HARM REDUCTION
INTERNATIONAL CONFERENCE 2013
JUNE 9 - 12 | VILNIUS, LITHUANIA
DAILY UPDATE Wednesday 12 June 2013

‘Open your minds to the reality of sex work’

‘It’s critical that we are able to talk about sex as much as we talk about drugs,’ said Cyndee Clay, executive director of the sex workers’ support organisation HIPS, based in Washington, which offered non-judgemental support.

‘For some, sex work is a really hard thing they have to do, for others it’s the best option at the time, and for others it’s what they like to do,’ she said. ‘That’s the parallel with people who use drugs – there are varied experiences. We need to open our minds to this reality.’

Programmes at HIPS were ‘client directed’ and ‘goal centred’, with participants choosing what they were interested in, for instance reducing violence or making more money. The common thread was to help those engaged in sex work to be able to live healthy, self-determined, self-sufficient lives, free from stigma, violence, criminalisation and oppression, she explained. A major part of the team’s work involved challenging structural barriers to health, safety and prosperity.

Harm reduction was used as a philosophy – ‘what’s going to make you happier today?’ – and the 100 volunteers and staff were trained to help look out for and reduce isolation. For some, the service was the only support they had with the biggest aspect of their life.

The important thing to think about in providing services was the need to increase choice, reduce coercion and address circumstance, she said. ‘This unpacks some of the ideas of whether sex work is good or bad… we need to be more comfortable talking about sex and not make assumptions.’

Anita Schoepp, of the Canadian sex workers’ organisation Stella, said it was important to ask people what they needed from their outreach service, in the context in which they were living. Issues to consider included cultural barriers, family values and complex circumstances around relationships, such as intimate violence.

Working closely with psychiatrists, Stella explored different models of support, including motivational interviewing, and tried to make sure their clients were offered choices. ‘Harm reduction should be a philosophy to apply to different types of social work,’ she said. ‘We need to help people make choices in the global context of their health.’

HIGHLIGHTS

Wednesday 12 June

MAJOR SESSIONS

Alfa Room

9.00–10.30
Recent developments in drug policy reform and why they matter

11.00–12.30
Conference debate: ‘This house believes that drug policy reform advocacy and harm reduction advocacy are in sync as we approach the 2016 UNGASS review’

14.00–15.30
Beyond opioids: stimulants and other drugs

16.00–17.30
Closing ceremony of Harm Reduction 2013

Dialogue Space

11.00–12.00: Harm reduction, history and outsiders

12.00–13.00: Coffee shops and compromise

13.00–14.00: Harm reduction café

14.00–15.00: New drug trends: Unifying peer and professional expertise in the face of rapidly changing drug trends and risk behaviour

15.00–16.00: MENA regional dialogue

HARM REDUCTION INTERNATIONAL

The 'cold intersection' of austerity and social exclusion

'We all know why we need to worry,' David Wilson of the World Bank told delegates at yesterday's *Financing of harm reduction session*.

'If we look at the prevalence of injecting, there are very high rates in Eastern Europe and Central Asia. The picture is alarming, but we all know what works.' The gaps in NSP coverage globally, however, were profound. 'Since 2010 we've actually seen NSPs scaled back in countries in Eastern Europe and Asia.'

The Global Fund was the largest harm reduction funder, and responsible for more than half of the funding coming to the region, he said. 'But harm reduction is cost-effective in every region, and the return on investment is very positive.' Total future returns were estimated at up to $8 per dollar spent, and the more interventions were scaled up the more cost-effective they became, he stressed, with figures from Australia showing an estimated yield of $27 per dollar invested.

'Inaction is costly,' he told delegates. 'And it's not the equivalent of doing nothing. Wherever we can, we need to get upstream before infections start.' The returns accrued to the whole of society, however. 'It's a global best-buy for public health and development money.'

Nonetheless, the trend for investment in HIV prevention for people who used drugs was going the wrong way, Daniel Wolfe of the Open Society Foundations International Harm Reduction Development Programme told the conference. 'The Global Fund is also likely to be a lot less global and a lot less prevention-focused than it has been,' he said, with countries in the region having to compete for decreasing resources.

'We all know.'
DAVID WILSON

'It's very strange to sit in a harm reduction conference and realise that the last needle exchange programme in Romania will close this year. We in harm reduction will increasingly be at the cold intersection of austerity and social exclusion. We need to press donors to do more on coordination, and we need to do better about deciding who can pay what the other can't.'

Advocacy for funding at national and regional levels would also be vital, he told delegates. 'In the same way that we taught people safe injection techniques and how to reverse overdose, we need to be able to read budgets, understand budget cycles and press for local funding.'

Programme changes

WEDNESDAY 12 JUNE 2013

Sessions

P3: ***Carlos Arroyave**, deputy director of bilateral relations for Europe, Ministry of Foreign Affairs of Guatemala will speak instead of vice minister **Carlos Raul Morales** (MoFA of Guatemala).*

P3: *Recent developments in drug policy reform and why they matter. **Jindrich Voboril** (national anti-drug coordinator, Czech Republic) will present a video message.*

M7: *Conference debate: Instead of **Meghan Ralston** (Drug Policy Alliance, USA) – new speaker: **Stephen Rolles**, Transform (UK). **Damon Barrett** (Harm Reduction International, UK) will speak instead of **Annie Madden** (INPUD and AIVL, Australia).*

In CC25: *Regional track – funding for harm reduction in EECA – **Maris Jesse**, Estonian Health Development Institute (Estonia) is not coming. New speaker: **Annika Veimer**, Estonian Health Development Institute (Estonia)*

Closing ceremony: ***Stephen Lewis**, co-director, AIDS-Free World, will present video message. Hungarian Civil Liberties Union will screen a video with highlights from this year's conference.*

Posters

***Adeolu Oluwole**'s poster #629: HIV-risk related behaviours among young people who use drugs in two urban communities in Nigeria, will not be presented.*

Key government figures gather at the conference for meetings with the World Bank and UNAIDS. From left to right: Mezahir Aliyev, deputy prime minister of Azerbaijan; Adil Alakbarov, deputy of the Azerbaijan Ministry of Interior's anti-drug department; Olga Lavrova, minister of finance for Kyrgistan; Nazullo Abibullaev, director of the Main Department for State Budget, Ministry of Finance of Tajikistan; Elman Jahangirov, deputy of the Azerbaijan Ministry of Interior's medical department; Marina Semeniuc, head of health and social protection for Moldova's finance division, and Zakaria Darchiashvili of the chief prosecutor's office, Georgia.

About the daily update *The Daily Update* is produced on behalf of HRI by CJ Wellings Ltd, publishers of *Drink and Drugs News* (DDN) in the UK. Reporting team: Claire Brown, David Gilliver, Ian Ralph. Design: Jez Tucker. For information please email *claire@cjwellings.com* • *www.drinkanddrugsnews.com*.

Be the voice of change

Although the scientific evidence for harm reduction interventions was incontrovertible, Douglas Bruce of Yale University told the *Researching the values and impacts of harm reduction* session, the interventions had not been scaled up.

'Often there's a call to ethics – is it right to give people syringes? We're going to remove suffering by reducing HIV and hepatitis C rates, so surely that's good?' he said. Often the arguments put forward by governments were simply that it was wrong to support anything that promotes addiction, as that would 'violate a moral imperative'. Rather than causing harm, however, NSPs were a link to treatment and other services, he stated, 'so failure to provide NSP is more likely to violate an imperative to protect human life'.

'Needles are cheap, HIV treatment and drugs for hepatitis C are very expensive.'
DOUGLAS BRUCE

For some societies, it was simply a case of adhering to traditional values and the social norms of previous generations, he said. 'So you don't think about ethics – you just do what your elders did. But what if your elders had endorsed slavery? If it's ethical, then we should be the voice of change.'

Other societies, meanwhile, while quick to agree that harm reduction interventions were ethical, were slow to provide the funding. 'But needles are cheap, and HIV treatment and drugs for hepatitis C are very expensive. So, even economically, we should be investing in NSP. Governments and society should invest in the things that improve public health.'

On that subject, Andrea Wirtz of the Johns Hopkins Center for Global Health told delegates about a report commissioned by the World Bank on how interventions in four countries could impact on risk behaviours.

The countries – Kenya, Ukraine, Pakistan and Thailand – were chosen partly for their political diversity, she said. The researchers established both a conservative and optimistic impact matrix for each country, and found that impressive reductions in the number of new infections were possible when harm reduction and antiretroviral therapy programmes were 'expanded to ambitious yet achievable targets'.

'Not all programmes are alike,' she said. 'The implementation of NSPs may have different impacts in different countries – if programmes aren't accessible and acceptable, then they won't be used. And while antiretroviral therapy is powerful, people who use drugs often have the least access to treatment. That's something we must all work to change.'

Tackling TB must be a 'harm reduction priority'

'Access to TB services remains horribly low,' said Annabel Baddeley, in yesterday's session on harm reduction relating to the tuberculosis epidemic. 'We need to encourage stakeholders to be more mindful of TB in collaboration with services.'

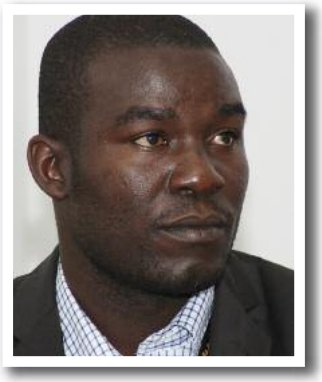
Injecting drug users were more at risk of TB, she said, as their immune system could be impaired by lifestyle factors such as poor housing and nutrition. Those in prison were entering 'highly infective centres' and the risk of TB was consistently higher in inmates, particularly those sharing equipment. Stigma, discrimination and lack of continuity of care after release could add to the risk.

'Addressing TB among people who inject drugs is a public health priority,' she said. 'Harm reduction stakeholders should increase efforts to reach this at-risk group by including TB interventions in their services.'

TB had become an increasingly important issue for the drug using community, said Mat Southwell, who got involved in developing a practical advocacy guide in his role as a drug user activist. Referring to HIT's document, *TB Advocacy Guide for People who Use Drugs*, he explained how drug users from around the world came together to contribute to a 'rich resource'. The key messages included challenging stigma and criminalisation while giving access to anti-retroviral therapy and integrated services.

'We have to bring services to a common place, rather than expecting people to run around looking for them,' he pointed out.

Dickens Bwana, a programme manager in Tanzania, gave his experience of working at grassroots level, particularly in making TB care possible at home. Witnessing the exclusion and stigmatisation of a drug user attempting to gain treatment had prompted his organisation to integrate harm reduction into their services.



'Integrated services.'
DICKENS BWANA

'With stigma attached to drugs, plus HIV, plus TB – you can see that these people need help,' he said. TB was the leading cause of mortality among injecting drug users, exacerbated by poorly ventilated consumption rooms – a breeding ground for infection – and interrupted treatment. Harm reduction education was needed on how to inject drugs and the importance of using condoms, as well as places to test for and treat the disease. Médicins du Monde had supported the opening of the Down to Earth medical centre in Dar Es Salaam, a 'friendly open door' where trained volunteers offered interventions such as TB screening, HIV testing and referral to methadone programmes.

In addition, TanPUD (the Tanzanian network for people who use drugs) were giving training sessions to educate on treatment. 'Addressing TB among drug users should be a harm reduction priority,' he said.

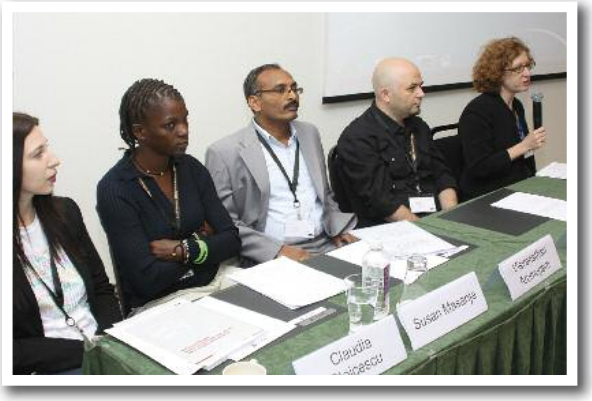
The Harm Reduction International conference has given a great opportunity to the European Harm Reduction Network (EuroHRN) to launch its second phase of activities for the period 2013-14, *writes Cinzia Brentari*.

EuroHRN aims to reduce the health and social harms related to drug use and the drug policy environment by promoting the human rights and health of people who use drugs through collective advocacy, research and information exchange.

The second phase of the network will focus on more concrete work on overdose and drug-related deaths, with research, mapping and advocacy through peer involvement on overdose prevention. Revitalising evidence, discussions and networking around drug consumption rooms will be one of the key areas of work.

The network will also continue to involve key policymakers at local, national and European level. Do you want to join the network or find out more about what we do? *Get involved through www.eurohrn.eu*

Empower women through 'respectful and appropriate' services



'Services should be tailored to the needs of women in different contexts.'

CLAUDIA STOICESCU

'We have to make sure women can get treatment – we're empowering them to fight,' said Susan Masanja, in a session on developing harm reduction services for women who use drugs.

The fight was against blood-borne viruses, poverty and stigma in Tanzania, where injecting drug use was on the increase, more than a third of IDUs had HIV, and women frequently reported violence and rape. The socio-economic condition of many women who used drugs was poor, she said, with homelessness and lack of income making it difficult to access harm reduction services. Médecins du Monde's special focus on women had been effective in extending outreach, peer educator training and women-only initiatives, resulting in evidence of the first changes in behaviour.

'We need to extend outreach services to more locations and days a week and continue income-generating services,' she said, alongside calling for additional specialist training for medical personnel. 'We need to keep spreading harm reduction and strengthen advocacy.'

Visvanathan Arumugam shared experience from the Chanura Kol project in Manipur, India. Around 60 per cent of registered female injecting drug users were engaged in paid sex work he said, and there were no government-funded targeted interventions. The project, implemented in three districts in Manipur and funded by the Elton John AIDS Foundation, provided comprehensive community-based harm reduction services for women who used drugs, including positive living education and lifestyle advice, preventative measures, testing and follow-up services.

The outcomes were positive, with better education, more testing and an increase in the number of women who had successfully completed detoxification treatment. The project was 'the way forward, showing the need for safe spaces for female injecting drug users and access to harm reduction', he said.

'Drug use differs greatly between genders,' said Vlatko Dekov from Macedonia, who offered insights on integrating a gendered perspective into harm reduction programmes. 'One of the reasons for this is the gender roles in society,' he said. 'Men have the decision-making positions and women have more frequent roles in the private sphere.'

Women tended to be invisible in treatment programmes in the Balkans, he said, only becoming visible in life-threatening situations such as overdose. There was also a gender hierarchy in drug-taking, with women's injecting frequently initiated and continued by men. Making harm reduction gender sensitive depended on involving women who use drugs in the political decision-making process, he suggested, using their expertise to design services and including them on the staff of harm reduction programmes. On a day-to-day level, women should be encouraged to become more independent, he said, through education, job-seeking, training and employment.

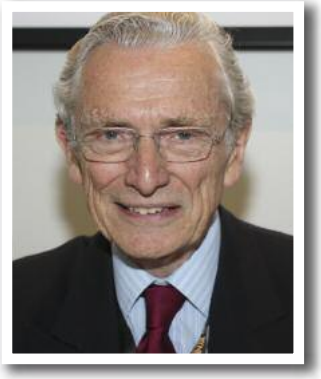
Claudia Stoicescu told delegates that the HRI report, *The Global State of Harm Reduction*, gave a comprehensive overview of the risks to women who used drugs, including guidance on gender-sensitive services. 'Services should be tailored to the documented needs of women in different contexts,' she said, pointing out that small additions to services could be effective in changing such behaviour as women's dependence on their partners.

'Women who use drugs should always be involved in the design of programmes to make sure they're respectful and appropriate,' she added.

Politicians told: Time to be brave

'We introduced harm reduction measures in 1986-87, and it was extremely controversial,' said former British health secretary Lord Norman Fowler. 'We were told it would increase criminality. That did not happen, but what did happen is that new drug-related infections have been consistently down to 2 per cent ever since. Harm reduction programmes work.'

One of the key lessons was that countries needed to be brave, he told delegates, with politicians leading public opinion rather than following it. 'I go around the world and I hear about all sorts of pilot projects, but I don't think we even need pilot projects any more. The evidence is there, and it's absolutely clear.'



'The evidence is there... it's absolutely clear.'
LORD NORMAN FOWLER

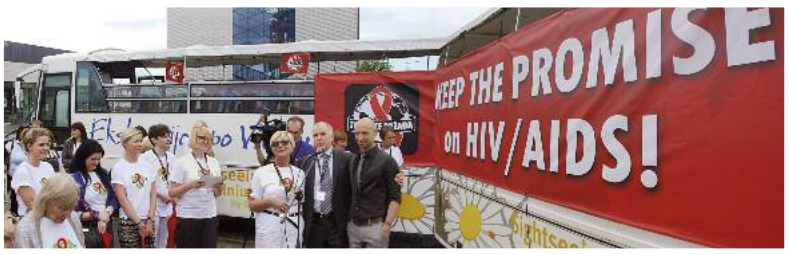
Indonesia's harm reduction programmes had begun in 1999, Anton Djajaprawira of community-based organisation Rumah Cemara told the session, with 'huge interest' from donors ever since. 'But what this has meant is that at times there were the same interventions being implemented in one particular area.'

There was also often a lack of flexibility, he said, with needs going unmet and a general lack of community involvement. In response, community-based harm reduction initiatives had begun in recent years, with interventions now operating across three provinces.

'Community-based operations decide their actions based on community needs,' he stated. 'It's a participatory approach, and it fills the gaps rather than implementing the same interventions. It integrates all the available harm reduction services.'

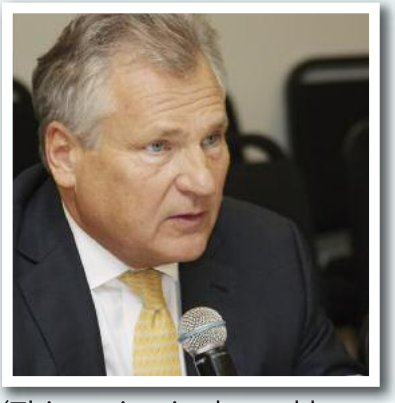
Rumah Cemara's work now included prison pre-release programmes, capacity building, legal assistance, youth work, needle and syringe distribution and services for remote areas, he said. 'And for services to work, the involvement of people who use drugs at management level is essential.'

For now, however, programme sustainability still depended on donors and the government, he said. 'But grassroots communities can perform very well if they're given the trust and flexibility to do so.'



KEEP THE PROMISE: Representatives of Demetra – an association of HIV-affected women and their families – along with other national and international organisations call on Lithuanian leaders to change their HIV and harm reduction policies. Despite Lithuania's achievements compared to other countries in the region, there was still a need to scale up evidence-based interventions, they stated. 'We strongly encourage our politicians to take the responsibility to keep their commitments and implement international guidelines and recommendations,' said Demetra head, Svetlana Kulsis.

The power of evidence



'This region is shaped by its recent history and the transition to democracy,' former Polish president **Aleksander Kwaśniewski** told the conference.

While accomplishments in addressing HIV had been more successful in some areas than others, there were nonetheless many examples of good practice, he said – in Moldova, Poland, the Czech Republic and elsewhere. 'But we need to work to make sure evidence-based interventions are accessible across the region.'

During his presidency he had passed a law criminalising the possession of drugs, he told delegates. 'A decade later, I know that was a mistake. Drug users became invisible in Poland, and we engaged the resources of the Polish criminal justice system to arrest people for small amounts of drugs for personal use.'

This meant that young people had been needlessly criminalised at a time of high youth unemployment, he said, and the punitive approach had done nothing to deter people from using drugs. Portugal, however, was a powerful example of how a national drug policy could work to everyone's benefit.

Evidence was vital, he stressed. 'It helped to convince me of the need for new policies and I know it's convincing other leaders too. Scientific evidence helps to convince not just politicians and policymakers, but the general public as well. In this era of fiscal austerity, we have to think about whether policies such as prosecuting people for minor drugs offences are cost-effective.'

However it was also vital that austerity was not allowed to become an excuse for not investing in evidence-based programmes, he stated. 'A quarter of a century ago human rights changed this region. It's vital that they do so again. We as the international community will fully support you in your fight.'

Spread the word!

It's time for a new approach to drug policy, writes **Jamie Bridge**

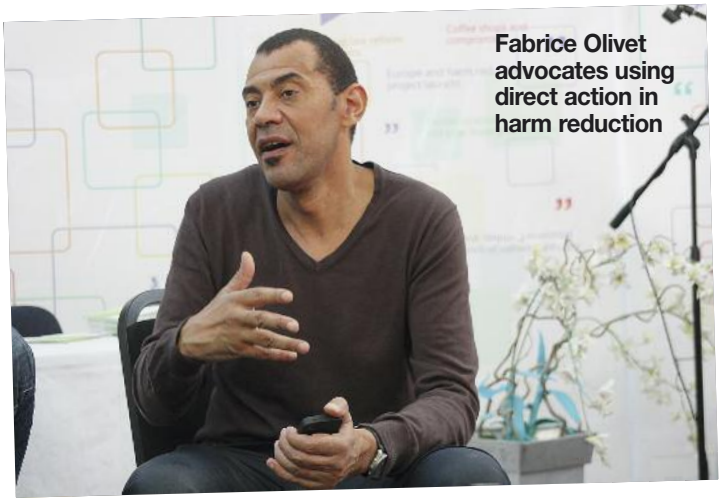
The global advocacy campaign Support. Don't Punish aims to highlight the harms caused by the criminalisation and stigmatisation of people who use drugs, while also promoting policy alternatives grounded in public health, social inclusion and human rights.

The 'war on drugs' is fuelling HIV and hepatitis epidemics among people who use drugs, as well as a wide range of other health, social and economic harms. Repressive drug laws, policies and practices aim to stifle drug markets but have failed to reduce levels of drug use around the world and have instead created a policy environment that condones mass incarceration, torture, execution, abuse and discrimination.

The campaign will be officially launched through a prominent 'day of action' on 26 June – the UN's 'international day against drug abuse and illicit trafficking'. Join in the 'day of action' by changing your profile picture on Facebook and Twitter – hashtag #supportdontpunish – and taking part in local demonstrations to raise global media and public awareness of the issues. The website – www.supportdontpunish.org – contains all the information you need to participate.

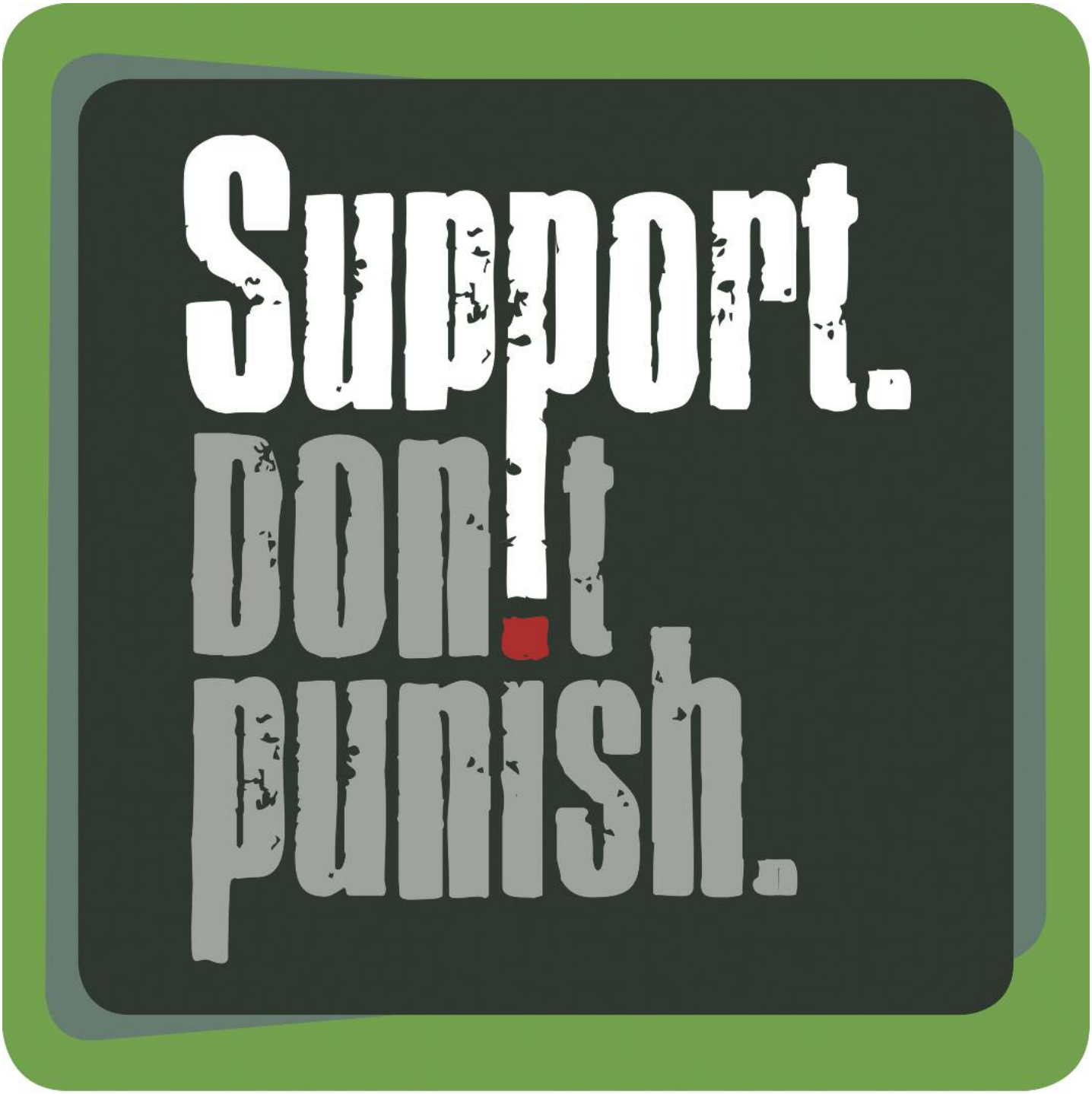
Start by using the back page of this issue of the Daily Update to have your photo taken with the campaign poster and start spreading the message!


I sveikata! Here's to next time!


Fabrice Olivet advocates using direct action in harm reduction


Activists show solidarity with LGBT campaigners in Russia


Discussing UN guidance on advocacy



www.supportdontpunish.org