if PHDP (Positive Health Dignity and Prevention) is to become a meaningful reality for all PLHIV who use drugs, for harm reduction programs and PLHIV networks at the community levels to engage more formally in facilitating each others efforts to provide optimal services without a fear of stigma and discrimination. At the Global level GNP+ and INPUD are well positioned to work to develop standard operating procedures, guidelines and treatment materials.

2:00pm - 3:30pm
Plenary Room

CC21: Baby-friendly antenatal and delivery care for pregnant women who use drugs

Session Chair: **Ruslan Malyuta**

Glasgow Women's Reproductive Health Service: Reproductive Healthcare for Women who use Alcohol and Other Drugs in Glasgow, Scotland

Dr. Mary Hepburn

There are high levels of poverty and poverty related ill health in Scotland, especially in Glasgow and consequently Glasgow has the highest rate of drug use in the UK.

In the absence of appropriate service provision pregnant drug using women were reluctant to engage with maternity services with the risks of drug related morbidity in their babies as well as the risk of MTCT of HIV infection. In 1985 in response to these problems a pilot reproductive health clinic was therefore established for women with social problems including drug use and HIV infection. In 1992 the service was further expanded to provide pre-pregnancy care for women who use drugs or who are HIV positive.

Outcomes:

• Numbers of pregnant drug using women attending the service steadily increased from 100pa in 1990 to 300pa in 1995 reflecting increased prevalence and also increased identification.

• Since 1992 no baby has been born in Glasgow that required treatment for neonatal drug withdrawal symptoms without the mother's drug use having been identified before delivery.

• With development of effective pre-pregnancy and post natal pregnancy planning services the number of unplanned pregnancies among drug using women has significantly decreased. While there has been no change in national prevalence of drug use and all other areas of Scotland have observed an increase in pregnancies among drug using women, the number of pregnancies among drug using women in Glasgow has decreased from 300pa to approx 100pa of which a majority are now planned.

• Formal evaluation of the service confirmed women value the service and in particular the non judgemental care provided

• The model of care has been adopted as the UK model of care for socially vulnerable women and has also informed development of services in a number of other centres, nationally and internationally.

Perinatal Addiction – The Vancouver Experience

Dr. Ron Abrahams

When talking about drug use in pregnancy, we are conditioned to think of "damaged" babies and inadequate parenting. Over the last generation, the approach to this population by the medical profession and society has been abstinent based, with the belief that these women were incapable of parenting unless they were abstinent. Separation of the mother and baby was and still is the norm. We can reverse this trend by decreasing the amount of drug that the mother and baby are exposed to during the pregnancy and improving the socio-economic determinants of health.

In Vancouver, for the mother to be, who is not ready to be "drug free" we have developed a substitution therapy

program that reduces the barrier to care created by "enforced" abstinence. Over the last 10 years we have delivered over 1200 women within this "seamless" system of care.

All the women coming through this program reported that they felt connected to the community, 74% reported a decreased use of their problem drug and 89% - a decreased level of anxiety.

We have found that most of our methadone babies, as long as they are rooming in with the mothers and being held by their mothers, do not require treatment. If the babies require treatment, we are initiating morphine treatment while the babies are still rooming in with the mothers. "Damaged" babies and inadequate parenting is now a phenomenon of the "last generation" as a result of this Harm Reduction approach.

Model for provision of integrated care services for pregnant women using drugs in Ukraine

Olena Shcherbakova

Ukraine has achieved a significant progress in reduction of mother-to child transmission of HIV from 27% in 2000 to 4.9% in 2010. However, coverage of groups vulnerable to HIV, particularly pregnant women who use drugs, by PMTCT preventive program, remains low.

In 2011 with technical and financial support provided by UNICEF in Ukraine, an innovative project "Prevention of HIV transmission from mother-to-child in drug-using pregnant women" was implemented in Kyiv, Dnipropetrovsk and Poltava. The Centers for the Integrated Care of Pregnant Women (CICP) have been established in the maternity hospitals and antenatal clinics. The Centers provide gender responsive integrated medical and psychosocial services for drug- using women and their children. One important component of these services is opioid substitution therapy and regular monitoring by the gynaecologist. Multidisciplinary teams created at the Centers include narcologists, obstetrician-gynaecologists, social workers and other specialists. This allows rendering the complex of services within one health facility 'under one roof'. Social support for women and children after the delivery is provided by non-governmental organizations and state social services.

By the beginning of 2012 there were 59 pregnant women drug users who received the services within the Project. Training of medical and social workers involved into the Project has equipped medical staff with knowledge and basic skills for provision of quality medical services and stimulated change of their behaviour, attitude and practice towards drug dependent women. The project successfully demonstrates close partnership between public and civil society organizations. The Project makes an input to prevention of HIV transmission from mother-to child, thus contributing to elimination of HIV transmission to infants in Ukraine. An innovative model of integrated services for pregnant drug using women was included into a new National AIDS Program for its further implementation at national level in Ukraine.

Development and implementation of the Protocol on prenatal care, delivery and postnatal care for women drug users in Tomsk, Russian Federation

Elena Borzunova

Due to lack of acceptable and adequate care, women drug users do not register at the prenatal care facilities, do not get tested for HIV and do not receive ART, if needed, for the prevention of mother-to-child transmission of HIV. We have demonstrated the need and initiated development and implementation of a new regulatory document - the Protocol on prenatal care, delivery and postnatal care for the women who use drugs in Tomsk. It is a unique case in the Russian Federation.

Implementation of the Protocol secured access of IDU women to the high quality perinatal care. Stages and activities:

• Establishment and functioning of the advocacy group with the involvement of IDU women activists.

• Research on access to the quality perinatal care services for the drug-addicted women in Tomsk.

• Working meetings and discussions with the officials from Tomsk City Council and health care departments, chief doctors of the maternity hospitals, members of the Women's Regulatory Board, Ombudsperson for Tomsk region.

• Seminars and trainings for the specialists.

• Establishment of the multidisciplinary working group for the development of the Protocol.

• Collective development of the draft protocol, peer review at the Research Institute of Obstetrics and Gynaecology, approval and recommendation for implementation by the Head of the Health Department in Tomsk.

Protocol implementation resulted into provision of prenatal care to the pregnant project clients starting from 12-16 weeks of pregnancy. Drug use during pregnancy and in the postnatal period has decreased. None of the women who gave birth within the project was deprived of the maternal rights.

There is a change in the attitude of medical workers towards pregnant women who use drugs, which becomes more tolerant.

2:00pm - 3:30pm
Major Room 1

CC22: Drug users voices on rights in health care

Session Chair: **Cheryl Lynn White**

ODU: a drug users rights observatory, a tool to improve citizenship of people who use drugs

Fabrice Olivet

Since 2007 ASUD, the French drug user group has got an official agreement for representing people cured by services because of drugs consumption. This qualification has driven us to build a web site where people can connect to report their difficulties to face illicit attitudes or inappropriate practises of the professional sanitary field.

This project financed by public funds, started in 2012 in partnership with Federation Addiction, the most important French drug services network.

This presentation will speak about the building of such a project regarding variable interest of a classical triangle: drug users-drug services-government. This triangle and its potential conflicts or partnership will be commented through concrete examples as non delivery of OST, unreasonable urine controls, lake of medical secret etc…

This presentation will speak about the interest and limits of using a patient identity for improving drug users right.

We will show the sharp internal debate of a drug user group known as a political flag of anti prohibition to deal with the long-term disease pattern.

More widely we will question the increase of medicalization in the self-support of drugs user connected with harm reduction.

See www.odu.asud.org

The physician-patient relationship in Opiate Substitution treatment

Dirk Schaeffer, Marco Jesse, Claudia Schieren, Mathias Häde, Jochen Lenz

Background

In Germany, the number of patients in substitution treatment has increased significantly to more than 77,000 patients, JES main goal as a self-help and advocacy group is to raise awareness on the doctor-patient relationship in OST.

In order for opiate users to profit comprehensively from OST, an intact and trusting relationship between doctor and patient is essential. Feedback from patients indicates that there is a need for improvement in the following areas:

• inclusion of patients

• Data protection

• Treatment goals/medication

• Sanctions and penalties

Methodology

The multicentered survey was based on standardized questionnaire , which were conducted from March to November 2011.The sampled populalation were people in OST.

Results:

A total of 702 questionnaires were included in the evaluation.

65% (457) of the participants were men.

The average age was 39.2years(19-66years).

Over half (53%) reported that they have been receiving OST for more than 5 years,

24% said that they are not receiving the medication of their choice.

The results of the survey show clear improvement options. Satisfaction with their doctors treatment was viewed as average, at 6.2 points (out of max. 10). Almost ¾ (71%) reported that sanctions played a major role.Every fourth patient reported that data protection is not observed in doctor's practice. A total of 33% described the atmosphere as unfriendly or even indifferent

Conclusion

Generally, a summary of opiate substitution treatment can only be given an average rating.A substantial improvement in the treatment of opiate users should be strived for.The fear of sanctions, which is not motivating and contributes to patients withdrawing from treatment, represents perhaps the greatest hurdle for a trusting relationship.

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357 users about substitution treatment in Sweden

Louise Persson

Programmes for opiate substitutional treatment have existed since the 60's in Sweden, but for a long time these became exessively regulated and in effect reduced to a minimum. Today the programmes are far more accessible, and approximately 5 000 (2012) people receive this treatment and is generally regardes as a success. But how successful is it if it can be argued that a significant portion of the users are experiencing insecurity and vulnerability? This is one issue that can be raised from the results of a study made by SDUU.

The the regulation of treatment are based on a strict set of rules of whom to include, and whom to exclude. Basically the guideline states that repeated use of illegal substances can lead to exclusion. If a patient is excluded there's a three month rule before possibility of reentering. In this time it's not unusual to relapse into opiate usage. More common is to enforce increased control over the patient.

Anticipated risk of and former experience of exclusion and control measures has created a difficult relationship between patients and care givers. The fear leads to distrust and impossibility to disclose important information.

This situation needed to be highlighted; in 2011 SDUU went forward with a user study. The aim with the study was to gain a deeper insight into how users perceive the situation in treatment. A questionnaire was designed to both

identify the user's own experiences of the treatment and to provide an image of the attitudes among users towards the treatment.

357 users have participated in the study. The results show a highly disempowered group of people – and often those usually difficult to reach with questionnaires – where trust issues and vulnerability was evident; and in particular among those with experience of former expulsions and increased control.

The ethics of heroin assisted therapy research on a vulnerable population: Canada's NAOMI and SALOME studies.

Scott Bernstein

Background: 60,000-90,000 people are affected by opioid addiction in Canada. Following successful trials of prescription diacetylmorphine (heroin) to stabilize people with addiction across the world, researchers in Canada conducted a three-year clinical trial of diacetylmorphine prescription to study its efficacy in stabilizing persons with opioid addiction. The North American Opiate Medication Initiative (NAOMI) was conducted in Vancouver and Montreal from 2005-2008.

In 2011, the three-year Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) began enrolling participants in Vancouver in a clinical trial testing diacetylmorphine and hydromorphone as effective stabilizers of people with opioid addiction. In January 2013, the first SALOME participants completed their trial.

Issue: Despite the overwhelming success of NAOMI and its confirmation of the effectiveness of diacetylmorphine prescription, the provincial and federal governments failed to implement a prescription program in Canada. Absent a government exemption to the criminal laws, diacetylmorphine remains prohibited for use in addictions treatment. Additionally, Canada became the first country that conducted diacetylmorphine trials to fail to provide the drug to patients post trial.

The SALOME study currently randomizes participants to two experimental drugs, and – despite concern from the community - there remains no “exit strategy” for participants when this trial is completed.

Key arguments: These issues, and others, raise serious ethical concerns around the continuation of these types of studies on a vulnerable community. International standards of research outline the requirements for ethical study design, but this research has skirted these standards and, in the process, endangers the lives of participants in the studies. NAOMI and SALOME demonstrate the need for oversight to ensure that marginalized communities receive the same standard of healthcare as others.

Outcomes and implications: Through legal negotiation and litigation, the voices of drug users are shaping the research conducted on their behalf and advocating for program implementation post-research.

Putting Together the Puzzle

Tiia Cathryn Harrison

Over the past two decades in Australia and Internationally the harm reduction paradigm has created a space for drug users to speak on their own behalf. It is this voice that can influence and change the stereotypes, myths and misconceptions the community hold toward PWID.

The Australian Injecting and Illicit Drug Users League (AIVL), a peer based drug user organisation has developed a training module; Putting Together the Puzzle.

This module is aimed at health care professionals; doctors, nurses, dentists and pharmacists, and students in these fields. The goal is to challenge societal underpinnings of stigma and discrimination and ultimately take charge of how we are represented and how our behaviours are interpreted.

The goals of the resource and its implementation are to;

• Demonstrate the impact of discrimination and stigma faced by PWID, people on pharmacotherapy and those with hepatitis C and/or other BBV's in health care settings

• Increase levels of awareness and understanding of the issues and needs of PWID;

• Reduce stigma and discrimination towards PWID among health care professionals.

• Decrease barriers of access to healthcare services for PWID and their families.

The module is the accumulation of decades of lived experience and research of drug user organizations and our academic collaborators. This has allowed us to document our own identity in a realistic light. The utilization of the module as an educational tool deconstructs the negative associations that medical professionals appear to have about our community and our life style. The impact of this new tool is unquantifiable in some sense. What would be considered a minimal effect in other areas of health, will actually be hugely significant to the drug using community. The effect in the extreme, can be the difference between a drug user accessing a health service or not and dying as a consequence.

2:00pm - 3:30pm
Major Room 2

CC23: Drug testing, planting and arrests

Session Chair: **Eliot Albers**

Incentives for abuse: Arrest quotas and people who use drugs

Mikhail Golichenko

Arrest quotas have been very strong incentive for police to arrest people who use drugs (PWUD) in the countries of the former USSR. Arbitrary arrests lead to excessive and unnecessary criminalization of PWUD, their further marginalization, deterrence from medical services and HIV prevention programs. From 2010 the Russian Ministry of

Interior has undertaken to reform the police performance indicators in order to get rid of arrest quotas. Three Ministerial orders were adopted on the matter since that time. However litigation experience, accounts from police officers, service providers and PWUD in Russia suggest that the arrest quotas remain one of the most important incentives which drive arbitrary arrests of PWUD. The reasons why, despite the reforms, arrest quotas remain in play, as well as possible avenues for advocacy for changes are discussed during this presentation.

Exposures to street-level drug law enforcement practices and associated harms among people who inject drugs in Bangkok, Thailand

Kanna Hayashi, Lianping Ti, Joanne Csete, Nadia Fairbairn, Karyn Kaplan, Paisan Suwannawong, Evan Wood, Thomas Kerr

Background: Thailand has traditionally employed an aggressive law enforcement-based approach to address illicit drug use. However, the impact of this approach on people who inject drugs (IDU) has not been well investigated. In the wake of renewed and intensified police crackdowns on drug users in 2011, we sought to examine experiences with drug law enforcement and related harms among a community-recruited sample of IDU in Bangkok, Thailand.

Methods: Using multivariate regression methods we examined the prevalence and correlates of exposures to various policing tactics among IDU in Bangkok participating in the Mitsampan Community Research Project between August 2008 and October 2011.

Results: Exposures to drug law enforcement and police misconduct were common: 63% of participants reported having been tested for illicit drugs by police when they did not possess any drugs, 48% reported having drugs planted on them by police, and 38% reported having been beaten by police. In multivariate analyses, experiences with forced illicit drug urinalysis and evidence planting by police were both independently associated with a history of compulsory drug detention (all $p<0.05$). Exposures to policing were also associated with various indicators of drug-related harm. Specifically, these exposures were independently associated with syringe sharing in a dose-dependent fashion (all $p<0.05$).

Conclusion: These findings suggest that the over-reliance on law enforcement-based policies is contributing to police-perpetrated abuses among IDU in Bangkok. The compulsory drug detention system appeared to be inextricably linked to policing practices that directly harm IDU or increase IDU's vulnerability to poor health outcomes. The findings also indicate that aggressive policing practices may be driving HIV risk among this population and highlight the importance of addressing the policy and social environment surrounding IDU as a means of preventing HIV transmission in this setting.

The racial disparity in policing of drug possession offences in the United Kingdom

Niki Durosaro, Niamh Eastwood

Issue

The disproportionate policing of the black and Hispanic communities for drugs in the USA is well documented. The situation in the UK, however, is comparable. British police are unfairly targeting ethnic minorities for drug searches and their principal target is young black males.

Release – the UK centre of expertise on drugs and the law – and the London School of Economics are undertaking research based on ‘Freedom of Information’ responses from police forces, detailing statistics relating to ethnicity and drug possession offences.

Key findings

In England and Wales, 1.2 million ‘stop and search’ activities were undertaken by the police in 2011-2012. More than 50% of these were for suspected drug offences, yet the arrest rate from these searches was just 7%.

Initial findings from the research are that black people are 7.4 times more likely to be stopped and searched for drugs offences than white people. This rate of disparity increases to 14 times for black children aged 10 – 14 years. Those from the Asian community are nearly 3 times more likely than white people to be subject to drugs searches. Yet the British Crime Survey shows that white people use more drugs than other ethnic groups. Black people are also 5 times more likely to be arrested and nearly 7 times more likely to go to prison for a drugs offence.

Conclusion

The sheer numbers of people being stopped means the policing of drugs is driving racial disparity in the criminal justice system, something which has been associated with the recent riots in London and other UK cities. This research clearly demonstrates that the war on drugs is an attack on certain groups within society. The inherent racism of current drug policies highlights another reason why we must reform our drug laws.

Drug Testing: Use and abuse by law enforcement

Daniel Wolfe, Roxanne Saucier

Police use of urine or blood testing for illicit drugs is a common first step toward social surveillance, control, or prosecution of people who use drugs. Using examples from Asia, Africa and the former Soviet Union, this presentation explores police drug testing practices, including drug user testimony and analysis of due process and methodological concerns. The presentation also examines the human rights implications and arguments around drug testing, since even in countries where drug users are treated as patients, rather than criminals, the range of protections commonly advocated for HIV tests--including confidentiality, voluntary testing, and links to effective treatment--are commonly absent.

While advocates call publicly for decriminalization of drug use, less attention has been focused on the means used most frequently to establish criminality--the drug test. Using testimony and images drawn from Asia, Africa, Eastern Europe and the US, this presentation examines the use of drug testing by police to threaten, detain, and mark people who use drugs as the objects of social control, and examines the human rights implications of these practices. Particular attention will be given to the parallels--left unexplored--between HIV and drug testing, and the

requirements of confidentiality, voluntariness, and links to effective treatment that should be in place in countries that profess to treat drug use as a health rather than criminal issue. The presentation also suggests some recommendations for a course of advocacy by international HIV/human rights advocates, and drug policy reformers, on appropriate limits of drug testing and ways to address abuses.

2:00pm - 3:30pm
Concurrent Room 1

CC24: Beyond opioids - stimulants and other drugs

Session Chair: **Matt Curtis**

Ketamine - changing trends require changing responses

Mat Southwell

Ketamine is now firmly located within mainstream drug scenes in a number of countries around the world. The new generation of ketamine users include a much wider array of users who have much less experience and knowledge about ketamine. The drug use of this population tends to be typified by high dose using and frequent use resulting in poor tolerance management and patterns of risk and health problems that have not been seen in previous generations of ketamine users. This has been matched by growing criminalisation and an increase in stigma and discrimination against a population of drug users who are easily identified when under the influence.

A dependency syndrome has also started to become apparent with some people getting stuck in daily or very frequent patterns of using sometimes and a range of severe physical and psychological health problems have also been identified including ketamine dependency, ketamine bladder syndrome and k-cramps. Alongside the dominant pattern of snorting there are pockets of ketamine injectors which raises issues around blood borne virus prevention.

When ketamine users engage with health services due to the painful nature of the symptoms they often do not explain to their GPs or urologists the root cause of their symptoms hindering and undermining treatment. Key to the development work undertaken by the Gold Standard Team has been the development of K-Check a specialist resource for doctors and other health workers to aid in the non-judgmental assessment of people presenting with ketamine related issues.

In addition a series of harm reduction and controlled drug using techniques have been developed and piloted to help the new generation of ketamine users. This work arises from a dynamic partnership between ketamine users and health professionals.

Safer Party Labels - A new response for harm reduction and community empowerment in nightlife settings

Thierry Charlois

Issue:

Partygoers are exposed to: Alcohol and drug use, mainly stimulants, leading to health problems, crisis situations, road accidents and HIV/HCV contaminations.

Since the 90's, harm reduction interventions have been developed in party scenes. 10 years ago, the needs of improving safer settings and empowering the nightlife community have been identified.

To respond these needs, 4 projects have developed local safer party labels, a health promotion tool insuring harm reduction standards among nightlife venues.

Setting:

4 labels have been developed: Q de Festa in Catalunya, Safer clubbing in Switzerland, Quality Nights in Belgium, Fêtez Clairs in Paris.

The first target group is young partygoers (16-30 years old), particularly stimulant drug users.

The second target group includes peers, harm reduction operators, nightlife professionals and local authorities.

Project:

Implementing a safer party label means:
- Building partnership between policy makers and administrations, club owners, health NGO's, partygoers, police force, etc.
- Training nightlife professionals;
- Implementing standards in venues such as access to free water;
- Producing harm reduction leaflets adapted to party cultures;
- Implementing harm reduction interventions.

Outcomes for 2011:
- Harm reduction standards implemented in 148 night clubs and 21 cities, involving 500 stakeholders and for a total 1-year capacity of 9 200 000 participants;
- 420 nightlife professionals trained;
- 95 000 harm reduction leaflets diffused.

Limits:
- Lack of human resources;
- Standards increase heavy regulations.

Lessons learned:

For club owners, a Label is the recognition of their attention to the well-being of clients; for partygoers, the guarantee of a safer setting; for cities or harm reduction projects, a sustainable solution to reduce risks related to nightlife.

Futur improvement:
- Peer involvement;
- Structuring partnerships;
- Improving communication and visibility;

The 4 labels created the Party+ Newtork and supported 3 new labels in France, Italy and Cyprus.

Social norms of sharing crack and crack pipes in Victoria, Canada: Policy implications for harm reduction strategies aimed at non-injection drug users.

Andrew Kristofer Ivsins, Benedikt Fischer, Cecilia Benoit, Eric Roth

Background: Prevalence of crack use has been dramatically increasing in Canada over the past decade. Common among crack users is sharing crack pipes. Crack pipe sharing has recently emerged as a public health concern, implicated in the transmission of blood- and saliva-borne infections including hepatitis C virus. This presentation examines key social and environmental factors underlying crack and crack pipe sharing among regular crack users.

Methods: We draw on qualitative data from 2 studies conducted with regular crack users in Victoria, Canada. Semi-structured interviews were conducted with 43 participants in total. Interviews covered a range of topics relating to the sharing of crack and crack pipes. Transcripts were analysed using content and thematic analysis techniques borrowed from grounded theory.

Results: Participants' narratives of the rules and "etiquette" of lending, borrowing, and using crack and crack pipes are congruent with the criteria of social norms in that 1) the narratives prescribe "proper" behaviour (or proscribe "improper" behaviour), for individuals within a population; 2) they are widely shared by at least a significant portion of the population, and 3) failure to adhere sufficiently closely to them will anger other members, often resulting in sanctions. Crack and crack sharing norms perform adaptive functions, including reciprocity and altruism, reduced risk variation and group identity. However, crack and crack pipe sharing norms are often maladaptive. For example, in certain contexts crack pipe sharing negates smokers' belief that pipes can transmit infections. These findings suggest that altering norms may be an important approach to reducing drug use-related risk behaviour, and that harm reduction strategies should consider norm-change interventions. Ramifications of these findings are also considered in light of current and future public health and harm reduction programs featuring health information dissemination and safe crack pipe kit distribution.

Dexamphetamine prescription as harm reduction in the treatment of psychostimulant dependence: experience from inner Sydney 2006-2012

Nadine Nathalie Ezard, Michael Magee, Brian Francis

Issue: Dexamphetamine pharmacotherapy for psychostimulant dependence shows some promise; experience as a harm reduction intervention is limited.

Setting: In Australia, psychostimulants are the second most commonly used illicit substances after cannabis; methamphetamine is used by around 2% of the adult population. Associated problems include major mental health impacts, such as psychosis, depression and suicide, and its use may be accompanied by high risk sexual and injecting behaviour. In the past, users have not been attracted and retained in health services; workers were not skilled in providing care for psychostimulant users.

Project: This review presents the experience during 2006-2012 of dexamphetamine prescription as part of a stepped care stimulant treatment program at St Vincents Hospital, Sydney, Australia, one of two pilot projects in the state. The aim of the program is to improve: physical and mental health and wellbeing; social functioning and relationships; criminal and legal problems; and engagement in the community. Following a trial of structured psychosocial support, those meeting inclusion criteria may be offered dexamphetamine sustained release formulation to a maximum of 80mg/d.

Outcomes: A case series of 27 current or former participants (7 women, 20 men) shows retention in treatment is high, with a mean duration of treatment greater than 6 months, as is participation in regularly counselling (average once a week). Case notes report that the majority (>70%) experienced improvement across the four domainsand reduced or ceased their stimulant use by the end of the program. For those currently in treatment objective measures of dependence and psychological distress have improved markedly from baseline.

Conclusions: The program shows promise as a harm reduction intervention, and in attracting and engaging severely dependent psychostimulant users. Further research is required on the role of pharmacotherapy in the treatment of stimulant dependence, dosages and formulations of dexamphetamine and other pharmaceuticals.

Time to stimulate an inclusive response: Amphetamine Type Stimulants (ATS) use in South East Asia

Mayuree Ann Fordham, Tom Blickman, Gloria Lai

Issue:

The main justification for reform of drug control policies in many South East Asian countries has been public health arguments in relation to injecting drug use and HIV. The regional harm reduction response has also been largely focused on the injection of heroin and has not reflected the increasing use of Amphetamine Type Stimulants (ATS) across the region.

Setting:

ATS are predominantly taken orally as pills, snorted as powders or smoke. There is some emerging evidence of ATS injecting in parts of the region. UNODC reports that East and South East Asia are the regions with the highest number of past-year ATS users in the world. In Thailand, 95.4% of all drug offence incarcerations were related to ATS, further reflecting its widespread use.

Key arguments:

The experience of the International Drug Policy Consortium (IDPC) in our regional advocacy work has shown that the imperative for drug policy reform must also account for the wide range of devastating harms suffered by ATS users, most of who are not injecting. Prisons and compulsory centres for drug users are disproportionately populated with these individuals, while there is little harm reduction or drug treatment guidance available for both users and health professionals alike. UNODC's recent attempts to meet this need were widely criticised by civil society groups for prioritising abstinence over harm reduction.

Implications:

There is an urgent need to bring ATS issues into the harm reduction and drug policy dialogue for this region. Policy responses are highly punitive and all people who use drugs are subject to abuses of rights, regardless of the type of drug they use. Both donors and advocates should broaden their focus to include addressing ATS – to reduce HIV risks but also to ensure proportionality of sentencing, appropriate drug treatment and effective harm reduction measures.

A Rave New World? - Producer, supplier and consumer dynamics of the legal high market in local and international settings.

Basak Tas, Gary Sutton

Issue

Release – the UK centre of expertise on drugs and the law – is regularly asked for advice on the subject of 'legal highs', 'research chemicals' or 'novel psychoactive substances', definitions of which will be discussed in the presentation. These substances have grown in popularity in recent years, yet vary greatly in terms of effects, efficacy and safety.

Discussion

This presentation will examine these drugs in terms of their effects, risk potential and the influence of international suppliers. It focuses on legislative attempts to anticipate and control demand and production of these drugs, as well as the perceptions of purity, safety and branding within this market.

Release's Expert Witness service provides case studies for this presentation detailing legal and forensic initiatives which provide an insight into retailer and user responses, the potential 'criminalisation' of users and the role of internet purchasing. The case studies highlight the lack of forensic resources available to identify substances, particularly those with a mixture of legal and illegal compounds within a sample, and a lack of relevant information for consumers.

The presentation will look at how banning orders (which consign illegal status pending investigation) affect consumers and suppliers, to what extent suppliers have a responsibility to their customers, why particular brand names are better recognised and continue to be used, and how the average consumer is expected to tell what is in a package from extremely misleading chemical labels.

Conclusion

The recurring theme here is the reliance on information that is consistently unreliable. Banning recognised, relatively safe substances does not remove them from the market, but instead promotes the use of less understood, potentially more harmful variants.

2:00pm - 3:30pm **Regional Session Room**	**CC25: Regional track - Funding for harm reduction in EECA**
2:00pm - 3:30pm	**W5: A roadmap for overdose prevention policies: where do you fit?**

A ROADMAP FOR OVERDOSE PREVENTION POLICIES: WHERE DO YOU FIT?

Holly Catania, Sharon Stancliff

(A) Title:

A Roadmap for Overdose Prevention Policies: Where Do You Fit?

(B) Workshop objective:

To help medical practitioners advocate for opioid overdose prevention policies in localities where opioid use is a significant contributor to mortality, and to use this as a basis for understanding why medical practitioners need to be involved in drug policy.

(C) Workshop format:

Participants will learn how to examine their own region's laws and policies regarding overdose death prevention, and workshop leaders will review relevant strategies for policy changes.

(D) Learning outcomes:

In March 2012 the Commission on Narcotic Drugs (CND) passed a resolution promoting measures to prevent drug overdose, in particular opioid overdose. The resolution encourages Member States to include effective drug overdose prevention and treatment elements in national drug policies including the use of naloxone.

Naloxone, an opioid antagonist, rapidly reverses opioid related sedation and respiratory depression. It is on WHO's list of essential medications and is available in most countries because of its role in surgery, but as yet, many countries have not taken full advantage of it as an opioid overdose prevention tool.

Medical practitioners are seldom leaders in drug policy reform. Promotion of naloxone, a medication and a harm reduction tool, presents a unique opportunity for physicians to be involved in drug policy. Physicians can promote initiation and expansion of naloxone to reverse overdoses across the many nations affected by opioid overdose. The CND resolution shows that naloxone is increasingly accepted as a life-saving intervention, even by those who advocate against harm reduction. Efforts to change naloxone availability policy are likely to be successful.

Participants will learn tools for locally relevant advocacy, including working with stakeholders such as people who use drugs, medical societies and policymakers.