

[Paper ID:171]

Session: C19

Introducing Harm Reduction in the Middle East and North Africa

Location: Room 1A, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Advocacy, Global Fund, MENAHRA, Civil Society

Authors (speaker underlined):

Aaraj, Elie; Stimson, Gerry; Hermez, Joumana; Vertser, Annette

Title:

Harm reduction networks and the Global Fund: lessons learned from a civil society application

Abstract:

Issue. Harm reduction (HR) is under-funded by Global Fund to fight AIDS Tuberculosis and Malaria (GF). We examine lessons learned from a regional harm reduction network application to the GF Round 9.

Setting. HIV infection linked with injecting drug use is a serious public health problem in the Middle East and North African Region. HR services are absent, excepting in Iran, Lebanon, Pakistan, Morocco. There is lack of awareness and capacity in government and Civil Society organisations (CS) to implement HR. HR is scarcely accounted for in GF country proposals.

Key arguments. The Middle East and North African Harm Reduction Association (MENAHRA) developed a \$33m multicountry GF proposal, to strengthen civil society capacity and build national interest. It included advocacy, CS support and capacity for increasing commitment for HR. The proposal built on work undertaken by MENAHRA towards its strategic objectives.

Outcomes. CS are severely disadvantaged in making GF applications. We estimate the technical support cost for writing the proposal is too high. Major financial and technical support was provided by WHO. CSs lack application writing skills and rely on paid external consultants. Regional applications require endorsement from country coordinating mechanisms (CCM) which are mostly government dominated. Many CCMs are unaware of their role regarding regional applications and see them as a threat, Others meet infrequently or lack the interest in CS applications. GF gave considerable help and was accommodating in terms of deadlines missed because of CCM recalcitrance.

Implications. CS face major barriers and obstacles in submitting proposals. The process is geared to national submissions and countries are reluctant to endorse regional applications. CS are under resourced such that they cannot easily apply for GF grants. A mechanism needs to be found for facilitating CS applications, and for increasing the amount of GF monies which allocated to harm reduction.

[Paper ID:369]

Session: C21

Policy Barriers Faced by Pregnant and Parenting Women Who Use Drugs

Location: Room 11, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

pregnant, parenting, women, methadone

Authors (speaker underlined):

Abrahams, Ronald

Title:

Barriers of care impacting perinatal outcomes: the Vancouver experience

Abstract:

Drug use in pregnancy is often discussed in the context of “damaged” babies and inadequate parenting. Over the last generation, the medical profession and society have approached this issue through abstinence based programming, with the belief that drug using women were incapable of parenting unless abstinent. Separation of mother and baby was and still is the norm. This session explores how the “creation of barriers to care” imposed by different jurisdictions negatively impacts perinatal outcomes.

In Vancouver, FIR Square has developed substitution therapy program for mothers-to-be who are not ready to be “drug free”, reducing barriers to care created by “enforced” abstinence. Collaboration between Sheway Maternity Clinic and FIR Square at BC Women’s Hospital resulted in the first Combined Care Maternity Unit in Canada for pregnant women struggling with addiction. Sheway provides holistic services to pregnant women with substance use problems and supports mothers and their children until the children are 18 months of age. FIR Square is a 12 bed in-patient unit that provides a continuum of in-hospital care for maternity patients with addictions. Over the last years we have delivered over 700 women within this “seamless” system of care.

All the women coming through this program report feeling connected to the community, 74% report decreased use of their problem drug and 89% report decreased level of anxiety.

We have found that most of our methadone babies do not require treatment and those that do can receive it while still rooming in with the mothers. Babies return home with their mothers and long term follow- up shows that, given the opportunity to bond together in the newborn period, these babies grow to be healthy and emotionally stable.

[Paper ID:1039]

Session: P2

The Next Generation of Drug Policy: Decriminalisation and Beyond

Location: Room 1, 2010-04-27, Start: 09:00,End: 10:30

Keywords:

Argentina, Latin America, Drug policy

Authors (speaker underlined):

Acuña, Martín

Title:

Shift of paradigm in drug-related public policies in the Argentine Republic and Latin American countries

Abstract:

Argentina, like all the other Latin American countries, has adhered to the 1961, 1971 and 1988 United Nations Conventions on drugs and the subsequent laws that have been passed reflect this by penalising possession of drugs for personal use and imposing heavy penalties for drug trafficking and even micro-traffic. This enforcement focused approach to drug control has placed a heavy burden on the judicial system and the high incarceration rates for drug-related offences have led to prison overcrowding..

To address the negative consequences of prohibition, many countries in Latin America have enacted a series of laws to discriminate the possession of small quantities of drugs for personal use: Brazil (2006), Chile (2005), Paraguay (1988), Uruguay (1998), Mexico (2009). Argentina and Colombia Supreme Courts have recently followed suit in the cases of "Arriola" and "Bastidas" 2009, respectively.

The Argentinian Government decision, translated at an international level into the United Nations (51st session, March 2008), advocating a paradigm shift in drug policy towards greater emphasis on access to the healthcare and respect for drug user's dignity and basic human rights/ At a national level the shift led to the establishment of the Scientific Advisory Committee on Drugs, aimed at developing drug-related programs from a public health perspective, and pursuing reform of domestic and international drug control systems in line with the international conventions on human rights.

The Committees calls for reform highlighted the need to ensure access to health as the central focus of any drug policy, as well as critiquing the failure of the current drug policy on supply control and demand reduction indicators. This critique demonstrated in particular the futility of enforcement efforts which disproportionately focused on low level users and small scale dealers.

[Paper ID:380]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Addiction, Aftercare, Self-support, Peer-support, Advocacy.

Authors (speaker underlined):

Adam, Achmed

Title:

Journey, a path to success

Abstract:

The government estimates the number of drug addicts to be 30, 000 (half of youth population) The typical addict in the Maldives usually starts using drugs between the ages of 12 to 16 and children as young as 9 and even 7 years old are reporting cases of drug use, The drug of initial experimentation in the Maldives is heroin/brown sugar, It is widely available.

Thus understanding this need, Journey began as a voluntary and fairly informal organization, purely using the services of the recovery community. However, with the expansion of the organization and its services, more formal structures have been put in place and staff is now recruited both on a paid as well as voluntary basis.

ACTIVITIES

- Daily peer sessions for recovering addicts
- Conducting daily outreach activities for addicts, partners and their families
- Conducted parental awareness programs on drug addition and related issues
- Advocating for policy change and providing assistance to various government organizations
- Conducted Rapid Assessment Survey among the Addiction Community
- Initiated in introducing NA Self Support Programs
- Initiating with UNICEF in mass media campaign "WAKE UP"

OUTCOMES

- Working with international organizations (UNICEF, UNODC & GLOBAL FUND)
- 300 addicts were referred to treatment canter
- Another NGO Society for Women against Drugs was formed
- The Government is in the process of amending the present drug law focused on the disease concept
- A detoxification canter was established
- MMT clinic was established
- Weekly 10 NA self-support meetings are held in various parts of the country
- Journey is committed to serving in the area of drug prevention and aftercare in the best interests of the nation and will continue to provide our full support in all relevant initiatives of the government and any other individuals and/or organizations working in the area, as our capacity allows.

[Paper ID:32]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Referral system, Scaling up, Integrated

Authors (speaker underlined):

Afrian, Himawan

Title:

Scaling up of injecting drug users (IDUs) through comprehensive harm reduction service referral system

Abstract:

Issue:

Of the 9 existing public health services in Mataram City only 1 public health service that has Harm Reduction service. The impact, not all IDU's from Mataram City is served and IDU's from outside Mataram City can't access the service because of district autonomy regulation.

Setting:

Mataram City IDU's estimation as much as 240 persons. Other 8 public health services in Mataram City can't serve Harm Reduction because fund and resources limitation. Strategy needed to expand service reach for IDU's from inside and outside Mataram City by strengthening referral system.

Key arguments:

Socialization and initiate meeting with City Health Department, City AIDS Commission, General Hospital, Mental Health Hospital and drug user organization. Forming team formulate referral service system involving 9 public health services and other stakeholder. Encourage continuity of service through local government support fund and Needle Exchange Program (NEP) package support from National AIDS Commission (NAC) to cover IDU's from outside Mataram City.

Outcomes:

Mataram City Major gives support fund and approved service for IDU's from outside Mataram City. NEP package supported by NAC. Presence of referral system strengthened by Memorandum of Understanding consisting of 8 public health services in Mataram City as satellite service refer to Karangtaliwang public health service as service center, General Hospital as Care Support and Treatment (CST), and Mental Health Hospital as rehabilitation. Until September 2009, 136 IDU's accessed Harm Reduction service; 24 IDU's referred from other public health service, 36 IDU's self accessed, 25 IDU's from outside Mataram City accessed the service, 35 IDU's referred to General Hospital for CST and 16 IDU's referred to Mental Health Hospital for rehabilitation.

Implications:

By existing of referral system built in all health services unit have the impact up to 60 % IDU's accessing Harm Reduction service. Funding support from local government more sustainability program.

[Paper ID:177]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Behavioral pattern, prison, HIV/AIDS, IDU

Authors (speaker underlined):

Amini Lari, Mahmood; Afsar Kazerooni, Parvin; Sabet, Mozghan; Sayadi, Mehrab

Title:

HIV prevalence and high-risk behaviors among men injection drug users' prisoners in Shiraz, Iran

Abstract:

Background:. The prison environment, for many inmates, is the first experience with behaviors such as addiction and immoral sexual activities. The aim of this study is to determine high-risk behavioral patterns of addicted Shiraz Pir-Banan prisoners in relation to prevalence of HIV/AIDS.

Methods: This cross-sectional study focused on the prevalence of HIV and the risky behaviors of IDUs inmates during incarceration and conducted from March to July 2007 in Shiraz-Fars Province in Iran. We studied behavioral patterns of 363 IVDU prisoners at Shiraz Pir-Banan Jail; information was collected by interviews and standard questioners. Findings were analyzed through the SPSS software. Descriptive and speculative statistics have been used to analyze the data.

Findings: The average age of participants was 33.2(SD=7.3). The average period of using drugs was 90 months (7.5 years).Among all of the study subjects, Approximately 53% had history of alcohol abuse and 86% had a history of using at least one illicit drug use such as opium , "opium-extract", marijuana and heroin, 3% had used Tamjizak, 3.3% Benzodiazepine and 1.14% Ecstasy and other had not remembered or responded . Almost 6.1% of study subjects, in their last injection, had shared syringes. Among study subjects 14.1% had their first sexual intercourse at the age of 16 years or younger. Almost 6.6% reported that they have had at least one sexual intercourse in order to get money or drugs, and 62.1% did not used condoms in their last sexual intercourse. The major reason for not using condoms in sexual intercourse was unavailability (24.4%). In addition 25.9% reported they had secretions of the genital ulcer during the last 12 months.

Discussion: The data of the current study should be used in different programs to prevent HIV and high risk behaviors and increase the knowledge of prisoners.

[Paper ID:352]

Session: M04

Mental Health and Drug Use

Location: Room 1A, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

disease model of addiction, freewill, modernity, drug users rights

Authors (speaker underlined):

Albert, Eliot

Title:

The production of stigma by the disease model of addiction: why drug user activists must oppose it

Abstract:

We have seen a recent resurgence of the disease model of addiction, underlined emphatically by the 2007 passage through the US Senate of the 'Recognizing Addiction as a Disease Act', one of the consequences of which was that the National Institute on Drug Abuse (NIDA) changed its name to the National Institute on Diseases of Addiction. Interestingly this was couched specifically in terms of reducing the stigma implied by the term 'abuse' in the original name. As a press release noted "It also represents an important step in reducing the stigma associated with addictive disorders, and correctly renames the Institute to recognize that addiction is in fact a disease."

My paper argues contrarily that the description of addiction as a disease is both scientifically groundless and that contrary to the intentions of the framers of the act such a designation far from reducing exacerbates stigma. In spite of what the 'addiction as disease' theorists insist, they do not treat addiction like any other disease. This stems from the fact that addiction is seen as an insult to, a breakdown of certain fundamental elements of what it is to be human namely self-control. I will argue that addiction is not a universal feature of human existence but is rather an artifact of modernity and a limited notion of the self-contained autonomous individual. This conception leads to the assumption that the addict is someone who does not know what is best for them but who may need treatment, or rational management and control imposed upon them

I will show that reconceptualising what we call addiction as another example of the wide plethora of human bonding is more helpful and far less stigmatizing as it restores will power and rational choice to people who use drugs in what is called an addictive way.

[Paper ID:398]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

monitoring, evaluaiton, capacity, in-house, training, analysis

Authors (speaker underlined):

Aleshkina, Yulia; Torokulova, Gulmira

Title:

Capacity building and development of M&E system for HRSOs

Abstract:

CARHAP (Central Asia Regional HIV/AIDS Programme) objective is to provide assistance in realization of coordinated measures against HIV/AIDS, conducted on the National level, with the special attention to the groups at most risk. One of the CARHAP outputs is the establishment of basis for monitoring and evaluation of harm reduction activities.

Basic evaluation of organizations providing harm reduction service (HRSO) revealed the absence of unified approach in M&E that created difficulties in information gathering, analysis and interpretation of data at both levels: HRSO and national. The range of tools for implementing the overall package of M&E activities was elaborated and introduced during the process. The basis of M&E is the logical frame and plan on M&E. Management information system (MIS) is the main tool for data gathering, keeping, processing and analysis. The factors contributing unified system of M&E are (1) provision of comprehensive technical assistance by CARHAP National implementing partner, including trainings, site-visits and individual work of organizations with consultants (2) elaboration and introducing of the package of interrelated tools, needed on the different stages of M&E conducting (3) high adherence of the heads of organizations to the introduced innovations and so on.

Introduction of unified M&E system enabled increasing the effectiveness of organizations' activity on HR service delivery; decreasing expenses; optimizing labor commitments; increasing the quality of delivered services. However during the process of implementing the M&E tools the programme has identified the need of constant capacity building in M&E of all HRSOs. In order to respond to the need CARHAP has been delivering series of training in M&E through technical assistance, in-house training and work placements.

[Paper ID:311]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Progressive Integration, Policy, Human Rights

Authors (speaker underlined):

Alexander, Risa; Blogg, James

Title:

Keeping ahead of the law: progressive integration of harm reduction in Indonesia

Abstract:

Issue: Harm reduction (HR) activities require a supportive policy environment but implementation of these policies can be influenced by hostile law making. Attempts to refine the legal environment around drug use can become highly charged politically and have the potential to result in contradictory laws and reverse progress made in providing effective response to drug dependency.

Setting: Indonesia is a regional leader in HR and has produced legislation to support the introduction of HR strategies and protect their ongoing implementation.

A recent revision of the Narcotics Laws places much more control of law enforcement and drug policy under the National Narcotics Bureau. These extensive changes have the potential to create confusion within some government agencies, donor agencies and NGOs working in HR.

This legal tightening:

- Further criminalizes IDUs (and now includes family members) and requires IDUs to compulsorily report to a health facility
- Affects needle syringe programs which must be part of "therapeutic continuum which culminates in recovery" delivered under the strict supervision of government health services
- No longer protects community peer workers who cannot be classified as health workers

Key Arguments

- Activities delivered from health centers (HC) are sustainable and more resistant to politico-legal changes but involvement of NGOs and outreach workers is critical to increase coverage and improve delivery of services to IDUs.
- A formal partnership between NGOs and HCs encourages police to acknowledge the legitimacy of HR services and eventually increases IDU access to range of services.
- Outreach workers that have received relevant training are protected as "health workers" under the law.

Implications: a "through government approach" to deliver HR programs ensures field-based programming for IDUs is relatively protected. However effectiveness of services' ability to access clients will be undermined if the status of IDUs is further marginalized or community outreach activities are limited.

[Paper ID:108]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

criminal justice and law enforcement,

Authors (speaker underlined):

Ali Umar, Shaharudin Ali Umar @ Jaa

Title:

Believe

Abstract:

Malaysia is a multi-racial – and a multi- religious country.. The people are brought up with strong religious belief and cultural background. Illicit drugs and drug use is “enemy number one to the country” Abstinence only approached is deeply rooted and embraced in Malaysia. Harm reduction was only adopted as a national project when the government realized that the country had failed to address HIV/AIDS infection among the injecting drug user community. Abstinence only approach is vigorously embraced by some of the organization and people that run the harm reduction program. Sustaining the Harm reduction program is challenging and difficult because some of the people that work in harm reduction does not really believe in harm reduction. To them Harm reduction concept only applies to clients not for those who work for harm reduction. Conflict of interest in the government agency are making situation on the ground worse .NSEP and the MMT Clients is always becoming victim to harassment and arrest. Since January 2009 more then- 600 NSEP clients was arrested at one of the NSEP site. Programs with the religious department and faith base organization has been develop and implemented. Harm reduction is tailored according to the religious teaching and the need in Malaysia Religious leader is a very influential figure in a country like Malaysia. Winning the heart of one respected religious figure is like winning the heart of a million Malaysian

[Paper ID:659]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

methadone maintenance therapy, clinic, NSEP

Authors (speaker underlined):

Ali, Norsiah; Selvaretnam, Dharmananda; Mohd Misman, Marzafuan; Wai Han, Lee; Mohd Yusof, Khalijah

Title:

Implementation of harm reduction activities in a rural primary care clinic in Malaysia

Abstract:

Issue: Malaysia finally embarked on harm reduction approach against HIV transmission in 2005. In order to scale up, primary care clinics were empowered to run the task. Setting: Tampin Health Clinic is located in the state of Negeri Sembilan which is 110 KM from Kuala Lumpur. There were at least 250 documented opiate dependent users live in Tampin. Project: In November 2006, the clinic started with methadone maintenance therapy (MMT), health education, medical screening & treatment and condom distribution. Needle syringe exchange program (NSEP) was later started on July 2008. The strategies used were recruitment in batches, holistic approach, opportunistic simple motivational advice and community empowerment. Outcomes: For MMT program, there were 143 patients recruited from November 2006 until March 2009. Retention rate in the program was high (1st batch patients: 6 mth~98.4%, 1 yr~96.8%, 2 yrs~95.2%. 2nd batch patients: 6 mth~95.6%, 1 yr ~91.3%. 3rd batch patients: 6 mth ~96.2%). Increasing trend was seen in the World Health Organization Quality Of Life score (WHOQOL) in all four domains done at baseline, 1 year and 2 years in the program respectively(Physical: 49.6%, 62.4%, 69%, Psychological: 48.1%, 63.2%, 71.2%, Social: 52%, 64%, 73% and environmental: 54.2%, 63.3%, 71.3%). There were no new bloods borne viruses infection (HIV, Hepatitis B & Hepatitis C). Very minimal number of patients (2.1%, n=3) were involved in new drug related offences. For NSEP, after 1 year there were 48 intravenous drug users came to the clinic. Needle & syringe returned rate was 63% and 41.7% were converted to MMT program. Stigma towards drug users and existing drug law were the main barrier identified. It will be better if existing drug law can be revised and information on harm reduction can be understood by police and National Anti Drug Agency at all level.

[Paper ID:831]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Mainstreaming, On-the-job training, incorporation, discretion, harm reduction

Authors (speaker underlined):

Amdadul Hoque, Kazi; Ahmed, Dr. Nizam Uddin; Siddique, Moniruzzaman; Faruque, Omar; Akhter, Rehana; Rahman, Dr. Lima

Title:

Mainstreaming 'harm reduction issues for injecting drug users' into police training in Bangladesh

Abstract:

Issue- Police can exercise discretion and common sense to enable Needle syringe exchange program to operate effectively so that people wishing to access harm reduction services are not deterred from using them.

Setting- In Bangladesh, the estimated Injecting Drug Users (IDUs) are 20,000 to 40,000. The HIV prevalence among the IDU is 7.1%. Behavioral Surveillance Survey, 2006 indicates 61.7% to 80.1% of IDU had shared needle syringes, 45.6% to 66.4% buy sex and of between 28.2% and 49.9% never used condoms. However, the Project's Rapid Situation and Response Assessment (RSRA) 2008 revealed 60% IDUs had ever been in jail average for 2.1 years, 75% IDUs harassed, and 18% IDUs frequently changes location due to harassment.

Key Arguments-

Save the Children (SC) through Global Fund supported project has targeted to provide HR services to 10,000 un-served IDUs in Bangladesh through 70 Drop in centers (DIC) in 21 districts. The concern was that police should not adopt practices that jeopardize the functioning of harm reduction strategies. Because police operations impact of the functioning of these services, while users deterred from accessing clean needles and syringe and other services. Therefore, advocates for mainstreaming the HR issues into the police training. The project conducted assessment, consultative workshop, developed curricula, Master training 100 and training for 12500 police. Besides poster, leaflet, stickers enhanced the efforts. The curricula included details on HR and role of police.

Outcomes-

The routine training of police incorporated HR. The training contributed to make police fully understood, to use their discretion and do not arrest suspects for minor offences such as using drug, possessing needles and syringes.

Implications- Though the training on HR going on at institution level but authority supported the same at police station level as on-the-job training. The Department of Narcotics control initiated to review the existing laws.

[Paper ID:836]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Social stigma, discrimination, community acceptance, advocacy

Authors (speaker underlined):

Amdadul Hoque, Kazi; Ahmed, Nizam Uddin; Ali, Amzad; Mousumi, Mahfuza; Bosu, Anup Kumar; Choudhury, Samina; Ahmed, Tanvir

Title:

Social stigma can be reduced through community - based advocacy

Abstract:

Issue:

Social stigma, discrimination and harassment among injecting drug users (IDUs) pose major challenges hindering the essential harm reduction services for them.

Setting:

The HIV prevalence among Injecting Drug Users (IDU) in Bangladesh is now 7.1%. The estimated Injecting Drug Users (IDUs) are 20,000 to 40,000. The Rapid Situation and Response Assessment (RSRA) by the project in 2008 revealed 60% IDUs had ever been in jail average for 2.1 years, 75% IDUs harassed, 18% IDUs frequently changes location, and 79% IDUs shared. Harassment caused IDUs out of required services. The knowledge and capacity of police about harm reduction (HR) can reduce harassment.

Key Arguments:

Save the Children USA managing HIV/AIDS project in Bangladesh through public private partnership to reduce expansion of HIV/AIDS infection and for care and support amongst the Injecting Drug Users (IDUs). The project conducted size estimation and mapping to identify IDUs in 55 districts and found 10,000 un-served IDUs. The community and the police do not recognize the services for IDUs as an intervention for HIV prevention such as the Needle / syringes exchange. The intensive Advocacy simultaneously at community and national level to the Multi sectoral stakeholders including social-religious leaders, public representatives, administrators, police and policy makers minimized the barriers dramatically in providing services to the IDUs. A total of 389 community based advocacy workshop held for 1355 stakeholders. Besides series of one to one contact took place.

Outcomes:

Harm reduction services expanded through 70 Drop in Center (DICs) in the country at community level. Around 11,000 IDUs reached, 500,000 syringes /needle distributed, and exchange rate is around 80%. Around 35000 condoms distributed. Around 1500 STI cases and 2500 abscess cases managed.

Implications: The community accepted in establishing drop in center, joined in advisory committee and providing support in community based harm reduction, detoxification and rehabilitation initiatives.

[Paper ID:581]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV prevalence, trend, non-Injecting drug use, systematic review, Iran

Authors (speaker underlined):

Amin-Esmaeili, Masoumeh; Rahimi-Movaghar, Afarin

Title:

A systematic review of HIV prevalence among non-injecting drug users in a 10 - year period (1998 - 2007) in Iran

Abstract:

Background and objectives: In recent years, several studies have been conducted on HIV prevalence among non-injecting drug users (NIDUs) in Iran and diverse results have been reported. This systematic review was conducted to provide estimation on the overall prevalence with trend analysis in the country, and to document the geographical distribution of HIV infection among NIDUs.

Methods: Various search methods have been used, including searching international and regional databanks such as Pubmed, ISI, CINAHL, ASCI, IMEMR, domestic databanks including IranPsych and IranMedex and research reports, as well as extensive personal contacts. All researches conducted HIV testing and had performed confirmative western blot test on any populations that included drug users were selected and explored for the prevalence among non-injecting drug users. Those studies conducted between 1998 and 2007 were included and were qualitatively assessed. Meta-analysis was done using Random effect model for the male populations and the results for female populations were described.

Results: Overall, 11 studies were included, from which seven were conducted in prison settings, two in treatment centers, one in community and one in shelters. Four studies were performed in Tehran, and seven in other cities. In male NIDUs, we were able to get HIV prevalence for six studies. The combined mean for the HIV prevalence among male NIDUs were 2.5% (95% CI: 0.8%-4.2%) and the trend analysis showed an increasing prevalence, with a prevalence of more than 5% in all conducted in recent years. Six studies were conducted in female NIDUs with a sum of 205 cases from which in five studies the prevalence were zero.

Conclusion: Iran is a country with low prevalence HIV epidemics in general population and concentrated prevalence among injecting drug users. It seems that a concentrated epidemic is occurring among male NIDUs and it necessitates an urgent preventive response.

[Paper ID:613]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Sexual function, Quality of life, Depression, SF36, HIV+, Iran

Authors (speaker underlined):

Faramarzi, Hosain; Amini Lari, Mahmood; Ameli, Fateme

Title:

Sexual function, quality of life and depression in HIV+ persons in Shiraz, south Iran

Abstract:

Background: Despite significant efforts in HIV research over the past decade in Iran, there is a little study about the coloration between sexual function with quality of life (QOL) and depression In this domain. The purpose of this study was to evaluate the correlation between QOL sub domains with sexual function and depression in a group of HIV sero-positive subjects in Shiraz-Iran.

Material & Methods: A cross-sectional survey was carried out among male Subjects with HIV infection who had referred to Voluntary Counseling and Testing Center (VCT) for medical care from May to July 2009.A total of 83 male HIV+ participants with a response rate of 83%, was recruited based on convenience sampling. At first the purpose of the study were explained and interested individuals provided informed consent and completed a questionnaire detailing socio-demographic and HIV related variables. Brief Male Sexual Function Inventory (BMSFI) , Short-Form 36 (SF-36) and Beck depression inventory(BDI) were administered to assess Sexual function ,quality of life and depression, respectively. The correlations between variables were analyzed with the Pearson test.

Results: The average age of study subjects was 38 ± 6.43 years .There were 38 (45.7%) subjects with diagnosis of severe depression. The results showed that there was no significant correlation between sexual function and quality of life domains, also depression had significant relationship with total SF-36 score ($r = 0.283, P < 0.05$) and Mental health ($r = 0.279, P < 0.05$) and was not significantly correlated with sexual function, in addition age was negatively associated with sexual function ($r = -0.329, P < 0.05$).

Conclusion: This study demonstrated that QOL in HIV+ subjects was associated with depression . Early intervention programs, identification and treatment of depression in HIV infected individuals can improve quality of life in this group.

[Paper ID:616]

Session: C25

Compulsory Detention of Drug Users: We All Know It Is Happening But What Can We Do?

Location: Room 1A, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

compulsory drug treatment ethics rights

Authors (speaker underlined):

Pearshouse, Richard; Amon, Joseph

Title:

Engagement with compulsory drug detention centers: a legal and ethical framework

Abstract:

Compulsory drug treatment centers have proliferated in recent years.

Engagement with these centers by NGOs and international actors raise ethical dilemmas. While the humanitarian impulse to provide assistance to detainees is strong, care needs to be taken to ensure that engagement does not endorse such systems nor inadvertently build the capacity of such systems to perpetuate such human rights abuses as arbitrary detention, torture and cruel and inhuman treatment.

Based on experiences with compulsory drug treatment systems in Asia, this presentation will identify important features of national systems that organizations need to consider before running programs within such settings. Key features include whether the system is under the control of trained health care professionals, the admission criteria of the system and the scope and severity of human rights abuses within the system. In some systems run by public security authorities, human rights conditions in the region are so appalling that any engagement should be kept to an absolute minimum.

Where engagement is possible, an ethical and legal framework to guide such engagement is crucial. Such a framework should be informed by the following principles:

NEUTRALITY needs to be ensured to guarantee access and humanitarian assistance. RESPECT FOR HUMAN RIGHTS needs to be ensured so that engagement cannot be used as a sign of support for abuses that occur as a result of detention. Importantly, any framework for engagement needs to identify in advance how reports of serious human rights abuses will be handled.

The principle of DOING NO HARM suggests that organizations need to be aware of any unintended consequences that engagement with the compulsory centers may have. The principle of TRANSPARENCY applies such that organizations should be clear with all partners about the purpose of engagement and how their objectives will be measured.

[Paper ID:374]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Health policies, Survey, Injecting conditions, Workshops, Community-based organization

Authors (speaker underlined):

Andreo, Christian; Rojas Castro, Daniela; Le Gall, Jean-Marie

Title:

Injection equipment sharing among French IDU: Results from the "AIDES & Toi" survey

Abstract:

In France, harm reduction policy has been implemented since 1994. This has contributed to reduce HIV incidence among Injecting Drug Users (IDUs) although few impact has been demonstrated on HCV infection. Despite a wide availability of access to syringes, data focused on equipment sharing are sparse.

A cross-sectional survey was carried out in May 2005 in AIDES, the largest French community-based organisation. The survey was conducted during one week and a self-administered questionnaire including questions on drug injection conditions was systematically proposed to every IDU in contact with AIDES, across France.

A logistic regression was performed to identify factors associated with equipment sharing.

Among the 236 individuals included in our study, 12% of them reported to be HIV-infected, 42% HCV-infected and 9% were co-infected. Injectors were mainly men (76%) and 21% were under 25 years. 11% reported to have shared injection equipment during the last 6 months and 15% reported street injection. In addition, 41% declared being unsatisfied of injecting conditions. Factors remaining independently associated with equipment sharing in the last 6 months were street injection and dissatisfaction of injection conditions.

Despite a wide availability of injection equipment, a significant proportion of IDUs still report equipment sharing. This seems to be due to poor conditions of injection. Interventions such as safe injection facilities should be implemented to optimise harm reduction policies towards IDUs. As we don't believe in Santa Claus anymore, we implement workshops with IDUs to work with them on spoon, cotton and water exchange. The results of these workshops will be developed in the presentation.

[Paper ID:182]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Peer Health Volunteers, Chiang Mai Women Correctional Institute, Peer Capacity, Peer Acceptability

Authors (speaker underlined):

Angkurawaranon, Chaisiri; Jiraporncharoen, Wichuda; Aramrattana, Apinun

Title:

Capacity and acceptability of peer prison health volunteers in Chiang Mai Women Correctional Institute

Abstract:

Issue: Peer-driven harm reduction program is not a new concept, but very limited research in Thailand has been done on the capacity and the acceptability of peer-driven health and harm reduction measures in these settings.

Settings: 88% of inmates in Chiang Mai Women Correction Institute are convicted due to drug-related crimes. 39% reported drug use, the majority (80%) being methamphetamine and about 4% of drug users reported usage via injection. Peer health volunteer can play a major role in many harm reduction measures such as advocating prisoner's right to health, training and education on health issues.

Key Arguments: Previous peer driven programs in the Institute have raised many doubts about training, selection, roles and acceptability of health volunteers among their peers. We proposed that if volunteers were literate, they could be trained on a variety of subjects during a longer period of time and begin advocating their peers during the training period. The trainer was an ex-inmate who used to be a health volunteer, but was supervised by a physician.

Outcome: 8 peer volunteers, all convicted due to related crimes, were trained on a variety of subjects related to drug use, risk reduction and health maintenance. During the 8 months training period, volunteers were able to score over 75% on all their 5 exams. More importantly, acceptability questionnaires found that expectations of these volunteers were so high that after 3 months, there seemed to be a drop of confidence and acceptability among their peers. The 6-months follow-up questionnaire revealed that they eventually gained their peers' trust and acceptability, even exceeding their original expectations.

Implication: Peer prison health volunteers have to capacity to tackle a variety of health and harm minimization issues. Acceptability among their peers takes time and continuous work, thus suggesting long term programs to improve outcomes.

[Paper ID:205]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

work in prisons, managment in harm reduction, HIV/AIDS health services

Authors (speaker underlined):

Antonovich, Drozd Roman

Title:

Harm reduction in the penitentiary system of Ukraine

Abstract:

Problems:

- In 184 jails in Ukraine sentenced 145.9 thousand, of which 5 864 HIV-infected, which is 4, 04% of the total number of prisoners; 70% of prisoners serving sentences for crimes associated with drug using (crimes committed in the stage of drug intoxication, crimes committed under the influence of drugs)
- In penal colonies have open access to drugs. 60% of prisoners inject drugs in the colonies.
- The Department of Penitentiary denies systematic injecting drug users in jail awaiting trial and convicted in the colonies. These actions contribute to the spread of HIV, hepatitis B in relation to the sharing of injecting equipment.
- Programs to help prisoners who work initiated and implemented by NGOs. The Department has no funding for their implementation.
- The Department does not consider the work of Harm reduction by it's work.

What is being done by NGOs:

- Prisons have become available for the work with NGOs
- In prisons began work program of ART service for HIV-infected
- Works program for the care and the support for HIV-positive prisoners
- Started work in the form of the HR program: counseling prisoners on HIV / AIDS and other infections, assistance in consulting experts (Narcologist, psychologist), a mutual support groups, organizing and conducting training and educational classe sproviding information materials on HIV / AIDS and chemical dependency, the provision of personal hygiene (razors, toothbrushes)
- Programms of resocialization

The next steps:

- Organization of volunteer movement among prisoners
- Changing attitudes to the Department's programs, which implement the NGO
- Education Department staff at all levels
- Development and approval common schedules, changing regulatory environment.
- Creating the conditions for detoxification in jail
- The ST treatment in prisons
- Needle exchange in jail
- Resocialization programs in prison
- Provide funding programs with state Budget

[Paper ID:106]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

halfway house, drug users, outreach programme, drug user volunteers, government sector cooperate

Authors (speaker underlined):

Apakupakul, Nualta

Title:

Lessons learned from the first phase of the "half way house" in southern Thailand

Abstract:

Issue: The use of illicit drugs in Thailand such as metamphetamine, kratom(local illicit drug), heroin etc. has increased. In general, drug users did not want to use the services provided by the health system, so this program was set up to support a drug user's access to care.

Setting : Chana district , Songkhla province, Thailand.

Project : This action research started with 1) RSA(rapid situation assessment), 2) training outreach programme to empower the drug user volunteers 3) finding out the drug users in the community. 5) a center for drug users after their discharge from hospital or prison 6) setting activities in the "half way house".

Outcome: 1) Illicit drugs are a serious problem in communities, most teenagers especially in out of school groups use methamphetamine and kratom. The villagers needed the "half way house" which is controlled by a health team and support network. 2) Local administration supported the halfway house and occupational training. 3) Local policemen accepted this programme. After 2 months we found that: a) the reports of new cases in communities which were collected by the volunteers were unreliable b) volunteers did not show any initiative c) one of volunteers became a drunk, another stopped using drugs because he was diagnosed with HIV and on the ART programme. Four volunteers were on methadone long term and ART programme. 5) the activities in the "half way house" were not yet started. The attitude of the villagers and some government staff to drug users were strongly negative. Conclusion: we learned from this program that the network of government sectors cooperated well, however, the training programme had weak points. The criteria of the selection of the volunteers must be firm, they have to be monitored and evaluated and their families must be included in this programme.

[Paper ID:431]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Traditional Medicinal Alcohol,toxicity, harm reduction,vender shop,illegal alcohol

Authors (speaker underlined):

Apakupakul, Nualta

Title:

Reducing the harm of traditional medicinal alcohol consumption at Vender Shops,Southern Thailand

Abstract:

Background : Thai traditional medicinal alcohol called yadong, and the consumption of yadong has slightly increased in the last two years. This study aimed to 1) determine the formula of yadong in southern Thailand, 2) determine the opinions of the effect of yadong on drinkers' health. The study area was urban areas in Songkhla, Thailand

Methodology: A qualitative study was used. Data was collected by in depth interviews with 100 alcohol drinks and 10 venders.

Results: The yadong vender shops served the people in the communities. Most of the customers came for 1-2 drinks (30 ml per drink) and then would leave; only 10% drank more than 240 ml, and 20 % took home. From the 10 vender shops , we found 6 different formulas. Each formula affected drinker's health in difference ways, and could worked as a sexual stimulant, a muscle relaxant, an appetite stimulant, etc. All of the venders did not know about the yadong formula that they sold. In all 6 formulas illegal alcohol was the main ingredient and the concentration of alcohol was 30-45 percent proof. Most of customers were working males with low education. Some of them were Muslim, and the age range was 25- 60 years old. They believed that yadong was good for their health. All of them drank other types of alcohol (not more than 40 percent proof), but it is not the same time as drinking yadong, because other types of alcohol caused hangovers. .

Conclusion: Knowledge of yadong in the Thai population is very limited. Although many yadong have the same name, they have different formulas. Health teams have to provide knowledge to the yadong drinker about the volume of alcohol per drink, the standardization of the yadong, harm reduction and need to follow up on this group.

[Paper ID:1006]

Session: M11

Viral Hepatitis A, B and C: An Overview

Location: Room 3, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

Hepatitis, viral hepatitis,

Authors (speaker underlined):

Araújo, Evaldo Stanislaw

Title:

Brazilian experience in providing HCV (viral hepatitis) assistance and prevention

Abstract:

The Brazilian experience in response to HCV threat will be presented. After some social and economic facts about Brazil showing that even for a growing economy with serious issues to solve it is possible to do something about viral hepatitis. With both official and scientific data as well as some highlights from local newspapers, it is demonstrated that liver disease, mostly due viral hepatitis C&B, is a major cause of death, morbidity and public expenses on health care. The Brazilian response is supported by universities, the AIDS care net, Brazilian Constitution and, NGOs actions. From the academy we expand knowledge and assistance to the AIDS outpatient units and trained health workers and physicians. NGO partnership, has addressed prevention as well as the regulations and laws creating governmental obligations to treat and prevent viral hepatitis. Today we have a specific National Viral Hepatitis Program, which recently has become an AIDS Program branch, States and Cities Viral Hepatitis Programs, Prevention Days and Weeks, a parliament task force to deal with viral hepatitis issues and a broad assistance to the patients with free medicines (constantly updated), vaccines and diagnosis tests. Our challenge is to continue to improve, to deal with millions of infected patients and to spread assistance all over a continental country. The take home message will be that it is always possible to do something, especially in terms of education, prevention of coinfections (HBV, HIV, HCV) and alcohol and illicit drugs use as well adopting a healthy lifestyle avoiding overweight and its consequences (metabolic syndrome, NASH, NAFLD) all factors closely link to liver complications. In terms of assistance we will incentive the diagnosis and organization of assistance from the primary care to more complex levels taking advantage of the long and often slow natural history of chronic viral hepatitis selecting the essential diagnosis tests and priority populations to aim.

[Paper ID:379]

Session: C23

Cannabis Normalisation: Cross-National Perspectives, Evidence and Implications

Location: Room 4, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Normalization, cannabis, policy, stigmatization, adults, Canada, harm reduction

Authors (speaker underlined):

Asbridge, Mark; Erickson, Pat; Marsh, David; Duff, Cameron; Brochu, Serge; Cousineau, Marie-Marthe; Hathaway, Andrew

Title:

A Canadian perspective on cannabis normalisation among adults: has all the stigma gone?

Abstract:

Background: In Canada we have witnessed the emergence of increasingly permissive attitudes regarding the personal use of certain drugs, alongside more traditional prohibitionist views. This is especially true of cannabis, the most widely used illicit drug in Canada. Once associated with “deviant” subcultures, the use of cannabis has become a “lifestyle choice” for many Canadians. Half of all Canadians (age 15+) have tried cannabis at least once, with even higher rates among youth. These events raise important questions: First, how might we account for the emerging cultural normalization of cannabis? Second, what are the potential impacts of normalization on drug control from a legal and health policy perspective?

Methodology: Participants were 202 current, socially stable, adult (20-50) cannabis users from four Canadian cities (Montreal, Toronto, Vancouver, Halifax). Data were collected via mixed methods, drawn from questionnaire and in-depth interview, and the analysis of policy and surveillance data. Our analysis included descriptive statistics of attitudes and use practices, complimented with qualitative analysis of interview data.

Results: Despite its illicit status, most users found it easy to obtain cannabis and, while generally selective of where they consumed cannabis, use in public spaces was common. Users provided many examples of stigma avoidance or minimization, and nearly half held some less permissive attitudes towards cannabis. About two-thirds had considered quitting, but generally regarded cannabis as a feature of daily life.

Conclusion: The extension of the normalization thesis to adult cannabis users is warranted. The implications for policy include the users’ obvious disregard for the legal threat and their ease of obtaining cannabis. Their patterns of controlled and largely non-problematic use support the arguments for legal regulation over prohibition. In addition, the long term use patterns and some health concerns that were expressed indicate that harm reduction strategies also should be considered for cannabis use.

[Paper ID:577]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Diaspora, Refugee, Vietnamese, IDU, Access

Authors (speaker underlined):

Aylward, Paul

Title:

Overlapping marginalities: obstacles to the uptake of harm reduction services for refugee and migrant communities in an age of mass population displacement

Abstract:

Australia's socio-political development and its historical relationship with its Asian neighbours have been heavily influenced by the forces of European colonialism and a fear of cultural invasion embodied in its White Australia policies up until the late 1960s. More recently, this has been clearly expressed in political debates regarding Asian immigration throughout the 1980s and the popularity of stringent border protection policies in the early 2000s (thwarting international human rights agreements regarding the acceptance and treatment of refugees). These measures transmitted strong messages to settled refugee communities which undermined a sense of belonging in Australia's multi-cultural society.

Evidence suggests that some refugee and migrant groups may be particularly vulnerable in terms of injecting initiation, risky practices and lack of uptake of harm reduction services. For IDUs from Vietnamese communities, a range of socio-cultural factors impinge on accessing services prompting calls for encouraging and supporting culturally appropriate responses involving communities. However, the importance of contextualising HR service provision for migrant communities within the broader political and historical landscapes of nation states and Diaspora has not been fully explored.

The heterogeneity of migrant communities often reflects that of their country of origin, and beliefs, customs, political divisions, and State practices which shaped their experiences may re-emerge in various forms in the new land. These are acted out against and interact with the new country's socio-political terrain. Focussing on the Vietnamese community in South Australia, this paper will explore these implications for the delivery of culturally appropriate harm reduction services for IDU from refugee backgrounds. The paper argues that obstacles to HR services are shaped by overlapping marginalities as communities operate against the broader political influences and discourses which demonise both the refugee and IDU. The implications for harm reduction in an age of mass population displacement will be discussed.

[Paper ID:158]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

ketamine, outreach materials, young people

Authors (speaker underlined):

Ayres, Rachel; Bartlett, Jim; Weinstock, Pete

Title:

Ketamised? Materials for young Ketamine users 'where they're at' and 'why they're at it'

Abstract:

Bristol Drugs Project has developed a series of posters, flyers and plastic credit-sized cards to raise awareness of treatment services for Ketamine users. These can be ordered free of charge and customised to advertise local drugs services

Over the last 2 years increasing numbers of young people have presented at Bristol Drugs Project seeking help with problematic Ketamine use. In the last 12 months we have seen an increase in young people injecting ketamine through our needle and syringe programme. These service-users report a much larger population using ketamine and moving into injecting who do not access services. The materials are designed to be eye-catching but with minimal information. They can be displayed in venues where young people are likely to see them and the credit-sized cards may be used during drug use. They have been distributed through user-networks, to clubs and other dance venues and through health and social care professionals.

Please sign up if you would like to receive these free materials

[Paper ID:159]

Session: M14

Ageing Substance Users in the Developed World

Location: Room 3, 2010-04-29, Start: 09:00,End: 10:30

Keywords:

older drug users, barriers, treatment

Authors (speaker underlined):

Ayres, Rachel; Eveson, Lynne C; Telfer, Maggie

Title:

Where is the last generation? Obstacles to accessing treatment amongst older drug users in Bristol, UK

Abstract:

Recent publications have raised concerns about how to meet the treatment needs of an aging drug-using population. At Bristol Drugs Project we have noted the absence of older users attending services beyond prescribing of opiate substitution therapy (OST) through our General Practitioner-based shared care scheme.

Twenty current drug-users over the age of 55 were interviewed individually and through a focus group. Questions were asked about their experience of treatment, what prevents them from accessing services and what might encourage their participation in our community drugs project. Thematic analysis revealed a reluctance to be associated with younger drug users and a sense of shame at "still using at this age", as barriers to accessing our centre. Assumptions that health professionals would interpret asking for medical help with other age-related symptoms as "merely seeking more medication", had prevented some participants from getting adequate pain relief and there was a tension between fear of detox and fear of being drug dependent in old age. Most reported positive relationships with GPs and BDP Shared Care workers in respect of their drug use, but others had experience of being stigmatised and feeling inadequately treated within Tier 4 (mainly hospital) services which they attributed to their drug-user status.

Focus group participants developed the idea of a detox support group specifically for this age group to be held at a venue away from the main premises. This will be piloted. Advocacy work and training for health professionals across Primary and Secondary Care may become a useful and necessary role if we are to improve treatment for older drug users.

[Paper ID:688]

Session: C07

Using Naloxone to Prevent Fatal Overdoses: Innovations and Programmes

Location: Room 1A, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Overdose, naloxone, Tajikistan

Authors (speaker underlined):

Azizmamadov, Maram

Title:

Overdose prevention in Gorno Badakhshan Autonomous Region (GBAO) of Tajikistan

Abstract:

Issue: The southeast region of Tajikistan is the first stop on one of the world's major drug trafficking routes. UNODC estimates that more than 3% of the region's population uses drugs, and experts estimate that 80% of these drug users inject heroin.

As a network of organizations working in harm reduction in GBAO, Association Volonter noticed a high prevalence of overdose among clients, a large percentage of them lethal.

Description: In cooperation with the local authorities we decided to launch a regional overdose prevention program by delivering naloxone to drug users.

Process and Outcomes: We began in 2006 by training emergency medical services (EMS) in naloxone delivery. They in turn, were now motivated to respond to overdose calls with more frequency, establish trust in the community, and save lives. In 2006 EMS answered 245 cases of overdose – and national overdose rates decreased by 7%. Though this was positive, we quickly realized that drug users would be better served through outreach efforts and direct distribution of naloxone. As naloxone became increasingly available through community networks, deaths decreased; in 2008 emergency services were called upon only 18 times with two lethal outcomes. We have also noticed a dramatic decrease in deaths among our clients.

Lessons: Understanding the need for wider availability, we are now working to introduce naloxone to pharmacies. Also, according to a survey of drug users in 10 cities in different regions of Tajikistan, only drug users in Khorog know about and are able to receive naloxone, because in other areas the authorities are less tolerant of the medicine's distribution. Two other organizations are implementing naloxone interventions through emergency ambulance services in Dushanbe and Farhor; however, to better reduce mortality, we are advocating for a countrywide intervention.

[Paper ID:686]

Session: M07

Shining a Light on the System: Using Monitoring and Advocacy to Effect Change

Location: Room 1A, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

patients' rights, monitoring, advocacy

Authors (speaker underlined):

Babenko, Lev

Title:

Drug users defend patients' rights in Kyrgyzstan

Abstract:

Issue: Injection drug use is widespread in Kyrgyzstan: though official statistics count 26,000 drug users, some believe the true number could be double. Injection drug use is the most common route of HIV transmission in the country, accounting for 74% of registered HIV/AIDS cases. Because of intense stigma, many IDUs face gruesome violations of their rights by health care providers.

Description: Aman+ is an organization started and run by former and current IDUs. We conducted a community monitoring study to bring to light these abuses toward IDUs. We documented violations and called on the medical establishment to stop them and provide adequate access to health care services for IDUs.

Process and Outcomes: In our study we tracked the quality and timeliness of medical service provision and the consequences of inadequate or untimely medical service delivery, interruption and refusal of treatment, and cases of lethal outcome due to inadequate services provision. We found that medical staff failed to follow elementary standards of ethics when providing medical help to drug users. They also lacked knowledge of existing harm reduction and rehabilitation programs and could not provide adequate referrals. There was no system for reporting abuses and filing complaints and drug users lacked legal education and were unaware of their rights. These factors led IDUs to avoid medical services.

Lessons: We presented the results of our research to government ministries, which opened doors for future collaborate with these entities. We launched a series of trainings for medical workers to sensitize doctors and nurses to serving drug users. In 2009 we – the community of IDUs – trained over 100 health staff of various medical institutions around Bishkek. We are now collecting data on the impact of our efforts.

[Paper ID:678]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

NSEP, IDUs, HIV, High Risk, Condom,

Authors (speaker underlined):

Badhan, Suresh Kumar; Badhan, Usha Rani; Prashar, Mamta; Badhan, Sonal; Singh, Jai Pal

Title:

Effect of NSEP programme among IDUs risk behaviour pattern

Abstract:

Background: IDUs constitute an important high risk group for HIV transmission because of the dual risk. Infection when prevalent in the group spreads rapidly among needle sharing groups followed by unsafe sexual practices with others. Drop in center for NSEP is working in the studied area since 1999 by a NGO. This study was carried out to determine effect of NSEP on risk behaviour. Prevalent sexual practices and other risk factors were studied in IDUs.

Methodology: This study was conducted in four slum clusters of East Delhi which is hub for illegal trade of drugs. A semi structured pre tested profoma was used to collect the information.

Results: A total of 181 IDUs responded of which 143 (79%) were males and 38 (21%) females. Of these 42 (23.2%) were under 19 years age. Only 16 (11.18%) males and 2 (5.26%) females were high school pass, 11 (7.69%) males and 2 (5.26%) females were never married. All of them live in makeshift shanties and none had any steady source of income. High risk behaviour among them was very prevalent. All the participants (100%) were sexually active and had more than one sexual partner during the past three months and condom usage almost insignificant. Using old syringes 32 (22.37%) in males, 15 (39.47%) in females and sharing syringes 112 (78.32%) in males and 29 (76.31%) was another major high risk behaviour. Among males 39 (27.77%) were involved in homosexual activities. Of all 31 (21.67%) males and 12 (31.57%) females were tested for HIV and 19 (61.29%), 4 (33%) respectively tested positive.

Conclusion: The results suggests that in spite of NSEP programme in the area for the last ten years high risk behaviour is as much prevalent as in other non served areas and thus the strategy needs to be remodeled.

[Paper ID:1007]

Session: M10

The War Against Sex Workers

Location: Room 1A, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

sex workers,

Authors (speaker underlined):

Bakirova, Dinara

Title:

Resisting raids and violence against sex workers: a community empowerment approach in Kyrgyzstan

Abstract:

Tais Plus is community-based organization active in Bishkek, Kyrgyzstan, created and run by sex workers since 1997. In our view sex workers don't harm anybody, hence a harm reduction approach to sex work is not our approach. The main approach developed by Tais Plus is community empowerment. Currently our main focus is resistance to police raids. Due to these sex workers suffer from police violence and blackmailing and need to hide. There is no practical legal way for individuals to resist these. Due to this situation contact with sex workers becomes difficult and short-term. Police pressure makes worse sex workers' everyday life and it is a severe barrier to the implementation of HIV/AIDS prevention programs. Our main achievement in the area of advocacy is that in 2005, over a 6 month period, with our allies we stopped an attempt to criminalize sex work in Kyrgyzstan. Organized public hearings took place all over the country to convince decision makers and key actors in HIV/AIDS program development to realize the consequences of sex work criminalization. In 2008 Tais Plus developed a shadow report for CEDAW and presented it on 42nd session.

Our main recommendations are that there is a need to: (1) Make the situation in Kyrgyz Republic, on realizing the rights protected by CEDAW with regards to sex workers, a subject of consideration by CEDAW and the concluding comments of the Committee to be addressed by the Government of Kyrgyz Republic; (2) Recognize sex work as work, both in Kyrgyz Republic and internationally. The Committee is concerned about reports of discrimination/harassment against women because of their sexuality as well as harassment against women in prostitution by police officials. We are sure program implementation should be based on clear understanding of context, peoples needs and real opportunity for people to make changes.

[Paper ID:483]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Most at risk adolescents, HIV prevention, harm reduction response, secondary data analysis of a behavioural surveillance survey, overlapping risk behaviour

Authors (speaker underlined):

Balakireva, Olga; Teltschik, Anja; Bondar, Tetiana; Sereda, Yulia; Sakovych, Olena

Title:

Social and behavioural research as a basis for implementing effective methods of HIV prevention among most-at-risk adolescents

Abstract:

Background

Most at risk adolescents (MARA) make up a considerable proportion of most at risk populations, but have so far been left out of the HIV prevention and harm reduction response in Ukraine.

Methodology

We conducted secondary data analysis of a behavioural surveillance survey of adolescent IDU (N=259, aged 13-19), FSW (N=281, aged 13-19) and MSM (N=212; aged 15-19) and carried out a separate survey of risk behaviour among adolescent boys and girls living and working on the streets (N=805; aged 10-19).

Results

The secondary analysis found that 48% adolescent FSW engaged in unsafe sex with clients in the last month; 25% adolescent MSM did not use a condom at last sex with a commercial partner; 30% adolescent IDU shared a needle in the past month and 24% IDU girls were also involved in selling sex. Consistent with these findings, among street-based adolescents 15.5% reported injecting drugs; 57% girls and 17% boys said they engage in transactional sex; 10% boys reported anal sex with another male. Overlapping risk behaviour is widespread (10% street IDU girls reported selling sex); while service-seeking behaviour is low (12% street adolescents reporting that they were tested for HIV in the last year and know the result).

Conclusion

These findings suggest that Ukraine's national AIDS response should pay particular attention to MARA and to increasing their access to targeted prevention and harm reduction services. The data collected were fed into multispectral strategic planning processes for MARA at the subnational and national levels, which were initiated by UNICEF and led by the State Social Services. They were further used for operational planning at service-provider level and critical in developing and implementing innovative, evidence-based service delivery models for MARA that are currently being piloted in five regions of Ukraine.

[Paper ID:238]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

alcohol, treatment, offender, supervision

Authors (speaker underlined):

Baldwin, Helen; McCoy, Ellie

Title:

Court mandated structured alcohol treatment – what works?

Abstract:

An evaluation was conducted to assess the delivery and impact of court mandated structured alcohol treatment in several geographies in the UK. Schemes were delivered through partnerships between treatment providers and supervision within the criminal justice system. Schemes aimed to engage individuals who had committed an alcohol-related offence, and who were identified as alcohol dependent, in treatment specifically designed to tackle their alcohol misuse and in turn reduce the likelihood of them re-offending.

Measures of participants' alcohol use and related behaviours, offending and health were recorded at the initial assessment stage and again at the three- and six-month review stages. A stakeholder consultation with treatment, offender supervision and court staff provided insight into the processes and running of the schemes.

Data revealed desirable outcomes for the participants including increased alcohol awareness, reduced alcohol use and improved health. Positive changes were largely attributable to the relationships built between participants and their alcohol workers and in many cases, their offender supervisors. One-to-one in-depth discussions were fundamental in promoting positive changes in participants' attitudes and behaviours. The consistency and dependability of workers were also important factors. Further, communication between offender supervision and treatment staff was key as role boundaries sometimes overlapped. While participants were optimistic about their ability to tackle their alcohol problems beyond the treatment period, a formal framework for aftercare needed to be established in order to ensure continued support was available to those who required it, to minimise risks of relapse and further conviction.

Findings suggested that alcohol treatment mandated through courts can be successful in producing positive outcomes for individuals meeting the suitability criteria. Key factors highlighted by the evaluation can provide guidelines for the implementation of such schemes internationally.

[Paper ID:444]

Session: C25

Compulsory Detention of Drug Users: We All Know It Is Happening But What Can We Do?

Location: Room 1A, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

compulsory drug treatment, ethics

Authors (speaker underlined):

Baldwin, Simon

Title:

Compulsory detention of drug users: we all know its happening but what can we do?

Abstract:

Issue: During the IHRA conference in Bangkok, delegates spent considerable time highlighting the human rights and public health issues associated with compulsory detention of people who use drugs. Building on the momentum created, this paper will ask the pragmatic question: what can be done to reduce the harm associated with compulsory detention?

Setting: Throughout Asia, most countries now regard drug users as “patients and not criminals”. In reality however, this has not, by and large, resulted in better treatment for people who need it. Rather, it has widened the net and has led to more drug users being detained and significantly reduced the legal process associated with sentencing.

Key Arguments: Until now, there has not been a discussion about how to best respond to compulsory detention. Some agencies are pro-engagement; others believe that this shows support to a system that can not be fixed.

Implications: Using Jonathon Mann’s Four Step Assessment model, this paper will outline the public health and human rights issues associated with engaging or not engaging on the issue of compulsory treatment. It will also provide a road map for engagement that aims to reduce the immediate harm associated with compulsory detention, and over the long term, to transition away from the status quo. The road map outlines three main points: 1) engagement should principally focus on meeting immediate public health needs of detainees 2) all engagement should be clearly defined by rules that are agreed by both the implementing agents and managing authority of the centers that articulate both the project’s goals as well as monitoring framework and 3) engagement should also be paralleled by efforts to set up a network of evidence-based, community-located and voluntary treatment for people who need it, not one that targets all drug users.

[Paper ID:988]

Session: C22

Peer Driven Interventions

Location: Room 1B, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

User-Driven, cost-effective, community support, police involvement

Authors (speaker underlined):

Balian, Raffi; Altenberg, Jason; Bannerman, Molly

Title:

Meaningfully driven

Abstract:

On Dec 1, 1998, through the advocacy of illicit drug users (iDU), a harm reduction position was offered to South Riverdale Community Health Centre (SRCHC). An iDU was hired and the COUNTERfit Harm Reduction Program was created.

COUNTERfit started with the notion that every service user is a potential service provider. No iDU was refused a regular, a paid peer, or a volunteering position. Basically, the program was developed, implemented, and evaluated by iDU.

From its inception, one third of COUNTERfit's Community Advisory Committee (CAC) had to be iDU; consequently, no venture was planned without meaningful involvement of COUNTERfit service users. No applications were written without including funding to insure paid involvement of iDU. The meaningful involvement of iDU ensured that the priorities of the using community were targeted (i.e. availability and quality of drugs, overdose and violence prevention, etc...). By targeting the needs of our service users, sufficient trust was developed among the community to successfully communicate public health messages.

On February 1, 2008, COUNTERfit hired its first non-iDU worker. Hitherto, the involvement of iDU was so ingrained, the program felt comfortable to hire according to merit alone. Since then, the program has become even more user-driven. At this time, COUNTERfit boasts a Project Coordinator, an Office Manager, eight paid peers and six Health Outreach Workers who use illicit drugs actively.

The program is unarguably the most successful in Toronto and has won the EPIC award. For its success, COUNTERfit had to have the trust and tacit involvement of management of the host organization. This workshop will show how the management of SRCHC worked collaboratively with COUNTERfit to not only support meaningful user involvement, but also, through organizational funding and development of policies, made sure that workers who used illicit drugs were supported and protected.

[Paper ID:1001]

Session: P3

Creating Evidence for Action

Location: Room 1, 2010-04-29, Start: 13:30,End: 15:00

Keywords:

evidence-based harm reduction,

Authors (speaker underlined):

Guerma, Teguest; Verster, Annette; Ball, Andrew; Lo, Ying-Ru

Title:

The need for mainstreaming evidence-based harm reduction

Abstract:

In order to achieve universal access (UA) to HIV prevention, treatment and care, harm reduction is a priority issue. If we don't reach people who use drugs with evidence-based interventions we will not achieve UA.

Over the last decade we have achieved a lot in the area of harm reduction. WHO has contributed to the development of the evidence base for harm reduction as a public health approach. Tools and guidelines have been developed in collaboration with many stakeholders. International agencies and in particular NGOs and CSOs have all advocated for the implementation and scale up of harm reduction.

While good data on the availability and coverage of the various interventions are still scarce, we know that services are not available and do not reach all those in need. In many countries, services are provided by NGOs and CSOs on a small scale.

We have reached agreement at the global level on what needs to be done and how to measure progress. A comprehensive package of interventions and indicators has been defined, and targets have been set for countries to reach in order to have an impact on the HIV epidemic.

We have developed the tools and guidance and many have advocated for implementation of harm reduction interventions. Despite all these efforts, there are still barriers in place to scaling up programmes. In order to scale up interventions and have an impact, countries need to take responsibility and mainstream harm reduction into their public health response to HIV and drug use.

[Paper ID:239]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

OD management - an integrated approach of harm reduction practices

Authors (speaker underlined):

Bangkim, Singh Chingsubam; Shasikumar, Singh Yumnam; Kongjabam, Singh Brijit

Title:

Need of the hour; an integrated approach to harm reduction practices for the next generation in Manipur, India

Abstract:

Issue: Manipur has high HIV prevalence among IDUs 17.9% (2007) and sharing is quite common due to cultural context and various situations. Harm Reduction program taken up by SACS in complementary with BMGF targeting 40,000IDUs. Presently 57TI, 9NGOs(BMGF) implementing HR covering 9 districts. Existing HR prioritises only on NSP & condoms, absence of comprehensive approach in addressing drug use relevant issues i.e., Over Dose, STIs & health care. An OD death has been unaddressed over the decade. (Naloxone) is less than 2\$ MRP but pharmacy sold in black market approx. 60\$. Harassed by police at the cost of life e.g. filing cases to make money & delaying treatment.

Setting: Manipur in northeast India close vicinity to "golden triangle" have 50,000 drugusers' out of which 35,500 IDUs (UNODC). Heroin is preferred drugs, a new trend of injecting pharmaceuticals & mixing drugs increasing among youths.

Project: SASO implemented HR programs in four districts, identified as high HIV prevalence with 12% to 18% amongst IDUs', targeting 2800 IDUs. Core activities - Comprehensive Intervention of HIV prevention among IDUs & their sexual partners through Outreach, DIC/clinic facilitating STI, abscess, healthcare & SOS Naloxone, NSP, OST, BCC & Community mobilization supported by BMGF & International HIV/AIDS Alliance.

Outcomes:

- Project covered 2678 IDUs & 220 FIDUs.
- Out of 167 OD, 97 saved from OD (during last 3 years)
- 13% of those save increased health seeking behavior & reduce mortality rate
- OD patients ignored by public, lack of family support & knowledge.
- Able to build relationship with family, community & increase acceptance on HR activities
- Challenges includes uncertain law & order, frequent disruption of normalcy by social organization, curfew & blockade being a armed conflict state
- A Comprehensive approach towards integrated services is needed for 'Next Generation' emphasizing on human values rather than conventional approach.

[Paper ID:463]

Session: C34

Innovative Approaches to Reducing Non-Viral Health Harms

Location: Room 1B, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

Deaths, Health, Morbidity, Respiratory, Smoking

Authors (speaker underlined):

Baron, Lloyd; Beynon, Caryl; McVeigh, Jim; Chandler, Martin

Title:

Promoting respiratory health: current and novel harm reduction interventions

Abstract:

The chronic health effects arising from substance use are a contributory cause of morbidity and mortality amongst long term drug users. The incidence of these effects is likely to increase as the drug using population ages; placing a significant burden on individuals' quality of life and on health services. Tobacco smoking rates amongst opiate users are high and opiate users who smoke as a route of drug administration are potentially causing significant lung damage. Opiate users are at risk of aspiration pneumonia and this, coupled with impaired respiratory function, may lead to higher incidence of respiratory disease amongst opiate and crack users.

The chronic health effects of drug use such as respiratory disease are not included in current drug related death (DRD) definitions, the underlying aetiology of many respiratory diseases is attributed to smoking tobacco and other substances. Therefore respiratory disease can in part be attributed to substance use and can be classed as a drug associated death.

Data on individuals who died whilst in contact with drug treatment agencies in the northwest of England 2003/04-2007/08 were examined to ascertain further detail on individuals whose cause of death was related to respiratory disease. During this period there were a total of 504 confirmed deaths 328 were classified as non DRD.

Analysis shows the proportion of individuals whose primary cause of death was a respiratory disease including lung cancer and respiratory infections.

This paper will present the analyses including secondary and tertiary cause of death data in conjunction with injecting status. The implications of these findings will be discussed alongside recent research examining novel harm reduction initiatives amongst individuals suffering from chronic respiratory disease who continue to smoke. The incidence of mortality related to respiratory disease demonstrates that smoking related harm reduction interventions are required amongst opiate/crack users.

[Paper ID:382]

Session: M01

Young Drug Users: Emerging Drugs and New Trends

Location: Room 1A, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

harm reduction, latin america, non injected drugs, youth, mexico

Authors (speaker underlined):

Barra, Aram

Title:

Young people, harm reduction and non-injectable drugs

Abstract:

The structural context of Latin America influences the reasoning why young people consume drugs and fosters a new generation of drugs and its use. Alcohol, plants and other non-injected drug use imply a need for debating harm reduction's meaning in the region.

In Mexico, for example, in 2008 9% of people between 12 and 17 years of age have a high regular consumption of alcohol, 2% have at least tried marihuana and .82% cocaine. In this same age range, 8% have been exposed to drugs and not consumed and 2.3% of users do not believe to have an addiction problem.

The government's response to this is the setting of 278 centers nation wide for treatment and local prevention and a new federal small trafficking law. Some of these centers only began to operate this year, reason why it becomes a great opportunity to monitor the amount of young people that have access to them and their life stories.

By visiting and collecting data through 2009-2010, we have put together statistics to grow the debate on harm reduction strategies for non-injected drug use between young people. While this serves in particular to Mexico, much of its conclusions/impacts are applicable to the rest of Latin America.

This groundwork will be presented as the mid term analysis of a 3 year research project across the country through which opportunity areas for community-based projects can be identified. Furthermore, this may impact the resources allocated by international agencies to young drug users and the relation that this community sees in its prevalence of HIV and other blood born diseases.

[Paper ID:392]

Session: C29

Drug Use in Gay, Lesbian, Bisexual and Transgender Communities

Location: Room 4, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

GLBT, self determination, community

Authors (speaker underlined):

Bath, Nicky

Title:

Our lives, our issues, our health; the role of drug user organisations in reducing stigma and discrimination among gay, lesbian, bisexual and transgender communities

Abstract:

The NSW Users and AIDS Association is the NSW drug user organisation that is run by and for people who use drugs with a focus on those that inject, our friends and allies. NUAA is a member of the Australian Injecting and Illicit Drug Users League, (AIVL), Australia's national drug user organisation.

Key to the success of the work that NUAA undertakes is self determination and the roles that peers undertake within their own networks.

Often, the gay, lesbian, bisexual and transgender (GLBT) communities are reported as experiencing higher incidence of drug use and the use of greater quantities of substances when compared to the broader community.

Of late, there has been great focus and debate on the use of crystal methamphetamine and associated harms particularly for gay men including HIV, hepatitis C and HIV and hepatitis C co infections. This has occurred to the detriment of the other drugs that continue to be used in a variety of settings.

The erosion of harm reduction and subsequent backlash to the use of illicit drugs by some community members has ensured a conservative approach to the current use of illicit drugs among the GLBT communities.

This paper will explore the need for improved self determination by people who use and inject drugs and also identify as members of the GLBT communities. It will demonstrate that the most effective approach is that of peer education, community development and self representation and advocacy in reaching people who use and inject drugs to improve harm reduction responses and improve treatment uptake for those that seek it.

[Paper ID:691]

Session: M07

Shining a Light on the System: Using Monitoring and Advocacy to Effect Change

Location: Room 1A, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

substitution treatment, advocacy, monitoring, methadone, buprenorphine

Authors (speaker underlined):

Belyaeva, Olga

Title:

Empowering patients: the experience of the all-Ukrainian OST patients's association

Abstract:

Issue: In 2004 buprenorphine became available in Ukraine, followed by the introduction of methadone in 2008. Today nearly 5,000 people are receiving opiate substitution treatment (OST). However, the legislative framework regulating OST provision in Ukraine remains rigid and patients are often left at the margins of the decision-making process regarding their health and treatment regimen. Doctors control decisions regarding dosage, waiting lists, and patients' ability to travel or receive their treatment at convenient times.

Description: At the end of 2008, a group of patients came together to form a national network of OST advocates, comprising patients and other supporters of OST, including sympathetic doctors and parents. Called the All-Ukrainian OST Patients Association, it aims to give patients a greater voice in decisions regarding OST, both locally and in national legislation. They're working to make the health care system more transparent, accountable and responsive to the needs of the patients.

Process and Outcomes: To date, the Association is a group of volunteers representing 24 regions in Ukraine who function through a list-serv and regional visits to OST sites. While the network is in its early stages of development, their goals include monitoring and documenting cases of police abuse of patients and doctors, as well as documenting evidence in order to advocate for substantive legislative changes, such as take-homes for buprenorphine and methadone, non-interrupted access to OST medication at hospitals, the creation of a unified nationwide database to facilitate travel throughout the country, and, most importantly, institutionalization of substitution treatment in Ukraine.

Lessons: The patients movement is the single greatest advocacy force behind sustainability and institutionalization of substitution treatment in the country. The speaker will share insights about forming a national patients' association, the challenges of such a model, and her thoughts about replicability.

[Paper ID:566]

Session: C31

Harm Reduction Projects and Services in Eastern Europe

Location: Room 1A, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

social services for IDUs, harm reduction practice

Authors (speaker underlined):

Berezina, Elizaveta

Title:

Social services created on the basis of harm reduction projects in Russia

Abstract:

Issue. Injecting drug users have multiple social concerns: problems with documents, housing, etc., which they often cannot address on their own, facing discrimination from public services, having problems with the law or lacking skills to tackle these problems. At the same time, IDUs are a hidden group, and social services often find it difficult to access it. This is where harm reduction (HR) plays a vital role: HR projects establish the missing links between social services and IDUs.

Setting. AIDS Foundation East West (AFEW) is implementing client management project in 8 Russian regions – among IDUs, PLHIV and ex-inmates. A social bureau for IDUs that was created in Tomsk is affiliated with a local harm reduction project led by Fund ‘Tomsk AntiSPID’.

Key Arguments. The decision to create a social bureau as part of a HR project was supported by the project’s extensive experience in conducting prevention activities among IDUs. AFEW provided trainings in client management to project staff and offered financial and methodological support. Guidelines for HR specialists were issued and distributed; a client registration database was handed over to the project.

Outcomes. Over 1,5 years of project implementation, 87 IDUs received various types of services. The most popular were those related to linking IDUs to social services, helping them to retrieve documents, providing psycho-social and finance support (buying medications and food) – 81 clients received this type of services. Among the difficulties that project staff encountered were negative clients’ attitudes towards social and medical services; barriers in providing rehabilitation services to women with children.

Implications. The work of this social bureau showed that client management for IDUs organised as part of HR projects is a promising initiative, as IDUs in Russia grew to trust these projects, and they have become an important bridge between clients and social services.

[Paper ID:250]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

comparative risk, risk information, risk education, graphical communication

Authors (speaker underlined):

Bergen, Paul Lohrenz; Heavner, Karyn; Nissen, Catherine; Phillips, Carl V.

Title:

An educational tool for illustrating the potential of tobacco harm reduction

Abstract:

Despite the wide availability of statistics, the potential of tobacco harm reduction (THR; substituting low-risk nicotine products -- particularly smokeless tobacco and "electronic cigarettes" -- for cigarettes) is largely misunderstood by the public and decision makers, and even by experts in harm reduction and public health. Due to effective anti-THR propaganda, the statistics have not overcome prejudices. We have developed a graphical educational tool that should reduce genuine misunderstandings and the effectiveness of misleading propaganda, demonstrating the value of THR to consumers and health advocates. A downloadable and printable poster, with accompanying ancillary information, illustrates with analog (size-based) graphic the health toll from nicotine use as it actually stands, as it would be if all users smoked, and as it would be if all users used low-risk products. This illustration is made more memorable by breaking out specific diseases, notably those like oral cancer that are used to discourage smokers from switching to low-risk alternatives. For comparison, similar statistics are provided for other harm reduction interventions related to substance use, sexual behavior, and everyday exposures (e.g., automobile safety).

This illustration makes several observations clear: THR's absolute potential benefits are enormous; in the West it is the greatest untapped potential improvement in public health. THR reduces risks so much that the health benefits are roughly equal to nicotine abstinence (or prohibition). For Western populations, both the magnitude and the relative reduction are much greater than for other harm reduction interventions, and these are comparable even in parts of the world most desperately in need of other harm reduction interventions. In contrast with the adoption of risk-reducing behaviors in many contexts, current nicotine usage patterns are close to the worst-case-scenario, and so most users are potential targets for harm reduction.

[Paper ID:946]

Session: P1

Harm Reduction: Next Generation Challenges

Location: Room 1, 2010-04-26, Start: 09:00,End: 10:30

Keywords:

health, systems, financing, civil, society

Authors (speaker underlined):

Bermejo, Alvaro; McLean, Susie

Title:

A health system's strengthening approach to development financing: what does it mean for harm reduction?

Abstract:

Global commitments to universal access for people who use drugs have not been met. Coverage of services remains poor. In 2010, global financing for HIV is moving away from targeted HIV-specific programmes to 'wider' programmes that strengthen health systems in developing countries. Are resources for targeted HIV-related interventions for people who use drugs threatened?

Injecting-related HIV prevalence continues to rise in many developing and transitional countries. Health financing trends that increase investment in government-led health services present problems for people who use drugs. Mainstream health services are a site of discrimination and human rights violations for people who use drugs across the world. A health system's approach to health financing may lead to a reduction in resources for HIV/AIDS programmes, and therefore a reduction in harm reduction programmes.

In countries with weak health systems, the needs of drug users for comprehensive care may not be prioritised. In undemocratic states, government health systems will continue to exclude or harm drug users. In both settings, civil society organisations are a way to get services to people who use drugs. Civil society organisations can get services to people who use drugs while the long-term task of strengthening health systems is underway. Health planning will need increasingly to integrate community based and health facility based health care. The HIV work that is not clinic-based – HIV prevention, community mobilisation and outreach, advocacy for rights, police and community education – will need continued investment. Set health systems strengthening targets that address the HIV and other health needs of people who use drugs. Build capacity of civil society providers of health and social services to meet HIV targets. Advocate for WHO to commit to tackling stigma and discrimination related to HIV and drug use in health care settings.

[Paper ID:83]

Session: M14

Ageing Substance Users in the Developed World

Location: Room 3, 2010-04-29, Start: 09:00,End: 10:30

Keywords:

ageing, chronic conditions, health, social networks

Authors (speaker underlined):

Beynon, Caryl; Roe, Brenda; Duffy, Paul; Pickering, Lucy

Title:

Drug use and ageing: setting the scene

Abstract:

The world's population is ageing; this will increase pressure on healthcare systems if the population does not age healthily. Policies on substance use have largely focused upon young people but there is evidence of a growth of drug use among older people. The number of people in Europe aged 65 and over needing treatment for substance use will double between 2001 and 2020. Similar trends are observed in other developed nations. Alcohol use among older people is documented, while older drug users remain largely hidden.

Using data from drug treatment and needle exchange services in the England we demonstrate the proportion of drug users aged 50 and over is increasing. While living longer, drug users in treatment still die prematurely, and older drug users die from causes which differ from those affecting their younger counterparts.

We also present personal accounts of drug users aged over 50. In addition to physical health needs, interviewees talked of social isolation having outlived drug-using companions and having severed links with family and non-drug using friends. Depression, paranoia and cognitive impairment were also evident. The care of older drug users presents unique challenges; interactions between illegal drugs and prescribed medications, the possibility of iatrogenic addiction, adherence to treatment for those with cognitive impairment, and pain management for older opiate users. Care of older drug users demands a multi-organisational response including the involvement of social care for those with no family support; the reality we face is the rising costs associated with caring for the increasing number of drug users reaching older age.

In addition to those who require drug treatment, millions of people use drugs like cocaine powder, cannabis, amphetamines, and ecstasy recreationally and functionally. We use evidence from population based surveys to demonstrate an increasing number of older people using these drugs.

[Paper ID:476]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

"thanh"

Authors (speaker underlined):

Binh, Kieu Thanh

Title:

Reducing HIV/AIDS transmission among injecting drug users: 7 years' experience of the China-Vietnam Cross Border Project

Abstract:

Kieu Thanh Binh¹, Doan Ngu, Don Des Jarlais, Ryan Kling, Yi Chen, Wei Liu, Meng Donghua, Theodore Hammett¹

1: Abt Associates Inc., Vietnam Office

Background: Assess an HIV prevention program for injecting drug users (IDUs) in the cross-border area of Ha Giang and Lang Son provinces in Vietnam and Ning Ming county, Guangxi province in China.

Methods: Salaried peer educators contact IDUs in the community and provide risk reduction information, new needles/syringes, condoms, and vouchers redeemable for needles/syringes and condoms in participating pharmacies. Serial cross-sectional surveys (behavioral interviews with HIV testing) of community recruited IDUs were conducted at baseline (prior to implementation), and 6, 12, 18, 24, 36, 48, 60, 72, and 84 months post-baseline. HIV risk behaviors, HIV prevalence and estimated HIV incidence were the primary outcome measures.

Findings: HIV prevalence among all IDUs stabilized in Lang Son and Ha Giang and declined substantially over survey waves. Drug-related risk behaviors declined significantly. HIV prevalence rates in Ha Giang town, Ha Giang province were about 51% at baseline, and around 15% after 72 months. For Lang Son, HIV prevalence was about 46% at baseline and declined to 25.1% after 72 months. For Ning Ming, HIV prevalence was about 16% at baseline and stayed stable around 14% at 12, 24, and 36 month post-baseline. HIV prevalence and estimated incidence among new injectors declined by more than half in both Ha Giang and Lang Son. BED test detected 0% of HIV incidence among IDUs in both Ha Giang, Lang Son and Ning Ming. Interventions have reached about 80% of IDUs and provided nearly 20,000 needles/syringes per month.

Interpretation: Implementation of public health scale outreach and syringe access programs was followed by substantial reductions in HIV infection among new injectors. This project may serve as a model for large scale HIV prevention programming for IDUs in developing/transitional countries.

[Paper ID:312]

Session: C15

Integrating Harm Reduction Into Medical Practices

Location: Room 11, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

Policy, Doctors, Network, Development, Asia

Authors (speaker underlined):

Blogg, James Rowan; Ford, Chris

Title:

Why do we need a network for harm reduction doctors? Doctors informing drug policy: a development perspective

Abstract:

Background

Towards the end of IHRA Conference 2008, a dozen delegates met to form a harm reduction (HR) network for doctors in order to:

- Share ideas about good practice and changing views of HR
- Inform policy makers/influence policy
- Explain HR as part of the medical model

The network was proposed as a place where medical practitioners working in HR can have technical discussions.

Current situation

In October 2009, the network became the International Doctors for Healthy Drug Policy (IDHDP) and had expanded to 50 Doctors mainly through word of mouth. Most had already been active in internet-based discussions although only 6 (15%) are based in developing countries.

Asia has big populations of drug users but few doctors work with drug users. Although Asia has a large numbers of physicians, the rate per population is low: ranging from 1 physician per 10,000 people in Indonesia to 14 per 10,000 in China.

Considering the young demographic across this region (and that from 1960-2000 the number of adolescents and young adults doubled in nearly every Asian country) there is an urgent need to mobilize and support clinicians working with IDUs.

Most Asian countries have shown great potential for implementing HR activities but still face huge challenges with regard to clinician training/supervision and policy development. Indonesia has recently recognised the urgent need for structured training and professional support for doctors working in HR.

Objective

A forum like IDHDP can prove to be essential to convince other doctors who are senior managers and decision-makers to adopt effective approaches and not be tied to a more limited vision. IDHP members can access other experienced HR professionals with regards to clinical and policy developments. There can be parallel networks developed in regional languages especially if we obtain funding to recruit doctors from developing countries.

[Paper ID:314]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Scale-up, methadone, Indonesia, progressive integration

Authors (speaker underlined):

Blogg, James Rowan; Rahmah, Amala

Title:

Scaling up methadone maintenance across Indonesia

Abstract:

Current situation: Government of Indonesia has shown increasing commitment to providing drug users with access to methadone therapy since 2004.

There are now 51 methadone clinics in 16 provinces. As of October 2009, there are now almost 3000 active clients receiving therapy. A further 30 clinics will be established in 2010.

Four provinces have moved to include the cost of methadone as part of their provincial budgets. One province has gone so far as to completely subsidize the cost of methadone. Otherwise the price for each dose is usually US\$0.50 at health centres and \$1.50 at hospitals.

Issues: A recent independent review found retention rates to be 74% at 3 months and 61% at 6 months at 2 hospitals and the largest health centre. Currently, no system exists to follow up clients who have dropped out.

A Behavioural Survey of IDUs carried out in early 2009 found a high rate of ongoing injecting (36%) by methadone clients. The rate of injecting varied considerably between the provinces surveyed: 26% in Jakarta, 50% in Bali and 64% West Java. Overall, 92% of methadone clients who reported injecting were using heroin.

There is pressure from Ministry of Health for clients on methadone for more than 4 years to start to pay the full cost of their treatment. Methadone clients have limited access to legitimate income generating opportunities.

Clients also have a limited capacity to travel due to restrictions that limit their dosing to one site.

Strategies

- To improve the quality of methadone services:
- Improved supervision of clinics by referral hospitals
- Registration system will enable client mobility across Indonesia and improve monitoring of dosage
- Development of operational protocols to address service weaknesses
- Develop programs with Department of Social Welfare to improve access to vocational training
- Development of client support groups

[Paper ID:822]

Session: M14

Ageing Substance Users in the Developed World

Location: Room 3, 2010-04-29, Start: 09:00,End: 10:30

Keywords:

older adult drug users, risk behaviors, community contexts

Authors (speaker underlined):

Boeri, Miriam

Title:

A contextual analysis of risk behaviors among older adult drug users and harm reduction in suburban versus inner-city social environments

Abstract:

Recent epidemiological data show that adults who are 45 and older comprise the fastest growing age group of drug users as well as new AIDS cases in the United States. Prevention and intervention studies show that risk behaviors leading to HIV infection are increasing among older users, particularly among the socially vulnerable. Yet older adults remain an under-researched population of high-risk drug users and little is known about their risk behaviors. This study is based on ethnographic fieldwork in suburban and inner-city neighborhoods in a large metropolitan area in southeastern USA. The suburban areas of study included middle-class and lower income neighborhoods, while the inner-city field areas were lower income communities in highly disadvantaged social environments. Trained interviewers conducted face-to-face, in-depth, life-history interviews with older adults (age 45 and older) who used heroin, cocaine, and/or methamphetamine in the different communities. Qualitative analyses were used to best represent the voices of the participants. The suburban study participants (n=25) were primarily white methamphetamine users, and the inner-city participants (n=35) were primarily African Americans who used heroin and crack cocaine. Here we compare the risk behaviors and harm reduction strategies employed by the participants, as well as the provision of harm reduction services and access to harm reduction awareness and education available in the different community contexts. Findings show that while risk behaviors were similar among older adult drug users living in suburban and inner-city environments, harm reduction strategies used by participants and the provision of services varied widely. The results show the need for the advancement of harm reduction strategies, advocacy and education, greater collaboration between inner-city and suburban neighborhoods in harm reduction services, and more focused attention on older adult drug users who are part of vulnerable populations, such as the homeless, uninsured, and socially isolated.

[Paper ID:880]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

methamphetamine production, drug policy, ethnographic research

Authors (speaker underlined):

Boeri, Miriam; Gibson, David

Title:

The unintended consequences of drug control policy in the United States: a case study of cold cook methamphetamine production

Abstract:

The methamphetamine epidemic, which has more than a 40-year history in the United States, is spreading globally. Epidemiological indicators show a steady increase in health problems associated with its use. Recent health studies show that methamphetamine users typically have higher levels of dysfunction than users of other drugs and more serious health concerns, including increased risk behaviors and exposure to HIV infection. Furthermore, methamphetamine production is of particular public health concern due to the frequent explosions, fires, and toxic fumes resulting from clandestine production labs. Methamphetamine is synthetically produced, typically in large laboratories, although improvised recipes for small batch production are plentiful and freely available on the Internet. Recent literature highlights the health hazards posed by clandestine methamphetamine labs to the community and the harmful exposure risks for those living in a methamphetamine production environment. Based on our ethnographic study and in-depth interviews with former (n=50) and current (n=50) methamphetamine users, we examine user-generated stories of new methods of methamphetamine production and the harm related consequences of calling these methods "myths." Data were collected in the suburbs of a large southeastern city in the United States. We compare the user-generated data with reports from law enforcement professionals and recent research studies. Findings suggest that the unintended consequences of drug policy aimed to reduce large-scale production of methamphetamine may be a user-friendly production method of a drug that has the same effect as methamphetamine, is more widely available and cheaper to purchase. This implies that labeling drug stories as myths might lead to dismissing facts that hold partial truth, ignoring health risks related to the production and use of a drug, and a range of unintended harmful consequences to vulnerable populations.

[Paper ID:1037]

Session: C01

Youth-Friendly Harm Reduction Interventions

Location: Room 1A, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

young people

Authors (speaker underlined):

Bojthe, Mags

Title:

What is needed in order to move into the next decade of harm reduction? A young person's approach

Abstract:

The aims of the YP Service are to reduce illicit or non-prescribed drug or alcohol misuse and offer treatment interventions based on need. To promote and provide harm reduction and public health information, improve health outcomes, provide training relating to overdose, support young people within the safeguarding framework based on best practice and to improve sexual health understanding.

We run a prescribing Service for under 25's based in Luton close to the town centre. We house a very diverse population and drug trends include a combination of alcohol, cannabis, cocaine, MDMA, ecstasy and ketamine with legal highs slowly becoming more popular.

The service uses a number of different interventions to translate harm reduction into practice and these include an open door policy, dogs allowed in the service, graffiti and photography work shops, targeted emotional well being work, needle exchange, condom card scheme, STI testing, pregnancy testing, counselling, dedicated housing worker for those who don't fit into traditional housing schemes such as hostels, shower facilities for those young people selling sex and homeless, party packs, sexual health packs, food, crash pad, drop in and nurse prescribing. These interventions were identified from the service user group and their feedback so we set out to develop a "one stop shop".

Retention is high, health outcomes have improved and we have a strong SUI group. We have become a place of safety for those experiencing adverse effects of a combination of drugs they are not accustomed to. A number of lessons have been learned along the way which includes choosing your fights carefully, not trying to do everything all at once, how not to burn out and getting the best out of your staff.

[Paper ID:3]

Session: C16

Needle and Syringe Programmes

Location: Room 1B, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

Needle Exchange, Database, Harm Reduction

Authors (speaker underlined):

Bolloten, John

Title:

Bradford needle exchange database

Abstract:

Needle Exchange Schemes are often poor in collecting clear, accurate data about service users and their risk behaviours. In April 2007, the Bradford (U.K.) needle exchange scheme launched a comprehensive harm reduction database which has significantly improved data collection, increased interventions, and greatly informed further service development and local needs assessment planning.

Our scheme was the first pharmacy-based needle exchange service to be established in the world (in May 1987). We have 43 different outlets that include 35 community pharmacies, street drug agencies, a homeless day shelter and a street sex-workers service. We issue over half a million sets of equipment each year to around 2500 injecting drug users.

Despite having a successful service, there were concerns of not having an accurate local picture; data was of limited value; harm reduction interventions from pharmacies (e.g. referral to specialist exchanges/healthcare providers) were not recorded; and outlets were unable to view service users' transaction histories.

Therefore, we developed with key partners, a real-time internet-based system that is used by every outlet in the district. We supplied them with a PC and developed our own software. Every outlet is now effectively operating as part of the same network and the database enables outlets to track users across the district, record key interventions and work more efficiently and effectively.

This process involved significant challenges but has been tremendously successful in our objective of having accurate and detailed data on service user behaviour and demographics locally. The database has been well-received by both service providers and users and we believe that important lessons can be learned by needle exchange schemes worldwide from this initiative.

The database has been highlighted as a major success in the NTA "Good Practice in Harm Reduction" report (2008) and the Healthcare Commission Review Report "Improving Services for Substance Misuse" (2008).

[Paper ID:930]

Session: C09

Harm Reduction Policies: Challenges for Developing National Approaches

Location: Room 11, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

substitution therapy, IDU, advocacy, narcology, quality

Authors (speaker underlined):

Boltaev, Azizbek; Stuikyte, Raminta; Khachatrian, Alec

Title:

Closed for reasons?! Lessons learned from the closure of opioid substitution therapy in Uzbekistan

Abstract:

Uzbekistan is a country located in the heart of Central Asia that inherited Soviet traditions and approaches in dealing with addictive disorders. Such approaches of narcology, a medical specialty on addictions, included intensive use of neuroleptic medicines, long-term isolation of patients from society and follow up control with support from police. The flow of heroin from neighboring Afghanistan and the associated sharp rise of HIV infections among injecting drug users (IDUs) in the late 1990's and early 2000's pointed to the failure of traditional approaches to drug control. But in February 2006, Uzbekistan began a pilot substitution treatment (ST) with the use of buprenorphine, and later with methadone. More than 250 patients received substitution therapy drugs, some of whom were HIV-positive. Despite of achieved preliminary encouraging results, domestic opposition to the ST in the law enforcement and the medical community continued unabated obstructing expansion of the project to other areas of the country, and by mid-2009 it led to a government decision to terminate the pilot project. Lack of psychosocial support for patients, the congestion program, cases of leakage of substitution drugs outside the hospital, weak monitoring and documenting the results of therapy, lack of work to improve the understanding about ST among decision-makers, insufficient technical support to the pilot project staff as well as the absence of a strong legislative foundation for the ST were indicated as contributing factors. The termination of the project has set an unparalleled precedent in the region turning the state back to practice ineffective, costly and often harmful but traditional methods of narcology. Possible negative consequences of this precedent for Uzbekistan and the countries of post-Soviet region, possible ways to overcome and prevent similar situations in the future, as well as the role of stakeholders in this process will be discussed during the presentation.

[Paper ID:358]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Bio-behavioral surveillance, injecting drug use, pre-filled syringe, early initiation of injecting drugs, adult-oriented donor strategies

Authors (speaker underlined):

Bondar, Tetiana; Balakireva, Olga; Sazonova, Yana

Title:

Using the age of initiation of injecting drug use to advocate with service providers in Ukraine to start working with young IDUs

Abstract:

Background: Injecting drug use with non-sterile injecting equipment still represents the main mode of HIV transmission in Ukraine. Bio-behavioral surveillance among injecting drug users (IDU) in Ukraine indicates that a significant proportion of IDU is under the age of 19 (adolescent IDU). The data from bio-behavioural surveillance suggest that this discrepancy is due to a very low uptake of HIV testing and counseling among adolescent IDU, low coverage and use of prevention, harm reduction and other social and medical support services and limited service knowledge.

Methodology: We carried out a bio-behavioral surveillance study among IDU in 2009 in Ukraine. A total of 3962 IDU were interviewed. The proportion of adolescents aged 15-19 is 8.6% (N=341). Respondents were recruited using the method of Respondents Driven Sampling.

Results: Among the IDU respondents aged 15-19, 95.6% reported initiation of injecting drugs when they were between the ages of 13-18. 63.9% reported injecting using a pre-filled syringe in the last 30 days. In the last year, 7.3% (N=25) reported that they had overdosed; of which 40% reported overdosing at least once, 20% two times, 16% three times, 8% four times and 16% five times. Only 12.9% (N=44) of all respondents reported to be clients of organizations working with IDU; of those 95.5% received new syringes from representatives of non-governmental organizations during the last month. 74.8% of all respondents in this age group did not receive any targeted prevention or other services.

Conclusion: Prevention, harm reduction and other service providers working in the field of HIV/AIDS in Ukraine rarely work with adolescents under the age of 18. Reasons include adult-oriented donor strategies, fear to become involved with child protection issues and organizational registration issues. Though, data show an urgent need to increase the access of adolescent IDU to targeted and age-specific services.

[Paper ID:622]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

ephedrine-based injectors, HIV-risk, drug policy

Authors (speaker underlined):

Borodkina, Olga; Heimer, Robert; Irwin, Kevin; Kozlov, Andrey

Title:

Meth injection and HIV risk in Russia: political response and practice

Abstract:

Background:

During three years the research team from Biomedical Center (Saint Petersburg, Russia), Yale University (USA) and Saint Petersburg State University with the support of local organizations, conducted a study "Liquid Drugs Preparation and Risk of HIV-infection among Drug Users in Russian Federation " in 11 Russian cities representing different geographic and administrative parts of Russian Federation. Various ephedrine-based stimulants were among the drugs most commonly injected.

Methods:

A semistructured interview of 826 injectors was supplemented by open-ended questions concerning use and manufacture of various ephedrine-based stimulants. Ethnographic observations of manufacturing practices and key-informant interviews with HIV prevention service providers, outreach workers, authorities, leaders of NGOs were conducted.

Results:

In Russia there are two dominant homemade Ephedrine-based drugs, s called "vint" (methamphetamine) and "jef" (methcathinone). "Vint" had been used by 43% of all participants and 28,7% had used "jef". "Vint" is widely disturbed in the central part of European Russia;". "Jef" predominates in St.Petersburg. Users of ephedrine-based drugs appear to be part of rather closed communities since our observations demonstrate they were less involved in harm reduction and other prevention programs than other injectors. HIV risk practices take place at the same rates among ephedrine-based and opiate injectors.

Conclusions:

The HIV prevention program should respond to the growth of methamphetamine injection while remaining aware that the IDU community is not homogeneous and ephedrine-based drugs is not evenly spread in Russia. Nevertheless, HIV preventive programs need to take into account specifics of behavioral models and study the details of drug using practices in developing their interventions. In Russia drug-policy should be realized in the contexts of public health and the effective strategies of harm reduction must be extended to ephedrine-based injectors.

[Paper ID:222]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Female IDU, Sex work, HIV, STI, Surveillance, Drop in centre.

Authors (speaker underlined):

Bosu, Anup Kumar; Ahmed, Dr. Nizam Uddin; Ali, Dr. Amzad; Ali, Dr. Kazi Belayet; Banu, Dr. Rupali Shisir

Title:

Reaching female IDUs: an effective strategy to halt HIV among IDUs in Bangladesh

Abstract:

Issue: Female IDUs are putting double risks for HIV among IDUs in Bangladesh since most of them are also involved in sex trade.

Setting: The 8th round national sero-surveillance data shows 7% HIV prevalence among the IDUs in Dhaka. Save the Children,USA HIV program funded by GFATM is committed to prevent HIV in Bangladesh where harm reduction is a major focus. The number of female IDUs are increasing in Dhaka and the data shows 70% of female IDUs are involved in sex trade. In a situation where needle sharing according to national surveillance data is around 70%, STI prevalence is 14.6% and consistent condom use during commercial sex is only14%, female IDUs having with double risks are making the country more vulnerable for rapid transmission of HIV.

Project: The project has established 70 DICs in 25 districts reaching 14,000 IDUs with providing all essential services. The project has established two DICs for reaching exclusively female IDUs. One trained doctor for ensuring quality STI services, one female counselor and female outreach workers in each DICs are working closely with female IDUs. The project has also offered children care facilities at DIC and referral services for maternal health with a close coordination and collaboration with other 100 sex worker DICs countrywide to ensure STI, condoms and other health related services in case of emergency.

Outcomes: According to program report, 378 female IDUs are reached by the program where needle exchange rate is 81% and around 50% of total were contacted more than 10 times in a month with needles, condoms and BCC. Around 80% of total female IDUs went under STI diagnosis and 70% of them who had STI got treatment from the project, 70% of the total cases had follow up visit. STI cases has reduced to 9% from 14.6%.

[Paper ID:1036]

Session: P3

Creating Evidence for Action

Location: Room 1, 2010-04-29, Start: 13:30,End: 15:00

Keywords:

law Enforcement strategies, human rights, war on drugs

Authors (speaker underlined):

Bourgois, Philippe

Title:

Confronting the contradictions between law enforcement and harm reduction: a 25 year ethnographic perspective on the war on drugs in the US inner city

Abstract:

Drawing on 25 years of participant-observation data collection among drug users and street sellers in the United States this paper calls for public health to engage with law enforcement to reduce the harms to health and human rights caused by the US model of zero tolerance in the war on drugs. Fear of punitive repression — not inadequate access to health services — is the primary dynamic exacerbating risk-taking among street-based drug users in the US and many parts of the world. We need to go beyond traditional models of low-threshold health and social services: needle exchange, safe injection sites, mobile clinics, shelters and so on to develop strategies directed at law enforcement that curb the harms to the public's health caused by police violence on the street on the one hand and institutionalised repression in prisons and jails on the other.

[Paper ID:727]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

marijuana grow-operations, media representations, criminal justice, reform

Authors (speaker underlined):

Boyd, Susan

Title:

Obstacles to harm reduction and drug policy reform: representations of marijuana grow-operations

Abstract:

Since the 1960s, marijuana remains the most contested of criminalized drugs in Western nations. Internationally, a number of states and nations have effectively decriminalized the drug for possession. In contrast to international efforts to reschedule marijuana, Canadian federal policy supports harsh criminal justice sanctions. Drawing from a study that examines 15 years (1995-2009) of media coverage in national, and provincial and local newspapers in British Columbia, this paper examines the emergence of marijuana grow-operations as a social problem and its impact on marijuana reform in Canada. Drawing from critical media theorists and discourse analysis: news photos, headlines, and text are understood as cultural products. The findings suggest that media representations produce meanings, narrow frameworks, and unsupportable mythologies and fear about marijuana and the people who produce and sell it, that have political, social, and economic consequences. Conventional media sources are drawn primarily from politicians and representatives of law enforcement agencies that reiterate ideas about lenient courts, potent marijuana, public safety, violence, racialized gangs and organized crime, national security, and the need for harsher criminal and civil laws. Alternative perspectives remain overshadowed. The findings point to how heightened fears related to marijuana grow-operations and drug trafficking in Canada have culminated in federal, provincial, and municipal responses that most often supports harsh criminal laws and civil initiatives that threaten social democratic values and drug policy reform efforts. Advocates of drug policy reform and harm reduction would benefit from examining how the demonization of marijuana production and traffickers subverts their efforts.

[Paper ID:680]

Session: C22

Peer Driven Interventions

Location: Room 1B, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Peer-Driven Models, University Students, Alcohol Harm Reduction, Recreational Intervention

Authors (speaker underlined):

Brito, Irma; Mendes, Fernando; Santos, Marcia; Homem, Filipa

Title:

Before you get burnt: university peer education

Abstract:

Coimbra is a university student's context (parties few days-along). Since 2006, during festivities, Peer-Education's group (Atelier de Expressividade) develops interventions in recreation context to prevent the abusive alcohol consumption and to promote fun without risk: Project Before you get burnt. Peer-Education makes use of peer influence in a positive way because it is a pedagogical strategy whereby well-trained and motivated people undertake organized educational activities with their peers. Information is transmitted more easily if the educators and the audiences shared background and interests in areas, use of the language, family themes, and role demands (cultural adequacy). Mainly nursing students become Peer Educators by a specialized training course

During street festivities (7 academic-celebrations, 8 nights each one, 2006-2009), they conduct peer-to-peer counseling using a dialogical approach (Freire's humanistic approach, 1991) to promote alcohol education; assess breath alcohol level, sexual behavior risk; provide condoms; and first-aid.

Results showed that this peer-driven model was effective because it promote changes on alcohol-consumption and was rated as very positive due to easier communication, credibility, accessibility and availability. The qualities highlighted in that peer educators were sympathy, patience, not to make value judgments, level of knowledge, understanding, and closeness of age, clarity, simplicity and openness. Youth Peer Educators are less likely to be seen as authority figures rather than perceived as receiving advice from a friend in the know who has similar concerns. Peer-Education is used to effect individual change by developing knowledge, attitudes, beliefs and skills; and by enabling students to be self-responsible protecting their own health. It is also a way to double empower youth, offering them an opportunity to be educators (activities that affect them) and to access the information and services they need to protect their health. The main barriers are academic culture of binge drinking, especially during student's dinners.

[Paper ID:1014]

Session: M01

Young Drug Users: Emerging Drugs and New Trends

Location: Room 1A, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

Romania, Young People

Authors (speaker underlined):

Broasca, Iulia-Veronica

Title:

Invisible for the state!

Abstract:

Issue – ARAS – Romanian Association Against AIDS have been implementing harm reduction programs since 1999 for 4 vulnerable groups (IDUs, SWs, street children (SC) and Roma). Until 2007, the main drug the SC were using inhalants. Since the injecting drug use is a severe issue in Bucharest – very fast SC start switching from inhalants to injecting heroine.

Setting – Bucharest became an open market for illicit drugs after Yugoslavia war. At this point 1% of the general population is using injecting heroine and there are less than 1000 beds for detoxification or methadone. The local authorities are not involved in HIV/AIDS prevention programs although they assumed the continuity of the HR interventions after GFATM ends.

Until 1989, Romania was under the communist system. One of the worst measures was the prohibition of abortion which led to hundreds of SC. 20 years passed since the communist system fell and now Romania is facing a second generation of children born in the street, having no identification papers and being practically invisible for the Romanian state.

Project – ARAS' uses a unique data base that centralizes the data in HR interventions. Each client that accesses the HR programs has an anonymous code which provides the date when accessing the programs and the age. The results showed that: In 2008-2009 more than 12% of the street children started using injecting heroine. Although the access to detoxification or methadone programs is extremely low – the worst part comes when talking about young people under 16 who are not allowed (according to the legislation) to receive OST. There are not any options for the youth who become heroine addicts.

Recommendations – youth should have access to drug treatment without the parents' consent or identification papers.

[Paper ID:861]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

injecting drug use, chronic wounds, medical care

Authors (speaker underlined):

Broers, Barbara; Victorion, Michele; Musset, Thierry; François, Anne

Title:

Substance users who inject in open wounds: what attitude for the healthcare worker?

Abstract:

Issue: long-term intravenous substance users frequently have 1) difficulty in finding veins to inject and 2) chronic skin problems due to slow healing of abscesses, related to vascular insufficiency, protein deficiency, decreased immunity, smoking. The objective of this presentation is to describe case-studies of substance users who use chronic wounds to inject, to increase awareness of health workers on and propose educational and practical tools how to deal with this problem.

Setting: we followed at our primary care consultation 6 iv substance users (3 men, 3 women) for care of large open chronic wounds, that did not heal even if they received optimum medical local and systemic care.

Project and outcome: patients were all long-term injectors. They had found that revascularization in the wound allowed injection of the drug with small needles. As a consequence wounds did not close, were regularly infected and at the origin of repeated hospitalizations. We found that patients are willing to talk about their injection behavior if the issue is addressed in a non-judging way; positive elements for the (long) follow-up are: propose substance abuse treatment, discuss alternative ways of using drugs, and give patients an active role in the care of their wounds. For the care of wounds, we give a preference to rigorous cleaning, conjugated to products easy to apply (cream, interfaces). Continuous antibiotic treatment should be avoided. We collaborated for all cases with a nurse specialized in wound care. Half of the patients healed the wound after more than two years of care.

Conclusion: active iv drug users might use chronic wounds for their injections, and this results in frequent and severe health problems. Healthcare workers should discuss the issue and harm reduction measures in a non-judging and comprehensive way, and propose wound care as well as substance abuse treatment.

[Paper ID:867]

Session: C34

Innovative Approaches to Reducing Non-Viral Health Harms

Location: Room 1B, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

implanted central venous catheter, heroin substitution, ethics

Authors (speaker underlined):

Broers, Barbara; Inan, Ihsan; Rathelot, Thomas; Kaye, Bart; Musset, Thierry; François, Anne; Hurst, Samia

Title:

Implanted central venous catheters for intravenous drug users: an ethical dilemma

Abstract:

Issue: Poor venous access is frequent in long-term intravenous drug users, can lead to risky behaviour including injection in the groin, neck, genitals, breast, chronic wounds or subcutaneously, inducing significant morbidity (abscesses, thrombosis, embolic events, anaerobic infections). It can also be a limitation to access to injectable diacetylmorphine (heroin) assisted treatment (HAT).

Setting: Geneva, University Hospital. A 43 years old female heroin user with a 25 years injecting history, repeated failure in treatment, repeated hospitalisations, received a totally implanted venous access device (TIVAD) for investigation and treatment of larynx cancer. After the end of treatment she refused to have the TIVAD taken out and used it for injecting street heroin; after one year the device was completely blocked, external and taken out. Within months she developed complications related to continued injecting (anaemia, abscess, necrosis in chronic wound), medical follow-up of cancer was impossible. The patient requested a new TIVAD; her demand was submitted to our clinical ethical commission.

Key arguments: The commission examined the case. Considering basic ethical principles of respect for autonomy, beneficence, non-maleficence and justice, and the special situation of this patient, it decided there were no ethical reasons to oppose to a new TIVAD. Entry into HAT should be encouraged, but was not a necessary condition.

Outcomes: Even though the ethical commission gave a clear positive answer, many barriers were to overcome. Only when after a year the patient finally had accepted to enter HAT a surgeon agreed to insert a device. She received a tunnelled Groshung catheter. Follow-up >18 months showed continued HAT, improved quality of life, and only one hospitalisation (mechanical problem of the catheter)

Implications : TIVAD for intravenous drug users can be ethically acceptable and feasible, especially in the context of HAT, but should be carefully considered; multiple barriers may be encountered.

[Paper ID:260]

Session: M11

Viral Hepatitis A, B and C: An Overview

Location: Room 3, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

hepatitis C, IDUs, harm reduction policies and strategies

Authors (speaker underlined):

Brogan, Damon; Kelsall, Jenny

Title:

From world beaters to dead-beaters: how Australia failed in its response to the epidemic of hepatitis C amongst people who inject drugs

Abstract:

Australia enjoys a well deserved reputation as a world leader though its timely response to HIV/AIDS. In contrast, the response to hepatitis C has been unfocused, lethargic and lacking in the conviction necessary to address a public health issue of this magnitude.

This paper examines Australia's failure to respond appropriately to the hepatitis C epidemic by comparing the HCV response to elements of Australia's response to HIV that were critical for success. These include:

- * Acting in time, before the pool of infectivity reached "critical mass"
- * Political will to address the legislative, social and structural barriers to effective prevention.
- * Scale. The infrastructure and investment in hepatitis C prevention has been largely inherited from the HIV response and has remained out of scale to the the epidemic (c 200,000 Australians with HCV; 20,000 with HIV)
- * Identifying and prioritising those most at risk. The HIV strategy identified MSM as the priority population, but also recognised the need for effective prevention among IDUs and Sex Workers. Despite overwhelming evidence, the HCV response has been equivocal and unfocused with respect to IDUs.
- * Empowerment for prevention. Despite the investment in NSP and the expansion of opioid replacement pharmacotherapies, the investment in community development programs to empower IDUs to address their risks and to access health has been parsimonious. As a result, unsafe behaviours remain widespread amongst IDUs.
- * Challenging stigma and discrimination. In the absence of legislative reforms to decriminalise drug use, discrimination against people who inject drugs remains the default social setting in Australia, which is a major barrier to effective health promotion.

The paper concludes that unless these issues are addressed the hepatitis C epidemic among IDUs will continue unabated in Australia.

[Paper ID:115]

Session: C02

Challenges in Drug Treatment

Location: Room 3, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

methadone, HIV prevention

Authors (speaker underlined):

Bruce, Robert

Title:

Methadone as HIV prevention: high volume methadone sites to decrease HIV incidence rates in resource-limited settings

Abstract:

The link between injection drug use and HIV has been extensively described. Despite worldwide prevention efforts, injection drug use continues to be a risk factor for HIV transmission and both HIV and injection drug use continues to spread across the globe. Although methadone has demonstrated multiple health benefits including the reduction in injection drug use and HIV acquisition, the utilization of methadone in many areas of the world remains one of secondary, rather than primary, HIV prevention. As a result, many who finally begin methadone enter treatment having accumulated medical and mental health problems as a result of delayed treatment. To delay access to methadone only increases the probability that the individual will acquire an infectious disease that is more costly to the individual in terms of morbidity and mortality and more costly to society as a whole. Methadone providers should work to make methadone accessible to all patients as quickly as possible. Unfounded fears of methadone have resulted in reducing the accessibility of treatment. The risks of delaying or denying treatment with methadone and the resultant acquisition of preventable infectious diseases or overdose are far in excess of the risks of methadone itself. Rapid access to treatment and a more aggressive policy that realizes that methadone can help reduce opioid drug use is urgently needed if methadone is going to act as primary HIV prevention.

[Paper ID:154]

Session: C26

Clinical and Programmatic Issues around Hepatitis C Treatment

Location: Room 3, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

Hepatitis C, alcohol, mental illness, HIV, HBV

Authors (speaker underlined):

Bruggmann, Philip

Title:

Management of hepatitis C in complex patients: alcohol, mental health, HIV and HBV co-infection

Abstract:

Substance users with chronic hepatitis C (HCV) are often suffering from accompanying diseases with relevant impact on a potential HCV therapy. Among them chronic problematic alcohol use, mental illness, HIV and HBV co-infection are the most common. Today - compared to some years ago – these concomitant diseases are not insuperable barriers anymore.

The negative impact of alcohol use during hepatitis C therapy is mainly due to an impaired adherence which can be encountered by an intensive treatment setting with frequent contacts.

With a consequent anti depressive therapy initiated before treatment start or at occurrence of first symptoms mental side effects can be minimised. An interferon therapy should never be started within an instable mental period.

To obtain most favourable outcomes therapies in co-infected individuals should whenever possible come out of one hand, as there are many potential interactions and special conditions between the different antiviral regimens and viral infections.

HIV co-infected patients as well as people with problematic alcohol consumption are in special need of getting rid of the hepatitis C virus as they are in elevated risk of liver cirrhosis and liver cancer.

To provide health care to such complex patients it is crucial to provide a well working network in between the different specialists and care givers. An optimal setting for these patients would be obtaining all the necessary care (including substitution therapy) under one roof.

[Paper ID:251]

Session: M12

Theories and Philosophies of Harm Reduction

Location: Room 11, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

Liverpool, Harm reduction, Low threshold,

Authors (speaker underlined):

Buchanan, Julian

Title:

Harm reduction: it was twenty years ago today and it's been going in and out of style

Abstract:

Reflections on more than twenty years of work in the drugs field in and around Merseyside.

In 1986 I was a drugs worker in Bootle, Merseyside a place referred to in the Liverpool Echo as 'Smack City'. In 1987 following a meeting attended by some now well known figures including John Marks, Russell Newcombe, Pat O'Hare, myself and Andrew Bennett we set up a team to provide a dedicated community drugs service to deliver a low threshold service that promoted harm reduction to serve the needs of drug users and the wider community in South Sefton area of Merseyside.

In 1988 as a founder member we established one of the largest multi-agency drug teams in the UK, comprising of three probation drug specialists, an AIDS counsellor, two CPNs, two social service drug counsellors and a full-time Psychiatrist – all sharing an open plan office. As well as a drop-in service offering tea/coffee, advice, needle exchange and condoms the SSCDT provided full assessments based upon a structured motivational interviewing approach and a wide range of services were available including structured day activities, full range of prescribing services including injectables, links to detox, residential rehabs, acupuncture, counselling and advocacy.

The number of people seen regularly in 1988 was 35, by 1991 it had risen to over 350. It was twenty years ago today, and harm reduction has been going in and out of style. Since then I've continued to work, research and publish around the so called 'drugs problem'. This paper will reflect on what was achieved in Merseyside the late 1980s, why and how it was achieved, and reflect upon the principles that underpinned the innovative policy and practice, and importantly explore whether they still have relevance today.

[Paper ID:1030]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Radio Outreach, Drug Users' Services, harm reduction, Thanyarak Institute

Authors (speaker underlined):

Ruangmak, Jamreang; Verachai, Viroj; Bunchipanichvattana, Sarayuth; Panchabuse, Chaweevan; Nakayothinsakul, Youwaras

Title:

Radio outreach

Abstract:

Drug Users' Services in an area is an effective community outreach project. It is also a preventive measure and is cost effective. It is a part of a larger strategy which covers many aspects. Outreach is important as it enables drug users in their group and with their partners to learn about the prevention of HIV. Outreach and health workers use informal educational methods to explore with users how to reduce risk and to explore the effect on health and social resulting from drug use.

Thanyarak Institute has developed a method for community outreach. It was called Radio Outreach Innovation. Two radio stations were arranged for on air programs. They were Community Radio Station FM 107.50 MHz which broadcasted on Monday to Friday and National Education Radio Network Bangkok AM 1467 KHz which broadcasted on Thursday. Radio Outreach aimed to publicize knowledge and our experience of harm reduction to networks for helping drug users and their families. The institute also provided the network on outreach mechanism for the people to meet and participate to prevent and reduce harm from drug use in the communities. It is also a stimulator for drug users to meet health service system.

On two radio broadcasting programs were checked for at the harm reduction clinic and Baan-Oon-I-Rak. From the interview those people listening to the radio, it was believed that the programs empowered drug users with drug knowledge and our experiences on harm reduction which enabled them to meet health service system. These broadcasting services covered 22 provinces. As a result, Radio Outreach Innovation encouraged state run public sectors, private sectors and civil charities to have greater awareness of drug user problems and reduced prejudice. Also, a number of radio listeners and drug users responded by advising the stations to resume the radio programs.

[Paper ID:396]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

IDU, ART, Access, Adherence, Discrimination

Authors (speaker underlined):

Burdon, Rachel; Tran Vu, Hoang; Mills, Stephen; Arnolda, Gaston; Green, Kimberly; Vu Ngoc, Phinh; Le Truong, Giang; Baldwin, Simon

Title:

Rights of injecting drug users to good HIV treatment outcomes: late presentation to anti-retroviral therapy (ART) programs and transfer to closed settings have the potential to impact negatively on long - term clinical outcomes for IDU on ART in Vietnam

Abstract:

Background: IDU access HIV care and treatment services late and are subject to forced treatment interruptions when transferred to closed settings.

Methods: In 2006, Family Health International (FHI) and the Ho Chi Minh City (HCMC) Provincial AIDS Committee recruited an open and dynamic observational cohort of patients initiating first-line ART at two out-patient clinics (OPC) in HCMC. Participants were recruited at initiation of ART and data collected at baseline and every six months. Data sources include individual interviews and clinical record review.

Results: In total, 247 PLHIV were recruited, 66% of whom reported a history of IDU. At baseline, IDU had more advanced HIV disease compared to non-IDU; 1) Median baseline CD4 count among IDU was 37 cells/mm³ (73 cells/mm³ in non-IDU).2) IDU were more likely to present at WHO clinical stage 4 (36% vs. 18%); 3) IDU had higher rates of tuberculosis, pulmonary (49% vs 24%) and extra-pulmonary (26% vs 11%). Survival at 24 months was significantly less for individuals with baseline CD4 count < 50 cells/mm³. Thirty individuals were lost to follow up (LTFU) at 24 months and 25 (83%) of these reported IDU at baseline. Eleven of the 30 (37%) were detained in closed settings. Of the 11 detained in closed settings 7 (64%) were subject to a 'forced treatment interruption'.

Conclusions :IDU were much sicker than non-IDU before starting ART and were disproportionately over-represented in those lost to follow up. At baseline IDU had lower CD4 counts than non IDU making them less likely to be alive at 24 months. Evidenced based drug treatment programs including MMT will benefit HIV infected IDU. Strategies need to encourage IDU with HIV to access C&T services early in the course of their illness. There is an urgent need to coordinate C&T services in the community with services in closed settings.

[Paper ID:927]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Gender, Women IDU, partners of male IDU, South Asia

Authors (speaker underlined):

Burns, Katya

Title:

A training programme for delivering harm reduction services to women IDU and female partners of male IDU in Pakistan and India

Abstract:

Harm reduction service providers in Pakistan and India are experiencing growing numbers of female clients and have identified female sexual partners of their male clients as high risk—yet difficult to reach, populations. This presentation offers an overview of an effective training module for NGOs seeking to access women I/DU and female sexual partners of male IDU with essential harm reduction services. Women I/DU constitute a growing yet underserved vulnerable population in both countries, and NGOs in both countries have recently initiated programmes to address their gender-specific needs: Projects in Pakistan—Lahore, Sardhoda and Quetta, and India—Manipur, have initiated outreach services and home-based harm reduction and drug treatment services for both women I/DU and the spouses of male IDU clients. The training module presented here draws on the experiences of these projects and offers useful tools for building NGO capacity to reach women I/DU and partners of male IDU within the cultural context of South Asia. Specific issues it covers include: how to develop gender-sensitive outreach strategies; how to improve antenatal care and HIV prevention and treatment services for women I/DU and spouses of male IDU, including how to provide these services where opioid substitution therapy is not available; how to reach women in purdah with harm reduction services; how to identify and address gender-specific stigma associated with drug use in the South Asian context; how to identify and address gender-based violence in the context of drug use in the family in South Asia including how to deal with issues of wife-burning and acid-throwing; and how to develop a gender-specific M&E system for projects that work with women I/DU and partners of male IDU. The presentation will outline clear tools and strategies for each category and provide concrete case study materials drawn from projects currently operating in the region.

[Paper ID:526]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Hep C Testing, Screening, Support Pilot

Authors (speaker underlined):

Burns, Michael

Title:

Challenging the myth that chaotic harm reduction service users do not engage with testing, screening and support services

Abstract:

Practice Abstracts:1: Issue - In response to the National and Local strategic aims NHS Tayside BBV MCN and CAIR Scotland. In July 2009 we set up a pilot dry blood spot testing project targeted at the 2000+ male and female clients registered within the Cairn Centre service. In July 2009 we rolled out the pilot HIV/HCV antibodies Dry Blood Spot Testing.

2. Setting: Our setting is discreetly located within central Dundee. Our target population consists of male and female IDU's, hostel tenants, roofless homeless.

3. Project: The HIV/HCV antibodies dry blood spot test pilot was launched and immediately the centre staff saw an increased response. This was contrary to what expectations towards our chaotic client group had predicted.

4. Outcomes: The results are an indication that, with the right setting, delivery and support, this approach works well and that this client group who are 'expected' not to respond to testing and immunisation programmes. The Cairn Centre team consists of NGO and statutory health service harm reduction workers and a specialist HCV nursing team member, who work jointly on the whole healthcare process. To date, the Cairn Centre team have DBS tested 144 service users.

Negative Results Issued = 85 : Negative Results Not Issued = 8 : Positive Results Issued = 38 : Positive Results Case closed = 11 : Positive Results Not Issued = 4 : Pending Lab Results = 9

The DBS service is continuing to test and have a very positive impact on a high percentage of service users. If we refer back to the figures accessing our service of over 2000+, then we are aware that we have only started to make inroads with the client group and there are many more we can offer the service to. The lessons that have been learnt are the responses by our clients to this targeted service provision.

[Paper ID:221]

Session: C18

Harm Reduction for People who Use Prescription Drugs

Location: Room 12, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

prescription opioids, overdose, substitution treatments, pain, HIV

Authors (speaker underlined):

Burris, Scott; Burrows, Dave

Title:

Harm reduction for prescription opioid users: a new frontier for harm reduction

Abstract:

Issue: Opioid medicines are essential for the treatment of pain and opioid dependency. Although most people in the world who need these drugs are still unable to access them, the expansion of access to these essential medicines over the past two decades has been a major humanitarian success in the global North. The benefits of access, however, have been accompanied by serious harms, including injection use, dependency and a dramatic rise in drug overdose, and now an incipient prohibitionist policy response is taking hold. Harm reduction can play a vital role in saving lives and promoting better policy responses.

Setting: This presentation will address global issues arising from the rise of illegal use of prescription opioids. It is intended to contextualize a panel session devoted to harm reduction for users of prescription opioids.

Key Arguments: This presentation aims to delineate the challenges and benefits of a thoroughgoing harm reduction approach to the risks of prescription opioids, including work aimed at users, prescribers, pharmacists, regulators and manufacturers. The facts that therapeutic access to this class of drugs is a universally accepted good, and that harm reduction is needed for licit as well as illicit users, put this issue on the cutting edge of harm reduction work.

Outcomes: The presentation will report on a variety of initiatives and processes, including reclassification of naloxone under national drug laws, prescription monitoring programs, national and international advocacy for better access to therapeutic opioids for pain and addiction, and efforts to build harm reduction as a vigorous alternative to supply reduction responses to illegal prescription drug use.

Implications: The session will be of interest to public health, drug user, medical and harm reductionist audiences, and more broadly to those taking seriously the "next generation" of harm reduction issues.

[Paper ID:402]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

methamphetamine, health promotion

Authors (speaker underlined):

Ruth, Simon; Burrows, Christine

Title:

Early on amphetamines

Abstract:

In the summer of 2008-09, Peninsula Health conducted a public education campaign, with the assistance of Convenience Advertising, that attempted to raise awareness of the harmful side effects of amphetamine use on Australia's Mornington Peninsula.

The campaign saw the development of six posters which were placed on the back of public toilet cubicle doors that raised awareness about amphetamine related mood problems, paranoia and exhaustion. The campaign sought to help users identify early signs of trouble and raise awareness of treatment options.

The posters were developed in conjunction with drug users and provided non-judgemental health promoting messages. The presentation will describe the process undertaken to develop the campaign, its outcomes and display the posters themselves.

[Paper ID:611]

Session: C17

Social Science Research Methods

Location: Room 4, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

HIV/AIDS, prevention, evaluation, methodology

Authors (speaker underlined):

Burrows, Dave

Title:

Use of appreciative inquiry methods in evaluating harm reduction programs

Abstract:

APMG has used an adaptation of the Appreciative Inquiry approach in its evaluation of harm reduction programs in Ukraine, Belarus and Macedonia. . This methodology combines a rigorous examination of data with an approach designed to assess the strengths of programs and institutions and to determine ways to build on those strengths for increased coverage and quality. Evaluators, donors, and clients are attracted to this approach because it:

- Engages clients in structured dialogue to develop evaluation questions
- Reframes evaluation tools to strengthen qualitative data collection
- Increases use of evaluation results and learning
- Complements and strengthens evaluation practices.

At the core of this approach is an examination of what has worked, drawing out the successes and progress that implementing partners and beneficiaries can identify. The paper identifies the specific ways that APMG has applied Appreciative Inquiry techniques to the characteristics of harm reduction programs among injecting drug users, sex workers and men who have sex with men.

Conclusion: It is our experience that the positive starting point provided by Appreciative Inquiry reveals different information and brings a different energy and enthusiasm to the task of evaluation than an immediate focus on barriers and obstacles. It engages the people being evaluated and other stakeholders in a constructive dialogue that acknowledges and rewards the considerable effort that has brought them to this point in the program's implementation. It is not a substitute for an objective and rigorous examination of progress and process, but complements this by setting an evaluation environment that is constructive and participatory. it also leads to greater and faster implementation of evaluation recommendations.

[Paper ID:1004]

Session: M10

The War Against Sex Workers

Location: Room 1A, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

Peer to Peer, sex workers,

Authors (speaker underlined):

Burrows, Nicolette

Title:

Cross-cultural peer to peer capacity development: the Fijian experience

Abstract:

In 2008 Scarlet Alliance, the Australian Sex Worker Association undertook a scoping trip to Fiji to assess the possibility of supporting Fijian sex workers to establish a peer sex worker advocacy network. Fijian sex workers indicated their desire to form Fiji's first peer sex worker advocacy network. Subsequently, Fijian sex workers formed Survival Advocacy Network (SAN), an autonomous sex worker network. In 2009 the Scarlet Alliance International Project began undertaking peer to peer capacity development training with SAN. To date this training has involved: organizational governance and management training; advocacy training; establishing a genuinely representative sex worker network; techniques for working with other NGOs and government bodies to lead the response to HIV prevention amongst the sex worker community; effective communication methods; and peer mentoring of Fijian project staff.

Through ongoing evaluation of this project, sex workers in Fiji have indicated that peer sex worker training had been an effective tool in mobilizing the Fijian sex worker community and developing the SAN network. Similarly, for both SAN and Scarlet Alliance, the Fijian experience has reaffirmed the value of sex workers working with sex workers and has highlighted the 2 way learning process inherent in genuine peer education.

Lessons learnt for Scarlet Alliance include: the need to adapt training modules to conform to cultural norms; negotiating timelines and respecting SAN members' capacities, whilst acknowledging community members' expertise to ensure that the SAN community lead and own the project; recognizing the strength and inspiration SAN gains from exposure to and involvement in the international sex worker rights movement; and the need for project sustainability.

[Paper ID:347]

Session: C05

Route Transition Interventions: Public Health Gains from Preventing or Reducing Injecting

Location: Room 4, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

switching from snorting to injection, trends in route of administration of heroine,

Authors (speaker underlined):

Busch, Martin; Eggerth, Alexander

Title:

Heroin snorters; a group neglected by harm reduction

Abstract:

Aims: Analysis of relevance and role of snorting of heroin in Austria as base for targeted harm reduction.
Method: Analysis of nation-wide Austrian treatment data on clients with primary drug heroin in the year 2007 (N=2.211) focusing on usual route of administration, drug injection, age at first use of heroin and age at first drug injection. Data from Austria is compared with data from other European countries. Results: Snorting is the main route of administration of heroin among young clients with primary drug heroin in Austria and not injecting as was expected. Possible factors are generation effects (the new generation of heroin users prefers snorting), selection effects (heroin snorters stop heroin use more frequently) and career effects (after a period of snorting heroin users switch to injection). Routine data does not allow to conclude finally to which extent these factors contribute to the high rate of snorting. Nevertheless in-depth analysis of the data provides strong evidence that a non-negligible part of heroin snorters switch to drug injection in the course of their drug-career. The period between start of snorting heroin and start of injection in many cases is several years opening an important window for interventions aiming to prevent onset of injecting use. Data from other European countries shows that there are a lot of countries where injection is not the main route of administration of heroin. Conclusion: The importance of heroin snorting has been underestimated in Austria. Harm reduction interventions targeting heroin snorters should be developed and implemented with two main focuses: on one hand measures to prevent switching from snorting to drug injection by taking advantage of the existing window between start of heroin use (snorting) and the first injection and on the other hand measures to promote safer snorting.

[Paper ID:240]

Session: C11

Children and Young People Affected by Drugs

Location: Room 4, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

young people, Ukraine, street children, police, HIV

Authors (speaker underlined):

Busza, Joanna; Balakireva, Olga; Teltschik, Anja; Bondar, Tetiana; Sereda, Yuliya; Sakovych, Olena

Title:

Patterns of injecting drug use among street children in Ukraine

Abstract:

Background: Ukraine has the highest HIV prevalence in Europe, concentrated among IDU and sex workers. Previous research in the region has found high rates of HIV among street children, who often engage in high risk behaviour including injecting drug use. This study explored the risk environment of adolescents living or working on the street in four Ukrainian cities.

Methodology: We conducted a cross-sectional behavioural survey of 805 street-based adolescents aged 10-19 in the cities of Kiev, Donetsk, Dnepropetrovsk, and Nikolaev. Using location-based network and convenience sampling, just over 200 adolescents were reached in each site. A standardised questionnaire included questions on frequency of drug use, equipment sharing, access to harm reduction services, and experiences of police practice. Analysis was conducted on three age groups: 10-14, 15-17 and 18-19.

Results: Overall 15.5% (n=125) of respondents reported ever injecting drugs, but this varied significantly by age. Among 10-14 year olds, 5% ever injected, compared to 19.1% among those 15-17 and 28.9% among those aged 18-19. Injecting frequency also increased with age. Interestingly, the oldest group was the most likely to report sharing equipment in the past month. Access to services was low, although 24.8% IDU had ever had an HIV test. IDU on the street experience a high level of criminalisation and 84.8% reported having ever been stopped or harassed by police

Conclusion: This study confirmed concerns that street children in Ukraine are at significant risk for contracting HIV due to unsafe injecting practices. Among a range of health and social care needs, street children require proactive harm reduction, particularly as our evidence suggests that injecting prevalence, frequency and equipment sharing all increase with age, providing opportunities for interventions targeting the youngest ages. High rates of police harassment, however, pose barriers to building relationships of trust with this marginalised group.

[Paper ID:951]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV, hepatitis C coinfection population

Authors (speaker underlined):

Buxton, Jane A; Yu, Amanda; Kim, Paul; Kuo, Margot; Alvarez, Maria; Gilbert, Mark; Krajden, Mel

Title:

HCV co-infection in HIV positive population in BC, Canada

Abstract:

Hepatitis C (HCV) and HIV share some modes of transmission; therefore co-infection is not uncommon. Co-infection affects disease progression of each virus and complicates treatment. To date most information is from cross-sectional or cohort studies of defined risk groups.

Methods: We linked a population-based sample of >6,000 HIV positive individuals in British Columbia, Canada to HCV laboratory (reactive and non-reactive) and reportable datasets (>900,000). We used Cox proportional hazard regression to identify risk factors for co-infection among those mono-infected at baseline and logistic regression to assess the sequence of virus identification. Multivariate regression analyses were conducted separately by sex as predictive factors are different for males and females.

Results: Of 4,598 HIV cases with personal identifiers, 70% were linked to the HCV dataset and of these 1,700 (53%) were HCV positive. Of those co-infected, HCV was identified first in 52% with median time to HIV diagnosis approximately 3.5years; 26% identified simultaneously and in 22% HIV was identified first, median time to HCV diagnosis about 1.5 years. Among those co-infected injection drug use (IDU) was reported as the main risk factor; 82% of females and 73% of males; additionally 6.2% males report both men-who-have-sex-with-men (MSM) and IDU; and 5.4% report MSM only.

Among individuals mono-infected at baseline later HCV infection was independently associated with IDU in females and males; hazard ratios (HR) 9.76 (95%CI: 5.76-16.54); 6.64 (95%CI: 4.86-9.07) respectively; and Aboriginal ethnicity in females HR=2.09 ((95%CI: 1.34-3.27). Identification of HCV first was also independently associated with IDU in females and males but not ethnicity.

Conclusion: The ability to link BC public health and laboratory HIV and HCV information provides a unique opportunity to explore demographic and risk factors associated with co-infection. The time to identify the second virus highlights the need for public health follow-up and engagement in harm reduction programs.

[Paper ID:671]

Session: C01

Youth-Friendly Harm Reduction Interventions

Location: Room 1A, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

Young people, Drug Education, Harm Reduction

Authors (speaker underlined):

Byrne, Catherine

Title:

A harm reduction response within drug education

Abstract:

The South Western Regional Drug Task Force is formed relevant Statutory, Community and Voluntary Representatives charged with responding to Substance Use in their area. The Task Force reports to the Office for the Minister for Drugs and currently operates under the guidance of the Interim National Drugs Strategy (2009).

The National Drugs Strategy outlines actions under five pillars including, Prevention, Treatment, Rehabilitation, Supply Reduction and Research. It aims to reduce access to illicit substances, reduce demand for substances and enhance treatment services within the region.

Under the Prevention Pillar the Drug Prevention & Education Initiative provides primary and secondary drug prevention training, programmes & support to services within the region. The project also supports organisations to develop substance use policy, identify gaps in service provision and training needs, implements parent programmes and provides consultancy and referral services.

A gap in services exists between primary prevention (universal programmes) and treatment services for those young people who had moved beyond experimentation and who are engaged in the hazardous use of substances but who were not in need of treatment. A harm reduction approach to meet young people where they are at, reflecting their drug use pattern, is currently being developed within the South Western Regional Drug Task Force.

Drug Prevention & Education Initiative engages with groups identified as using substances and experiencing a number of risk factors in their lives. Currently the project is engaging with groups of young people across the region engaged with youth services such as Garda Youth Diversion Projects, Youth Training Centres and Youth Projects.

These young people participate in group education programmes where they develop decision making and risk assessment skills. They are given the opportunity to reflect on their substance use, triggers for use and identify ways to reduce use and/or risks associated with use.

[Paper ID:681]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

mothers, pregnancy, support group, children, families

Authors (speaker underlined):

Cameron, Heather

Title:

Mothers for recovery support groups

Abstract:

Mothers and pregnant women with addictions have long been isolated from mainstream addiction services, facing barriers such as stigma, shame and guilt, fear of child apprehension, lack of compassion and understanding from professionals, and a lack of child care. To address these issues and aid her own recovery, Heather Cameron founded the harm-reduction program Mothers for Recovery Support Group.

In 2003, after struggling through ten years of active addiction, Ms. Cameron found herself pregnant on the streets of the Downtown Eastside of Vancouver (Canada's poorest postal code), working the survival sex-trade to support her crack-cocaine addiction. She managed to navigate the system of services in Vancouver and made it back to her hometown to give birth and attempt recovery as a mother with 30 days clean from drugs.

The lack of services in Kamloops for mothers with addictions prompted her to create a peer-driven program to help both herself and other mothers herself stay clean and parent their children. Partnering with her long-time addictions counsellor and existing agencies she developed Mothers for Recovery Support Group. Through a simple model of harm-reduction and women helping women, the group has supported mothers and their children for four years to lessen the harms of their drug use and lifestyle, achieve recovery, and to be successful as parents.

In 2008, Heather wrote and published a manual to help other communities start their own groups. Today Mothers for Recovery is becoming well-known throughout the province and Canada as a ground-breaking program. The outcomes include a strong social support network of addicted and recovering moms, a decrease in the number of children apprehended due to drug use, an increase in use of professional services, and a change in the paradigm of how service providers view and support mothers with addictions and their children.

[Paper ID:636]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Key words: HIV sentinel surveillance, proxy HIV incidence, behavioral survey, injecting drug users, sex workers, condom use, needles and syringes.

Authors (speaker underlined):

Hung, Do Thai; Can, Nguyen Ba; Hien, Dinh Sy; Dien, Hoang Sy; Trinh, Nguyen Kieu; PengFei, Zhao

Title:

Integrating behavioural survey into HIV sentinel surveillance in Vietnam

Abstract:

Implications of an operational research

Background

Vietnam's Ministry of Health is concerned about measuring the impact (HIV incidence in particular), coverage and behavioural changes of the expanding harm reduction programmes for injecting drug users (IDU) and sex workers (SW). Operational research was conducted in 2009 to test the feasibility of integrating short behavioural questions into routine HIV sentinel surveillance.

Methodology

Through mapping of 'hot spots' and venues for commercial sex or injecting drugs, supported by peer educators, 200 IDUs and 400 SWs in Thanh Hoa were recruited for 15 minute interviews with 6-8 essential questions, followed by HIV and syphilis tests.

Results

HIV prevalence was 21.5% for IDU and 2.8% for SW. 1.9% of SW selling sex for less than one year (13.5% of 400 respondents) and 19.2% of IDU injecting less than 2 years (13% of 200 respondents) were tested HIV positive. These give a proxy one year incidence for SW and two year incidence for IDU. Syphilis rates for SWs and IDUs were 1.0% and 2% respectively.

61.5% of IDUs reported knowing the results of their HIV tests. 95% of IDUs knew where to get HIV tests and received free needles/syringes over the last 12 months. 88% reported using clean need/syringe at the last injection.

SWs who have received a HIV test and know their result was 36%, the prevention coverage was 75%. Use of condoms at last sex and consistent use with male clients were 98 and 97%.

Conclusion

Integrating short behavioral survey into existing HSS provides additional value measuring impact (proxy HIV incidence), coverage and behavioral changes of harm reduction programmes, and should be expanded nationwide.

[Paper ID:508]

Session: C24

Perspectives on Stimulants

Location: Room 12, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Methamphetamine, Harm Reduction, Policy, Moral Panics

Authors (speaker underlined):

Carter, Connie

Title:

Meth, panic and harm reduction: understanding the opponents of harm reduction

Abstract:

Background: While Canada has made headway on introducing harm reduction through services such as needle exchanges, and a supervised injection site, harm reduction measures still meet their critics in government and the general public. Moving beyond these critics is crucial to expanding the range of available harm reduction services. In British Columbia, Canada, and during 2004/06, a moral panic about methamphetamine use among young people emerged. In its wake, concerned parents and others formed community-based groups to ostensibly raise public awareness about methamphetamine. These groups garnered media and political attention at the same time as they dismissed the possibility of harm reduction approaches for this drug.

Methodology: This paper will draw on textual data and 20 in-depth qualitative interviews with members of these groups as a case study to explore the rhetorical themes used by harm reduction detractors.

Results: Analysis of the data suggests that harm reduction measures are constituted as unthinkable under specific discursive conditions. In this case, members of these groups established a set of rhetorical claims that linked together beliefs about meth (i.e. this drug is uniquely addictive/dangerous), with a conceptualization of users (i.e. users are not inherently bad, but victimized by the drug and "drug pushers"). These groups pressured government using claims that bypassed scientific "evidence" about drug use, in favour of frightening assertions about the need to protect children from the supposedly uniquely dangerous effects of this drug. These claims were used to gain support from politicians resulting in new funding and program initiatives that take as axiomatic, a criminalized approach to drug use that excludes harm reduction measures.

Conclusions: Using this case study as an example, I will suggest measures that can counter these claims and make harm reduction programs available for a broad range of substances including stimulants.

[Paper ID:570]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

peer service model, health service access, concurrent disorder, harm reduction

Authors (speaker underlined):

Millson, Peggy; Altenberg, Jason; Dias, Giselle; Balian, Raffi; Cavalieri, Walter; Strike, Carol; Challacombe, Laurel; Guimond, Tim; McPherson, Bela; Weaver, James

Title:

The Health Outreach Worker (HOW) project

Abstract:

Issue: Harm reduction programs in Toronto, Canada maintain a low prevalence of HIV, but lack resources to address many other health needs of clients. Innovative programs are required to help with unmet health and social needs.

Setting: The South Riverdale Community Health Centre provides harm reduction, outreach, primary care and case management for vulnerable drug users, with harm reduction service delivered by drug using peers. Despite efforts to provide accessible medical services, some harm reduction clients will not access needed care without additional supports.

Project: We trained 12 peer health outreach workers (HOWs) to assist substance users in accessing services. The HOWs participated in a 12 session training program to learn about active listening, community outreach, mental health issues, harm reduction, etc. After training, HOWs engaged with substance users, identified needs, made appropriate referrals, and did accompaniments when needed. Service provision can lead to positive and negative impacts for workers. We evaluated the impact of the training and employment on the HOWs' wellbeing.

Outcomes: HOWs had a high prevalence of mental health problems. 83% reported a prior diagnosis of at least one mental illness, most commonly depression, attention deficit/hyperactivity disorder, or anxiety, and 92% screened positive for at least one current diagnosis when beginning training. Post-training, reported marijuana and crack use and HIV and Hepatitis C risk behaviours declined, including lending and borrowing crack pipes. No syringe sharing was reported either before or after training. Affectionate social support and reported physical functioning increased significantly by post-training. 6 HOWs remain active in the program. Participants reported benefits from training whether working in the program or not. Meeting the HOW's needs for ongoing training, support and supervision and dealing with difficulties maintaining work schedules were challenging. This training and work is clearly feasible and promising, and the program continues to evolve.

[Paper ID:571]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

peer service model, health service access, concurrent disorder, harm reduction, process evaluation

Authors (speaker underlined):

Millson, Peggy; Altenberg, Jason; Dias, Giselle; Strike, Carol; Challcombe, Laurel; Cavalieri, Walter; Balian, Raffi; Guimond, Tim; MacVicar, Mary Kay; McPherson, Bela; Weaver, James

Title:

Measures of success in a peer health outreach project

Abstract:

Background: We trained peer health outreach workers (HOWs) to provide assistance to substance users in identifying problems and accessing services. The HOW program was added to other harm reduction and social services carried out at 2 community health centres (CHC) in Toronto, Ontario, Canada. We report the initial process evaluation.

Methodology: After 12 training sessions, HOWs received ongoing supervision and support while engaging with substance users, providing counselling, making referrals and doing accompaniment to appointments. We assessed this process through qualitative interviews with the HOWs, measurement of the numbers of clients seen and services provided, and qualitative interviews with health centre staff who interact with HOWs through client referrals and accompaniments.

Results: HOWs work 12 hr/mo. in 2-4 hr shifts. The number of clients counselled per shift varies from 1-11. Most common client issues are unmet health needs. Other issues identified: drug-related concerns; housing; income/welfare; and legal/probation issues. In response to identified needs, the HOWs either connected substance users to services available within the CHC or referred to outside agencies. Accompaniments were also performed, either to the drop-in clinic in the same CHC, or to outside medical services. Upon request from staff at the CHC, HOWs assisted substance users in attending specialty medical appointments that they were otherwise too reluctant or afraid to attend. Although numbers of accompaniments were small, they filled a serious service gap. HOWs helped establish clients with internal and external care providers they would not have seen without this service.

Conclusion: HOWs provide active listening support and referral/service information to clients coming for harm reduction materials, or during outreach, as well as accompaniment to a smaller number of clients who need this support in order to access essential medical services. HOWs express great personal satisfaction with being able to develop their skills and assist their peers.

[Paper ID:639]

Session: C03

Harm Reduction Policies: Challenges for Developed or Well-Funded National Approaches

Location: Room 11, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

Advocacy, history, policy, harm reduction, opposition to harm reduction, Canada

Authors (speaker underlined):

Cavalieri, Walter; Riley, Diane

Title:

Harm reduction in Canada: one step forward and two steps backwards

Abstract:

Harm reduction is a fragile concept at best, caught between prohibition and legalisation, always on the fence, despite its obvious grounding in health promotion, human rights and social justice. That it should have proven so fragile in Canada is hardly surprising. Harm reduction has never really been firmly entrenched here. On a federal level it has always been given lip service, and it is neither widespread nor consistent in provinces and municipalities across the country, with no sound basis in policy. Further, people who use drugs are a bonus to politicians, as they are easily targeted for political gain: witness Canada's federal tough-on-drugs / tough-on-crime legislation, which is moving forward in the face of empirical evidence that this approach has failed consistently.

The lessons to be learned from this are self evident; but the question that remains is this: who, if anyone, really wants to learn from them? Fragile, shaky approaches to major social issues, no matter how sound they may be, are, after all, just what our middle-of-the-road NeoConLibDem governments depend on. They enable them to change their tunes as needed ... and impel us to articulate our goals with greater clarity and forthrightness and to continue to engage in the struggle to attain them.

[Paper ID:86]

Session: M09

Responsible Hospitality: Reducing Harm in the Nightlife Economy

Location: Room 11, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

Reducing, Intoxication, in, our, Society

Authors (speaker underlined):

Chafetz, Adam

Title:

Making drunkenness socially unacceptable: part one

Abstract:

The two words "harm reduction" could serve as the definition of the TIPS (Training for Intervention ProcedureS) program. The harm we seek to reduce is that caused by the irresponsible use of alcohol. The service we deliver is a unique combination of information, skills training, and intervention techniques aimed at curbing inappropriate alcohol use.

Alcohol is a common source of challenges for communities large and small across the world. Given this reality, we have designed a program like no other. Its strength is the realization that solving alcohol problems lies in reaching out beyond the individual user. TIPS enables people around the drinker to step in effectively and prevent problems before they start. The overarching goal of the TIPS Program (cited by the Red Cross as the CPR of alcohol abuse) is to succeed in making drunkenness unacceptable. We believe that the path to that goal is to build confidence in the servers and sellers of alcohol, as well as the drinker's friends and associates, so that all will take a stand and intervene when someone is headed for trouble with alcohol.

Though our programs are designed for specific groups, TIPS encourages collaboration among representatives from different disciplines within the business, government, education, and volunteer sectors of society. A unified language emerges from this shared effort, and a foundation is laid that allows for real solutions to problems associated with alcohol misuse. Building foundations is at the heart of our effort to train university and secondary school students. This community represents the adults of tomorrow who we hope will be well equipped through TIPS training to change society's attitudes toward alcohol use.

Please see part 2

[Paper ID:480]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Needle Exchange, PIEDs

Authors (speaker underlined):

Chandler, Martin; McVeigh, Jim; Baron, Lloyd

Title:

New challenges for needle exchange – the changing profile of needle and syringe programme clients

Abstract:

Needle and Syringe Programmes (NSPs) originally developed to address the spread of Blood Borne Viruses (BBVs) through the sharing of injecting equipment for illicitly obtained opiates and stimulants. Since their inception in the 1980's, NSPs have developed and expanded their remit to include a wider range of harm reduction interventions such as providing a wider range of injecting related paraphernalia, BBV testing and referrals to, or delivery of, other specialised services for opiate and stimulant users.

In recent years the profile of clients presenting to NSPs has changed; with a growing proportion of the client base injecting Performance and Image Enhancing Drugs (PIEDs) and the numbers of new opiate users apparently in decline. Data from the Inter Agency Drug Misuse Database (IAD) at Liverpool John Moores University are analysed to show the changing profile of clients presenting to specialist NSPs in the North West of England. Further data from initial assessments with this client group are presented to demonstrate the differences in injecting regimens and substance use.

Whilst PIED users share many of the same potential health risks as opiate and stimulant users from shared injecting equipment or poor injecting practices; their other needs are very different. This client group is, on average, younger than existing opiate users and follow a very different injecting regimen. They typically inject several substances at the same time and may also use several orally administered drugs. The specific harm reduction interventions needs of this group are discussed in terms of their impact on commissioning and policy.

[Paper ID:302]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

consumption rooms, drug policies

Authors (speaker underlined):

Olivet, Fabrice; Chappard, Pierre

Title:

A real 'false' consumption room in Paris

Abstract:

The 19th of May 2009 », Auto Support des Usagers de Drogues (ASUD) has opening of a medical consumption room for drugs users in Paris. A real consumption room with all equipments, furniture and materials facilities... but no drugs users in danger of being arrested. The debate among safe injecting rooms in France is back from the deep end where prohibition pressure has sent it since years. We have called this action « the real/ false consumption room of the 19th of May ».

The presentation will insist on the fear of harm reduction field to be seen as a uncovered move of legalization. Our action has demonstrated that this fear is overruled by the needs of protections of antiprohibition activists, especially when they are drugs users themselves. As Greg Mac Clure concluded in the 2009 IHRA conference of Bangkok, harm reduction must be used to reduce the fear of public opinion specially when they are antidrugs people. The « real/false consumption room of the 19th of May » has brought to ASUD several political supports from left and right wings in a global French context very aggressive against drugs users. It works as a method of teaching people about changing stereotypes. It can be conceptualized as a weapon against repression the real-false harm reduction tool specially adapted to locals antidrugs realities.

[Paper ID:420]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

prison services, development of legal documents, enabling environment for harm reduction, inmates, injecting drug users

Authors (speaker underlined):

Chayahmetov, Baurjan; Altybaeva, Altynai

Title:

CARHAP- Funded prison services in Kyrgyzstan

Abstract:

CARHAP supports Kyrgyzstan national strategy that specifically address HIV prevention amongst injecting drug users and other high-risk behavior groups in the general population and in prisons. In 2006, CARHAP has signed the memorandum of understanding with Ministry of Justice of Kyrgyzstan and implementing harm reduction services in prisons on pre-post release, funding Atlantis rehabilitation centers, legal support, post release programmes and detox. The objective of the CARHAP is to institutionalize the system of the service provision in the prisons. Thus in 2007, in cooperation with UNODC and Country multi-sectoral coordination committee of Kyrgyzstan, CARHAP has opened the position of the Prison Coordinator who will be responsible to provide leadership and organize establishment of the technical working groups on development of legal documents to enable environment for provision of harm reduction services. These working groups have developed drug policies that significantly resulted in release of number of inmates from around 16.000 in 2007 to 9607 in mid 2009. Following drug policies have been also developed and adopted by the government of Kyrgyzstan:

- Editions in drug policy in terms of harm reduction activities (criminal and administrative code);
- Minimal doses for drug possession;
- Development and approval of internal instruction for police officers on HIV prevention;
- Legislation analysis on HIV prevention, professional and educational standards;
- Elaboration of State programme on pre-post release.

Apart from drug policies, quality services were implemented in prisons: syringes and needles exchange, methadone substitution therapy, rehabilitation centre, self-help groups on adherence to ARVT, pre-post release for inmates and capacity building for prison staff. Implementation of the services has resulted in improvements of behavior change of inmates; involvement of injecting drug users into HIV prevention programmes; integrated approach to HIV prevention and better facilities of work for prison staff as well as for inmates.

[Paper ID:702]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

safe crack use program, needle and syringe program, anonymous services, data collection

Authors (speaker underlined):

Chesnay, Catherine

Title:

From anonymous clients to a well-known clientele: data collection tools for anonymous needle exchange/safer crack use programs in Ottawa

Abstract:

Issue

Needle Exchange/Safer Crack Use (NSP/SCU) Programs are low threshold, anonymous programs. This creates challenges in evaluation and program development as we have little understanding of the clientele's demographic characteristics, the number of clients using the service, contact frequency, and the pattern of utilization of services across the city.

Setting

Ottawa is the capital City of Canada with a population of approximately one million. The injection drug use/crack smoking population is estimated at 3,000 and 5,000 individuals at any given time. NSP/SCU programs offer access to adequate and safe material for injection (needles, filters, cookers...) and inhalation (stems, mouthpieces...), and are offered by a network of 10 community agencies.

Project

In July 2008, the Sandy Hill and Somerset West Community Health Centres piloted a data collection tool that included an anonymous code for service users. This code allows us to identify individuals in contact with our NSP/SCU program, over time and across programs, while preserving anonymity. It also enables us to capture demographic data, substances used, and methods of consumption (smoking and/or injecting).

Outcome

Our pilot demonstrated that it was possible to introduce more data collection into an anonymous service without impacting service utilization. We also demonstrated a high (90%) participation rate from service users in providing data. We now have a clearer picture of our clientele are (age, gender, number of years using drugs, drug of choice, method of consumption). We can identify potential differences in profile based on location of service and "mobile" (i.e van) versus "fixed" sites. We were also able to develop more sophisticated prevention messages and efficiently plan health promotion messages. Finally, we gathered important sentinel data regarding changing local utilization patterns, such as transitions between injecting and smoking, from oxycontin to fentanyl injecting, etc.

[Paper ID:267]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Female regular sex partners, Male drug users, RSRA, HIV, Harm reduction

Authors (speaker underlined):

Chowdhury, Ezazul Islam; Alam, M Shah; Reza, Masud; Drahozal, Ronald; Gayen, Tarun Kanti; Masud, Iqbal; Rashid, Harun or; Azim, Tasnim

Title:

Female regular sex partners of male drug users: a neglected face of harm reduction in Bangladesh

Abstract:

Background:

Wives and regular female sex partner of male drug users are vulnerable to HIV and existing harm reduction programmes for injecting drug users (IDUs) in Bangladesh do not address this population. Seroconversion of seven wives of HIV positive IDUs in Dhaka detected through Voluntary Counseling and Testing has led to the concern that this may be more widespread but access to the wives has not been easy. Therefore, an assessment was conducted to determine the accessibility for services and extent of vulnerability of wives/regular female sex partners of male drug users.

Methodology: The standard procedures for conducting Rapid Situation and Response Assessment were followed. Using a semi-structured questionnaire, 312 wives/regular female sex partners were interviewed from four sites in three cities of Bangladesh during December 2007 to March 2008. They were reached through male drug users and NGO networks.

Results:

The average age of the respondents was 29.2 years, 45.5% were illiterate, 55.4% were currently employed among whom 27.7% were selling sex and 10.9% had themselves used drugs. None knew that their husband/sex partner used drugs before starting their relationship. Approximately 30% used condom during last sex and 62.8% complained of STIs symptoms in the last year. 33.7% had been approached by NGOs to provide information on HIV/AIDS but only 12 women had ever been tested for HIV; among those not tested, more than half were willing to be tested. Wives commonly complained of harassment by their drug using husbands, discrimination by the community and health service providers.

Conclusion:

Reaching regular sex partners was largely dependent on the willingness of the male drug users so that female sex partners remain a hard to reach population. The findings reveal the vulnerability of female regular sex partners of male drug users and their need for user friendly health services.

[Paper ID:61]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Ethics, Supervised Injection Site, Court Decision, Charter of Rights and Freedoms

Authors (speaker underlined):

Christie, Timothy

Title:

The supervised injection site court decision in Canada: getting it right for the wrong reasons

Abstract:

Background: The Vancouver Safe Injection Site (SIS) is a health care facility that enables the injection of pre-obtained illicit drugs under medical supervision. Since 2003 the SIS has seen 8000 people, supervised 1 million injections and responded to 1,000 overdoses events — with no fatalities. From 2003-2008 the SIS operated under a Ministerial exemption to the Controlled Drugs and Substances Act (CDSA). In 2008 the Federal Government revoked the exemption which resulted in a petition the Supreme Court of British Columbia asking whether sections 4(1) and 5(1) of the CDSA violate s.7 of the Canadian Charter of Rights and Freedoms.

Methods: Legal and ethical analysis.

Results: The Court reached the right conclusion but for the wrong reasons. It based its entire decision on the empirical claim that users of the SIS are not engaged in recreation but suffer from an addiction which is a disease; concluding that the categorical prohibitions of the CDSA are arbitrary and unconstitutional. However, I suggest that the Court's exclusive focus on addiction misses the 'raison d'être' of the SIS. The SIS is designed to prevent the negative consequences of injection drug use regardless of the reasons why the individual injects drugs. Both the addicted and the non-addicted individual can die from an overdose and both can get an infectious disease through contaminated equipment. When the goal is to avoid death or disease, it does not matter whether the life saved or the disease avoided is that of a person who is addicted or not addicted.

Conclusion: The real issue is not about section 7 of the Charter, or whether individual rights are violated, or whether injection drug use is the result of choice or addiction, but rather, whether the government is obligated to implement affordable, safe and effective health care interventions that can save lives.

[Paper ID:546]

Session: C33

Drug Use and Infections in Prisons: Perspectives from the Inside

Location: Room 11, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

Prison, Harm Reduction, Affidavits

Authors (speaker underlined):

Chu, Sandra; Elliott, Richard

Title:

“Under the skin”: effective advocacy for HIV prevention in Canadian prisons

Abstract:

Various studies have reported rates of HIV and hepatitis C virus (HCV) among people incarcerated in Canada to be much higher than in the population as a whole, in part because people in prison have inadequate access to HIV prevention tools such as sterile needles and syringes. To date, Canadian prison systems have refused to implement prison-based needle and syringe programs (PNSPs).

While much of the public health and human rights evidence supporting the implementation of PNSPs has been gathered, the voices of those who have been placed most at risk of HIV and HCV infection have been missing. The Canadian HIV/AIDS Legal Network sought to bridge that gap by interviewing people from across the country to learn more about their experiences of incarceration, including their reasons for injecting, their use of needles and make-shift implements and the sharing of these materials.

Between 2008 and 2009, 50 interviews were conducted documenting the personal experiences of people who had injected drugs in federal prisons. Interviewees described persistent injection drug use in federal prisons, limited access to sterile needles and widespread sharing of used needles. Many described how the failure to provide sterile needles while they were injecting drugs in prison placed their health at risk, and some reported having become infected with HIV or hepatitis C as a result of sharing used needles in prison. Overwhelmingly, interviewees supported PNSPs.

A compilation of excerpts from the interviews has been developed and paired with the scientific evidence and human rights arguments for implementing PNSPs. This will be published and distributed across Canada. Hearing first-hand from prisoners and ex-prisoners will strengthen the case for change, which governments continue to ignore even as a growing body of evidence highlights the need.

[Paper ID:150]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

treatment, evaluation, relapse, pathways,outcomes

Authors (speaker underlined):

Comiskey, Catherine Maria

Title:

Treatment pathways and longitudinal outcomes for opiate users

Abstract:

The aim of this national longitudinal evaluation of opiate treatment was to model treatment pathways and outcomes of opiate users at intake and at 1- and 3-year follow-up and to assess the implications of these for treatment policy.

Opiate users entering a new treatment episode were recruited. Tree diagrams were used to map treatment relapse and re-entry. A within subjects repeated measures analyses of variance was conducted on each of the outcomes. The effect of being in treatment at 1-year on the 3 year outcomes was measured controlling for the value of the outcome variable at intake. In order to identify factors which may have contributed to a positive outcome analysis was conducted not on the usual basis of treatment modality at recruitment but rather on the status of the client at the 3-year outcome point.

A total of 404 opiate users were recruited. Follow up interview rates were 88.4% at 3-years. Three years after intake 15% were drug free, 70% were in treatment and 15% were not in treatment and were using illegal drugs. Analysis revealed that there were no differences between the three outcome groups at intake however those who were not in treatment and not using at 3-years had displayed significant additional improvements in physical and mental health outcomes at 1-year.

Regardless of treatment modality, treatment policy needs to reflect, support and encourage individuals during the treatment relapse cycle and provide additional physical and mental health support services in the early treatment phase. Full details on this first Research Outcome Study in Ireland Evaluating Drug Treatment Effectiveness (the ROSIE study) can be found in the treatment publications at <http://www.nacd.ie/publications/index.html> and at the study web page www.nuim.ie/rosie .

[Paper ID:552]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

South, civil society, drug user involvement, MMT, Human Rights

Authors (speaker underlined):

Connelly, Chris; incountry partner - TBC, Co-Author from; incountry partner TBC, Co-Author from

Title:

Lessons learned from HIV/AIDS work with people who use drugs in Asia

Abstract:

Issues:

Injecting drug use is a key mode of HIV transmission in Asia. IDU in Asia face issues of human rights violations, law enforcement, stigma and discrimination, access to services and livelihoods, and other health issues including Hep C. In 2008 The Commission on AIDS in Asia recommended focused prevention efforts with IDU and three other key populations would prevent 5 million new HIV/AIDS infections but noted work with drug users in Asia is currently limited. The work being done provides offers models and lessons applicable to the South.

Response:

Partner organisations of the International HIV/AIDS Alliance work with injecting drug users in Asia and Eastern Europe including Ukraine, India, Cambodia, Indonesia, and China. Each programme has developed models for service provision in response to respective context and needs. Aside from HIV/AIDS, the programmes address other key issues for drug users, including SRH, MMT, access to ART, TB and Hep C diagnosis and treatment, and links to health systems. Technical support for the organisations is provided through the Alliance Regional Technical Support Hubs located in Delhi, Kiev and Phnom Penh.

Results:

Each country programme developed key strengths and demonstrates a role for civil society involvement in working with drug users in Asia. Clear cross cutting issues and approaches are evident in the areas of human rights, stigma and discrimination; drug users HIV related needs; drug users social support needs; how Alliance work supports health systems strengthening; public health and law enforcement; and gender dimensions of drug use and HIV/AIDS. These cross cutting approaches provide a point of reference for other harm reduction programmes in the South, particularly as a counterpoint to North based approaches. Alliance hopes sharing our approaches and lessons learnt with a wider audience will assist others working with drug users in the South.

[Paper ID:894]

Session: M03

Evidence in Harm Reduction

Location: Room 11, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

global, response, policy, practice

Authors (speaker underlined):

Cook, Catherine

Title:

The Global State of Harm Reduction 2010

Abstract:

In May 2008, the Global State of Harm Reduction report provided a snapshot of harm reduction policy and practice around the world for the first time. This presentation will highlight the key findings from the second Global State report, which is being launched at Harm Reduction 2010. Working with harm reduction networks and researchers around the world, IHRA has gathered updated country-by-country information on policy and practice. The report also contains global overviews from a number of leading researchers and advocates on areas that are often neglected in research, policy and/or practice, but which are fundamental to reducing drug-related harms. This presentation will outline the major harm reduction developments at the global and regional levels and summarise the key findings on global overviews of availability of services to reduce harm from stimulant use; harm reduction in prisons; overdose and overdose prevention; the reduction of various drug-related health harms including bacterial infections; tuberculosis and viral hepatitis; and the extent to which resources for harm reduction are available.

[Paper ID:129]

Session: C23

Cannabis Normalisation: Cross-National Perspectives, Evidence and Implications

Location: Room 4, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Normalisation; normalization; social supply

Authors (speaker underlined):

Coomber, Ross

Title:

The normalisation of social drug dealing: the extension of a concept (and where does it stop?)

Abstract:

Conceptual discussion around normalisation has tended to focus on the extent to which recreational drug use has become both more prevalent and more accepted. This paper will consider an adjunct issue the extent to which some types of drug dealing have been extended as a form of activity (both in practice and conceptually) from the extraordinarily deviant to the ordinary and thus, in certain circumstances to the non-deviant and 'normal'. Drawing on recent research around social supply in the UK but also internationally consideration will be given to how social supply - currently a weakly defined and relatively ambiguous concept - can be understood and differentiated from other forms of drug dealing and why. Further consideration will be given to whether social supply is in fact so new, whether there are a variety of forms of social supply and if there are how can such a concept be operationalised in law to reduce inappropriate harms/consequences.

[Paper ID:744]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

incarceration, networks, harm reduction, risk environment

Authors (speaker underlined):

Cooper, Hannah LE; Des Jarlais, Don C; Tempalski, Barbara; Bossak, Brian H.; Friedman, Samuel R.

Title:

Do local arrest rates shape injection network size?

Abstract:

Background: Injectors with larger drug-use networks are at higher risk of becoming infected with, or of transmitting, HIV and HCV. The determinants of injectors' network structure, however, are understudied. This analysis investigates whether local drug-related arrest rates shape injectors' network size.

Methods: We measured annual drug-related arrest rates (per 10,000 residents) for each of New York City's 42 health districts using publicly-accessible data for 1995-2006. Individual-level data on network size and sociodemographic characteristics were gathered from the Risk Factors project, an ongoing series of cross-sectional studies of individuals entering a detoxification program. We applied hierarchical linear models to investigate relationships between district-level arrest rates and the number of people local injectors (N=4081) reported (1) borrowing used syringes from; (2) lending used syringes to; and (3) injecting with (past 30 days). Analyses controlled for several individual- and district-level confounds.

Results: While district-level drug-related arrest rates in 1995 were unrelated to network size, injectors living in districts experiencing rising arrest rates borrowed used syringes from more people, and injected with more people. A ten-unit increase in district-level drug-related arrest rates was associated with a 0.2-unit increase in the natural log of the number of people an individual borrowed used syringes from ($p=0.04$); a ten-unit increase in this rate was associated with a 0.4-unit increase in the natural log of the number of people an individual injected with ($p=0.02$). Arrest rates had no relationship to lending networks.

Conclusions: Local drug-related arrest rates may increase the size of injectors' risk networks, and thus may elevate harm. Possibly, arrest rates accelerate network turnover. If substantiated by additional research, these findings indicate that harm reduction programs should establish and expand sites in areas experiencing intensifying drug-related policing. These results further testify to the detrimental effects of drug-related policing on injectors' capacity to promote public health.

[Paper ID:56]

Session: C24

Perspectives on Stimulants

Location: Room 12, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

HIV, Yama, Female Sex Workers, Cambodia, ATS

Authors (speaker underlined):

Couture, Marie-Claude; Maher, Lisa; Sansothy, Neth; Sapphon, Vonthanak; Phal, Serey; Sichan, Keo; Stein, Ellen; Evans, Jennifer; Kaldor, John; Vunn, Mean Chhi; Page, Kimberly

Title:

Incidence of HIV and sexually transmitted infections among young women sex workers in Phnom Penh, Cambodia

Abstract:

Background: HIV and STI prevalence is high among female sex workers (FSW) in Cambodia. Drug use, particularly use of amphetamine-type stimulants (ATS), including yama, is reported to be prevalent in this population and a potential risk factor for HIV infection.

Methods: The Young Women's Health Study (YWHS) aims to examine the prevalence and incidence of HIV and other STIs and associated risk factors in young FSWs in Phnom Penh. Between 2007 and 2008 we recruited 160 women aged 15-29 who reported multiple (>2) sexual partners or transactional sex and followed them prospectively with quarterly visits for 12 months. Socio-demographic characteristics, sexual behaviours, and ATS use were assessed by self-report. Blood and urine samples were collected and tested for HIV, Chlamydia (CT) and gonorrhoea (GC).

Results: Prevalence of HIV, CT and GC was 23%, 11.5% and 7.8% respectively. Incidence of HIV was 3.4 per 100 person-years observation (PYO) and for STI (GC and CT) 18.4 per 100 PYO. Prevalence of ATS use was 25%. Independent correlates of HIV infection, controlling for age, included working as a freelance vs. entertainment-based FSW, younger age at first sexual encounter and having a history of HIV testing. Exposures independently associated with incident STI infection, included duration of FSW and recent yama use.

Conclusions: We observed high HIV and STI prevalence and incidence among young FSWs in Phnom Penh. Freelance FSWs are at higher risk of HIV infection and may also have fewer work options as a result of known HIV infection in association with previous HIV testing. ATS use was prevalent and associated with STI incidence and type of work. Type of sex work and ATS use should be integrated into HIV/STI prevention and education interventions targeting this population.

[Paper ID:563]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Sex workers, Amphetamine-type stimulants, HIV/STI, Cambodia

Authors (speaker underlined):

Couture, Marie-Claude; Sansothy, Neth; Maher, Lisa; Stein, Ellen; Evans, Jennifer; Kien, Serey Phal; Saphon, Vonthanak; Kaldor, John; Vun, Mean Chhi; Page, Kimberly

Title:

Amphetamine-type stimulant use and HIV/STI risk among young women engaged in sex work in Phnom Penh, Cambodia

Abstract:

Background: Amphetamine-type stimulant (ATS) use has increased in Cambodia and emerged as a potential significant problem among sex workers (SWs), possibly contributing to increased HIV risk. This study aimed to estimate the prevalence of ATS use, the factors associated with it and to examine the effect of ATS use on HIV/STI among SWs in Phnom Penh, Cambodia.

Methods: A one-year prospective study among women (15-29 years old) engaged in sex work in different venues including brothels, entertainment establishments and in streets, parks or private apartments (freelances). Socio-demographic characteristics, sexual risk, and ATS, including yama (methamphetamine in pills) and crystal methamphetamine were assessed by self-report. Blood and urine samples were collected to detect HIV, Chlamydia trachomatis (CT) and *Neisseria gonorrhoeae* (GC). Bivariate and multivariate (logistic and Cox proportional hazard regression models) analyses were conducted to assess correlates of recent (last 3 months) ATS use and its association with incident HIV/STI.

Results: The prevalence of recent ATS use was high, with 25% and 14% reporting use of yama and crystal respectively. Factors associated with yama use were working in brothels (Adjusted Odds Ratio (AOR) 4.00; 95% CI: 1.09-14.59) or as freelance SWs (AOR 3.17; 95% CI: 1.09-9.18) and being drunk on more than 5 days during the last month. Crystal use among SWs was independently associated with older age (AOR 1.23; 95% CI: 1.03-1.42) and having a higher (>165\$/month) income (AOR 15.59; 95% CI: 3.30-73.69). Recent yama use, but not crystal, was associated with incident STI (AHR 3.8; 95% CI: 1.5-9.6).

Conclusion: ATS use was prevalent among SWs in Phnom Penh and is associated with socio-demographic characteristics and alcohol consumption. The strong association with STI underscores ATS use as an important risk exposure. Drug and alcohol use issues should be integrated into HIV/STI prevention interventions targeting this population.

[Paper ID:290]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Hidden harm, youth, family, inter-generational

Authors (speaker underlined):

Cove, Jenny Lynne; Ayres, Rachel Mary

Title:

The Next Generation? Interventions for Reducing Harm to the Children of Problem Drug-Users

Abstract:

Recent publications have highlighted the issues of "Hidden Harm" to children affected by parental substance misuse (PSM). Bristol Drugs Project (BDP) has developed services which take a systemic approach to addressing the needs of parents who use drugs and the needs of their children.

The Mentoring Programme was developed in 2007, and sits within BDP's Family Support Service, which is a harm reduction service working with PSM. It is a whole family, systemic approach bringing together parents and their children with workers and volunteers – working on issues of identity and parenting capacity, and building resilience and coping strategies in the young person, in order to improve family functioning. Thereby reducing harm to all members of the family and aiming to break the cycle of intergenerational substance misuse.

Assessment and review sessions open up a dialogue within the family around the impact of the PSM. Parents Workers take parents through a process of care planning, with a worksheet approach to addressing key issues. Volunteer Mentors focus on the needs of the child – building a safe supportive relationship, and engaging in a range of recreational, and where appropriate, therapeutic activities, with the aim of reducing the direct harm caused by parental substance misuse, as well as improving coping strategies, life-skills and school performance, and developing aspirations: reducing the likelihood of engaging in drug-using behaviour.

The success of the project allowed us to secure additional Comic Relief funding from April 2009 in order to expand the project to work with children of primary alcohol users. This funding will also lead to the development of young people's groups as a new way of accessing the next generation.

[Paper ID:949]

Session: C22

Peer Driven Interventions

Location: Room 1B, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Peer distribution, harm reduction, law

Authors (speaker underlined):

Crawford, Sione

Title:

Double jeopardy: ensuring that people who inject drugs involved in harm reduction and peer distribution are not placed in harm's way of contradictory policy and law

Abstract:

Drug users in Australia have played a central role in ensuring that HIV rates in our community have remained low over the past 25 years through widespread adoption of safer injection practices and peer distribution of sterile injecting equipment. This is despite a law which makes illegal the distribution of any injecting equipment except by registered needle and syringe program (NSP) workers.

Hepatitis C remains a challenge and one approach has been to increase the amount of equipment distributed. Widespread NSP coverage combined with aware drug user populations and organisations mean peer distribution is well placed to improve coverage. While peer distribution is ubiquitous, its illegality means that services are unable to officially resource or effectively evaluate it for fear of placing in jeopardy of the law an already legally marginalised population. People who inject are further dissuaded from carrying extra clean equipment by fear of stop and search by police using injecting equipment possession as a pretext for a full search. It is quite clear that one aspect of Australia's illicit drug policy: supply reduction, has a negative impact on another aspect: harm reduction. This contradiction in policy needs to be clarified if we are to effectively implement wider equipment distribution strategies and lower the prevalence of hepatitis C.

A discussion paper on this issue from the NSW User's & AIDS Association has been released and contributed to bringing this issue to the fore in NSW and ensuring authorities consider it. Prevention is still the key to lowering hepatitis C rates. Affected communities are central to many successful harm reduction strategies but for these to improve it is crucial that peers are afforded the same legal protections as service workers and are not placed in legal jeopardy by contradictory laws and policy. Achieving this is difficult but crucial.

[Paper ID:788]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

cocaine, harm reduction, treatment

Authors (speaker underlined):

Cuddy, Kevin; Howarth, Petra; Hurst, Ayesha

Title:

Cocaine, treatment and public health: a case study in Merseyside and Cheshire

Abstract:

Population surveys show an increase in cocaine use in many European countries, especially in young people, although this may now be slowing in countries with the highest rates of use. Indicators of cocaine availability in Europe, including numbers of seizures of the drug and amounts seized, have increased dramatically, with the demand for treatment for cocaine use increasing substantially in recent years.

Research from the North West of England has found an increase in the stated use of cocaine amongst those coming into contact with both DIP and structured drug treatment over recent years, although this increase appears to have stabilised in the most recent reporting year. Whilst cocaine use is often associated with younger people, the proportion of 18-24 year olds both in treatment, and in the DIP process has fallen in recent years. In contrast, the proportion of 25-39 year olds stating use of cocaine has increased. Relatively few individuals who test positive for cocaine (and not opiates) within custody suites have been in contact with treatment, with a large proportion also stating the problematic use of alcohol.

The results of this research have important public health and treatment implications. Whilst it would seem cocaine use is stabilising in this area, use of this drug is not just limited to younger individuals. Therefore, harm reduction messages need to be tailored not only to young adults, but also those aged over 25. The high proportion using both alcohol and cocaine could pose significant public health issues due to increased toxicity from simultaneous use of these substances. The small proportion of individuals testing positive who were actually in treatment may indicate a need for harm reduction in relation to cocaine related risks beyond a treatment setting.

[Paper ID:512]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Opioid maintenance treatment, patient survey, satisfaction with treatment, qualitative methods

Authors (speaker underlined):

Dampz, Magdalena; Falcato, Luis Manuel; Bruggmann, Philip

Title:

“You are being treated like a human being - not like dirt” - results from a patient satisfaction survey in an opioid maintenance treatment setting

Abstract:

Background:

ARUD Zurich, a private association conducting a group of outpatient facilities for the treatment of substance use and comorbid disorders, is the largest health care provider with particular emphasis on opioid maintenance treatment in Switzerland. Approximately 700 ongoing opioid maintenance treatments are currently provided in three outpatient facilities within the greater Zurich area. Starting in 2008, we have assessed, annually, patient's satisfaction with treatment. Based on the results of these surveys, which are presented to the staff, suggestions for improvements are identified, and, if feasible, implemented in the course of future treatment schedules.

Methods:

During a period of 30 days, patients in opioid maintenance treatment were asked to provide information by answering a brief questionnaire. Patients were asked express their satisfaction or dissatisfaction with current treatment and encouraged to make suggestions for further improvement. The answers given by patients were assigned to categories. A total of 494 questionnaires were obtained. Over 60% of the participants made use of the possibility to comment on their treatment by making specific suggestions.

Results:

The majority of comments expressing satisfaction described treatment setting, ethical values and the perceived attitude of staff toward their patients. Comments expressing dissatisfaction were more related to how treatment was organized.

Concerning patient's suggestions for future treatment, a main focus was identified. Primarily, a broader spectrum of options in opioid maintenance treatment as well as better opportunities for supported employment and possibilities of leisure time activities and meeting points etc. emerged.

Conclusion:

In addition to using structured questionnaires, the opportunity for patients to freely express their satisfaction or dissatisfaction with current treatment and the possibility to make suggestions for improvement is both feasible and yields valuable results.

[Paper ID:111]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Emergency Care, Employment, Aspiration, Engagement

Authors (speaker underlined):

Darby, Annie; Avison, Jo

Title:

The Asgard Project - holistic harm reduction for young people in North East Lincolnshire

Abstract:

North East Lincolnshire Care Trust Plus { NELCTP } reconised that there were 650 - 700 vulnerable young people between 16 - 19 who, rather than use universal and specialist services , to address their health and social care needs, including drug and alcohol misuse, used Emergency Care Centre { ECC } services, which was innappropriate for both young people & Services.ECC was concerned that despite their advice to young people and referrals made to partner agencies, the uptake of young people attending these services was poor. Consultation with young people revealed that they lacked both the confidence and information to attend independently.

The Asgard Project { which has two distinct elements } aims to engage and pro-actively support this group of vulnerable young people.

The Asgard Emergency Care Project comprises 4 Asgard Support Workers { ASW's } who work with our Emergency Care Providers and pro-actively engage with young people who have presented to ECC services. 76% of the referrals to the asgard Team are substance misuse related, including injuries & accidents.The ASW's assess the needs of the young people and then actively support them into the right service.

In addition we reconise that poor opportunities for sustainable employment, low aspiration and motivation is a gateway into the use of substances, teenage pregnancy and disengagement with society.

The Asgard Work Project evolved simultaneously and offers vulnerable young people, the opportunity to do a years paid employment within the CTP with a package of support including assistance with accomodation, transport, clothing etc At the end of the year they are assisted to find permanent work in the CTP. This is a recurring yearly programme that began with just 6 placements a year, but due to the success now offers 17 placements.

There is concurrent support for the families of these young people.

[Paper ID:216]

Session: C18

Harm Reduction for People who Use Prescription Drugs

Location: Room 12, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

overdose, prescription drugs, opioids, naloxone

Authors (speaker underlined):

Dasgupta, Nabarun; Brason II, Fred Wells; Sanford, Catherine; Albert, Susan

Title:

Project Lazarus: community based overdose prevention for medical and non-medical prescription opioid users

Abstract:

Drug overdoses in the United States will soon result in more deaths than firearm and motor vehicle fatalities. While the last decade has seen substantial steps in alleviating chronic pain, partially through more aggressive outpatient opioid use, there has been a parallel increase in overdose deaths from these medications. Wilkes County, North Carolina is a conservative, rural mountain community with the third highest drug overdose rate in the nation. The coalition-based community-wide response has had five parts: 1) increasing community knowledge about overdose, 2) epidemiologic surveillance, 3) primary prevention through better patient selection, 4) provision of naloxone rescue medication and 5) program evaluation. This unique program has received the endorsement of medical licensing authorities and is the first harm reduction overdose prevention program specifically tailored for medical and non-medical users of prescription opioids. Project Lazarus is as much a patient safety intervention as it is a harm reduction program for drug users; both populations are treated equally to successfully de-stigmatize the intervention. In this presentation, program description will be followed by preliminary findings, including from a pilot naloxone distribution program in the United States Army based on Project Lazarus.

[Paper ID:521]

Session: C22

Peer Driven Interventions

Location: Room 1B, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Peer, Driven, coverage, youth, women

Authors (speaker underlined):

Datsenko, Oleksandra; Broadhead, Robert

Title:

Empowering young IDUs and women IDUs through peer - driven intervention in Ukraine

Abstract:

Peer Driven Intervention (PDI) in Ukraine was first introduced by ICF "International HIV/AIDS Alliance in Ukraine" in 2007.

The aim of PDI is to reach, educate and empower new IDUs, especially young IDUs who just started injecting and women IDUs who are extremely stigmatized and marginalized in the community.

Harm Reduction programs in Ukraine depend on service providers and serve mostly to older male IDUs. This unique model targets hard to reach populations: young IDUs, women, stimulant users and is based on peers providing services to each other in the community by teaching peer IDUs new skills of safer drug use and recruiting each other into the project for HR services and medical care on PDI site.

All recruits are offered the opportunity to earn rewards by serving as educators and recruiters and bonuses for recruiting new young IDUs and women-IDUs.

Outcomes: the coverage of women IDUs doubled, and more than 60% of reached IDUs are teenagers and young people up to 25 years old in comparison with HR Programmes, which reach only about 20% of women and 30 % of young IDUs. Overall coverage was increased up to 10 times in some sites in comparison with the same sites before PDI: about 27 000 new clients were reached and thoroughly educated in a body of prevention information in 37 PDI sites all over Ukraine during 6 month long projects.

The data from PDI projects showed that 60% of injectors use stimulants but have very little knowledge about safer injecting practices, related health issues and long use consequences. So, PDI educational module is being adapted by Alliance to serve special needs of young stimulant users and will be presented at the conference.

[Paper ID:518]

Session: C12

Dance Drugs and Legal Highs

Location: Room 12, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Internet, legal highs, research chemicals, online pharmacies, harm reduction

Authors (speaker underlined):

Davey, Zoe; Corazza, Ornella; Schifano, Fabrizio; Deluca, Paolo

Title:

Legal highs, research chemicals, novel psychoactive drugs, and the Internet: the challenge for harm reduction

Abstract:

Background: The recreational drug market in novel psychoactive compounds and combinations, including legal highs, research chemicals, and online pharmaceuticals such as Spice and Mephedrone, continues to grow. The expansion of this market can be attributed to developments in the manufacture, distribution, and communication of new substances of abuse, and new methods of administration. From a harm reduction perspective, the rapid rate of diffusion of these new drugs is a challenge for health professionals, as there is often very little, if any, evidence-based literature about the substances available. Method: The European Psychonaut Web Mapping project developed a web monitoring system to identify and categorise novel recreational compounds, and new drug trends based on information on the Internet. Exploratory qualitative online searches were conducted in 8 languages. Results: A database of over 350 novel psychoactive compounds and combinations, and over 25 more detailed technical folders, which include pharmacological and toxicological information, details of psychoactive effects and negative side effects, slang terms and synonyms for particular compounds, and routes of administration, were developed. This methodology allowed for emerging trends in substance misuse to be detected and their diffusion to be monitored. Conclusion: It is expected that the monitoring system will be a sustainable, up-to-date, and accurate resource for addiction specialists, health agencies, and treatment services. In addition to health professionals, the evolving recreational drug market represents a challenge in terms of potential users, particularly young people. Future research is needed to determine the most effective way of delivering balanced and effective selective prevention and harm reduction services regarding novel psychoactive drugs to this group. The European funded Recreational Drugs European Network, which aims to deliver these services via the use of information communication technology and web 2.0 including SMS, social networking and virtual world applications, will be introduced as the next step.

[Paper ID:666]

Session: C06

Insights from Qualitative Research

Location: Room 12, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

pharmacy needle sales, Mexico, stigma

Authors (speaker underlined):

Davidson, Peter; Lozada, Remedios; Gallardo, Manuel; Rosen, Perth; Macias, Armando; Morris, Meghan; Palinkas, Lawrence; Pollini, Robin A

Title:

Social barriers to the utilization of pharmacy sales of syringes in Tijuana, Mexico

Abstract:

Background: The sale of syringes by pharmacies without a prescription is legal in Mexico but injecting drug users frequently experience social and practical barriers to accessing syringes through this modality. In this talk, we describe key aspects of this situation, and discuss possible avenues for improving syringe access through pharmacies in these socially complex situations.

Methodology: Between October 2008 and March 2009 we conducted seven in-depth focus groups with 47 injecting drug users in Tijuana, Mexico. Audio recordings from focus groups were transcribed then translated from Spanish to English. Transcripts were analyzed using a descriptive and thematic approach rooted in grounded theory.

Results: Key elements of the situation which emerged in transcripts were: the dichotomy between respondents identities as "customers" (to be sold a product like any other customer) and as "junkies" (to be managed as a problem or potential problem); the influence of social stigma in drug users' perspectives of themselves, and the role of this perspective in mediating interactions with pharmacy staff; and, centrally, the establishment and maintenance of positive relationships between users and pharmacy staff to facilitate syringe purchase. Complicating the situation further was a lack of awareness on the part of both those purchasing and selling syringes about the precise legal situation surrounding syringe sales, exacerbated by policing practices in which the actual legal status of syringe sales without prescription was essentially irrelevant.

Conclusion: The use of pharmacy sales of syringes to injecting drug users as a modality for syringe distribution may be improved via targeted interventions to assist active injecting drug users in negotiating the social and legal contexts in which syringe sales occur. Interventions to assist pharmacy staff in understanding and working with customers who inject drugs are also needed.

[Paper ID:565]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

satellite exchange, needle distribution, hidden populations

Authors (speaker underlined):

Davidson, Peter J; Scholar, Shoshanna; Howe, Mary

Title:

A novel method for improving satellite/secondary needle exchange: a workshop

Abstract:

Issue: A variety of legal, social and logistical factors can prevent individuals from accessing formal needle exchange programs. One common solution to this problem is satellite exchange, which involves collaborating with people who already use an exchange to deliver needles and other supplies to those unable to access the exchange. While this approach can be very successful, one potential problem is that those most willing to deliver needles to their peers are often members of social networks that are already well connected with the needle exchange, leading to duplication of effort.

In this workshop, we describe a simple and novel method for identifying groups of people who are demonstrably in need of improved access to needles, and for re-targeting satellite exchange efforts to meet the needs of those people.

Setting: The methodology described in this workshop was piloted at the Homeless Youth Alliance, San Francisco, USA, and further refined at Clean Needles Now, Los Angeles, USA.

Project: People accessing needle exchange sites were asked if they were willing to answer a two-question survey, consisting of the following: "where were you and what time was it last time someone borrowed a needle from you" and "where were you and what time was it last time you had to borrow a needle from someone else". Responses were geocoded by hand, and a map produced showing 'hotspots' where people were frequently finding themselves without needles. The map was discussed with current users of the exchange to find people who also used drugs in the identified locations to collaborate with in delivering satellite exchange.

Outcomes: Satellite needle exchange at our respective needle exchanges was refined from an ad-hoc activity largely delivering needles to those with ready access, into an activity which largely delivered needles to groups who objectively needed improved access.

[Paper ID:730]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

needle exchange, GIS

Authors (speaker underlined):

Davidson, Peter J; Hahn, Judith A; Evans, Jennifer L; Lum, Paula J; Page, Kimberly

Title:

Space, place, and needle access in San Francisco, USA

Abstract:

Background: The hepatitis C seroconversion rate among young (<30) injecting drug users in San Francisco is approximately 25.1/100 person years, despite the presence of comprehensive needle exchange services. Potential barriers to needle access ranging from fear of police to inconvenient location and opening hours of exchange have been documented, however little work has been done to examine how factors not directly related to needle exchange or drug use shape people's movements around urban areas and hence their ability to access exchange services.

Methodology: Seventeen in-depth qualitative interviews were conducted with injecting drug users in San Francisco, USA. Interviews explored how people spent their day; what parts of the city they spent time in (and why); what parts of the city they avoided (and why); and how these movements related to the locations and opening hours of needle exchanges. During the interviews, respondents also illustrated their movements on a map of the city. Transcripts and maps were analyzed using grounded theory approaches.

Results: Different ways of making money were associated with different patterns of movement around the city and hence differing access to needle exchanges. For example, people who panhandled (begged) often spent key parts of their day close to exchanges and found it easy to access them; people who collected scrap metal for sale spent considerable parts of their days physically remote from exchange. Policing practices in different neighborhoods also affected where people were and were not willing to visit at any given time, with consequences for service access.

Conclusion: Accessing needle exchange can be a relatively low priority for people who have numerous other needs which must be met on a daily basis. Understanding how economic strategies and day-to-day policing practice influence where people spend time and why is essential to improving access to needles in otherwise well-served locations.

[Paper ID:235]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

psycho-social, computerised, innovative, treatment

Authors (speaker underlined):

Davies, Glyn; Hogan, Dr Lee

Title:

Revolutionising 'outreach': a new computerised treatment for substance use

Abstract:

"What I want to see in ten years is the great genius of the addiction treatment field – that you developed a system for mass producing treatment and that treatment was cheap enough and effective enough that twenty million people in need were living productive lives."

(David Gustafson, NIATx Summit, July 2009)

The current generation of substance users are using technologies that have evolved dramatically over the past 21 years, whether buying psychoactive substances over the internet, receiving text message reminders from practitioners or locating local NA meetings using mobile phones. Indeed, the substance using community has changed at such a rapid pace that treatment services have sometimes struggled to stay relevant.

WEB-PSI (Widening Evidence-Based Psycho-Social Interventions) is an innovative new computerised care package that makes treatment more accessible by harnessing the latest technology and integrating a range of evidence-based intervention techniques into a virtual one-stop shop. It transforms the delivery of outreach services by enabling every substance using individual with access to IT to benefit from psycho-social interventions, whether in the home, hospital, internet cafe or treatment centre. It also extends potential treatment engagement to those who would not normally access services, e.g. university students.

WEB-PSI directly targets numerous domains that are affected by substance-using behaviours, including lifestyle, emotional well-being and physical health. Its interventions are all drawn from evidence-based approaches such as motivational enhancement, cognitive-behavioural therapy, mindfulness and node-link mapping. It is designed to collect anonymised data that will provide invaluable insights into the evolving face of substance use and the treatment services that are required to address the needs of those populations that are often regarded as 'hard to reach'.

This presentation will demonstrate how WEB-PSI translates practical intervention strategies into a computerised format and discuss the application of this approach to treatment services.

[Paper ID:383]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Syringe Access, Canada, industry, paraphernalia

Authors (speaker underlined):

de Vasson, Pierre

Title:

Engaging the industry in developing products for harm reduction : the case of the British Columbia Centre for Disease Control (BCCDC) harm reduction program in Ontario,Canada

Abstract:

Background : With overwhelming evidence that the provision of sterile injection equipment reduces the incidence of injection-attributable blood borne disease, Canadian Syringe Access Programs (SAPs) have been gradually authorized and developed. In 2009, SAPs offer a range of paraphernalia including syringes/needles, sterile water, filters, cookers, acidifiers, swabs, tourniquets, puncture-proof containers, condoms, and disinfectant, used with variable adherence/satisfaction by injection drug users (IDUs). However, current waters vials remain unsatisfactory. These vials are misappropriated for injection from nebulization devices, and often contain excessive dosage. With the objective of least harm and reduction of potential cross-contamination through re-using or sharing, most SAPs favour 3ml vials for inhalation over 10ml vials for injection. 3ml is still excessive and inhalation grade is inadequate for optimal harm reduction.

Aim : We report on how BCCDC engaged the industry to provide a satisfactory vial. Then we broaden the discussion to other paraphernalia and finally recommend approaches to successfully lead these initiatives.

Project : After reviewing initiatives on sterile water in Canada, we gathered current product practices of SAPs, preferred specifications, and potential quantity. We then engaged current/potential manufacturers/distributors in the initiative with open-dialogue. We also contacted the health regulator and gained insight into the licensing process and the means to shorten and facilitate it. Periodic reviews with stakeholders ensured fast process, alignment, and successful validation until final commitment and commercialization.

Discussion and conclusion : Unsatisfactory paraphernalia or pharmacotherapies often originate from the lack of engagement of industry, providers (SAPs), and end-customers (NGOs of IDUs). If public tendering, healthy competition, independence, and clinical evidence-based principles are maintained, the next generation of harm reduction is to engage punctual partnership with the industry. Expressing unmet needs, designing more adequate products and labels, manufacturing cheaper commodities, and providing supportive training are avenues to explore to maximize health outcomes of drug users.

[Paper ID:384]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Operations, Needle Exchange, Health Outcomes, Improvement

Authors (speaker underlined):

de Vasson, Pierre

Title:

Optimizing harm reduction operations and maximizing health outcomes : the case of the British Columbia Centre for Disease Control (BCCDC)

Abstract:

Aim : Showcase how improvement in operations is critical to maximize the health outcomes of people at risk.

Setting : In 2008, the BCCDC Harm Reduction Program was mandated to improve data reporting and visibility, prevent product stock-out, develop satisfactory product offering and distribution, limit inefficiencies, without increasing the budget. The aim was to improve the overall level of harm reduction services through the optimization of operations.

Project : We tackled all operational steps. We revisited and simplified product offering. Products were then publicly tendered and awarded without noticeable changes for IDU's, saving 25% of the budget. Regarding processes, deliveries were outsourced to a single distributor. BCCDC would process supply orders from Primary Distribution centers, collect data, and send orders to the distributor. We streamlined procedures of logistics. Prior to data utilization, the Access program storing data was cleansed and upgraded. Within the three stakeholders—BCCDC, the Harm Reduction Committee, and the five Health Authorities—we established comprehensive periodical analysis and reporting of indicators with different granularity levels and customization. As for clients, workshops were introduced including material management training and collection of bottom-up recommendations. Operational leads engaged field visits to exchange information and provide training.

Health outcomes : Savings enabled the introduction of new products including acidifiers and cookers known to reduce harm to skin, veins and infection. We eliminated stock-out and variability in deliveries, limiting subsequent injecting material sharing. Processes were simplified, lead-time shortened, administrative tasks reduced, helping health workers to better reallocate time to care and education. We increased data accuracy, developed analysis and periodic communication to stakeholders, raising awareness of their local situation and fostering sound health decision making. In addition to training, we developed strong communication channels for clients to relay recommendations and empower local stakeholders to voice opinions and influence decision makers.

[Paper ID:711]

Session: C21

Policy Barriers Faced by Pregnant and Parenting Women Who Use Drugs

Location: Room 11, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

integration of services, Advocacy, Strengthening Health Systems

Authors (speaker underlined):

Demchenko, Maksym

Title:

Integration of services and best practices of NGOs in state structure

Abstract:

In Ukraine drug users and people living with HIV face severe discrimination. As a consequence, people belonging to these groups have limited access to essential medical, social and legal services, which especially negatively affects women who use drugs. One of the primary reasons for this situation is imperfection of the existing social infrastructure which fails to provide access to necessary comprehensive care and support for women belonging to high risk groups. Ukrainian health care lacks a system of coordination and cooperation between state drug treatment and gynecological services, there is no understanding of the need for the targeted services for women IDUs geared to:

- support reproductive and sexual health of women IDUs;
- prevent and provide treatment for HIV/AIDS
- involve women drug users into harm reduction and rehabilitation programmes;
- provide case management during pregnancy;
- referral mechanisms between OB/GYNs, drug treatment and HIV-servicing organizations;

Solutions:

- Advocacy campaigns aimed at creating favourable conditions for treatment, including access to substitution therapy; introducing framework for greater cooperation and coordination between social, medical and legal services; continued education and professional development for involved specialists; state financing of the social programmes for women IDUs;
- Integration of reproductive health care into the systems of drug treatment and social support to families, women and children.
- Comprehensive package of services for women IDUs including medical, social and legal services, case management for pregnant drug using women, motivation of women to protect their reproductive health, children rooms in drug treatment facilities.
- these objectives cannot be realized without greater involvement of state structures.

Conclusions: improvement and accessibility of services cannot be achieved without integration of the best practices of NGOs into state structures to increase their sustainability in the future. This is one of the mechanisms to reform the existing system.

[Paper ID:477]

Session: C10

Health, Risk and Injection Drug Use

Location: Room 1B, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

HIV Prevalence and Incidence, Human rights, Health Disparities, Marginalised Groups, Meta-analysis

Authors (speaker underlined):

Des Jarlais, Don; Hagan, Holly; Bramson, Heidi; Gostnell, Karla; Wong, Cherise

Title:

The international research on racial/ethnic disparities in HIV infection among injection drug users

Abstract:

Background: Higher rates of HIV infection among racial/ethnic minority IDUs have been reported. Relatively little attention is given to this issue in international harm reduction despite its centrality to a human rights approach to harm reduction.

Methods: We are conducting a systemic review and meta-analysis of the international data on ethnic disparities in HIV infection among IDUs. Standard systematic review/meta-analysis methods are utilized, including searching for published and unpublished reports, standardized article screening and coding, and meta-analytic statistical techniques. Our goals are to summarize current knowledge, generate new findings from cross-site analyses, inform future research, and guide new interventions.

Results: As of October 1, 2009, 13,319 abstracts were reviewed of 31,898 to-date search results. 551 papers were retrieved for further review and potential coding: 86 are eligible, 254 are ineligible, 211 require author follow-up. While the systematic review is incomplete, findings indicate: 1) Ethnic disparities were reported in 87% of eligible studies, including higher HIV prevalence among ethnic minority IDUs in North America, Europe and Asia; 2) Higher rates of HIV are not explained by higher rates of risk behavior among ethnic minority IDUs, who typically reported equal or lower rates of risk behavior; 3) The "other" category for ethnicity is used inconsistently, sometimes representing minority groups with modest numbers, other times referring to the ethnic majority group; 4) Many studies collect, but do not report HIV data by ethnicity, possibly representing a publication bias that obscures successful efforts to reduce ethnic disparities in HIV infection; 5) Outcomes of ethnic disparities in HIV infection among IDUs include parallel disparities in heterosexual transmission.

Conclusions: Ethnic disparities in HIV infection among IDUs pose a major challenge to harm reduction. Meeting this challenge requires more focused research, new interventions, and a detailed application of the human rights perspective in harm reduction.

[Paper ID:990]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Needle Exchange, counseling, review, harm reduction, strategies

Authors (speaker underlined):

Dias, Rick

Title:

Hey you, I want to talk to you! – What to say to someone who is injecting drugs

Abstract:

Issues: With over 12,000 service encounters a year, the needle exchange program reviewed it's counseling strategies to ensure clients were receiving the best possible counseling while visiting the program. Were we doing the best that we could do?

Setting: Ottawa, Canada's capital, a conservative city, has one the highest levels of HIV prevalence and incidences among people who inject drugs. It's often suggested in the media, community and police that clients of the program do not receive counseling during a needle exchange interaction. The program wanted to prove that it's providing the best counseling possible and that the standard of counseling was the same as other programs throughout Canada.

Project: To identify and enhance it's harm reduction counseling strategies and approaches with clients of the needle exchange program. The needle exchange program interviewed all of it's 13 partner agencies that provide needle exchange. Nationally, it interviewed 10 programs throughout Canada from the Pacific Ocean to the Atlantic Ocean. This has never been done in Canada.

All programs provided information on:

- Current counseling strategies
- Potential new counseling strategies
- Recommendations

The literature review is in the process of completion and results are expected to indicate that there is no standard of counseling with a needle exchange client.

Outcomes: Most programs could not identify what theory or model of counseling used, but did indicate that all interactions were client driven. Most counseling opportunities presented themselves when the client was in crisis, with a sense of urgency.

Programs reported on the following:

- Typical interaction
- Barriers / Challenges
- Gaps in resources
- Counseling opportunities
- Counseling Recommendation

a)Evidence based

b)Brief solution focused therapy

c)Cognitive behavioral therapy

d)Core-competency requirements

[Paper ID:241]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Cambodia, injecting drug use, harm reduction, health care

Authors (speaker underlined):

Ditmore, Melissa Hope; Bradford, Holly

Title:

Holistic care for people in Cambodia who use drugs

Abstract:

Korsang offers holistic services in a harm reduction setting in Cambodia. The program was started with deportees from the US who had harm reduction experience but little or no support and resources in their new country. Korsang's staff of 70 includes deportees and Cambodian nationals. This presentation describes harm reduction activities, including skills-building and training.

No other harm reduction services for drug users exist in Cambodia. The local context for users is frequently violent, including theft, assault and rape. Most users smoke and/or inject heroin and/or methamphetamines. Medical needs are typically unmet outside of Korsang because there is no public health service, most users are too poor to pay, and high levels of discrimination within medical establishments prevent users from being able to access healthcare. Korsang provides direct medical services to users and their families, including first aid, addressing abscesses, minor surgery for injuries related to broken syringes and traumatic injuries such as vehicle accidents and gunshot and machete wounds.

Korsang's holistic model of care includes a 24-hour drop-in center, medical care, food, services for women, and links to programs for kids. Korsang's ethos is of adaptability, responding to needs that arise or are discovered as a result of outreach and service provision. For example, many female participants sell sex and Korsang reaches out to them by going to their workplaces to provide support and services. Many drug users were imprisoned during a crackdown and as a result of imprisonment they lost their jobs and places where they lived and had no resources to rent new places upon their release. Considering this, Korsang currently offers users and their families a place to live when they need to get off the streets.

Lessons learned include that listening to participants is the best way to determine needs and next steps.

[Paper ID:243]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

injecting drug use, harm reduction, housing, health care

Authors (speaker underlined):

Ditmore, Melissa Hope; Bradford, Holly

Title:

Housing is health care: reductions in drug-related harm

Abstract:

Background: In June 2008, large numbers of drug users imprisoned in Cambodia were released. Most had no homes to return to and were homeless. Korsang, a harm reduction project in Phnom Penh that offers health care to drug users, began offering shared living space to drug users released from prison. Kamp Korsang opened in June 2008, creating stability in a community dedicated to harm reduction. Since then, there have been extreme declines in the rates of drug-related harm such as abscesses and overdoses.

Methodology: Rates of abscesses, groin infections and overdoses and injuries as recorded among Korsang participants from 2007 to 2009 were compared.

Results: Examination and comparison of Korsang's routine intake forms and medical records show rates of abscesses declined from 18% among injecting drug users in 2007 (128 abscess cases out of 704 injectors) to 1% in 2009. Twenty percent of injectors 20% (26 of 128) injectors presented with groin infections in 2007, among whom two died. By 2009, groin infections had declined to zero while the number of injectors seeking services had increased from 704 to 938. The number of overdoses declined from 6 (two deaths) in 2007 to 2 (zero deaths) in 2009. Drug-related injuries declined from over 2% (40 out of a total of 1708 participants) in 2007 to under 1% (18 out of a total of 2771 participants) in 2009. As the percentages of drug users presenting infections, overdoses and injuries declined, numbers of Korsang participants increased by approximately 1000 people per year. In addition, prenatal care among pregnant users increased alongside the numbers of births with medical assistance.

Conclusion: Based on our observations, we hypothesize that the provision of housing is pivotal to the decreases in drug related harm, including infections, overdoses and deaths.

[Paper ID:551]

Session: M11

Viral Hepatitis A, B and C: An Overview

Location: Room 3, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

Hepatitis C, illicit drug users, crack cocaine, treatment, integrated services, peer driven

Authors (speaker underlined):

Dodd, Zoe; Hodgson, Daina

Title:

Engaging hepatitis C positive drug users, primarily those who use crack cocaine, in an interdisciplinary model of care and treatment

Abstract:

Issue: Hepatitis C (HCV) can be effectively prevented, managed, and treated. However, illicit drug users (IDU's), primarily those who use crack cocaine living with HCV face significant barriers to care, treatment and support. Research has found that HCV treatment for marginalized populations is effective. Individuals should have access to non-discriminatory care, client centered, flexible, and peer driven.

Setting: The program's target population is HCV positive current and former IDU's and those affected by concurrent disorders and co-infection. The East Toronto Hepatitis C Program (ETHCP) is a partnership between three community health centres in Toronto's downtown east end, home to Canada's largest homeless population. The program is supported by an interdisciplinary team of Physicians, Nurses, Infectious Disease Specialist, Psychiatrist, Case Manager, and a Coordinator.

Project: The ETHCP was developed when no other program in Ontario was promoting access to integrated, interdisciplinary, community based HCV programming for positive current and former IDU's. Our model is inspired by work done in Australia, California and Vancouver. Given the high burden of HCV related illness and death in the IDU community best practices needed to be established that included accessible and effective care. This remains a primary goal through example, evaluation and research.

Harm reduction and peer education are program foundations. Participants access a psycho educational group, free treatment and care coordination. This includes housing, referrals, counseling, legal, and outreach services.

Outcomes: The Program is a "One-Stop-Model" which has been effectively treating HCV positive IDU's since 2007. Increased our efficiency and effectiveness at delivering health care services to target population. Created an innovative team model that includes specialists, primary care, and social and education services.

[Paper ID:709]

Session: C31

Harm Reduction Projects and Services in Eastern Europe

Location: Room 1A, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

patient services, HIV and IDU, HAART

Authors (speaker underlined):

Dolzhanskaya, Natalia; Koren, Sergey; Yulina, Yulia

Title:

Attitudes towards the provision of services to patients with HIV among Russian drug treatment specialists and their readiness to make HAART available for them

Abstract:

Background

In order to improve drug treatment services for patients with HIV, a study was conducted to assess the readiness of Russian narcologists to provide treatment to patients with co-morbid conditions.

Methodology

A survey was held among 83 narcologists using a specialised questionnaire to analyse the extent to which they are prepared to work with HIV-positive patients.

Results

The survey showed that 32.5% of patients in drug treatment facilities received HAART. Pre- and post-test counselling was offered by 65.1% of narcologists, whereas 19.3% of respondents didn't consider counselling to be their responsibility.

According to respondents, main barriers to HAART provision include IDUs' lifestyles – 31.9%; possible interactions between psychoactive substances and antiretroviral (ARV) drugs – 10.1%.

Prescription of substitution therapy (ST) to HIV-positive patients receiving HAART was considered useful by 11.6% of the doctors, whereas 27.5% viewed ST as unacceptable according to the current Russian legislation. ST as a method of alternative therapy following several ineffective attempts of abstinence-based treatment was considered as an alternative by 37.3% of narcologists. The majority of respondents (78.3%) were aware of their role in encouraging adherence to HAART among patients with alcohol or drug dependency.

About harm reduction projects: 21.6% of respondents consider these programmes as useful in expanding access to health services among IDUs; 8.5% – useful in encouraging resocialisation; 18.8% – in bringing drug treatment services to the hidden groups of IDUs; 17% – in obtaining reliable epidemiological data. At the same time, 8% of doctors viewed HR programmes as 'free-of-charge distribution of syringes', 5.7% – as 'a method of drug use legalisation' and 4.5% – as 'promoting drug-related lifestyles'.

Conclusions

The survey demonstrated that education of narcologists in providing services to HIV-infected IDUs fall behind the constantly changing epidemiological situation and the growing needs in HAART. This outcome emphasizes the need of ongoing quality training for narcologists.

[Paper ID:794]

Session: M17

Public Health Surveillance of Infections and Behaviours among Injecting Drug Users

Location: Room 3, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

second generation surveillance, RDS, HIV prevalence, Ukraine

Authors (speaker underlined):

Weiler, Gundo; Kobyscha, Yuriy; Kruglov, Yuriy; Varetska, Olga; Saliuk, Tatiana; Donoghoe, Martin

Title:

Prove it: tracking success of harm reduction during nine years of second-generation HIV surveillance among IDUs in Ukraine

Abstract:

Issue – injecting drug users continue to be the main driving force of HIV epidemic in Ukraine. Regular monitoring of the epidemic trends and IDUs behavior patterns provide opportunity to assess prevention intervention impact and modify prevention programs and strategies accordingly.

Setting - 2nd generation of HIV surveillance in IDUs in Ukraine is implemented in Ukraine since 2000. Currently it includes linked HIV sentinel and behavioral surveillance and is conducted annually by medical specialists in partnership with research institutions and NGOs that have direct access to the target population.

Project –HIV testing with parallel interviewing of IDUs in 12 regional capitals representing various parts of Ukraine was carried out in 2009. RDS methodology was used to recruit 250 individuals at each site. The questionnaire included demographic, sexual and injecting behavior blocks as well as questions on HIV test results.

Outcomes – a stable decrease of HIV prevalence in IDUs has been observed during last 4 years in Ukraine (median national indicator has dropped from 46% in 2005 to 28,5% in 2009) with rates varying between regions from less than 10% in some western-northern regions up to 30-65% in south-eastern ones. The most significant decrease was identified among young IDUs with a brief history of injecting drug use (less than 2 years). Behavior surveys in 2007 showed that the proportion of IDUs reporting the use of sterile injecting equipment the last injection was quite high - 84%. Unfortunately this indicator does not reflect the frequency of consistent safe injecting behavior during longer time periods. Other main HIV risk factors were: backloading/frontloading and use of common paraphernalia for drug preparation/distribution. IDUs sexual behavior remains a serious risk factor driving sexual transmission of HIV in Ukraine – only 55% of interviewed IDUs indicated use of a condom last time they had sexual intercourse.

[Paper ID:728]

Session: M05

Tobacco Harm Reduction: Healthier So Why Not Acceptable?

Location: Room 3, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

tobacco, nicotine, public health

Authors (speaker underlined):

Drucker, Ernest

Title:

Tobacco and the future of harm reduction

Abstract:

WHO estimates that current tobacco use is responsible for the death of one in ten adults worldwide (about 5 million per year) and that half of today's 650 million cigarette smokers will be killed prematurely by tobacco - not including the effects of hand rolled cigarette-equivalents, which double the affected population. Unlike the lethality of smoking, nicotine is among the safest (albeit dependency producing) of all the mood altering drugs. The development of new forms of nicotine delivery now provide the means for uncoupling nicotine use from smoked tobacco - removing most of the harms of smoking tobacco.

Yet "Tobacco Harm Reduction" (THR) now lags far behind HR for illicit drugs.

Given the many lessons we have learned from illegal drugs, it is ironic that the goals, principles, conceptual models, and methods of HR - which have already demonstrated their efficacy around AIDS - are not widely applied to tobacco. As tobacco becomes a pariah drug, efforts to totally prohibit it and restrict access to safer alternative sources of nicotine grow reminiscent of the war on drugs- and its hostility to use-tolerant models e.g, the ban on smokeless tobacco in the EU persists. This background now frames the struggle for THR.

THR articles are rare in the peer reviewed literature on public health, medicine, and drug use. Indeed only a handful of THR articles appear even in journals sympathetic to HR - including the one I edit (Harm Reduction Journal). We must take the initiative to increase publication of high quality THR research in the peer review literature. My presentation will discuss some new opportunities to do that through the use of online open access publications, social network internet tools, and websites that can support an informed dialogue about THR within the public health community.

[Paper ID:131]

Session: C08

Substitute Prescribing

Location: Room 3, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Methadone, diversion, prescribing, risk, implications

Authors (speaker underlined):

Duffy, Paul; Baldwin, Helen

Title:

Methadone diversion: why it happens, what the illicit market looks like and the implications

Abstract:

The effectiveness of methadone as a harm reduction measure has been established through international research. However, there has always been concern about the diversion of methadone onto the 'black market'. This project conducted a wide ranging assessment of methadone diversion in Merseyside, UK, aiming to investigate the extent and nature of methadone diversion and assess the implications.

Interviews were conducted with more than 500 methadone users and a wide range of treatment providers, doctors and pharmacists.

Around 80% of clients interviewed knew someone who regularly provided methadone to others and 61% of participants reported being given or buying illicit methadone in the past year. The market is partly but not solely cash based with many exchanges being done to assist other drug users, most often when prescription pick-ups or treatment appointments were missed. Topping up prescription levels was also cited as a reason for obtaining illicit methadone bringing into question whether prescribing levels were appropriate, as levels reported were low compared to recommended UK guidelines. Treatment practitioners accepted that diversion was inevitable but felt that it could stand in the way of producing effective care plans. Continued use of street drugs reported by large proportions of clients in addition to their methadone and the use of potentially dangerous combinations of prescribed and illicit drugs present substantial risk of overdose and other adverse health consequences.

Diversion provides a source of methadone in circumstances when prescriptions are not available which can assist in preventing the use of street drugs. However, high levels of continued use of street drugs question credibility of this ideal, as the trade in methadone can be cash based. Methadone diversion has negative individual and public health consequences but steps to curb diversion such as increased supervised consumption must be weighed against the risk of diverting clients from treatment.

[Paper ID:136]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

children, harm, parents, problematic, estimates

Authors (speaker underlined):

Duffy, Paul; Shaw, Claire; Woolfall, Kerry; Beynon, Caryl

Title:

Estimating the numbers of children of problematic drug users and their residential circumstances to inform research, policy and practice

Abstract:

Children of problematic drug users (PDU), opiate/crack cocaine users, are at increased risk of developing negative social, psychological and developmental outcomes. The population of children at risk in the UK is not fully understood with available estimates being conservative, out of date and limited to a national geography. Existing data sources were used to provide more up to date, accurate estimates over a smaller geography that are more useful for planning local responses.

Two national data sets that collect information from drug users on their children were combined and interrogated to indicate the number of children of PDU in contact with services in April 2007 to March 2008 in Cheshire and Merseyside, UK. Figures were combined with estimates of numbers of PDU in the geography to provide overall numbers of children of PDU. Where children were living was examined to provide an indication of where the burden of care lies and responses need to be targeted.

The estimated total number of children of PDU resident in Cheshire and Merseyside was 19,029, 4.3% of the total population of under 16 years olds. Over half of the children of male PDU (56.6%) were living with a partner whilst children of female PDU were more dispersed across different living situations; one-third living with the client (32.2%) or with family members (34.4%). Five times as many children of female PDU were estimated to be in care (14.6%) compared to children of male PDU (3.0%).

There are a substantial number of children at risk due to their parents drug use and considerable resources are required to tackle this issue. The burden of care may often fall onto family members, who receive little in formal support and who it has been shown are at increased risk of developing negative physical and mental health consequences.

[Paper ID:440]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Collaboration, Health Service Provision

Authors (speaker underlined):

Duke, Alex

Title:

Scaling up harm reduction in Thailand through integration of government, non-government, and private sector programs

Abstract:

Issue

HIV prevention programs serving injecting drug users (IDUs) are limited in Thailand. The absence of a national policy on harm reduction, stigmatization of IDUs by healthcare workers, police harassment, and limited access to methadone maintenance therapy and clean needles and syringes contribute to an estimated HIV prevalence of 40% among Thai IDUs.

Setting

As Thailand's economic prosperity increases, government funding for health programs is replacing funding from international donors. However, government-funded HIV prevention and treatment programs fail to reach large numbers of Thai drug users who are often excluded from healthcare facilities because of stigmatization. Efficiently linking drug users to these government-run programs is an urgent priority.

Project

The Global Fund to Fight AIDS, TB and Malaria is providing US\$17 million to support the scale-up of harm reduction services in Thailand. The project will link service providers from the Thai public, NGO and private sectors in a system of harm reduction service provision for >12,000 Thai drug users in Bangkok and key provinces. The project offers sterile injection equipment, condoms, behavior change communication, and referrals to government services providing HIV counseling and testing, HIV treatment, sexually transmitted infections treatment and methadone maintenance therapy. Successful delivery of this package relies upon strong relationships between these previously disconnected sectors. The project aims to build partnerships between sectors with activities ranging from advocacy workshops and events with government officials and media to workshops with local police, health care providers and community stakeholders.

Outcomes

Building partnerships to establish an integrated system began in August 2009, and will take time. Partners in each sector recognize the weakness of working separately and are willing to collaborate to build an integrated system that strengthens the provision of harm reduction services. The presentation will discuss progress to date, focusing on opportunities and challenges of this integrated approach.

[Paper ID:658]

Session: M08

Tuberculosis and Integrated Care for People Who Use Drugs

Location: Room 3, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

integrated care, services, IDU, treatment

Authors (speaker underlined):

Dumchev, Kostyantyn; Weiler, Gundo; Dvoriak, Sergiy; Grishayeva, Irina; Forostyana, Elena

Title:

Integrated care for IDUs in practice: results of an assessment of implementation experience in seven recently created integrated care centres in Ukraine

Abstract:

BACKGROUND

IDUs often experience poor access to prevention, treatment and care for HIV, TB and other health problems. This is detrimental not only to their health, but poses a significant public health threat in countries with IDU-driven HIV epidemics and high rates of TB co-infection, including MDR TB. A comprehensive, client-centered approach is recommended by WHO to address key service needs of drug users. Centers for integrated care for IDUs started to evolve in Ukraine since mid-2008. A standardized approach to assess progress in their development was suggested by the working group facilitated by WHO.

METHODS

The semi-quantitative study protocol included focus groups with clients and personnel, and a survey covering 80% of clients assessing availability, utilization, barriers, and priority of health and social services. 7 sites working for > 6 months in different regions were assessed in Mar-Apr 2009. Obtained data were compared to the baseline assessment undertaken at the beginning of sites' operation.

RESULTS

266 clients completed the survey; 49 staff and 52 clients participated in focus groups. Service compositions differed markedly across different types of institutions. Drug treatment centers had the lowest number of services available on-site: TB and HIV treatment, IPT, reproductive health and STI services were only provided by referral. Multi-functional hospitals managed to provide TB treatment and reproductive services on-site, but did not provide ART on-site. AIDS-centers had the highest service availability, providing all services on-site, with the exception of inpatient TB treatment. Existing normative base and funding system were identified as the main barrier to scale-up of integrated approach.

CONCLUSIONS

Integrated care centers have achieved significant progress in expanding the range of services. However, key treatments have not been implemented in non-specialized institutions, being available only by referral. Results of the assessment will be used to develop an operational guide on integrated care.

[Paper ID:582]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

BCC message, Communication, Risk Behaviours, Protection

Authors (speaker underlined):

Dzung, Hoang Kim; Kien, Nguyen Trung; Ha, Tran Thanh

Title:

In fearing, IDUs protect themselves by their own ways

Abstract:

Backgrounds: Northwest region was poppy cultivation until in the end of the 1990s. And now the supplying sources of opium drug were scarce and not available, the drug use behavior is transforming rapidly from smoking of opium to the smoking and injecting heroin, particularly on increasing the numbers of Intravenous Drug Users (IDUs) as well as HIV infected persons in this region. Therefore it needs to develop BCC materials on drug harm reduction and HIV/AIDS prevention for IDUs with very low literature levels and cultural preferences of different ethnicities in this region.

Methodology: A survey was carried out in Northwest Region in Vietnam in 2008. It involved participation of 20 focus discussion groups of the drug users and 8 general youth groups in the same locations in the. Totally 240 ethnic minority participants have contributed to develop BCC materials and intervention ideas.

The results from these survey showed that the concept of social evils caused the silent behavior upon drug reduction and HIV/AIDS prevention. Language identification, communication problems, and stigma and discrimination made them to be difficult to understand the existing BCC materials on drug harm reduction. On the other hands, if the IDUs understood clearly these messages, they would not follow the formulations on them and create their own ways to protect themselves. Some of them versus knowledge on harm reduction of currently national program.

Conclusions: Misunderstanding BCC messages on harm reduction is calling for building up BCC program intervention on drug harm reduction and HIV/AIDS prevention for special ethnic minority people. The findings also call for reviewing IEC messages in existing materials of drug harm reduction. It is noted that not most ways is harmful for IDU's health, it needs to pay more examination by scientific methods.

[Paper ID:655]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Family member, risk reduction, relapse, and detoxification

Authors (speaker underlined):

Dzung, Hoang Kim; Huong, Le Thu

Title:

Enabling the role of family members in supporting in risk reduction and preventing relapse at the community level

Abstract:

Empirical studies on the world report that the role of family members is very important for supporting in drug treatment and preventing relapse. This paper identifies the needs on detoxification knowledge at home to build an intervention model by using family member on drug harm reduction at community level.

Method: this report is based on the research to identify the factors that impact on care seeking behavior in cross-border and mountainous population. Qualitative methods is applied. In depth interviews 9 parents and wives and 10 Injecting Drug Users (IDUs) who are successful in detoxification and still do not relapse, and a focus group discussion of community leaders in a commune where is high prevalence of IDUs.

Results: During drug treatment period, most participants declare that IDUs like the sweet heart voice from their family member. Their family members always responds their demand to reduce pain and encourages them during drug treatment at home and prevent negative activities in post-drug treatment treatment. However the home drug treatment methods are quite different from family to family, depend on cultural thinking and belief among of Indigenous People. Some of them seem to be helpful while some are dangerous actions from family members. Collaborating activities between harm reduction service providers and IDU's family member will be confidence on treatment.

Conclusions: Home treatment with family support sometime are effectiveness. However harmful and dangerous practices should be identified for safe actions. It also suggest that the family support group should be pay more attention in drug harm reduction program. The comprehensive home drug treatment knowledge should be provided to enabling the role of family members on supporting drug rehabilitation and preventing relapse at community level.

[Paper ID:845]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

negotiation skills, sex workers, condom use

Authors (speaker underlined):

Dzung, Hoang Kim; Diem, Nguyen Thi Bich

Title:

Sex workers need to provide negotiation skills of condom uses

Abstract:

Background: Sex work is regarded as illegal sector in context of Vietnam. BCC program also is very sensible issue on the project to provide comprehensive care of STD treatment and promotion on HIV/AIDS prevention.

Method: This paper is based on Mid Term Evaluation for the project "Time to Change" of World Vision, conducted in Hai Phong City in Vietnam where is regarded at high prevalence of IDUs, HIV rate and sex industrial zone. Quantitative method investigate 100 Sex Workers (SWs), and quality method includes in-depth interviews sex clients, providers, and the owners of the SWs, and a focus discussion group of the stakeholders of the project.

Results: Most indicators has a tendency of positive changes compared of baseline survey in two year ago. The knowledge, behavior and attitude of SWs on the STI prevention demonstrate significant advance, particular on the behavior to access health care services of SWs. The attitude from residents of project site toward PLWH and SWs is much better. The roles of the outreach workers and the owners have identified on BCC promotions on condom uses. However SWs claim that they meet difficult to convince their clients to use condoms. They sometimes suffer from violation from their clients due to they refuse to use condom, while they lack negotiation skills.

Conclusions: By collaborating of all stakeholders, outreach workers and the owners of SWs in project activities contribute extremely change in the project site. However the findings suggest that negotiation skills on condom uses for SW should be paid more attention not only in the project activities, but also expanding on national program.

[Paper ID:895]

Session: C13

Harm Reduction and Human Rights

Location: Room 1A, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

torture, human rights, compulsory, treatment

Authors (speaker underlined):

Elliott, Richard; Symington, Alison; Chen, Y.Y.; Allard, Patricia

Title:

Treatment or torture? Applying international human rights standards to compulsory drug dependence treatment

Abstract:

Issue: Glaring amongst accounts of ill-treatment experienced by people who use illegal drugs are forms of drug dependence treatment, usually compulsory or coerced in some way, that induce physical and mental suffering, often with little positive impact in reducing or eliminating problematic substance use. When does this "treatment" amount to torture, or to cruel, inhuman or degrading treatment or punishment, thereby possibly triggering the use of legal mechanisms to challenge and change policies and practices that amount to an abuse of human rights?

Arguments: We review the international legal definitions of "torture" and "cruel, inhuman or degrading treatment or punishment." We then consider whether and how such legal categories may be applicable to particular conduct that is characterized as "treatment" for drug dependence, such as techniques directly imposing physical or mental hardship (e.g., invasive 'surgery', painful restraints or imprisonment, physical drills), techniques that indirectly cause suffering (e.g., forcible detoxification or withholding medications), and coerced participation in drug dependence treatment (e.g., judicially-mandated treatment upon threat of criminal or other serious penalty).

Outcomes: Certain forms of drug dependence "treatment" clearly violate the absolute prohibitions against torture and other cruel, inhuman or degrading treatment or punishment. Legal distinctions between "torture" and "cruel, inhuman or degrading treatment or punishment" may be useful in different ways for challenging abusive practices imposed in the name of "treatment".

Implications: Naming an act as torture stigmatizes both the responsible state and the perpetrators themselves, and underlines certain international legal obligations, including duties to criminalize acts of torture, bring perpetrators to justice and provide reparations to victims. Available international, regional and/or domestic investigative and enforcement mechanisms could be used to challenge the most abusive forms of drug dependence "treatment" commonly experienced by people who use drugs as torture or as otherwise cruel, inhuman or degrading treatment or punishment.

[Paper ID:197]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV/AIDS, MMTP, Indonesia, community involvement

Authors (speaker underlined):

Erlangga, Riechie berly

Title:

Ensuring success of drug substitute programs by engaging clients in community HIV/AIDS interventions in the city of Bandung

Abstract:

ISSUES

Rumah Cemara (RC) is an organization providing support to People Living with HIV/AIDS (PLWHA) and injecting drug users (IDU) in the West Java Province of Indonesia. RC works with Methadone Maintenance Treatment Programs (MMTP) to engage drug substitute clients (methadone, buprenorphine) in HIV/AIDS interventions. Without engagement beyond MMTP, clients continue to abuse drugs, and their psychology of uselessness leads to relapse, further exacerbated by discrimination from society. As recovered addicts living with HIV, RC staff use first-hand experience of rehabilitation to address these issues.

SETTING

West Java is home to Indonesia's largest population of PLWHA. 80% of PLWHA are IDUs and 90% of IDUs are PLWHA . In Bandung, West Java's provincial capital, stigma towards drug users and PLWHA remains widespread. RC works in one of Bandung's four MMTP programs, where out of 232 registered patients, only 84 people actively participate in MMTP, 72 of whom are PLWHA.

PROJECT

To increase the amount of clients who successfully complete MMTP, RC engages clients in HIV-related activities using a psycho-social approach. Activities include Role Modeling - allowing recovered users to mentor recovering users with real life experience, and giving recovered users a responsibility that psychologically decreases their likelihood of relapse. RC conducts closed meetings for PLWHA and weekly sports activities to foster healthy lifestyles. By helping avoid relapse, this project provides HIV intervention to a key population.

OUTCOMES

More than 70% of MMTP clients who have already recovered were involved in RC activities, many now RC Staff. Activities motivated clients towards recovery with the simple psychology of usefulness to others. Additional positive effects, emerge as former users become appreciated for providing valuable community services. However, better relationships with local police and media are needed, and RC will scale up services in these directions to further change community attitudes.

[Paper ID:373]

Session: C27

Harm Reduction in European Prisons and Criminal Justice Systems

Location: Room 11, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

Advocacy, Community-based organization, Prison, Health policy, Media

Authors (speaker underlined):

Pilorge, Fabrice; Essid, Sandra; Andreo, Christian; Rojas Castro, Daniela; Belli, Francesca

Title:

A community-based organisation's advocacy strategy for implementing a syringe exchange programme in French prisons: the AIDES experience

Abstract:

France recognized the utility of harm reduction strategies in 1987, mainly characterized by the implementation of syringes exchange programmes. Since 1992, these programmes have been implemented throughout Europe, resulting in a HIV and HCV risk behavior reduction and improving inmate's global health. In 1994, a health reform guaranteeing an equal health access and care was launched. Nevertheless, with a two-to-three fold higher HIV prevalence and a five-fold HCV prevalence in prison that outside health authorities refuse to implement syringe exchange programmes inside prisons.

For all these reasons, AIDES, a French community-based organization, decided to elaborate an advocacy strategy addressed to make forward the law regarding prison harm reduction strategy. Firstly, it has developed actions in prisons to raise inmates, staff and management awareness about its convenience. Secondly, a public mobilisation by means of media tribunes has been developed in order to get ready the public opinion. Thirdly, some consultations have taken place with the health ministry. These three different aspects of the advocacy strategy, developed alone and in partnership with other associations, have not yet allowed putting into practice a syringe exchange programme in prison due to the interference and resistance of the ministry of justice. Finally, we have decided to come into contact with parliamentarians in order to generate a positive opinion about this device. Thus, when the public health law will be review by the end of 2009, most of the people involved in the process will be aware and favourable to extend harm reduction strategies to prisons.

Our experience shows that the key decision for implementing such programs has nothing to do with evidence-based policy or good practises in the field of public health. It's only a matter of political will and ideology. That's why it's necessary to convince political leaders and public opinion.

[Paper ID:257]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Mortality, Overdose, IDU, Youth, Hepatitis

Authors (speaker underlined):

Evans, Jennifer Lynn; Tsui, Judith I; Davidson, Peter J; Lum, Paula J; Hahn, Judith A; Page, Kimberly

Title:

Mortality risk and predictors among young injection drug users in San Francisco (UFO study)

Abstract:

Background: Young injection drug users (IDU) have a high incidence of mortality. Mortality related to drug use is the most common cause of death in this group.

Methods: A total of 548 young (< 30 years) IDU completed a baseline interview and were enrolled in the prospective cohort (The UFO Study), from November 1997 to June 2006. Deaths were ascertained through the National Death Index through 2006 and causes of death were obtained from the National Death Index-Plus. We calculated mortality incidence overall and by demographic and risk characteristics reported at the baseline interview.

Results: 67% of subjects were male, median age was 22.0 years (IQR 19.6 – 25.0) and median years injecting was 4.0 (IQR 1.3 – 6.4). A total of 23 deaths were identified over 3880 person years (PY) of follow-up yielding an incidence of mortality of 5.9 (95% CI: 3.9 – 8.9) per 1000 PY. The leading causes of death were overdose (43.5%), trauma/accidents (17.4%), IDU related medical conditions (13.0%), and self-inflicted injury (13.0%). Mortality incidence was significantly higher among those who reported injecting every day in the past month 9.4/1000 PY (95% CI 5.3 – 16.6); reported a recent overdose 11.3/1000 PY (95% CI 5.9 – 21.8); were hepatitis C positive 11.9/1000 PY (95% CI 5.9 – 23.8), and injecting heroin most days in the past month 8.3/1000 PY (95% CI 5.3 – 12.8). Incidence of mortality was elevated among those who had injected more than 4 years and were over age 23, but was not statistically significant.

Conclusions: Incidence of mortality is high in this cohort of young IDU. The leading cause of death in this group was overdose, emphasizing the importance of designing and implementing effective overdose prevention and drug treatment interventions to reduce mortality among young IDU.

[Paper ID:994]

Session: C04

Drug Consumption Sites: Politics and Research

Location: Room 1B, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

Injection Drug Site, Insite, Community Capacity

Authors (speaker underlined):

Evans, Liz

Title:

'Hanging on' to insite; the socio-political context of a community fighting to keep an injection site

Abstract:

Bringing Harm Reduction into the next generation requires social action, commitment to advocacy and an awareness of the constantly shifting landscape. The PHS Community Services Society has been working in the impoverished community of Vancouver's Downtown Eastside for close to 20 years to develop strategies to save lives, and change public perception around injection drug use. This fight culminated in the opening and operation of the only Injection Drug Site legally sanctioned in North America, which is under constant threat of closure. The PHS has taken legal action against the Federal Government of Canada in it's efforts to make sure the Site is not closed, as it represents a beach head of harm reduction efforts across the continent. The PHS has also fought to open a number of other community based services which are inclusive social spaces, such as ;a low-income bank; an art gallery and a dental clinic, strategically committed to changing the way Canadian Society includes those living with addiction. Challenging not only the rights of drug users to live with safety in their drug use, but additionally with dignity in their communities, the PHS is connecting these initiatives in the context of a community where Injection drug use is often used as a rationale for social dispersal. The intentions of the PHS are to not only ensure that those living with drug addiction have access to supervised injection, adequate housing, health care and quality of life, but additionally that those living with drug use be embraced as equal citizens. This dispersal is accepted rather than challenged as the communities where people marginalized from mainstream society can feel accepted are in heavily contested areas usually being fought over due to competing economic interests. This context creates societal tension and results in heightened animosity towards harm reduction efforts.

[Paper ID:705]

Session: M18

The Use of Anabolic Steroids and Related Drugs

Location: Room 11, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

Anabolic steroids; Performance-enhancing drugs; Harm reduction; Adverse effects; Evidence base

Authors (speaker underlined):

Evans-Brown, Michael; McVeigh, Jim

Title:

The evidence for the harms caused by anabolic steroids and associated drugs

Abstract:

Although the use of anabolic steroids and associated drugs have been 'associated' with a diverse number of adverse effects on physical and psychological health this area remains poorly researched. Much of the data are derived from observational studies, particularly self-reported effects (many studies measure 'soft' data variables through simple 'tick-boxes' rather than using validated scales and measurements), case reports (where there is an over-reliance on this type of data as evidence of the high incidence rate of adverse effects, and, moreover, as proof of a causal relationship) and cross-sectional studies. Much of the research has failed to recognise: 1. the compound-specific effects of anabolic steroids (and, hence, the degree to which they diverge from the effects mediated by testosterone); 2. the heterogeneous nature and practices of this group, especially in relation to high-dose polydrug regimens (drugs used, dose taken, duration of use); and, 3. the need for longitudinal studies within this population. Furthermore, as the majority of users obtain their drug products from the illicit market, the quality, composition and strength cannot be guaranteed. Indeed, the limited data available suggests that adulteration of these drug products affecting the active pharmaceutical ingredient are likely to be commonplace. This coupled to the fact that few studies have undertaken drug testing and analysis of patients/participants and the drug products being used (in both case reports and larger research studies), means that the internal validity and generalisability of these findings are limited. This presentation will explore these issues: what we know, what we don't know; what this mean for users and health professionals, particularly those engaged in harm reduction; and, more broadly, what this means for drug policy.

[Paper ID:562]

Session: M12

Theories and Philosophies of Harm Reduction

Location: Room 11, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

moderate drug use, social philosophie, theoretical concepts, alcohol, tobacco, other drugs

Authors (speaker underlined):

Falcato, Luis; Stohler, Rudolf

Title:

The concept of “moderate drug use” as an innovative theoretical framework and its potential for future harm reduction policies

Abstract:

Any policy depends on conceptions and definitions of what constitutes the problem and what the aspired directions of change. In the field of drug policy traditionally the abstinence-paradigm serves as such a broad conceptual framework. Since about 1980 this is challenged more and more successfully by the competing harm-reduction-paradigm. However, nowadays new questions show up, especially how to expand harm reduction to a broader range of psychoactive drugs and drug users.

Many years of work in addiction-medicine in Switzerland (a country, which in the past three decades has developed a comprehensive and relatively successful drug policy) has convinced us, that “Moderate Drug Use” is a promising concept to refine harm reduction in the above mentioned directions.

We asked international leading experts focussing on the significance of the moderate-use-concept and its implications on prevention and treatment regarding different illegal and legal substances. The activities so far resulted in a congress on moderate use as a treatment goal held 2008 in Zurich, a video documentation of this congress, and a special issue of a German addiction journal in 2010.

Moderate drug use contrasts with total abstinence but not with temporal, local or situational abstinence. It goes beyond harm reduction in so far as it also accounts for positive effects of drug use. Also, it encompasses medical and non-medical drug use. The concept applies to illegal as well as legal substances. It is a very general concept, which relates to several analytical levels (society, groups, individual) and has practical applicability for drug legislation, prevention and treatment.

Yet, the concept of moderate use is not well-established and terminology is heterogeneous. Differentiation to other concepts like “misuse”, “controlled use” should be clarified.

The audience shall be inspired to discuss the concept of moderate drug use and its implications.

[Paper ID:872]

Session: C26

Clinical and Programmatic Issues around Hepatitis C Treatment

Location: Room 3, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

HCV, IDU, Five-year Follow-up, Durable SVR, Re-infecton

Authors (speaker underlined):

Farley, John; Horvath, Garry; Reynolds, Rob; Farley, Theresa A.

Title:

Five-year follow-up of treatment of chronic hepatitis C virus infection in IVDU in correctional institutions and community settings: implications for a successful HCV treatment program

Abstract:

Background: Successful treatment programs for hepatitis c virus infections (HCV) in IVDU are of paramount importance; this risk group now constitutes most of the HCV in western countries. There is concern of the low uptake of treatment in IVDUs, being 'difficult to reach', stability, and commitment to take a six to 12 month, complex treatment regimen, and the cost effectiveness of such interventions. There are increasing reports of HCV treatment in IVDUs. However, there is a paucity of data on the long term follow-up of those successfully treated and therefore the effectiveness of these interventions, programmatically. AIMS: To discuss our experience and review the outcome of a five year follow-up of IVDUs successfully treated for HCV in unique settings. Methods: Retrospective chart review of HCV individuals treated for HCV between 2000 and June 2008 and achieved sustained virologic response (SVR). Patient population: Inmates & former inmates (discharged to the community); patients referred to a community-based clinic in Vancouver, British Columbia. Results: Of 174 individuals with available data (one to five years post SVR determination), 132 of 134 tested remained virus-free at one year; 82 of 96, two yrs; 37 of 44, three; 16 of 25, four; and 7 of 9, at year five. There was a cumulative total of 34 reinfections with a mean five-year incidence of 25.7% . The median time to reinfection was 46.6 weeks after SVR (SD 50.0 weeks). Likely causes of reinfection included intravenous drug use, and tattooing. At least 50 (29 % of those with responses) admitted to some IVDU after SVR; 16 (9 %) were on methadone maintenance treatment (MMT). Conclusion: Treatment in our IDU population is feasible, SVR durable. Re-infections are not uncommon. Treatment programs for HCV in IDUs must consider strategies to continually emphasize harm-reduction and prevent re-infections to increase their effectiveness.

[Paper ID:934]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HCV, IDU, Methadone Maintenance Treatment, Prison

Authors (speaker underlined):

Farley, John D

Title:

Successful treatment of inmates of correctional institutions on methadone maintenance treatment for hepatitis C virus infections

Abstract:

Background: Methadone Maintenance Treatment (MMT) is a commonly used substitution treatment method for opioid dependence. About 30-40% of inmates of Federal Correctional institutions in Canada, have chronic hepatitis C virus infection (HCV), most, likely acquired through intravenous drug use (IVDU). AIMS: This study compares the outcomes of treatment of inmates of correctional institutions in BC, Canada on MMT, for HCV with those who are considered stable and are not on MMT (N-MMT). Methods: Retrospective chart review of 161 inmates who were treated for HCV between January 2003 and September 2009. Results: Of the 161 inmates with available data, 54 were on MMT and 107 were not. In the MMT group, 30 were genotypes 1, 4, or 6 (group A) and 24 either genotype 2 or 3 (group B). In the N-MMT, 62 were in group A (genotypes 1, 4 or 6) and 45 group B (genotype 2 or 3). In the N-MMT, the EOT response rates were 83% and 95% for Groups A and B respectively and in those on MMT, 79% and 90% respectively. The SVR rates were 81.5% in group A and 77.7 %, group B, in the non-MMT; and in the corresponding MMT groups, the response rates were 80 % and 88% respectively. There were no significant statistical differences in the outcomes (EOT or SVR) in the two groups (MMT / non-MMT). Conclusions: Those on MMT can be treated for HCV as effectively as those not on MMT in correctional institutions populations. The findings are consistent with the growing evidence that treating HCV in IDU on MMT is effective and feasible. More efforts should be made to stabilize IVDUs with MMT to enhance reaching and treating a challenging and 'difficult to reach' at-risk intravenous drug using population, which constitutes a marginalized group even in prison settings.

[Paper ID:952]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Prison, Community re-integration services, HCV, IDU

Authors (speaker underlined):

Farley, John D; Horvath, Garry; Chinybayeva, Leila; Shum, Wendy; Reynolds, Rob

Title:

Continuation of treatment of inmates with hepatitis C infection on discharge to the community: The Inmate Community Health Reintegration Services Project (InCoHRS) experience: Vancouver, British Columbia

Abstract:

Background: A barrier to initiating treatment for hepatitis C Virus infection (HCV) has been the capability for continuing the treatment and follow-up on discharge to the community. To address this, we started the InCoHRS (Inmate Community Health Reintegration Services) project in 2004, the first in Western Canada. AIMS: To evaluate the utility of the InCoHRS project. Methods: Retrospective chart review of inmates with HCV, discharged between January 2004 and July 2009, and received services through InCoHRS. Results: At least 250 inmates received services through InCoHRS between January 2004 and October 2009. Services included: Liaising with the correctional institution; initiation as well as continuation of treatment; applying for Provincial coverage for treatment; referral to Social Services for income assistance, housing, primary care, mental health assessments and addiction and counseling services. There were more than 800 scheduled post-release appointments, 60 % of which were kept; 58 % initiated treatment while incarcerated; of these, 65% completed treatment; others are at various stages of their treatment. Overall, participants of the InCoHRS project had higher adherence rate and better treatment outcomes (all genotypes) than general inmate population. Conclusion: Participation in InCoHRS increased over the last five years. As a result of the project, former inmates now comprise about 20 % of one of our clinics patient population. Establishing contact with inmates in the correctional institutions is an important link, and encourages their clinic attendance and treatment on release to the community. Issues which need to be addressed include difficulties in finding primary health-care providers, getting mental-health services and coordination of discharge planning with non-health-care administrators and health-care providers at correctional facilities and in the community.

[Paper ID:110]

Session: C26

Clinical and Programmatic Issues around Hepatitis C Treatment

Location: Room 3, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

HCV treatments, treatment access, hepatitis, drug users, HIV/HCV

Authors (speaker underlined):

Farrell, Jason

Title:

Resolving barriers to treating HCV among IDU's

Abstract:

There is growing concern among drug users that medical providers have decided their fate by denying their access to newly approved HCV treatments. Medical providers discriminate and prejudice their opinion when servicing drug users. This concern is wide spread and has been acknowledged by physicians. Studies of physicians stated that drug users are often seen as troublesome and frustrating to work with as patients and clients. Drug users prior experiences with health and social service providers have been far from satisfying and they anticipate that staff will likely be disrespectful or insensitive to their needs. The negative attitudes of medical providers, and the demand for abstinence as condition to receive services, function as a barrier to both primary care and assistance with drug and alcohol use.

The needs of HCV positive drug users are particularly salient, both from the perspective of early HCV intervention and from that of Secondary Prevention. As therapeutic regimens are developed, it is ever more critical to develop multiple avenues for allowing drug users to find easier and more timely ways into care. This session will provide information about a growing problem concerning access and compliance with new HCV treatment regimens. Session participants will learn how to address this issue and seek ways to develop services that assist HCV positive drug users.

Questions to be answered may include: How can doctors become more accountable to provide treatment education to drug users? How can drug users become empowered to learn about new HCV treatments? What type of services need to be made available to assist HCV positive drug users access medical care? How can we integrate treatment support services for HCV positive drug users where we work?

[Paper ID:621]

Session: C01

Youth-Friendly Harm Reduction Interventions

Location: Room 1A, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

Young people, unemployment, peer pressure,

Authors (speaker underlined):

Fasinu, Femi Aina

Title:

Reducing harmful drug practices among young people in land border communities in Nigeria; the YDI example

Abstract:

Issue: Despite the vulnerability of land border communities in Nigeria to HIV/AIDS, crime, smuggling, violence against women etc, yet there are almost no programmes to address Harmful drug use, which is a common phenomenon among the various vulnerable groups especially young people in the communities.

Setting: Youth Dignity international, an NGO working with young people land border communities in Nigeria conducted a study to determine the high level of harmful drug use among the young people at the border town in Badagry-the town with the busiest land border in Nigeria. The objective was to identify the level of awareness against harmful drug practices among the young people in the community, to identify factors affecting drug use and the best way to better address the issue involving the young people themselves in the community.

Project: Peer to peer counseling strategy was mainly used as most young people using drugs are mostly lured by peer pressure. Capacity building workshop on lobbying skills was organized for the representatives of various sector of young people at the border including the street kids, motorbike riders, smugglers, etc

Outcome: Youth unemployment and lack of self esteem was identified as a very great challenge to changing young people attitude towards harmful drug use and thus programmes that tend to address it must also address the economic situation of the young people involved. Young people should be more involved in programming that address harmful drug practices among young people. Government should provide more reasonable employments for young people so as to reduce harmful drug practices among young people. Funding for capacity building and more programmes should focus on young people in border communities as they are more vulnerable to Harmful drug use. Trainings for Youth leaders on Drug use should be prioritized.

[Paper ID:966]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

COCAINE, GENDER, SEXUALITY, PATTERNS OF THE USE, ETHNOGRAPHY

Authors (speaker underlined):

Fernandez, Osvaldo

Title:

Patterns of cocaine use in São Paulo / Brazil: an 11-year follow-up of a network of cocaine users

Abstract:

The objective of this research is to understand the manner and patterns of cocaine sniffing in São Paulo, taking into account the users' and their "careers" and the users' life structures. The specific object is to study the values and rules of conduct, as well as the social rituals involved in "controlled use". Qualitative methods were used such as: ethnographic observations, in depth interviews with a 11 year interval and autobiographical accounts. Eleven subjects were interviewed who were contacted in different cocaine consuming territories and circuits, taking into account different life styles and social networks. The data was analyzed from perspectives of social class, gender, sexual orientation, course of life and generation. The main form of use found was recreational, although there was also a minority detected that made instrumental use, mainly for work purposes. In these two different forms of use a series of rules were detected aimed at ensuring self-regulation on the part of the users. Eleven years later follow up interviews detected that most of the original interviewees had reduced their use (2) or abandoned it altogether (6). A minority (2) had increased their use and one could not be found for the follow-up interview. The research also spotlighted the users' ethos and a relationship between cocaine, sexual behavior and gender performance.

[Paper ID:468]

Session: C15

Integrating Harm Reduction Into Medical Practices

Location: Room 11, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

integration of care, harm reduction, primary care

Authors (speaker underlined):

Ford, Christine; Halliday, Kate; Browne, Elsa

Title:

The role of primary care as a model of integrating comprehensive care and treatment

Abstract:

Primary care or general practice can be a perfect place for the integration of treatment and care of people who use drugs by providing care for the person as a whole, taking into account their entire health needs not only their drug treatment; and at the same time providing harm reduction services and health promotion. Some countries such as UK and other European countries and Australia have well-established general practice, in which drug treatment is offered to varying degrees. Other European countries, such as Germany and the US have marked restrictions on what can be offered in general practice and other countries, such as Malaysia, China and India don't have the equivalent system of general practice.

This paper will illustrate how the treatment system in the UK has dramatically changed over the past 15 years to reach a point where a large proportion of treatment is now provided in primary care based treatment services. It will explain how and why general practice has an important place in comprehensive drug treatment; what the advantages are, such as accessibility and flexibility and what the common barriers are, such as lack of training and lack of support, and what has been achieved in overcoming these in UK including: the development of a network of support and training with conferences, certificate courses, a newsletter, regular clinical and policy updates and a web site. All these measures have begun to change the face of drug treatment in the UK from general practice undertaking less than 5% to now about 32% and still rising.

[Paper ID:915]

Session: P2

The Next Generation of Drug Policy: Decriminalisation and Beyond

Location: Room 1, 2010-04-27, Start: 09:00,End: 10:30

Keywords:

decriminalisation, prohibition, UN treaty reform

Authors (speaker underlined):

Fordham, Ann; Bewley-Taylor, Dave

Title:

Decriminalisation: pushing the limits of drug control

Abstract:

Almost all nations are currently members of the global drug prohibition regime. This operates via a UN based treaty system comprising a suite of three international drug control conventions; the 1961 Single Convention on Narcotic Drugs (as amended by the 1972 Protocol), the 1971 Convention on Psychotropic Substances and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The bedrock of the regime is the Single Convention. This contains a general obligation for signatory nations, subject to the provisions of the Convention, to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs. Although the prohibitionist ethos of the regime is beyond doubt, the conventions nonetheless contain a certain degree of flexibility. This presentation explores the various legal mechanisms behind such "wobble room" and outlines how a growing number of parties to the conventions have engaged in "soft defection" from the regime's prohibitive expectancy; a process involving interpretative strategies that keep national policies within the confines of the letter, if not the spirit, of the international legal framework. Despite such grey areas, latitude is by no means unlimited, however. Indeed, it will be shown how, in expanding domestic policy space, many states are now at the limits of what is legally permissible within the extant regime. The presentation will also show how, while the conventions permit a degree of policy flexibility in terms of possession for personal use, there is no such scope for production and supply. This is a particularly acute point of tension as more jurisdictions adopt tolerant approaches to dealing with the recreational use of cannabis.

[Paper ID:847]

Session: C04

Drug Consumption Sites: Politics and Research

Location: Room 1B, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

health professional education

Authors (speaker underlined):

François, Anne; Mani, Christophe; Broers, Barbara

Title:

Medical students in a safe injecting facility: an innovative way of improving future medical care for drug users?

Abstract:

Issue:

Drug users are a particularly vulnerable group in term of global health problems, leading to an over-representation as patients in the hospital, especially in the emergency department, psychiatric and infectious diseases units. Healthcare workers often feel uncomfortable taking care of such patients, due to multiple reasons including lack of knowledge of addiction and drug user's life. Since they see drug users only in a "crisis" context, they get a biased view on addiction. Drug users might feel misunderstood and fear to receive less quality medical care. Education and exposure to drug users in other settings might decrease this mutual misunderstanding.

Setting :

In the Geneva University Hospital, we introduced in the Community Health training of 4/5th year's medical students, 10 years ago, a well appreciated programme 30 hours of teaching in addiction medicine, divided between seminars and clinical time in drug treatment settings. Since 2008, a third of them spend half a day at the safe injecting facility, Quai 9, where they accompany a senior physician for primary care and addiction consultations.

Project :

We evaluated with a semi-structured questionnaire, anonymously sent to the medical students, their opinion on this short experience.

Outcomes :

88% of the 24 programmed students came to the facility, participated and overall greatly appreciated the experience and the direct contact with the drug users. Although 57% admitted an apprehension before, 100% thought that this immersion might have an impact on the way they will receive drug users in future medical consultations. They thought the immersion should be proposed to all medical students. The staff and the drug users well accepted the presence of the medical students. Our experience suggests that a short exposition to the DU's reality might modify perception of an unknown reality, overcome judgement and fear, and maybe improve future medical care.

[Paper ID:94]

Session: C17

Social Science Research Methods

Location: Room 4, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

Hepatitis C, harm reduction, qualitative methods, policy

Authors (speaker underlined):

Fraser, Suzanne

Title:

Hepatitis C and its social and political complexities: generating relevant knowledge for policy

Abstract:

Aims

Like harm reduction, hepatitis C is 21 years old in 2010. This means that social research on hepatitis C is also 21 years old. This research has made many important contributions to knowledge about the disease and to policy and practice, but it also faces new challenges. One of these is improving our understanding of the complex meanings circulating around hepatitis C. Some of these relate to the symbolic potency of injecting drug use, some to the real and assumed associations between hepatitis C and HIV, and some to its history in iatrogenesis. This paper has two aims. First, it will explore some of these associations and the role they play in both aiding and impeding effective and humane responses to the disease. Second, it will discuss the methodological questions posed by complex issues of this kind for researchers aiming to produce findings meaningful for policy makers and service providers.

Methods

The paper is based on two data-sets collected for an Australian Research Council-funded study on hepatitis C. The first comprises 30 qualitative interviews with people living with the disease, the second hepatitis C self-help books. These data-sets were analysed together to explore the concepts and images circulating around hepatitis C, and their translation into everyday knowledge and advice.

Results and conclusions

Many unhelpful assumptions about hepatitis C were found in the self-help data. These also emerged in various ways in the interview data. Assumptions of the kind identified here can directly shape individual and structural responses to hepatitis C, and therefore need to be understood and challenged. To do this, researchers may need to turn to new or unorthodox data sources (such as self-help books) and develop innovative analytical techniques. Researchers also need resources to allow effective translation of findings into accessible outcomes for policy and service provision.

[Paper ID:18]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

IDU`s, injection drug use, risk behaviour, harm reduction, Syringe re-use, syringe sharing, blood borne disease.

Authors (speaker underlined):

Fridjonsdottir, Helga Sif; Gunnarsdottir, Jona; Gudmundsdottir, Runa

Title:

The need for a needle exchange program in Iceland

Abstract:

Background: Reports from the Directorate of Health in Iceland indicate that hepatitis C infections are common among intravenous drug users (IDUs). Furthermore, there is new evidence that an HIV outbreak is impending in this population. Currently, no needle exchange programs are available in Iceland. IDUs need to purchase injection equipment in pharmacies with limited opening hours. The prevalence of IDUs is rising in Iceland but, to date, no research has explored injection drug use behavior in this population.

Objective: To explore injection drug use behavior among Icelandic IDUs and their evaluation of injection equipment availability

Methods: methodological triangulation was used combining descriptive study design and phenomenology. A convenience sample was accessed at Iceland`s two detox and treatment programs. During a three-month period in 2007 everyone entering treatment that had a history of intravenous drug use could participate and were surveyed for example about needle re-use and sharing and availability of steril equipment for IDUs. Participants were 69. Then, 11 IDUs were interviewed about their injection drug use behavior using an in-depth interview guide.

Results: Risk behavior was common. 84,1% re-used needles, 79,7% shared needles and 75,4% shared other injection equipment. Participants thought poor availability led to an increase in injection risk behavior and 79,7% thought availability should be improved. The use of stimulants was most severe, 92,8% injected amphetamine, 73,9% injected cocaine and 69.6% injected methylphenidate. Opioid use was less severe whereas 30,4% injected heroin and 68,1% injected morphine

Discussion: Injection risk behavior is common among IDUs in Iceland, they mostly inject stimulants and injection equipment availability is limited. These different factors have an effect on which needle exchange approaches best fit this population. Further research is needed to adapt and evaluate effectiveness of harm reduction programs where the aim is to decrease blood borne diseases among IDU in Iceland.

[Paper ID:138]

Session: C29

Drug Use in Gay, Lesbian, Bisexual and Transgender Communities

Location: Room 4, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

women who have sex with women, sexually transmitted disease, HIV, hepatitis C, hepatitis C, violence

Authors (speaker underlined):

Friedman, Samuel; Ompad, Danielle; Demarco, Maria; Khan, Maria

Title:

Harms and risks encountered by women drug users who have sex with women

Abstract:

Background: This talk will review evidence about social, behavioral and epidemiologic risks that drug using women who have sex with women (WSW) face.

Method: Review of selected articles and some-unpublished findings on WSW drug users.

Results: WSW (many of whom have had sex with men) are more likely to be drug users than women who have only had sex with men (WSMO). In a Brooklyn network study including large proportions of heroin, cocaine and other crack users, WSW were more likely to have been incarcerated, to have more and riskier sex partners, to have biologically-confirmed bacterial STIs and to use non-injected cocaine, heroin and crack, and to inject drugs. Among New York women who use heroin, crack or other cocaine, WSW are more likely than WSMO to have been shot, to have been incarcerated, to have been homeless in last 6 months, to be cocaine dependent, and to have had sex with a MSM (man who has sex with men) in the last two months. In multisite IDU studies, WSW are more likely to become HIV seroconverters and to be HIV positive; and among 18 – 30 year old IDUs, WSW are more likely to engage in receptive syringe sharing, in unprotected sex (including with MSM, with IDUs, and with HIV+ partners), to have been homeless in last 6 months, and to have injected with people with hepatitis B or C, with MSM IDUs, with WSW IDUs and with older IDUs. Up to half of women participants in IDU studies are WSWs, although this proportion varies considerably (perhaps due to under-reporting).

Discussion: Harm reduction programs should be aware that many women clients are WSW, and that WSW drug users are more likely to have been exposed to a number of socially-produced harms and be at high risk of infectious diseases.

[Paper ID:47]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

sexual risk, risk environment, mixing patters, STIs, HIV

Authors (speaker underlined):

Friedman, Samuel R; Sandoval, Milagros; Mateu-Gelabert, Pedro; Wendel, Travis; Des Jarlais, Don C

Title:

Group-sex events (GSEs) among drug users: a new generation of sex-related harm reduction research and action programs are needed

Abstract:

Introduction: Sexual HIV and STI transmission is widespread among never-injector drug users (NIDUs). Approximately 15% of cocaine and/or heroin NIDUs in New York City are HIV-positive and 60% genital-herpes-positive. GSEs are widely attended by NIDUs including youth in HIV-epidemic areas of Kenya and New York; North Carolina rural MSM; and 47% of Brooklyn cocaine and/or heroin users. Group sex participation is linked to transmission of hepatitis C (Dutch and Australian MSM), hepatitis A (New York MSM), HIV (Australian MSM; Mississippi and upstate New York heterosexuals), syphilis (Georgia teenagers), and gonorrhea (Syracuse, NY, teenagers).

Methods: Qualitative interviews were conducted with 14 NIDU GSE participants in several types of GSEs. Ethnographers observed men and women having sex in three private GSEs, where drug use was observed, and one commercial GSE, where drug use was not observed. Observations and informants' reports generally agree, though self-reports may overestimate safe sex.

Results: We will present field data about GSE risk and protective behaviors, including simultaneous and sequential unprotected sex with multiple partners, and condom use. Disease-related risks include direct transmission between partners, but also indirect transmission to "third parties" via fluids left on penises, condoms used with multiple partners, sex toys, fingers, tongues, or anal or vaginal walls. Fluids from an infectious participant who has sex with only one or two partners might thus reach ten to twenty people. Some GSE participants (often women) take roles to keep order and enforce group norms.

Discussion: GSEs combine behavioral risk, network turnover, high-risk partners and bridging among risk groups. Harms like infectious diseases, injury, and stigmatization can result from group-sex activities. Participants often try to protect themselves and others at GSEs, yet their efforts are sometimes unsuccessful. Outreach, education, and research innovations are needed to reduce these harms at GSEs drug users attend and organize.

[Paper ID:911]

Session: C36

Sex Work and Harm Reduction in the UK: Safety, Skills and Struggles for Social Inclusion

Location: Room 12, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

Male sex workers, transgender, skills development

Authors (speaker underlined):

Gaffney, Justin; Jamel, Joanna; Kowalski, Christopher

Title:

Contemporary harm reduction and support service needs of male sex workers in the UK: the SohoBoyz male sex worker needs assessment and skills development programmes

Abstract:

Design: From April – September 2009 SohoBoyz undertook an on-line Needs Assessment Survey with male and transgender sex workers across the United Kingdom, involving co-operating service providers from London (SohoBoyz), Manchester (the Blue Room) and Brighton (THT South). The findings from the survey have helped inform and shape the creation of a unique Skills Development Programme (SDP) that assists individual male and trans sex workers to build capacity, skills and confidence, which may facilitate safer/smarter sex working, access to further education or routes into other forms of work.

Results: The survey had a 109 respondents, with 63 completing the full questionnaire. The main findings of this survey reinforces that male escorts become involved in the male sex industry by choice (not forced as a result of the need for money). Thus, involvement in sex work was largely to supplement their income and enable a better lifestyle (such as going out and paying for luxuries).

The NHS was considered to be providing a good and accessible service, however, it was noted that 60% of respondents had never used outreach services which may be due to them not being aware of the services or the lack of availability. There was also interesting findings regarding the porn industry and the emphasis by models that the film companies should be more responsible in safeguarding the health of the models they employ and that HIV certificates are not sufficient protection.

73% of respondents expressed a desire to further their education or develop new skills, which validates the need for our Skills Development Programme.

[Paper ID:752]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Drug user Net work,community Based organisatrion,Opioid substitution treament.

Authors (speaker underlined):

Gaspar, Dharmaraj; Krishnan, V.Karthiuk; Kala, Kalavathy; Viji, Vijayakumari

Title:

Drug usre network

Abstract:

Drug users owned community based organization implements OST and harm reduction interventions for people who inject drugs in Chennai, India

Issue: Interventions for people who inject drugs (PWID) have been operational through Non Governmental Organizations in Chennai from 1993. In order to effectively serve the PWID, the drug users formed a network and established a community based organization (CBO), Hopers Foundation in the year 2006.

Setting: Chennai has a sizeable number of PWID, predominantly injecting heroin and / or a combination of pharmaceutical drugs such as buprenorphine and diazepam. The HIV prevalence among PWID is 30% and 16% of the spouses of the HIV + PWID are HIV +.

Project: A group of drug users, spouses and friends of drug users organized a network and established a CBO. As some of the network members have been working in the field of harm reduction for over a decade, they implemented HIV prevention interventions in the community through outreach and drop-in-centre based services with local funding. Later supported by DFID Challenge Fund, (OST) with buprenorphine. Next, from Tufts University, Boston and National Institute of Epidemiology, Chennai Hopers foundation helped to study the nutritional aspects of HIV+ and HIV-PWID. Currently, the CBO is being supported by the State for providing harm reduction interventions and OST for PWID.

Outcomes: Hopers Foundation has been accredited by the National AIDS Control Organization for OST and currently it is the only centre providing OST to PWID in Chennai. Recently, World Health Organization (WHO), India in collaboration with Hopers Foundation organized a Training of Trainers (ToT) workshop for peer educators across the country to facilitate access and adherence to Anti Retroviral Therapy (ART) for PWID utilizing the treatment literacy module developed by WHO. Truly working with the principle of "Nothing for us without us".

[Paper ID:486]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Behavioural Surveillance, HIV, Europe, Injecting drug use.

Authors (speaker underlined):

Hope, Vivian; Dubois-Arber, Francoise; Jeannin, Andre; Spencer, Brenda; Gervasoni, Jean Pierre; van de Laar, Marita; and, the ECDC HIV/STI Behavioural Surveillance Mapping Group

Title:

The extent of behavioural surveillance related to HIV and STIs among injecting drug users in Europe

Abstract:

Background: The systematic collection of information on risk and protective behaviours is an important component of second generation HIV surveillance. The extent of behavioural surveillance among injecting drug users (IDUs) in Europe is examined, focusing on the methods and indicators used.

Methods: Questionnaires on behavioural surveillance activities were sent to all EU member states and EFTA countries on behalf of ECDC (European Centre for Disease Prevention and Control) in August 2008. These sought information on eight population groups including IDUs.

Results: Thirty-one countries were invited to participate and 28 returned a questionnaire on IDUs. Of these 28 countries, 17 said there was a system of behavioural surveillance among IDUs in their country, while another two countries said they had conducted one off behavioural surveys among IDUs. There were 13 countries with ongoing repeated surveys, whilst five countries used their Treatment Demand Indicator system to collect behavioural data (this was the only source for two countries). Two countries did not provide details of the systems used. In the absence of a sampling frame for IDUs, all countries used convenience sampling for their behavioural surveys among IDUs. Most countries used services (typically low-threshold ones such as needle exchanges) for recruiting and surveying IDUs, however three countries used community based sampling approaches. The data collected in the systems focused on drug use, injecting practice, HIV and hepatitis C testing, and access to health care. Eight countries reporting having indicators with five of these reporting the following indicators: the sharing any injecting equipment, uptake of HIV testing, and uptake of HCV testing. There was diversity between countries in recall the periods used.

Conclusion: Behavioural surveillance is more developed among IDUs than in most groups due to data collection by EMCDDA. Harmonisation of behavioural surveillance indicators among IDUs in different European countries is recommended.

[Paper ID:434]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Monitoring, Switzerland, cannabis, alcohol, cocaine, sentinel system

Authors (speaker underlined):

Gervasoni, Jean-Pierre; Arnaud, Sophie; Chabloz, Jeanne-Marie; Vuille, Joëlle; Schnoz, Domenic; Dubois-Arber, Françoise

Title:

Cannabis monitoring in Switzerland: the sentinel system

Abstract:

Background and Objectives: Cannabis consumption in Switzerland is very high since many years in comparison with others European countries. To complete the existing surveillance system on drug use and abuse based on repeated surveys, a sentinel monitoring system in four regions (cantons) was initiated in 2004 with the objective to act as local barometers of changes.

Methodology: Panels of key informants (8-12 professionals) in 3 sectors (health/social, education, and justice/police) were created in 4 sentinel cantons (SG, TI, VD, ZH). These panels met four times (once a year) with the research team. They reported their observations about cannabis use and cannabis related problems, analysed in common the situation and reached a consensus about the prevailing situation.

Results: After four waves of panels, the level of consumption of cannabis is confirmed to have decreased among the various panels and cantons, likewise the problems associated with cannabis consumption are also on the decline and better handled. The diversity of answers between panels and cantons has decreased during the study period. Cannabis consumption is not any more the first perceived problem regarding youth'. On the other hand new problems have emerged over time, like an increase in problematic alcohol consumption, an increase in cocaine consumption and new forms of addiction like internet.

Conclusions: This sentinel system seems to be very sensitive to changes, and the analysis of the professionals became each year more accurate.

[Paper ID:225]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

IBBS, IDUs, HIV prevalence rate, harm reduction, needle syringe exchange

Authors (speaker underlined):

Ghimire, Pankaj

Title:

Changing life through harm reduction

Abstract:

The aim of the Harm Reduction programme is to reduce the level of harm experienced by IDUs and their families, in particular the transmission of HIV. Integrated bio-behavioural survey (IBBS) showed the prevalence of HIV among IDUs in Pokhara is 22 percent in 2003 and 22.07% in 2005.

Thus realized harm reduction as an integral part of dealing with and minimizing the spread of HIV/AIDS and other infections. Addressing the alarming situation of drug, Naulo Ghumti has been providing Harm Reduction services in Pokhara since 1995 A.D.

Open border with India contributed freely availability of the illicit drugs. Income source of Pokhara is tourism and remittance. Thus youths have high chances of getting enrolled in drug use with the modernization and adaptation of western cultures.

Survey suggests 5500 drug users in Pokhara where as IDUS are 600 according to (CREHPA and ERA in 2001). IDUS are practicing high risk behaviors like, unsafe injecting, unsafe sex and other drug related harms that also affects socioeconomic conditions of the users, their families and the communities they live in.

We worked through, Needle exchange program, disinfectant and sterile water distribution, Behavior Change Communication and Information & Education Communication, primary health care provision, safe sex advice and condom supply., referrals.

The HIV prevalence rate among IDUS has been reduced to 3.4% in Pokhara (IBBS, 09) since we worked. Average of 143 male & 4 female (IDUS) were made new contacts yearly and total coverage was 50274 (covers IDUS & Community). Exchanged 167105 syringes /needle, with 96.2% return rate.

Short term contract, police harassment, unsafe deposits of syringes by the clients, non supportive community and reaching new clients are the challenges whereas provision of effective police and community orientation, monitoring mechanism, follow-up, enabling environment for family members and ex-users involvement in services are lesson learnt.

[Paper ID:274]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Alcohol, Harm, Criminal Justice

Authors (speaker underlined):

Gibbons, Charles; Russel, Simon James; Duffy, Paul

Title:

Delivering brief interventions and support for alcohol related harm through the criminal justice system: lessons learned from multiple studies

Abstract:

Background: It is estimated that 3.8% of all global deaths are attributable to alcohol. Excess alcohol consumption contributes significantly to costs incurred by criminal justice systems. In the UK, estimates suggest that alcohol related crime costs £7.3 billion per year in terms of policing, prevention services, processing offenders through the criminal justice system and human costs incurred by victims of crime. The criminal justice system is increasingly being considered as a mechanism through which brief interventions for alcohol related harm could be delivered.

Method: Offenders arrested for alcohol related crimes at a variety of locations across the UK were screened in the custody suite for alcohol related harm and offered appropriate treatment. Depending on the severity of harm, offenders were offered advice, brief intervention or referral to more specialist treatment.

Results: Working relationships between police and treatment providers are crucial and should be established at an early stage. Strategic police support does not guarantee operational police support. Processes need to be clear and streamlined to avoid extra work. Attendance at alcohol awareness sessions whether voluntarily or mandated was problematic. Client's motivation or readiness to change will influence the effectiveness of interventions. Other factors for example, family pressure, health and finance may be as important as brief intervention sessions in producing positive change in both drinking and offending related behaviour

Conclusions: 'One size' does not fit all. Alcohol treatment may have to be tailored to suit individuals. Client's motivation to change is key, using external factors as levers, for example, family and health benefits; cost etc. may help prompt change. Public perception of support and treatment offered to offenders for alcohol related crime may be enhanced by good attendance of offenders and robust police enforcement for those that refuse.

[Paper ID:665]

Session: C11

Children and Young People Affected by Drugs

Location: Room 4, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Grief and Loss, Mothers, Child Apprehension, Participatory Research

Authors (speaker underlined):

Salmon, Amy; Weaver, Sydney; Gloyn, Stephanie

Title:

Healing ourselves: supporting drug-using mothers who have lost children

Abstract:

Background & Rational: Research conducted with women in the downtown eastside of Vancouver Canada, an area characterized by poverty and illicit drug use, has shown that stigma, guilt, shame, and blame present significant barriers to care for women in the immediate aftermath of losing a child, when attempting to access services, and in planning for subsequent pregnancies. These barriers may lead to chronic, complicated grief, placing women at risk for long term psychological and social problems. Recent research investigating the experiences of young homeless mothers in Canada identified a need for specific bereavement support that incorporates acknowledgement of mothers' own experiences relating to foster care.

Methodology: Consistent with participatory research methods, focus groups were conducted with an advisory committee of mothers who have lost children to removal or death, and who use alcohol and drugs. Mothers were recruited from the downtown eastside of Vancouver. Together with researchers and services providers, mothers' identified their support needs, and gaps in existing services..

Outcomes: Based on these findings the team of mothers, service providers and researchers developed and evaluated a psychosocial intervention to assist mothers in healing from experiences of grief and loss. Composed of multiple components, this intervention includes a toolkit of resources and activities that may be used by individuals experiencing this type of grief and loss, with peers, by services providers or in group settings.

Methodology, and study outcomes are presented.

[Paper ID:929]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Harm Reduction Addiction Treatment Centres

Authors (speaker underlined):

Gonzalvo, Begoña; Ballabriga, Thais; Voltres, Nuria; Daigre, Constanza; Castrillo, Eduardo; Roncero, Carlos; Casas, Miguel

Title:

Relationship between harm reduction programs and drug addiction treatment centres

Abstract:

Background

Currently Harm Reduction Programs are considered a significant complement of Drug Addiction Treatment Centres. The teams are different and the setting usually is separate of drug treatment setting. The implementation of both kind of approaches in the same sanitary recourse could improve the accessibility and patient´s satisfaction.

The main objectives of this program are the same of that one is followed by Harm reduction interventions, which look for reduce the harmful consequences associated with drug use and other high risk activities.

Methodology

It is a retrospective descriptive research, we analysed some characteristics of user enrolled in a harm reduction program integrated in a drug addiction centre. Both are part of Vall d'Hebron Hospital, in Barcelona, Spain.

Results

A total of 327 users have been seen in the Harm Reduction Program. 72% were men; the mean age was 33 years. The main substance was heroine in the 69% of the cases and cocaine in the 25%. 62% of the users often consumed more than one substance.

We found that 76% of Harm Reduction Program users were also linked with a specific Addiction Treatment. This circumstance support both approaches, minimise the negative consequences associated with drug consumption and to improve the user quality of life.

Conclusion

The implementation of both approaches in the same sanitary recourse:

- Facilitate the treatment in substance treatment centres.
- Is the gate to access into the sanitary system including vaccination, prevention and psychopathological programs
- To reduce the risk of medical and psychiatric events related with the consumption, and allow a faster intervention.

[Paper ID:932]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Dual Disorder Harm Reduction Program

Authors (speaker underlined):

Gonzalvo, Begoña; Serra, Arnau; Esteve, Oriol; Rodriguez-Martos, Lola; Barral, Carmen; Roncero, Carlos; Casas, Miguel

Title:

Intervention in dual disorder from a harm reduction program

Abstract:

Background

Harm Reduction Programs are aimed to reduce and prevent the physical, mental and risk behaviours associated to drug use.

It have been suggested than between 30% - 50% of psychiatric patients have drug addiction problems, and that 80% of drug dependent patients have other psychiatric conditions. Is a reality that the integrated approach is the better and more appropriated intervention in these patients.

Methodology

It's a descriptive study of patients in the Harm Reduction Program integrated to a Drug Addiction Treatment Center in the Psychiatry Department of Vall d'Hebron Hospital, in Barcelona, Spain. It looks for socio-demographic variables and resources used by this population within the program.

Results

327 active drug abuse users were attended from the Harm Reduction Program. Of these, 76% were receiving drug addiction treatment. 60% of users had a dual diagnosis.

The devices used by users is 80.3% Educative therapy room ("Calor and Café"), 37.5% made needle exchange, safe injection room is used by 35.7% of users, and showers by 34,2%.

Therapeutic and educational interventions from the Harm Reduction Program for people with Dual Disorder may increase the adherence to another treatment programs when a user does not want to stop the use of drugs.

Conclusion

The involvement of professionals in a Harm Reduction program with these profile, allows direct coordination with the medical teams, psychiatric and social services to maintain adherence and compliance of these users, avoiding or reducing the severity and the number of complications associated to the drug use.

[Paper ID:956]

Session: M04

Mental Health and Drug Use

Location: Room 1A, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

Co-occurring, Disorders, Treatment

Authors (speaker underlined):

Gough, Howard

Title:

Drug treatment and co-occurring disorders in Jamaica

Abstract:

Abstract

Drug treatment and Co-occurring disorders in Jamaica

By Howard Gough, M.A.

Co-occurring disorders are common in Jamaica. While no hard data is available, or very limited, it is common to find crack users who present for drug treatment having a co-occurring mental disorder. Many of the adults who have presented for treatment in the past year met the criteria for both serious mental illness and substance dependence.

In some cases, people suffering from serious mental disorders (often undiagnosed ones) take drugs to alleviate their symptoms--a practice known as self-medicating. According to the American Psychiatric Association, individuals with schizophrenia sometimes use substances such as marijuana to mitigate the disorder's negative symptoms (depression, apathy, and social withdrawal), to combat auditory hallucinations and paranoid delusions, or to lessen the adverse effects of their medication, which can include depression and restlessness.

At Patricia House, Kingston Jamaica, we started out in 1991 treating a mixed population including persons with dual diagnosis. Soon we had to change that arrangement as those diagnosed "schizophrenic" became too big a challenge to manage in the therapeutic space we had. However, we continued to work with those diagnosed "bi-polar" who were in the depressive phase of the illness and who were also crack-cocaine dependent. We have reasons to believe, from our experience with these clients, that persons who suffer from clinical depression or who have a tendency toward feelings of depression are prime candidate for using a stimulant such as crack-cocaine. This supports the self-medication paradigm.

We are confident that managing both conditions simultaneously, is the best approach for lasting results.

Our presentation will discuss the anecdotal evidence on the positive and not so positive outcomes we have accumulated in treating individual with co-occurring issues and how harm reduction strategies contribute to the positive interactions with clients.

[Paper ID:479]

Session: C16

Needle and Syringe Programmes

Location: Room 1B, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

syringe exchange program, syringe distribution policy, police, loongitudinal analysis

Authors (speaker underlined):

Green, Traci; Bluthenthal, Ricky N.; Singer, Merrill; Beletsky, Leo; Grau, Laretta E.; Marshall, Patricia; Heimer, Robert

Title:

Prevalence and predictors of transitions to and away from syringe exchange use over time in three US cities: the impact of syringe dispensing policy changes

Abstract:

Background and Aims: Syringe exchange programs (SEPs) can reduce HIV risk among injecting drug users (IDUs) but their use may depend heavily on contextual factors such as local syringe policies. The frequency and predictors of transitioning over time to and from direct, indirect, and non-use of SEPs are unknown. We sought, over one year, to: (1) quantify and characterize transition probabilities of SEP attendance typologies; (2) identify factors associated with (a) change in typology, and (b) becoming and maintaining direct SEP use; and (3) quantify and characterize transition probabilities of SEP attendance before and after changes in policy designed to increase access.

Methods: Using data collected from 583 IDUs participating in a three-city cohort study of SEPs, we conducted a latent transition analysis and multinomial regressions.

Results and Conclusions: Three typologies were detected: Direct SEP users, Indirect SEP users and Isolated IDUs. Transitions to direct SEP use were most prevalent. Factors associated with becoming or maintaining direct SEP use were female sex, Latino ethnicity, fewer injections per syringe, homelessness, recruitment city, injecting speedballs (cocaine and heroin), and police contact involving drug paraphernalia possession. Similar factors influenced transitions in the syringe policy change analysis. Policy change cities experienced an increase in Indirect SEP users (43% to 51%) with little increased direct use (29% to 31%). We found that, over time, IDUs tended to become Direct SEP users. Policies improving syringe availability influenced SEP use by increasing secondary syringe exchange. Interactions with police around drug paraphernalia may encourage SEP use for some IDUs and may provide opportunities for other health interventions.

[Paper ID:528]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Overdose, Naloxone, private sector, Russia

Authors (speaker underlined):

Gray, Robert

Title:

Building sustainable naloxone supply for Russian people who use drugs

Abstract:

Issue: Russia's 3 million drug users account for 70% of the country's HIV cases. Overdose is a leading cause of their mortality. A 2009 PSI Russia survey found 21% of IDUs in Yekaterinburg & St. Petersburg experienced (and 74% witnessed) overdose in the past year. This indicates more than 18,000 overdoses annually among those cities' estimated 89,000 IDUs. Only 30% had heard of Naloxone—the lifesaving antidote for opiate overdose. Improved awareness of Naloxone and a sustainable mechanism to supply it to drug users is urgently needed.

Setting & Project: In March 2009, PSI launched a 2-year project to establish a sustainable supply of Naloxone to drug users in Yekaterinburg and St. Petersburg. The project aims to establish this sustainable system through collaboration between government, NGOs, drug users, and the private sector.

Outcomes: In 2009, PSI brought together government, NGOs, drug users, and private sector partners to design and launch the system. In Yekaterinburg, PSI and NGO Nove Granie train IDUs on Naloxone use. A local private sector pharmacy procures Naloxone. A government doctor writes prescriptions (for trained drug users), making Naloxone legally available to them for the first time. Since August, already 200 prescriptions have been issued with demand rising quickly. Using government doctors to prescribe Naloxone and private sector pharmacies to procure it will help ensure the sustainable long-term supply of Naloxone, especially since drug users are generally willing to pay for Naloxone. (PSI is building a similar system in St. Petersburg, although health officials there are reluctant to prescribe Naloxone prior to overdose.)

The project provides a strong example of how to move from emergency to sustainable supply of health products for drug users, particularly in environments where harm reduction funding is uncertain. Success requires close collaboration between government, NGOs, drug users, and the private sector.

[Paper ID:534]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Preventing transition to injecting, Central Asia, innovative harm reduction

Authors (speaker underlined):

Gray, Robert

Title:

Preventing transition to injecting in Central Asia

Abstract:

Issue

Harm Reduction projects typically focus on understanding the harms of injecting drugs and how to reduce those harms. Relatively little attention has been paid to Route Transitions Interventions (RTIs) that attempt to transition drug users to safer modes of drug administration or to prevent the initiation of injecting in the first place.

Setting

In Central Asia, injecting drug use has been spreading since the mid 1990s. The Central Asian Republics sit north of Afghanistan, the source of more than 90% of the world's heroin supply. IDU is the cause of more than 70% of HIV infections in the region.

Project

From 2005 to 2008, Population Services International (PSI) implemented a project that aimed to reduce the number of people in Uzbekistan, Tajikistan, and Kyrgyzstan who transitioned into injecting drugs. The project was designed based upon the innovative "Break the Cycle" model developed in the UK. In Central Asia, the project targeted both youth at high risk of IDU initiation and IDUs who play a role in that initiation, with various interventions designed to reduce youth motivation to experiment with injecting and to boost the capacity of IDUs to avoid involvement in initiation episodes.

Outcomes

The intervention reduced the proportion of IDUs who helped non-IDUs initiate injecting from 21.4% in 2006 to 15.2% in 2008. The presentation will discuss this and other data showing the extent to which the intervention reached its goal of significantly reducing the number of people initiating injecting in the target communities. The project provides a promising model for measurably reducing injecting as a mode of drug administration. The presentation will be of interest to donors, governments, and implementing agencies interested in evidence-based models to reduce IDU initiation.

[Paper ID:669]

Session: C26

Clinical and Programmatic Issues around Hepatitis C Treatment

Location: Room 3, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

hepatitis c virus, treatment, assessment, injection drug users

Authors (speaker underlined):

Grebel, Jason; Hellard, Margaret; Bryant, Joanne; Hull, Peter; Hopwood, Max; Dore, Gregory; Treloar, Carla

Title:

Assessment and treatment of hepatitis C virus infection among people who inject drugs in Australia

Abstract:

There is a growing awareness of the need for improved access to HCV treatment for people who inject drugs (PWIDs) but treatment uptake in this population has been low. Some health care providers/practitioners remain concerned about suitability of treatment due to patient motivation and adherence, psychosocial issues, medical and psychiatric co-morbidities, risk of re-infection and the lack of infrastructure to provide support during treatment. There are now data from several Australian studies which provide insight into factors influencing HCV treatment uptake. In one community-based cross-sectional study evaluating factors influencing HCV treatment considerations among participants with HCV infection, HCV treatment was lower among recent PWIDs (13%vs.40%, $P<0.001$) and those receiving opiate pharmacotherapy (11% vs. 54%, $P<0.001$). Factors independently associated with having received HCV treatment included being male, not receiving opiate pharmacotherapy, cirrhosis and having been told by a doctor to go on treatment. However, data from a prospective study of treatment for recent HCV infection (77% had injected drugs ever) suggests that when PWIDs are systematically offered treatment for HCV infection, treatment uptake rates are much higher, with an HCV treatment uptake of 76% (111 of 146). Estimated duration of HCV infection and HCV RNA were independently associated with treatment uptake, whereas injection drug use was not. Treatment responses were similar among those having and not having recently used injection drugs. Thus, a high uptake of HCV treatment can be achieved among participants with recent HCV infection if it is offered. Further, decisions about whether to initiate treatment for recent HCV were mainly driven by clinical factors, rather than factors related to sociodemographics or injecting behaviors. In conclusion, although treatment uptake rates are lower among PWIDs and those receiving opiate pharmacotherapy, when treatment is systematically offered, data from Australia suggests that a high proportion can accept and respond to treatment.

[Paper ID:317]

Session: C18

Harm Reduction for People who Use Prescription Drugs

Location: Room 12, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

prescription opioid abuse, contextual factors, geography, drug abuse epidemiology, structural factors

Authors (speaker underlined):

Green, Traci; Brownstein, John; Butler, Stephen F

Title:

Geographic and contextual factors of prescription opioid abuse in the United States: results from ASI-MV® Connect

Abstract:

Background

Abuse of prescription opioids is increasing in the United States, but remains poorly characterized. Drug abuse exhibits clear geographic patterns, often associated with underlying population demographics. We aimed to determine correlations between empirical patterns of prescription opioid abuse and key geographic and contextual factors: drug availability, arrests for sale and possession of synthetic and nonsynthetic opioids, and residence in rural/urban areas.

Methods

We built on results of a latent class analysis (LCA) derived from 6,920 responses to ASI-MV® Connect, a national database of self-reported drug abuse behaviors from patients admitted to substance abuse treatment, aggregated at the 3-digit ZIPcode (245 ZIPcodes in 40 US states). We matched the 6 empirical patterns of prescription opioid abuse to variables from 2007-2008 prescription sales data, 2005 US Department of Justice Uniform Crime Reports, and 2000 US Census Rural Urban Commuting Areas. Spearman correlations and Kruskal-Wallis or ANOVA tests were conducted, as appropriate.

Results

Generally, correlations were significant with small to moderate effects. Lower availability of morphine and OxyContin was associated with higher probability of healthy abusers in the ZIPcode. Higher probability of membership in the poly-prescription opioid abuser class occurred in ZIPcodes exhibiting greater availability of hydrocodone, morphine, and oxycodone products. The injectors class was associated with greater availability of morphine and OxyContin and injectors tended to reside outside of rural/small town ZIPcodes. The methadone-dominated prescription opioid abusers class correlated with greater availability of morphine and oxycodone products, more arrests for possession and sale/manufacture of opiates/cocaine, and metropolitan area residence. Rural and small town areas had more prescribed misusers class ZIPcodes.

Conclusion

Availability correlated with several abuse typologies at the community level. Efforts to reduce availability without restricting access to patient's pain medications are indicated. Interventions aimed at structural level factors may hold promise for reducing prescription opioid abuse in some areas.

[Paper ID:301]

Session: M02

Harm Reduction in Europe

Location: Room 3, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

Harm reduction, Europe, Policy

Authors (speaker underlined):

Griffiths, Paul; Simon, Roland; Hedrich, Dagmar; Rhodes, Tim

Title:

Harm reduction in Europe: the historical and political context, current perspectives and future challenges

Abstract:

Background: In spring 2010, the EMCDDA will publish a scientific monograph that provides a state-of-the-art review of the evidence and impact of harm reduction from a European perspective. Also highlighted are key challenges and innovations in the development of harm reduction interventions and policy. The monograph benefits from contributions from a number of key European and international experts working in this field.

Issues: This presentation will explain the rationale for the monograph and will review its main findings. An overview of the historical development and current state-of-play of harm reduction activities in Europe will provide the context for a discussion of the extent to which the concept of harm reduction has become a mainstream component of the European policy discourse on drugs. The more general question of whether this can be seen as a move towards a more common European policy perspective on drugs will also be considered. The presentation will conclude by exploring the degree to which harm reduction approaches in Europe have been extended beyond issues relating to HIV prevention, drug injection and the use of opioid drugs. Future challenges for the further development of a harm reduction perspective within a European context will also be elaborated.

[Paper ID:114]

Session: M03

Evidence in Harm Reduction

Location: Room 11, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

Peer-Driven Models_Intervention-Research, Housing_Poverty-Alleviation_Employment, Integrated-Services_Strengthening-Health-Systems, Innovation@harm-reduction

Authors (speaker underlined):

Grund, Jean-Paul; de Bruin, Dick; Dijkstra, Minke; Meierman, Christel; Baas, Mariette; Broadhead, Robert

Title:

A review of the evidence for peer-driven interventions in harm reduction and examples of recent applications in new populations and areas of intervention: the PROZE trial

Abstract:

Peer interventions are increasingly popular for reaching various vulnerable populations and providing harm reduction services for complicated medical and social problems. One such an approach is the Peer Driven Intervention (PDI), developed in the 1990s in the USA and increasingly applied towards HIV prevention among drug injectors in various countries. Recent innovations are taking the PDI model into new populations and areas of intervention.

This presentation will report the results of a systematic review of implementation and evaluation studies of the peer driven intervention model as originally developed by Broadhead and Heckathorn (1993). More concretely the presentation will shortly assess the assumptions underneath existing peer support and education models used in health education and social support interventions and discuss their relevance to harm reduction, before zooming in on the PDI. Then it will describe the theoretical foundations and practical implications of the PDI model. Subsequently the presentation will describe the PDI studies that have been published since 1993 and evaluate the results reported. Then the presentation will highlight new developments in PDI intervention and research that apply the intervention concept to new intervention goals and (other vulnerable) populations, providing case examples from Ukraine and the Netherlands. It will end with a description of "Project Zorg voor Elkaar" (PROZE) ("Care for Each Other" (CEO)), a Randomized Controlled Trial of a peer driven "fellow care" support group for homeless people who recently entered sheltered housing) and discuss new directions in research and service provision.

[Paper ID:578]

Session: C20

Law in Action: Legal Aid for People who Use Drugs

Location: Room 3, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Access to justice, legal aid, community legal empowerment, human rights, drug user activism

Authors (speaker underlined):

Gunawan, Ricky

Title:

Access to justice for drug users: a community legal empowerment approach in Indonesia

Abstract:

Drug users in Indonesia are virtually demonised in a number of government-initiated campaigns. As a natural result of the draconian Narcotic Law and such advertisement campaigns, stigma and discrimination against drug users are also commonplace in Indonesia. Although the nuance of criminalisation in the new Narcotic law is decreasing, drug users are still experiencing various forms of human rights violations. Like in many parts of the world, drug users in Indonesia are too often tortured, arbitrarily arrested and detained by the police and afterwards being extorted so as to be released. Additionally, drug users believe that if they seek legal counsel they will be targeted for extortion, harsher sentencing, and a longer, more drawn out legal process.

Given the above backdrop, providing access to justice is, therefore, key. However, providing lawyers as such is difficult because of reluctance on the side of drug users as well as from lawyers.

In response to the described situation, LBH Masyarakat conducts community legal empowerment within drug user communities on a regular basis. This approach aims to create a self-reliant legal aid movement within the group and thereby diminishes dependence on lawyers. The result is the creation of a corps of paralegals who bridge the gap between drug users and legal groups. These paralegals serve as a first line response team when human rights violations take place in the community. Ultimately, these paralegals will reproduce the community legal approach, breeding more and more paralegals in communities and increasing access to justice for drug users.

[Paper ID:57]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Prevention, treatment, Care, Injecting drug use

Authors (speaker underlined):

Gurung, Binod

Title:

Scaling up coverage of quality of HIV and AIDS prevention targeted to most at risk population and Treatment, care and support services for IDUs and PLHA in Kathmandu-Nepal

Abstract:

Issue: Nepal has seen a drastic surge in the HIV prevalence rate among Injecting Drug User (IDU) population, the reported number of which stood at 6,493 in 2005. There are total 46,309 hard drug users in Nepal according to Central Bureau of Statistics (CBS Report-2007).

Setting: Kathmandu is the capital city of Nepal. There are total 17,458 drug users in the Kathmandu valley (CBS Report 2008). The common drugs used here are Norphine, Diazepam, Phenargun, Brown Sugar, and Cannabis. Injecting poly-drugs is very popular amongst the drug users (75.9%) and the sharing of used needles is 29.0% (CBS Report).

Project: SAATHI SAMUHA (S.S) a community based organization of drug users and people living with HIV (PLHA) initiated a "Harm reduction program for IDUs and treatment, care and support for PLHA" project supported by Save the Children/Global Fund round 7 with a target of 500 IDU from 1st February 2009-15th November 2009.

S.S; established 3 drop-in-centers (DIC) for IDUs and 1 Crisis Care home for PLHAs. All 4 service centers are supervised under central office; 3 DICs provides different harm reduction services to IDUs like; needle/syringe exchange, condom distribution, drop-in & day care, HIV/STI and other referral services etc. Under these DICs; 5 outreach workers provides regular services with targeted HIV prevention to IDUs. While the crisis care home provides accommodation, primary health care, counseling and referral services to the PLHAs along with regular hospital-based aid and assistance.

Outcomes: Up to 15th September 2009:

- 86% of IDU outreach target reached.
- 92% of them enrolled in SEP.
- 52 PLHA received care home service.
- 27 PLHA have started Antiretroviral treatment

S.S integrated an Acupuncture therapy for IDU and PLHA once-a-week at Care home and DICs. Acupuncture therapy and opening DIC 7 days-a-week were the best practices.

[Paper ID:769]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Prevention,Treatment,coverage,Harm Reduction Policies and Advocay

Authors (speaker underlined):

Gurung, Chandra Bahadur; Pun, Anan; Rajbhandari, Suyash

Title:

Nepal: A new and holistic methadone delivery model

Abstract:

Issue

Methadone is one option that can be used in prevention of HIV and other blood borne infections among people who inject drugs. Nepal started Methadone programme in 1994. However the coverage, quality and continuity of the intervention has remained a challenge .

Setting

Center Bureau Statistic estimated that there are 46,309 drug users and 61.4 % of them are IDUs. They have a high prevalence of HIV/AIDS and their unsafe injecting and sexual behaviour has increased the HIV infection. Less than 0.7 % of drug users have access to Oral substitution treatment.

Project

The purpose of Social Support Unit is to provide psycho-social support to clients beyond clinical dispensing and medical referral. Social support is a part of wider services for HIV/AIDS prevention, treatment, care and support. Social support aims to identify substance misuse problems as they relate to the individual's social functioning and refer them to a range of services appropriate to their immediate needs. Social Support Unit provides a new and holistic approach to MMT in Nepal.

Outcomes

MMT has established links with other programmes averting some harmful consequences of drug use in Nepal. Lessons from past pilot projects will be - scrutinised to draw lessons for future expansion of OST programme. Social Support Unit is funded by UNODC, and supervised by the Technical Working Group. In UN system this project is a good example of joint programming, as various UNAIDS co sponsors are involved. Experience has shown that the OST services for PWID are not keeping pace with HIV epidemic and scaling up OST services is slow. It is clear that continued reliance on small scale OST projects will not achieve the desired results. Current Methadone interventions will fail to meet their time limited objectives unless support is provided for large scale programs, and conducive environment is enabled through policy and advocacy.

[Paper ID:866]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Community , Drug users , Human Rights , Police Personal , Families

Authors (speaker underlined):

Gurung, Dilip; Guurng, Bindu; Tulachan, Navin

Title:

OST by community – a glimpse

Abstract:

Issues: aim of the OST program is to provide a new and holistic approach to MMT, establishing a continuum of care between psychosocial and bio-medical support for people who use drugs to maximize the community involvement to acceptance OST in local level.

Settings: The proposed project targets one of the most vulnerable HIV group: Injecting drug users, their families and community of Kaski district, especially Pokhara sub-metropolitan city are regarded as most polluted with drug problem and vulnerable to HIV and AIDS due to 1) a sizable number of injecting drug users, 2) increasing number female drug users who sell sex, 3) new generation attracted towards drug use.

Key arguments:

Create demand for quality MMT service

Increase awareness and knowledge on Methadone and OST

Information sharing and communication

Advocacy on Harm reduction and OST treatment

Twelve community advocacy activities were conducted incorporated with families of drug users, human right commissions, police personnel, local government and community leaders. Four trainings about OST were conducted at community premises.

Four interaction activities were conducted with human right commission and police personal in presence of local administrator. Provided on spot one-on-one education session to clients and families.

Outcomes:

Significantly community and family understanding about OST has been increased and agreed to start OST program.

Families members has encouraged and brought drug users in OST programs.

Risks of Abscess and others syringe related wounds was decreased

Local government, human rights activists and police personal and leaders were speak out and appreciated about OST benefits.

Inaccurate information and knowledge has been build up conservative social understanding about drug use, Harm reduction and OST which is hindered the accessibility for people in Methadone and OST.

Implications:

It is learnt that common understanding, involvement and access make success what we intended to do.

[Paper ID:1011]

Session: C07

Using Naloxone to Prevent Fatal Overdoses: Innovations and Programmes

Location: Room 1A, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Naloxone, Heroin, overdose

Authors (speaker underlined):

Bigg, Dan; Gutenson, John

Title:

Naloxone distribution in Chicago, USA: honoring life really makes a difference

Abstract:

Heroin overdose death is an international problem. Naloxone, a pure opioid antagonist, has long been used to reverse opiate overdose in traditional medical settings. In Chicago USA we developed a program to educate opiate users in the reversal of community occurring opiate overdose using intramuscular naloxone, which we provided to them. Since institution of the program in January 2001, we have reached over 12,000 participants with this program and have received more than 1,300 reports of reversals, and opiate overdose mortality figures in Cook County have dropped 34%. In addition to these numerical results, we have noticed a subtle but significant attitudinal change within the participants' community. Giving naloxone to a heroin addict says, with actions louder than words: "It matters whether you live or die". Gradually, we have seen this novel message become incorporated into the culture of participants. After receiving naloxone, and especially after utilizing it in a lifesaving intervention, our participants report an increase in injection logistics designed to care for others (such as "I will go after my friend in case they need my help") as well as an increase in seeking treatment (also reported by Seal et al in San Francisco). More participants have asked to be tested for HIV and HCV, and have inquired about treatment for HCV infection. On a sub-cultural level, the new attitude seems to be "someone cares if I live or die -- I'll take better care of myself". It is our belief that these subtle attitudinal changes reflect as powerful a public health intervention as the immediate effect of overdose reversal.

[Paper ID:721]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

tobacco, history, culture

Authors (speaker underlined):

Haemmig, Robert

Title:

Tobacco wars: a lesson of drug control in a socio-cultural historical overview

Abstract:

There haven't been tobacco wars like the opium wars. However, the history of tobacco is related in many ways to wars and the political development of the modern Western states.

Over time different types of measures against tobacco were taken and many were later given up.

Crucial events were:

1492 discovering of tobacco by Christopher Columbus

16th century attempt by Jean Nicot to establish tobacco as a medical plant

First half of the 17th century: Dissemination of tobacco use in Europe in the 30 Years' War (1618 -1648). Prohibition in different parts of Europe, first consumption room in Bern, Switzerland. Death penalty for smoking and confiscation of the belongings of the users (Sultan Murat IV).

End of the 17th century: revival of tobacco as a medical (plague epidemic). Prohibition mainly replaced by taxation, introduction of the Apalto-system.

18th century: Benjamin Franklin was collecting money in France from the general leaseholders of the tobacco monopoly to finance the American liberation war.

19th century: European 1848 revolutions, in Italy (Milano) resistance to the Austrian tobacco monopoly forced Feldmaschall Graf Radetzky to temporarily retreat, and in Berlin the right of smoking in the open was reason for a rebellion against the authorities.

Crimean wars: veterans of these wars brought cigarettes to the clubs in London, Paris, and Piedmont-Sardinia. The final break thru of the cigarette followed in the World War I trenches, and was reinforced in WW II.

20th century: concentration of trade to a small number of global players and science as a weapon. Harmful consequences of smoking detected by Nazi scientists. Tobacco industry had the power to suppress these findings and to disseminate false results. Additionally it was able to control the black market, worked together with the cocaine mafia and undermined thus efforts of tobacco control.

[Paper ID:856]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

inhalation facilities

Authors (speaker underlined):

Haerthlein, Tyler; Rosselet, Céline; Mani, Christophe; Broers, Barbara; François, Anne

Title:

Inhalation facilities: facts about a controversy

Abstract:

Issue: During the past decade, harm reduction has slowly gained credibility as an effective intervention for managing individual and societal risks arising from drug addiction. While needle exchange programs and safe facilities have some degree of acceptance, particularly in more socially progressive countries, inhalation rooms continue to be incredibly controversial.

Setting: in Switzerland, harm reduction is an official and recognised part of drug policy. Of the 13 drug consumption facilities in Switzerland, most provide spaces for both injection and inhalation. Geneva's safe injecting facility, Quai 9, functioning since 2001, will open a smoking facility in November 2009. A qualitative and quantitative evaluation of this new activity is planned.

Key arguments: The objectives of smoking facilities are similar to those of injection facilities: safe environment that enables low-risk, reducing the health related risks of drug use and sharing of smoking paraphernalia, minimising the open drug use scene, establishing contact with hard-to-reach drug user populations, facilitate access to drug treatment. The major counter-arguments are: fear for increase in drug use, fear for transition to injecting if the two structures are close, lack of evidence on HCV prevention in this group (even if strongly suggested).

Objectives: This presentation will review and evaluate the following: goals, current use, general attitudes, barriers and issues arising from use or proposed use of inhalation rooms as a pathway to harm reduction among drug users, particularly cocaine users, in Europe and North America. Taking the opportunity of the opening of Geneva's first safe smoking facility, we will present data based on a sample set of clients and healthcare workers of this facility, including profile, percentage of unknown clients, relays to treatment structures, organizational issues. Results will be compared to available data and outcomes of harm reduction initiatives involving use of inhalation rooms

[Paper ID:1053]

Session: M15

Policies and developments in Asia and the Pacific

Location: Room 11, 2010-04-29, Start: 09:00,End: 10:30

Keywords:

IDU, Asia

Authors (speaker underlined):

Dorabjee, Jimmy; Hagarty, Chris; Lewis, Gary; Lherisson, Fritz; Mesquita, Fabio; Bergenstrom, Anne

Title:

Assessment of policies, resources and services for people who inject drugs in Asia

Abstract:

The United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific (UNRTF) commissioned Burnet Institute, Australia in 2009, to conduct a review of policies, resources and services for IDU, in order to measure progress made in countries since a baseline assessment was conducted by the Burnet Institute in 2006. The review of fifteen countries in South and South East Asia identifies gaps in country level efforts towards achieving universal access for HIV prevention, treatment and care for IDU, and makes recommendations to address the identified barriers to achieving scale up.

The review consisted of:

- i) the development and endorsement of a data collection instrument focusing on national HR policy and program support, monitoring and evaluation systems, program and service implementation, HR services in prisons and compulsory centres for drug users, and barriers to scaling up,
- ii) review of country and regional level data from recent reports, peer-reviewed literature and through input from identified UN and government country focal points
- iii) the development of a summary report of harm reduction policies, services and resources for IDU across the region featuring common, identified gaps, recommendations and comparative analysis with 2006 data.

The review contributes a number of recommendations relating to:

- * National commitments to delivery of a comprehensive package of HR services,
- * Greater political commitment to HR for IDU, multi-sectoral and civil society involvement in the HR response, involvement of IDU in the response,
- * Development of costed harm reduction strategies which complement HIV strategies,
- * Legal and policy reform to facilitate scale-up of comprehensive HR services,
- * Greater commitment to building capacity and resourcing the response,
- * Strengthening of HIV surveillance and HR program monitoring and evaluation,
- * Greater support for regional initiatives, particularly those led by groups comprising and/or representing IDU

[Paper ID:576]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

drug policy, local budget, community support, HR service, donors

Authors (speaker underlined):

Handoyo, Patri

Title:

Advocacy: challenges in obtaining harm reduction service for Indonesian drug survivors

Abstract:

Harm reduction (HR) was started in Indonesia at 1999 by an NGO delivered clean syringes to injecting drug users (IDUs) around Denpasar City. Such action was taken to respond a survey report on IDUs in Bali and the increasing report of AIDS cases among IDUs in several drug rehabilitation centres. The economic crisis during 1997-1998 raised the syringe price to over 800%. In addition, the 1997 Indonesian Narcotic Bill with much higher sanction intensified police arrestment even to drug users with paraphernalia only as evidence. Those two conditions increased the use of non sterile injecting equipment.

More than 5 years later, the service was integrated into Indonesian public health system through its scaling up in more than 60 clinics in two provinces, funded by international donor. Although supported policies has been issued by MoH and Coordinating Minister of Social Welfare, needle and syringe provision (NSP) has not been supported by wide range of community and government due to its contra productive with the narcotic bill. Neither national nor local government has budget to NSP since the beginning.

The new born 2009 Indonesian Narcotic Bill has one addition in the objectives: to regulate rehabilitation of drug addict. Still there is no clear border line between dealer/producer and user/addict. The sanctions are harsher, including to whom not reporting any drug using activities. It will have big impact to advocate HR budget from national and local government.

Responding above situations, IDUSA as a national network of drug survivors are now gaining support to:

- Have a judicial review on 2009 Indonesian Narcotic Bill;
- Have international support to review UN conventions activated war on drugs;
- Have a massive campaign regarding injustice legitimated by the drug policy;
- Stimulate local research on various aspect of drug as academic verification needed by drug policy reform.

[Paper ID:201]

Session: C35

Staying Safe: Second Generation Approaches to Hepatitis C and HIV Prevention

Location: Room 4, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

hepatitis C, injecting drug use, qualitative research, prevention, agency

Authors (speaker underlined):

Harris, Magdalena; Treloar, Carla; Maher, Lisa

Title:

Agency, strategy and upbringing: long-term injectors staying safe from hepatitis C in Sydney

Abstract:

In Australia approximately 70% of people who have injected drugs for over 8 years have been exposed to hepatitis C. The Staying Safe study is an innovative, collaborative, international social research project which aims to draw on the experiences of long-term injectors in order to inform a new generation of hepatitis C prevention strategies. This paper will discuss findings from the Sydney arm and explore how these might inform harm reduction interventions.

In 2009 in-depth interviews were conducted with 13 long term injectors serologically confirmed as antibody hepatitis C negative. Detailed life history interviews were conducted with each participant. Graphic time-lines were computer generated from the narrative data and used to facilitate a second in-depth interview which explored injecting practices and social networks over time.

Findings from unexposed participants illustrate the agency employed by long-term injectors in avoiding hepatitis C infection. A number of participants described the strategies they employed to maintain safe injecting practices in situations of potential risk. However, for many participants, the factors that may have helped them to 'stay safe' were not directly related to health promotion messages or hepatitis C transmission avoidance. These included the ability and inclination to maintain social and family supports, to 'present well' in social networks, to maintain vein care and to avoid arrest. Particularly significant was the role attributed to peers, family and 'upbringing' in helping participants to 'stay safe'. These findings illustrate how drug injecting practices and hepatitis C prevention tactics are embedded in individual, social, cultural, environmental and drug market contexts. In order to develop effective prevention strategies the next generation of hepatitis C health promotion initiatives will need to better understand and engage with the social networks and multiple priorities of people who inject drugs.

[Paper ID:906]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV/AIDS, young people, awareness, music

Authors (speaker underlined):

Hasim, Abdullah Khalid

Title:

Engaging high risk youth group using music – an experience from Malaysia

Abstract:

DIC Pahang recognizes the transformative power of music and its unique ability to reach young people with life-saving messages of hope and allows connection with people regardless of education, language, and background. It is generally agreed that education on HIV/AIDS must begin before young people initiate sexual activity and experimentation with drugs.

Lepak Positif or “Hang out – The positive way” held every last Saturday of every month serves as a gathering point for hundreds of most at risk young people in Kuantan, Pahang. These young people of various backgrounds are given the platform to highlight their singing, dancing and martial arts talents. DIC Pahang uses this opportunity to include messages on HIV/AIDS, drug abuse and safer sex through quizzes, interactive games and Q&A sessions. The key message spread at “Lepak Positif” is Fun without Drugs and Sex. Pamphlets on HIV/AIDS, Drugs, safer sex and other services offered by DIC Pahang are distributed during the event.

Increase in knowledge and awareness on HIV/AIDS and Drug among young people is evident. Many people referred their family members to various services offered by DIC Pahang. Effective intervention for young people must be creative, innovative and interesting to get their participation and attention. Harm reduction efforts should be complimented by demand reduction efforts to reduce drug dependency among young people

[Paper ID:496]

Session: M17

Public Health Surveillance of Infections and Behaviours among Injecting Drug Users

Location: Room 3, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

HIV, hepatitis, surveillance, IDUs, prevention

Authors (speaker underlined):

Wiessing, Lucas; Hedrich, Dagmar; Guarita, Bruno; Donoghoe, Martin; Salminen, Mika; Griffiths, Paul

Title:

The state of second-generation HIV surveillance for IDUs in Europe

Abstract:

Background

Injecting drug users (IDUs) are at high risk of HIV, hepatitis and other infections. Existing case reporting systems are at the core of infectious disease surveillance in Europe, however they have limitations in providing the information needed for effective public health responses. We describe ongoing work and results of European 'second generation' monitoring of HIV and hepatitis B/C prevalence and behaviour in IDUs.

Methods

EMCDDA has set up an expanded sentinel surveillance system of repeated surveys and other HIV, HCV and HBV prevalence data for IDUs in the European Union (EU). This includes monitoring coverage of harm reduction measures such as opioid substitution treatment and needle and syringe programmes, and recently also behavioural data. The work is carried out in collaboration with EU Member States and WHO/Europe and ECDC, who coordinate the general case reporting surveillance.

Results

In 2007, among 30 countries working with EMCDDA, prevalence in national samples of IDUs varied between 0–40% for HIV, 1–37% for hepatitis B (aHBc) and 18–91% for HCV antibodies, respectively. Prevalence in new injectors (injecting < 2 years) and young injectors (aged <25) suggests incidence is low for HIV but high for HCV. Rates of reported newly diagnosed HIV infection among IDUs have on average remained low (< 10 cases per M) across the EU, and compare positive globally. This may, at least partly, follow from the increased availability of prevention, treatment and harm reduction measures. Other factors, such as declines in IDU reported in some countries, may also have played an important role.

Conclusion

The availability of comparable annual country-specific data on HIV and hepatitis B/C prevalence among IDUs in Europe has likely influenced public health policies. National and European policies have converged towards including harm reduction as a key element of national drugs and infectious diseases strategies.

[Paper ID:141]

Session: C18

Harm Reduction for People who Use Prescription Drugs

Location: Room 12, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

opioids, chronic pain, clinical scales

Authors (speaker underlined):

Heimer, Robert; Irwin, Kevin; Kinzly, Mark; Dasgupta, Nabarun; Givens, Anthony; Grau, Laretta E.

Title:

Chronic pain is common among opioid abusers in Maine, USA

Abstract:

Background: Few studies have examined the relationship between chronic pain and opioid abuse in non-clinical populations. We sought to fill this gap by investigating this association in a street-recruited sample of active opioid abusers in Portland, Maine, USA, a city that was experiencing an increase in pharmaceutical opiate abuse.

Design: A community-based sample (n=237) of active opioid abusers was recruited in the summer of 2002 using respondent-driven sampling. Participants were administered a structured survey instrument that collected detailed data about current and past drug use and included the Addiction Severity Index (ASI) and Brief Pain Inventory® (BPI).

Results: More than two-fifths of the sample (98 of 237) reported recurring pain that interfered with daily living. Compared to those not reporting chronic, those doing so were more likely to have a regular physician but were more likely to report difficulties gaining admission to substance abuse treatment programs. In looking at the two clinical instruments, BPI scores were associated with scores in some (medical, family, and psychological) but not all domains of the ASI. Among the 90 individuals reporting dates of onset for both chronic pain and opioid abuse, 70 subjects (78%) began abusing opioids before the onset of chronic pain and only 3% reported concomitant onset of chronic pain and opioid abuse. The order of onset was not associated with differences in sociodemographics variables, current levels of drug abuse, or ASI and BPI scores.

Conclusion: Chronic pain was a common condition among study participants, but opioid abuse in this population did not seem to be a consequence of the onset of that pain. Because of the difficulties in receiving simultaneous care for drug abuse and chronic pain, it is clear that better efforts are needed to integrate pain management and substance abuse treatment for this population.

[Paper ID:620]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV prevalence, Russia, Social Networks, Respondent Driven Sampling, Heroin markets

Authors (speaker underlined):

Heimer, Robert; Zinaida, Bodanovskaya; Ksenia, Eritsyany; Olga, Levina; Veronika, Odinkova; Anna, Yakovleva; Russell, Barbour

Title:

HIV prevalence patterns among IDUs in four Russian cities

Abstract:

populations in which prevalence has exceeded 50% in some cities, there are differences across cities that have yet to be satisfactorily explained. We explored the hypotheses that different forms of heroin and/or differences in risky injection or sexual behaviors could account for differences in prevalence.

Methods: We used respondent-driven sampling (RDS) to accrue a sample of 1235 IDUs in four cities: Voronezh, Irkutsk, Chelyabinsk and Naberezhnie Chelny. Demographic, drug use, and behavioral data were collected and blood specimens were drawn for HIV and HCV serological testing. Differences across cities and across recruitment chains within cities were analyzed using general logistic regression and generalized estimating equations.

Results: Prevalence ranged from 3% in Voronezh to 57% in Irkutsk. Neither injection nor sexual risk behaviors was correlated with HIV prevalence. Large differences in the form of heroin injected were found: in Irkutsk, Chelyabinsk and Naberezhnie Chelny >95% of heroin injections were made using commercial heroin whereas in Voronezh >95% of heroin injections were made using homemade liquid heroin. HIV prevalence was strongly correlated with the availability of commercial heroin although HCV prevalence was not. Instead, HCV prevalence appeared correlated with injection frequency. An unexpected finding was the strong clustering within recruitment chains of HIV ($p < 0.0001$) and HCV ($p \leq 0.0001$). Non-sterile syringe use and other socially mediated injection risk behaviors were also clustered by seed chain. Clustering was independent of both seed chain length and fixed variables such as sex, educational level and employment status.

Conclusion: The form of heroin available locally and social network size account for much more the prevalence of HIV and HCV than do individual risk behaviors. The clustering within recruitment chains for HIV and HCV prevalence and behavioral variables is particularly surprising given that current RDS theory.

[Paper ID:775]

Session: P3

Creating Evidence for Action

Location: Room 1, 2010-04-29, Start: 13:30,End: 15:00

Keywords:

hepatitis C, HCV, IDUs, treatment

Authors (speaker underlined):

Hellard, Margaret; Sacks-Davis, Rachel; Gold, Judy

Title:

The myths and reality of hepatitis C for injecting drug users

Abstract:

Injecting drug users (IDUs) carry a disproportionately large burden of hepatitis C infection (HCV) but they are far less likely than other HCV positive individuals to be treated for their infection. This is despite evidence that treatment outcomes for IDUs are similar to that of non-IDUs. We reviewed the literature on the treatment of HCV in IDUs and the treatment barriers including current drug use, heavy alcohol use and history of mental illness. We assessed if these purported barriers affected the likelihood of an IDU having a sustained virological response (SVR), the marker of successful treatment.

Many clinicians and many HCV trials make treatment conditional on IDUs having a period of abstinence from injecting or require concurrent participation in a drug treatment programme. However there is no evidence in the literature to show that total abstinence or drug treatment increases the likelihood of a SVR.

IDUs are more likely to report a history of past or current heavy alcohol use and this is often used as a barrier to accessing treatment. This is despite our review finding no evidence that a history of heavy alcohol use prior to treatment means a person is less likely to obtain an SVR.

Similarly, despite IDUs having a higher level of psychiatric illness (including depression and schizophrenia), the SVRs achieved by these patients were similar to other patients. The literature suggested that patients with a history of depression (regardless of IDU status) when treated with antidepressants during treatment achieved higher SVRs than those not on treatment.

Many of the current barriers IDUs face in accessing hepatitis C treatment are not evidence based. The challenge for IDUs, clinicians and the community is to ensure that treatment decisions are based on the best available evidence and treatment is tailored appropriately on a case-by-case basis.

[Paper ID:781]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

hepatitis C, HCV, infection, reinfection, clearance

Authors (speaker underlined):

Hellard, Margaret; Sacks Davis, Rachel; Higgs, Peter; Spelman, Tim; Bharadwaj, Mandvi; Pedrana, Alisa; Bowden, Scott; Drummer, Heidi; Aitken, Campbell

Title:

Hepatitis C infection, clearance and reinfection in a cohort of injecting drug users - a highly dynamic process

Abstract:

Recent research suggests that spontaneous clearance of HCV followed by re-infection is more common than previously recognised in IDUs. We report on the natural history of HCV infection in a community based cohort of IDUs, focusing on participants who become infected with HCV, cleared their infection and became re-infected on multiple occasions.

From July 2005 over 300 IDUs were recruited from three major street drug markets located across metropolitan Melbourne, Australia and followed for up to three years. Participants were bled and interviewed about their risk behaviour at approximately three-month intervals.

207 IDUs had blood samples collected at two or more time points. At baseline 64 were anti-HCV negative and HCV PCR negative (-ve, -ve), 36 were anti-HCV positive and HCV PCR negative, seven were anti-HCV negative and HCV PCR positive, and 100 were anti-HCV positive and HCV PCR positive.

Twelve (19%) of the 64 “-ve, -ve” participants at baseline developed HCV infection during the study (incidence of 6.3% per annum) compared with 19 individuals with evidence of previous HCV infection. The overall incidence of reinfection was 16.3% per annum. This was statistically significantly higher than naïve infection ($p=0.025$)

Four (22.2%) of 18 participants with naïve HCV infection spontaneously cleared their infection There were 24 HCV re-infections during the study (including some individuals with multiple reinfections) of which 8 (33%) spontaneously resolved. There was no statistically significant difference clearance following HCV naïve compared with re-infection. ($p=0.310$).

We examined for predictors of HCV clearance; no significant predictors were identified although injecting career tended towards significance ($p=0.05$). We examined for predictors of HCV reinfection; no significant predictors were identified.

Our results suggest that HCV infection, clearance and reinfection is a highly dynamic process. This has important implications for the vaccine development, new treatments and harm reduction programs.

[Paper ID:1040]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

IDU Service delivery, BBV prevention, NEP effectiveness

Authors (speaker underlined):

Henderson, Charles Andrew

Title:

Service Interventions designed to optimise the New Zealand needle exchange programme (NEP)

Abstract:

In New Zealand injecting drugs has become the single most important risk factor for acquiring hepatitis C, accounting for over 90% of infections. Optimising the NEP has a significant impact on BBV transmissions and prevalence.

The IDU population consists of multiple sub-groups & cultures, varying levels of understanding and knowledge of BBV's, and risk factors apply differently in magnitude, type, and duration. Illicit injecting is a covert behaviour, IDU are a hidden group; as a result they have unique medical needs

Service delivery via pharmacy, health community centres, sexual health clinics & dedicated exchanges enables effective coverage in NZ. Dedicated exchange activities have become the 'frontline' in the efforts to reduce the chronic health burden (of HCV in particular), with 80% of the annual national distribution through these outlets.

As the principal architect of establishing free injection equipment distribution (compared to a user-pays system) and introducing comparable risk behaviour analyses, insight is offered into what works and what could be transferrable to other countries looking to implement effective NEP strategies.

I will describe and compare the various service delivery aspects of the 21 years of NEP operation in NZ; combining epidemiological cross-sectional data and needle & syringe distribution trends to comment on the efficiency and effectiveness of specific interventions introduced & evaluated over time.

I will discuss the establishment of mobile exchange/ outreach in rural areas, the distribution of 'harm reduction kits', electronic Needle/ Syringe Dispensers for 24hour temporal availability, national collection & destruction of used injecting equipment through designated & licensed transportation units, outreach targeted education activities and wider community awareness campaigns.

This objective is enhanced service delivery to IDU clients. Qualitative and quantitative [including HIV, HCV & HBV prevalence figures] results will illustrate & support the overall effectiveness of the NEP in NZ.

[Paper ID:662]

Session: M18

The Use of Anabolic Steroids and Related Drugs

Location: Room 11, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

Anabolic steroids; Performance-enhancing drugs; Harm reduction; Peer-led; Needle & Syringe Programmes

Authors (speaker underlined):

Henderson, Frank

Title:

Developing successful harm reduction programmes for performance enhancing drug users; perspectives from south - east England

Abstract:

For more than fifteen years the Surrey Harm Reduction Outreach Team in South East England have been offering harm reduction services to those choosing to use performance enhancing drugs (PEDs) such as anabolic steroids. In the mid-1990's increasing numbers of PED users were presenting at pharmacy needle and syringe programmes in order to obtain sterile injecting equipment, which at the time was unavailable through the scheme.

Following the initial appointment of an Outreach Worker and a visit from 'Drugs and Sport' based in Liverpool, a model of engagement with this client group was developed. Over the next 15 years this model has been adapted and expanded to meet the needs of new and existing clients, including the issues posed by the use of new types of drugs by this group (such as the increasing use of growth hormone and other peptide hormones).

With limited support from commissioners we have had to explore new ways of providing a comprehensive harm reduction service. This has included employing staff with specialist knowledge of the field and using peer-led needle exchange through a network of gym owners and dealers. In this presentation I will overview our experiences of developing and sustaining such services; the barriers we have faced and how through engaging with users we have overcome these problems.

[Paper ID:188]

Session: C19

Introducing Harm Reduction in the Middle East and North Africa

Location: Room 1A, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

HIV, Hepatitis, decision making, harm reduction, MENA

Authors (speaker underlined):

Hermez, Joumana

Title:

Hepatitis B and C among IDU: whose business is it?

Abstract:

Background: Hepatitis B and C (HBV, HCV) are common among injecting drug users (IDU). Co-infection of HIV and HCV is the leading cause of mortality of people living with HIV through accelerating hepatic failure and disease progression. this paper reviews the situation and the harm reduction (HR) response and questions policy decision making obstacles.

Situation: 1,000,000 IDU are estimated to live in the WHO Eastern Mediterranean Region (EMR). HIV surveillance activities documented evidence of prevalent high risk behavior including needle and syringe sharing in most EMR countries. This resulted in increasing numbers of IDU living with HIV. Iran, Pakistan and Libya are experiencing confirmed IDU concentrated HIV epidemics. Little is known about other blood borne viruses. In Pakistan, one study found 22.6% of prevalence of HBV Surface Antigen (HBsAg) and 94% HCV among IDU in Karatchi. In Lahore and Quetta the prevalence of HCV among IDU was 88%. In Afghanistan 5.8% prevalence of HBsAg and 37.4% HCV were found among IDU in three major cities in 2008. The prevalence of HCV among IDU in Lebanon in 2008 was 49%.

Response: In 2005 and 2009 Ministers of Health of the region endorsed resolutions urging member states to avail HR for drug users including HBV vaccination. To this date, only Iran has a meaningful coverage of IDU services. Pakistan, Afghanistan, Egypt, Morocco and Lebanon have services that are either at low coverage which is not likely to have an impact; or are not comprehensive enough to meet the various needs of the IDU population.

Conclusion: Despite the epidemiological evidence of the public health issue and the political commitment of the ministers of health, harm reduction services are not picking up in the EMR. Legal and regulatory obstacles remain in the way. Resistance to change among drug-user service providers heightens the problem.

[Paper ID:93]

Session: M09

Responsible Hospitality: Reducing Harm in the Nightlife Economy

Location: Room 11, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

partnerships, alcohol harm reduction, local

Authors (speaker underlined):

Herring, Rachel Frances

Title:

Where are we coming from, where are we going? 'Partnerships' as an approach to reducing alcohol - related harm at local level

Abstract:

This paper will report on current research examining partnership as a mechanism for developing and implementing alcohol policy at local level in England.

Within the UK partnership working is viewed as a key mechanism for reducing alcohol related harm and it is embedded in national, regional and local policy. Partnership working is not new in the alcohol field (although the terminology has changed over time), and there is evidence from international research for 'multi-component' approaches to tackle alcohol-related harms at local level (these generally require multi-agency collaboration). Evaluation of other complex interventions in related health and social care fields have identified factors that facilitate and impede effective partnership working. This paper will report on an analysis of policy documents and interviews conducted with key stakeholders at national, regional and local level working to reduce alcohol related harm.

This paper will start with considering how harm reduction is defined and used in the alcohol field. It will then examine what is meant by the term 'partnership' and why it has come to prominence in the alcohol field. At local level 'partnerships' take on a variety of forms and this paper will map out the complexities and consider the challenges that partnerships face (organisational, cultural and professional, contextual. UK examples of 'partnerships' that focus on managing alcohol in the night time economy will be used as illustration. The paper will conclude with a discussion of the advantages and disadvantages of the partnership approach in reducing alcohol related harm at local level.

[Paper ID:27]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

alcohol, emotional intelligence, depression, personality

Authors (speaker underlined):

Hicks, Richard Edward; Rose, Danielle E

Title:

“One more for the road?” Does emotional intelligence influence the response?

Abstract:

Motives as to why people drink and abuse drinking have included among others peer pressures, conviviality, coping with depression, and personality issues. Grant et al. (2007) has suggested further research was needed into other factors that might influence responses. Emotional intelligence, or the ability to handle one’s emotions in social relationships, may be among these other factors. However, there appear to have been no studies linking drinking motives, personality factors, mental health issues and emotional intelligence. This current study examined these variables with special interest in whether (lower) emotional intelligence was implicated in negative drinking outcomes (saying ‘yes’ too often). If so, then a new method for empowering people in potential harm reduction strategies would be available (through training in emotional intelligence skills).

A sample of 118 students and members of the general population completed five measures: (1) the Modified Drinking Motives Questionnaire-Revised which assesses external motivators (Social and Conformity) and internal motivators (Enhancement and Coping); (2) the Depression Anxiety and Stress Scales (DASS), assessing mental health; (3) a Big Five (IPIP) personality traits questionnaire (assessing Openness, Conscientiousness, Extraversion, Agreeableness and Neuroticism); (4) the Trait Emotional Intelligence Questionnaire- Short assessing trait emotional intelligence; and (5) a demographics questionnaire yielding information in particular about quantity and frequency of alcohol use.

Internal drinking motives were associated with depression and anxiety; ‘negatively reinforced drinking motives’ were related to emotional intelligence; but the main finding was that Emotional Intelligence added significantly to personality variables in predicting motives for drinking. The findings provide important information for alcohol abuse program and policy writers, with implications for similar approaches in relation to other drugs.

[Paper ID:734]

Session: C35

Staying Safe: Second Generation Approaches to Hepatitis C and HIV Prevention

Location: Room 4, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

hepatitis C, protection, behaviour, qualitative, cohort study

Authors (speaker underlined):

Higgs, Peter; Aitken, Campbell; Hellard, Margaret; Maher, Lisa

Title:

Luck, chance and good fortune: accounts of long-term injectors staying safe from hepatitis C in Melbourne

Abstract:

Background

In Australia, about 90% of the estimated 10,000 new cases of hepatitis C virus (HCV) infection in 2008 were attributable to injecting drug use. Surveillance conducted through 52 needle syringe programs in 2008 (n=2270) found that 50% of long-term injectors (>8yrs) have biological markers of HCV infection.

Method

We conducted qualitative research to explore long term injector's perceptions of the factors that enabled them to avoid hepatitis C infection. Participants were drawn from the N2 cohort, a prospective cohort study of people who inject drugs in Melbourne. Eligibility criteria for the current study were laboratory confirmed HCV antibody and HCV RNA negative serostatus. Data was collected through a semi structured in-depth interview, was digitally recorded and transcribed verbatim. Both thematic and content analysis were conducted.

Results

All participants (N=24) reported having initiated injecting more than eight years ago. Analysis of the interview data identified several themes, including the role of "luck" or "fortune" or "chance" in avoiding hepatitis C infection. Our analysis shows two contrary but distinct types of 'luck' – passive luck which is beyond the control of people and active luck which people can be seen to make for themselves.

Individuals explanation of passive luck includes: having limited control over their environments especially their injecting environment, having innate personal characteristics like 'special blood', and luck where there is no real explanation. Alternatively the data reveals a more active and assertive dimension to avoiding hepatitis C infection. The range of personal and environmental resources appears key to staying free from hep C. These include access to employment, choice and control of the types of drugs used and the type of networks available.

Conclusion

There is much in the narratives of drug users from this cohort to utilise and build upon for the development of innovative prevention programs.

[Paper ID:995]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Vietnam, injecting drug users, drug treatment, needle and syringe, services

Authors (speaker underlined):

Ho, Hien Thi; Nguyen, Mai Thi Tuyet; Maher, Lisa

Title:

Difficulties in accessing needles and syringes and drug treatment services of Vietnamese injecting drug users in Hanoi, Vietnam

Abstract:

The HIV epidemic in Vietnam has been mostly driven by injecting drug use. Syringe-exchange and drug-treatment programs, both of which have been scientifically documented to prevent HIV acquisition, are not readily available in many parts of the country. This study aimed to identify the difficulties faced by injecting drug users in Hanoi in accessing and utilizing existing needle and syringe (NS) and drug treatment programs. 33 in-depth interviews and three focus groups with injecting drug users were conducted in Hai Ba Trung district of Hanoi from April to August 2009 and then transcribed. Data was classified into themes using open coding and examined for regularities and variations in relationships between and within themes.

This study indicates that injecting drug users (IDUs) in Hanoi faced a lot of difficulties to have clean needles and syringes and effective drug treatment. Hesitation from pharmacies to sell NS for IDUs is common, peer workers could not give as many NS as IDUs needed, IDUs are scared of being arrested by police if buying NS from chemists. The police have a pressure to arrest a number of IDUs into drug treatment program as planned. Most of drug treatment program are difficult to access with long waiting time, costly, ineffective, and difficult to comply which mainly stops the craving feeling, resulting very high rate of relapse after treatment. Life in education center is so difficult for IDUs. Self treatment, using traditional medicines for drug treatment are common. Methadone program is not available yet in the district health centre.

There is an urgent need for Methadone or Buprenorphin in Vietnam which can be easily to access with low cost. NS program need to be more accessible for this group. Re-integration programs need to be strengthened both within the drug education centers and in the community.

[Paper ID:868]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Peer support, peer education, action research

Authors (speaker underlined):

Ho, Wing-Yin, Cecilia

Title:

Peer support as a method of risk reduction through an action research in injecting drug-user communities: experience in Macao (China SAR) pilot project

Abstract:

Experience confirms that peer support and education do contribute to adequate AIDS prevention with drug users. Inside knowledge, information, personal experience and trust are important themes in this respect. To provide opportunities for peer interaction around prevention themes is as important as prevention information itself. However, the application of the action research method within peer groups in Chinese injecting drug-user communities is still very rare. This research recruited and trained up five ex-drug users and five active drug users to be peer educators for implementing a simple questionnaire. During the researching period, another group of trained social work research assistants were told to assist the peer educators and follow them to reach out different streets IDUs in Macao according to their social network for recruiting the participants to fill up questionnaires on about their injection-related risk behaviours, their own strategies to response to risk and their views on life quality. The questionnaire acts as a means to stimulate drug users to talk about the risk of injection, to ask questions, to be frank about their fears in life. Those trained peer educators can provide emotional support and harm reduction information. The total number of research participants are 50 IDUs including 39 males and 11 females. By employing the idea of "survey as a means and peer support for risk reduction and enhancing sense of control over their lives as a goal, we aim at engaging the frank chatting with the participants about the harm reduction messages and strategies by seriously considering their sociocultural context of risk. With the concept of peer support and by using a simple action research, the idea of mutual support, shared experience and equality in injecting drug-user communities can be cultivated and this finally enables both peer educators and participants to assess their abilities over their lives.

[Paper ID:366]

Session: M17

Public Health Surveillance of Infections and Behaviours among Injecting Drug Users

Location: Room 3, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

HIV, Hepatitis, Surveillance, Harm Reduction, Policy

Authors (speaker underlined):

Hope, Vivian; Parry, John; Marongiu, Andrea; Ncube, Fortune

Title:

Two decades of informing harm reduction: sero-behavioural surveillance of infections among injecting drug users in the UK

Abstract:

Background: The utility of prevalence and behavioural surveys of IDUs in informing public health responses was noted early in the HIV epidemic, with some countries establishing HIV and viral hepatitis sero-behavioural surveillance to provide ongoing data. The impact of surveillance on harm reduction in the UK is explored.

Method: National sero-behavioural surveillance among IDUs started in England and Wales in 1990. Annually around 3,000 IDUs, recruited through over 50 needle-exchanges and prescribing services, provide oral-fluid samples and self-reported behavioural data. Trends in prevalence and behaviours (1990-2009) are examined along with policy responses and service developments.

Results: HIV prevalence among current IDUs fell from 2% in 1992 to 0.6% in 1999 before rising to 1.6% in 2008; hepatitis C (HCV) prevalence showed a similar pattern: falling from 61% in 1992 to 36% in 1999, before rising to 44% in 2008. Needle and syringe sharing fell from 24% in 1991 to 17% in 1997, before rising to 34% in 2002 and then declining to 19% in 2008. Uptake of HIV and HCV testing has increased. Policy has changed over the two decades e.g., reducing sharing was targeted from 1992 to 1997, but in 1998 the focus shifted to criminal justice issues. In 2003 publication of an annual IDU infections report started, and since then Action Plans on HCV and drug related harms have been launched. To ensure continued relevance, the surveillance system has developed, e.g. monitoring of hepatitis B vaccination since 2000 and expansion to Northern Ireland in 2002. Current implementation of routine HCV incidence measurement, using dried blood spots samples, will improve future monitoring of the impact of interventions.

Conclusions: Sero-behavioural surveillance has been important in both monitoring and developing interventions and policy. Its impact has been improved by a focused annual publication. Systems need ongoing development to maintain their utility.

[Paper ID:725]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Innovative harm reduction, Holistic Approaches

Authors (speaker underlined):

Hossain, Furkan; Rabbani, Shamim; Islam, Mirza Moinul; Begum, Sajeda

Title:

Experiences on implementation of comprehensive harm reduction program: future direction for policy makers

Abstract:

In 2004 PADAKHEP along with associate partners started implementing harm reduction program in selected districts of Bangladesh. Now, the program supported by NASP with financial assistance by GoB, WB, USAID, Global Fund, etc. Initially PADAKHEP provided harm reduction services like syringe needle exchange, Condom Promotion, Health Education, STI & Abscess management, drug treatment, etc services at DIC and Outreach.

According to the baseline assessments and program review, program team understood that only conventional harm reduction services is not sufficient for the injecting drug users to uplift them margin to mainstream.

So, in 2006 PADAKHEP include this intervention in Margin to Mainstreaming (M2M) Program. Under this program PADAKHEP providing all above mentioned essential harm reduction services and in addition short term and long term drug treatment, vocational training to recovery drug users, linkage them ongoing micro finance program for financial rehabilitation, community advocacy and sensitization for understanding the drug use and relapse issue, advocacy with job providers for job placement, advocacy with law enforcement for reduce harassment, awareness session with regular sex partner for sexual rehabilitation, meeting with peers for group formation and empowerment, intervention at prison setting in selected sites.

Currently we provided harm reduction services around 7500 IDUs and 12000 heroin smokers in 18 districts (administrative area). Up to October 2009 we provided drug treatment 1200 DUs among them 310 are drug free. 85 recoveries received vocational training and 160 involved with income generating activities. Ex-drug users selfhelp group are functionally active in eight districts.

In this time we are confident that comprehensive harm reduction services including their social reintegration can help them to uplift margin to mainstream. We expect that policy makers will take decision to scale up this program such way where gap is exist and provide approval to include OST as early as possible in Bangladesh.

[Paper ID:510]

Session: C11

Children and Young People Affected by Drugs

Location: Room 4, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

parental substance misuse, children and young people, family life

Authors (speaker underlined):

Houmøller, Kathrin; Bernays, Sarah; Rhodes, Tim; Wilson, Sarah

Title:

“I still love my mum”: tensions in how children and young people talk around parental substance misuse

Abstract:

Background: Within Western conceptualisations, children and young people are hoped to be carefree as well as to be cared for by adults within the family. Research emphasises adverse effects of parental substance misuse on family life, demonstrating that while parents love their children their ability to care for them is often not ‘good enough’. There are few qualitative studies which have explored how young people experience a tension between unconditional love within the family, as a universal defining feature of family life, and experiences of inadequate care. Method: We draw upon analyses of qualitative depth interviews with 50 young people aged 10-18 affected by parental substance misuse, 10 of whom were followed up over two years. The study took place in four UK sites in 2008-2009, and included young people currently living with a substance misusing parent as well as those in alternative care settings. Results: Young people’s accounts demonstrated an awareness that their parents weren’t living up to normative ideas of what a mum and a dad should be like. However, while young people felt that they hadn’t been cared for properly, they still loved their parents and maintained the idea of the family as a caring unit. The tension between unconditional love and inadequate care affected young people’s capacity to talk critically about and distance themselves from their parents (as ways of limiting harm), and was something which they had to learn to manage over time, often in the context of volatile relationships and whether or not they were resident with parents. Conclusions: We discuss how the young people’s experiences of love and care may be linked to their navigation of harm and their sense of coping, and how interventions might better support young people by acknowledging the symbolic value of family.

[Paper ID:126]

Session: C01

Youth-Friendly Harm Reduction Interventions

Location: Room 1A, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

young people, harm reduction, access and engagement

Authors (speaker underlined):

Howard, John; de Kort, Gerard; Pandey, Bijay; Jian, Luo; Larney, Sarah

Title:

"Opening doors"; a participatory approach to increasing access to and participation in youth-friendly harm reduction

Abstract:

Issue: Drug users under 25 years are often 'invisible' in available data, and developmental stage-appropriate interventions rarely available to them. Ignoring their specific needs places them at increased harm via not accessing or early disengagement from harm reduction interventions perceived as for 'older' opioid or alcohol users. Increasing ATS use by young people is concerning those attempting to curb HIV and other BBIs among drug using populations, and in identifying what constitutes an effective range of interventions for young people with problematic ATS use.

"Opening Doors" employs a participatory methodology to gain a better understanding of any specific risks and needs of young drug users, to shape, increase access to and participation in development stage-specific harm reduction interventions in three contrasting settings.

Setting and Project: In Nepal, the 'rejuvenation' of a predominantly young adult program for buprenorphine dependence, is attempting to increase the access of more marginalised and poorer younger drug users.

In China, the focus is the significant proportion of those under 25 on methadone who are using ATS and involved in increasing risk behaviour which place their program status, physical and mental health, and liberty at risk.

In Thailand, strategies to increase engagement of young marginalised IDU who are engaged in high risk ATS use with more 'youth friendly' harm reduction service provision are being explored.

Outputs: Some participants in the 'research phase' have become 'consultants' to project shaping and involved in developmental activities to equip them to become peer educators and/or outreach workers. The range of interventions being developed draws on a broad conceptualisation of 'harm reduction' which, in addition to increasing access to NSPs, OTS and condoms, includes a relapse prevention focus, diversion or earlier release from and minimising returns to closed settings, increasing participation in education, training and employment, stabilising accommodation and attending to both physical and mental health.

[Paper ID:149]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

NSP, IDU, harm reduction, regulation, Taiwan

Authors (speaker underlined):

Huang, Yen-Fang; Liu, Hui-Rong; Shin, Ling-Ju; Yang, Chin-Hui

Title:

The progress of needle and syringe program in relation to change regulation in Taiwan

Abstract:

Issue: A major HIV epidemic among IDUs population in Taiwan emerged in 2003. In response, Taiwan CDC proposed a harm reduction program in 2004. At that time, subsequent legal issues was emergent in Taiwan.

Setting: The number of IDUs is estimated over 50,000 in Taiwan. Meanwhile, the annual number of incident HIV-1 cases among IDUs increased from 13 in 2002 to 2,381 in 2005.

Key arguments: According to Taiwan's drug control law, Heroin use is illegal and imprisonment is mandated upon police arrest. However, although it looked convenient for injection drug users to buy needle/syringes without prescription in community pharmacy, but drug control law on the other hand said that one person that induces someone to use drug is illegal. Therefore, when health department promoted community pharmacies to join NSP to provide service, most of pharmacy declined the offer because they feared violate the law. Health department raised the issue and reported the emergent epidemic of HIV outbreak among IDU to Executive Yuan. The Premier decided to set up a pilot plan and revised relative laws in 2005. Health Department kept negotiating with Justice Department to revise the law. They insisted to reject the proposal. In the turn, we health department decided to revise HIV Infection Control related Act.

Outcomes: On July, 11 in 2007, Taiwan's HIV Infection Control and Patient Rights Protection Act added article 9 to assert for preventing HIV transmission through sharing behavior, competent authorities may establish mechanisms for supply, exchange, recall of needles/syringes. Besides, individuals who provide needles/syringes to IDU or IDUs possess that while participating in the mechanisms mentioned in the preceding Paragraph shall not bear any criminal responsibility.

Implications: Our experience had supported positively the effort through HIV Infection Control related regulations to help set up NSP for legal position as a workable strategy.

[Paper ID:416]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Methadone, IDU, MMT, HIV, Taiwan

Authors (speaker underlined):

Huang, Yen-Fang; Liu, Hui-Rong; Shin, Ling-Ju; Lo, Yu-Ling; Yang, Chin-Hui; Nelson, Kenrad E.

Title:

Related factors for entering methadone maintenance treatment among a cohort of drug users after their release from prison in Taiwan

Abstract:

Background: Although methadone maintenance treatment (MMT) program has been implemented in Taiwan since 2006, however, limited research for MMT was available in Asian societies. Therefore, it is the purpose of this study to analyze related factors that influence IDUs decision to enter MMT.

Methodology: A prospective cohort study was conducted on subjects from 4,357 IDUs after release from prison since 2007 in Taiwan. Though HIV/IDU cases are totally free for MMT, but those who are without HIV needed to pay partial medical fee depends on different programs. Therefore, in this study the unique ID was used to link data systems including the Correctional database, the HIV/AIDS reporting system and the Methadone Management system. Statistical methods included descriptive statistics and multiple logistic regression.

Results: Two years after release, 2008 (46%) cases have been to MMT. Multiple logistic regression predicted sex, HIV status and area were significant factors for MMT choices. Those who had HIV have more intention to receive MMT than those without HIV (OR:3.24, 95%CI:2.60-4.05). Besides, male cases have higher probability to enter MMT than female (HR:1.36; 95% CI:1.12-1.65). And those who lived in the west-south of Taiwan have more intention to receive MMT than those in the north-west side of Taiwan (OR:1.46, 95% CI:1.26-1.69), but those who lived in the east side have less intention to join MMT than those in the north-west side (OR: 0.35, 95%CI:0.20-0.62).

Conclusion: It is concluded that HIV marker was the most significant factor to enter MMT due to free MMT policy for HIV patients in Taiwan. Meanwhile, males are more likely to enter MMT than females. Thus suggested that it may partly reflected the patriarchy society phenomenon in Chinese culture. Besides, the results shows different area had different the coverage rate of MMT due to the distribution density of MMT clinics.

[Paper ID:432]

Session: C04

Drug Consumption Sites: Politics and Research

Location: Room 1B, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

Monitoring, drug consumption room, Switzerland, harm reduction

Authors (speaker underlined):

Dubois-Arber, Françoise; Meystre-Agustoni, Giovanna; Gummy, Cedric; Mani, Christophe; Baudin, Martine; Huissoud, Thérèse

Title:

Routine monitoring in the Geneva Drug Consumption Room (DCR) 2002 - 2008

Abstract:

Background: since its opening in 2002, the Geneva DCR routinely monitors a limited set of indicators regarding the operation of the DCR and its clients

Methods: routine data collected from 2002 to 2008 were analysed:

- syringes distributed in the DCR and in the other needle exchange programmes in Geneva
- injections performed in the DCR, substances injected, age and gender of users
- primary health care activities provided, including abscesses care
- emergency calls (ambulance), mainly for overdoses
- new clients' characteristics

Results: the annual number of syringes distributed in Geneva decreased between 2002 and 2008. The annual number of injections in the DCR peaked at 45'000 in 2002, dropped to 20'000 in 2005 and re-increased in 2008. The proportion of injections including heroin increased from about 15% in 2002 to 75% in 2008. Abscesses care increased during the last two years and emergency calls re-increased since 2005 (about 40 yearly).

The number of new clients remained quite stable since the second year (around 350) with a drop in 2005-2006. Age remained stable between 31 and 32. The proportion of women decreased from 27% to 13%. The proportion of persons living without fixed abode increased from 16% to 41% and the proportion of persons indicating the public space as last injection place increased. The proportion of new clients in treatment decreased. The proportion of persons having shared material in the last 6 months remained stable at about 10%.

Conclusions: This monitoring shed light on fluctuations in the use of the DCR, on types of drugs consumed, and on changes in characteristics of new DCR clients: newcomers are less socially integrated (part of them coming from migrant populations from Eastern European countries). These data were regularly used to assess the situation of problem drug use in Geneva.

[Paper ID:530]

Session: C05

Route Transition Interventions: Public Health Gains from Preventing or Reducing Injecting

Location: Room 4, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

injectng, initiation, interventions, Eastern Europe

Authors (speaker underlined):

Hunt, Neil

Title:

Break the cycle: opportunities and challenges for preventing initiation into injecting in Eastern Europe

Abstract:

Work to prevent initiation into injecting within the UK – Break the Cycle (BTC) - has triggered a range of related initiatives in diverse countries including: the Central Asia Republics, Australia, Canada and the USA. Some appear successful, some not, and others are either ongoing or in development. One key lesson has been the need to adapt the intervention to the local context. This paper examines questions that arise when trying to apply BTC in several Eastern European countries.

An Irish Aid-funded project operated by UNICEF has enabled Albania, Serbia and Moldova to examine the potential role of the BTC approach as a way of preventing HIV/AIDS among 'most at risk adolescents'. The paper will describe some of the issues that have arisen as policy makers and services have appraised the applicability of the BTC intervention within each country.

Albania has a mix of heroin sniffers, smokers and injectors; in Serbia, poor heroin purity appears to lead heroin users to inject almost exclusively; and, within Moldova, communal manufacturing of home produced opiates remains common. These contrasting drug cultures appear to have direct relevance to the intervention's applicability. Differences within each country's service infrastructure similarly shape the opportunities and constraints for implementing BTC. In each case, there has been a parallel need to gather behavioural data that reveal features of the processes that lead to initiation into injecting.

Learning from this ongoing work will be used to suggest a) basic drug use and behavioural data that seems useful for decision makers when considering the utility of the BTC approach b) features of injecting drug cultures and related practises that enable or constrain this type of intervention c) some differences that need to be taken account of within countries that lack the service infrastructure of regions such as Western Europe.

[Paper ID:349]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

drug treatment, non-opiate drug use

Authors (speaker underlined):

Hurst, Ayesha; Marr, Adam; McVeigh, Jim

Title:

The changing profile of substance users in treatment and its implications for future provision

Abstract:

Drug treatment services in England, and throughout Europe, are currently dominated by individuals presenting with heroin related problems. Opiates are the most frequently reported primary drug amongst those entering and already in treatment across Europe. However, there is evidence that non-opiate AACCE (alcohol, amphetamines, cannabis, cocaine, ecstasy) use is becoming increasingly prevalent amongst younger drug treatment clients in England. Analysis of large data source containing information from approximately 39,000 individuals accessing structured drug treatment in the North West of England was conducted. This revealed a growing, distinct group of AACCE users who did not state opiates as a problematic drug. These clients were significantly younger, referred via different routes and accessed different types of treatment to opiate users. Follow-up analysis revealed that, although over a third of those AACCE clients in treatment in 2007/08 also presented to treatment in 2008/09, very few represented with issues surrounding opiate use. This suggests that these younger substance users are not moving from AACCE substance use to opiate use as they progress through their drug using career.

In terms of service development, there needs to be an awareness of the growing use of AACCE substances amongst their younger service users and the potential increase in demand for non-prescribing interventions of treatment as patterns of drug use shift from opiate use to AACCE substances. Analysis of national data indicates that the North West of England may provide an 'early warning' of a phenomenon which is beginning to impact on the whole of England. This changing profile will have an impact on many aspects of the current drug treatment system, as well as potential public health implications. Future harm reduction measures may have to adapt to accommodate the changing profile of drug use amongst those seeking treatment.

[Paper ID:805]

Session: C16

Needle and Syringe Programmes

Location: Room 1B, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

NSP, government, outreach, HIV, coverage

Authors (speaker underlined):

Jacka, David; Long, Nguyen Thanh; Huynh, Nguyen Thi; Fujita, Masami; Zhao, Peng Fei; Nga, Nguyen Thien; Vach, Huu Trinh

Title:

Report on the outcomes of a five - year DFID-funded harm reduction project implemented by the government in twenty-one provinces in Viet Nam

Abstract:

Issue: A large 30 million USD project to contribute to reducing HIV transmission in VN through direct intervention models in 21 provinces amongst those with high risk behaviours.

Setting: Since the first HIV case in 1990, cumulative reporting had risen by 2003 to 76,180 cases closely associated with situations of injecting drug use and commercial sex. Needle syringe sharing among heroin injecting drug users (IDU) was reportedly common and the rate of sex workers injecting drugs was rather high. Within HIV case reports, those among 20-29 yr olds rose from 15% in 1993 to 62% in 2002, with teenagers representing 8.3%.

Project: The project activities were implemented under four main components: behaviour change communication, needle syringe distribution and collection programme (NSP) and condom promotion, distribution and social marketing programme, STI management and treatment programme, and government HIV/AIDS response capacity building. By the end of the project in 2008 893 IDU 'peer educators' (PE) were employed and distributing needles & syringes (N&S) and condoms, and a variety of complementary models of N&S distribution were in place in 115 districts in the project provinces. By 2008, nearly 15 million new N&S were being distributed annually to an estimated 51,442 IDU.

Outcomes: The end of project, behavioural assessment in a sample of 6 of the provinces found that between 80 and 90% of IDU had received free N&S, with an even higher awareness of where to access free syringes. Comparing injecting behaviour in the Behavioural Surveillance Survey 2000 against this review in 2008, IDU sharing N&S in the previous 6 months decreased from 32% to 22% in Ha Noi and 24% to 19% in Hai Phong. This paper will present the powerful findings of the review of this widely distributed government intervention for HIV prevention PE outreach and NSP amongst IDU.

[Paper ID:401]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

opiate users, qualitative needs assessment, peer-driven, Tajikistan

Authors (speaker underlined):

Ibragimov, Umedjon; Khasanova, Elena; Djamolov, Pulod

Title:

Peer-driven needs assessment among opiate users in Dushanbe, Tajikistan

Abstract:

Background

NGO SPIN Plus with support of DFID-funded Central Asian Regional HIV/AIDS Programme (CARHAP) is conducting peer-driven qualitative needs assessment among opiate users in Dushanbe, Tajikistan, to obtain in-depth information on risk factors pertinent to HIV and other negative consequences of opiate use and to identify needs in harm reduction services.

Methodology

Qualitative data is being collected through in-depth interviews (n=35-40) and focus groups (n=6) with opiate users diverse in gender, age, mode of opiates consumption, HIV status, experience in harm reduction programs, including sub-populations of ex-inmates, MSM, sex workers and co-dependents. In-depth interviews are being conducted by trained peers - drug users in recovery, some of whom are PLHIV and/or ex-inmates, all staff members of SPIN Plus. Additionally key informant interviews with service providers (n=10-12) will be conducted. Peer interviewers participate in research design, data collection and analysis.

Results

Final results are expected by December 2009. Findings from 17 in-depth interviews conducted until now include patterns of shifting from non-injecting opiate use to injecting due to economical reasons, initiation of injecting during labor migration, police harassment of opiate users, stigmatization of MSM by opiate users, risky injecting practices during withdrawal despite awareness of consequences, negative perception of Government-run detox services, preference for home-based detox, risky injecting practices in prisons, preference of some study participants to obtain syringes in pharmacies rather than in syringe exchange programs, need for employment and job skills training.

Conclusions

Preliminary findings indicate the need for harm reduction programs to shift focus from distributing needles and syringes to wider range of services meeting the clients' needs, to target non-injecting opiate users, and to address stigma and discrimination, including stigmatization of other marginalized groups by opiate users themselves. The results demonstrate feasibility of peer-led qualitative assessment in Tajikistan.

[Paper ID:107]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

drug policy reform - human rights - harm reduction - Latin America

Authors (speaker underlined):

Inchaurraga, Silvia

Title:

The role of harm reduction and human rights in changing drug control system in Latin America

Abstract:

The current drug problem in Latin America, social representations and related responses encourage us to wonder about the role of harmreduction (HR) and human rights (HRS). Even new discourses, official policies still involves the idea of drugusers as social menaces to be controlled or sick people to be rehabilitated. The civil society has a key role involving HR and HRS organisations, but there are key problems in the process of consolidation of a regional task force: the HRorganisations only involved in HIV prevention and the misunderstandings about decriminalisation–depenalisation-legalisation.

Issues can be seen as facilitators or obstacles to drug policy reform.

1) the movement “going out of the closet” and the cannabis activism. Social ideas about more soft laws for soft drugs, also suport the defense of repressive laws for users of drugs different than cannabis

2)the andean region campaigns on legalisation of coca. Campaigns in Bolivia and Peru with main message “Coca leaf is not cocaine” and even national platform of President Morales show a maniquean division on natural/good and synthetic/ evil substances and a zero tolerance approach to cocaine use

3)the drug control law reform specially in consumers countries. The recent reform in Brazil, Chile and Mexico and the sentence of argentinean Supreme Court show a change. Nevertheless there is still discrimination and attack of drug users rights; the change of freedom privation for freedom restriction (social work, probation, fines) or compulsory treatments and criminalisation of poverty with increasing of prison ammount for sellers that are poor drugs users or even poor citizens that find a way of survival in a marginal shantytown.

We will discuss the impact of the described issues and actions taken by different groups and the key role of HR and HRS in the backyard of the given process and for the next decade.

[Paper ID:224]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

next decade - harm reduction- drug policy - Americas

Authors (speaker underlined):

Inchaurraga, Silvia

Title:

Next decade of harm reduction and drug policy reform in the Americas. Where is America Latina looking at in the Obama´s era?

Abstract:

Since new Obama government, the United States(US) is showing a change on its drug policy. Not only the replacement of an anti-drugs czar as John Walters by an Gil Kerlikowske. An optimistic sign is the project of financing needle exchange programmes with federal funds, something that in Latin America(L.A) only Brazil has done. Just recently the House voted down the amendment that would have upheld the ban on federal funding for syringe exchange programs. Another one the 52% on favor on legalizing marihuana. Discriminatory sentencing and mandatory minimums for nonviolent drug offenses could soon be reformed..

After two decades of the L.A region being influenced by the US War on drugs mentality, we can wonder what could be the impact of the Obama era in drug policy in the region? A region where harm reduction(HR) began slowly at the end of the ´90s in Brazil and Argentina having later small development in the Southern Cone specially related to HIV prevention.

Contradictions. While in recent years some countries are on favor of decriminalisation (not depenalisation), HR is not the official policy. While some countries(Ex.Mexico, Brazil, Chile) are quitting prison for drug users, anyway official messages are showing users as risks, menaces and sick. While legislative polices speak about decriminalisation, discrimination is the rule and criminalization of poverty a new damage. While claims for legalization of coca leaf(Ex.Bolivia, Peru) seems to be a sign of change on andean countries, it goes with a social claim for punishment for cocaine use.

¿How can the HR movement influence the social image of drug users in US and in L.A?.

¿How could be the balance between intentions and objective realities in the Americas? ¿Which are the limits of the cultural and generational northamerican political changes of Obama´s administration? and ¿how heavy is the weight of interests and pressure groups(economical, cultural and religious) against necessary changes on drug policy?

[Paper ID:704]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

poverty - harm reduction - human rights - challenges

Authors (speaker underlined):

Inchaurraga, Silvia

Title:

Next decade of harm reduction in Argentina. Drugs and poverty in Rosario city facing human rights challenges with the community

Abstract:

Issue: Next decade will highlight the social profile of the model. Today disadvantaged population on poor areas use more cheap and toxic drugs as glue, free base and ketamines and combination of drugs where cocaine and alcohol are key actors. A harmful social construct of drug users as criminals is casting them out of the health system and being an obstacle to harm reduction (HR) approaches. A human rights (HRT) approach still need to play a more critical role on HR in a country where it is not the official policy even if the repressive drug control law is under debate.

Programme: In Rosario HR programme the main goal of reducing harms of violations of drug users has been targeted through information materials about what to do if you are arrested, risks of involvement of false proofs, and information numbers to call. Outreach work involves injection equipment and sniff kits distribution. The team involves a HRT perspective on training on community and health areas. The action-plan for next decade must go in deep with social messages for the community to modify the idea of drug users as criminal or dangerous and promoting their rights.

Results: The advocacy tasks are critical through leaflets, radial spots, graphic campaign and panels with high impact. The identified challenge for next decade is to reach the more poor and discriminated users and to explain to the community why drugs are a social and health issue and not a criminal issue. A sample: involving street children using glue to face hungry and coldness as a social policy problem and not just a drug policy or police one.

Conclusions: HRT approaches needs to be encouraged and HR must develop an action plan with the community. Interventions must be driven from the main idea of citizenship

[Paper ID:724]

Session: C14

Legal and Policy Developments

Location: Room 3, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

depenalisation, punishment, risks of arrests, harm reduction, misunderstandings

Authors (speaker underlined):

Inchaurraga, Silvia

Title:

Argentina´s Supreme Court declaration about unconstitutionality of punishment for drug possession and consumption and new risks for drug users. The challenges for harm reduction in times of change and misunderstanding

Abstract:

Argentina´s Supreme Court of Justice on August 2009, unanimously declared unconstitutional the second paragraph of Article 14 of the drug control law (Law 23.737), which punishes the possession of drugs for personal consumption with prison sentences (from 1 month to 2 years). According to the Court, the unconstitutionality of the article is applicable to cases that does not affect others. The Court noted: "the second paragraph of Article 14 of Law Nº 23.737 should be invalidated, since it violates Article 19 of the National Constitution" that says: "Private actions that offend in no way order and public morals, or damage a third party, are exclusively reserved to God, and are exempt from the authority of judges."

The Court's new ruling, known as "Arriola," represents a return to the "Bazterrica" framework of 1986, although with some limits. The circumstances that do not bring any concrete danger or harm to the rights and welfare of others or the actions that do not offend public morals or the rights of others have been not established, leaving a grey area between intimacy and privacy.

Some risks to face for the next decade will be the consequences, despite this decision, of no change in drug control law and a lack of clarity around the declaration that is not depenalisation. So drug users may still face police arrests and the application of these criteria by other Courts, (e.g the interpretation of the term "affect others") and the possibility of being criminalised, but also the risks of being arrested having wrongly felt secure.

As the Court said, the penal repressive response for drug users is "ineffective and inhumane". Today the lack of a drug control law that depenalizes drug use and drug possession is not only still a harm for drug users (as it is the survival of Law 23737) but also a risk for all those that could behave under the misapprehension that the Supreme Court has depenalized drug use.

[Paper ID:936]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

youth - alcohol - community - harm reduction

Authors (speaker underlined):

Celentano, Andrea Patricia; Inchaurreaga, Silvia Susana

Title:

Alcohol and youth. Next generation of drugs and drug users to be faced by harm reduction

Abstract:

Issue

The University of Rosario since 1994 began to work in harm reduction in different scenes as marginal areas, health centers, rock concerts and night life of Rosario city. The current development of drug use in open scenes where alcohol is the main actor and the dissemination of the experimentation culture and combination of different drugs with alcohol is the rule encourage the involvement of new strategies to face alcohol and drug problems in the young population

Programme

Drug Abuse and AIDS Center of National University of Rosario involves in the harm reduction strategy media massive spots, leaflets, harm reduction training for health care providers and street work with young people. Key alliances with organizers of festivals as Oktoberfest, Quilmes Rock and electronic parties were criticals and helpfull.

Results

The involvement of different areas and social actors of the community are a main facilitator. Main harm reduction issues as alcohol use and driving and alcohol use and safe sex, where the open doors strategy and a way to got acceptability by the community and authorities. Still are more difficult to tolerate messages about risks of combinations of alcohol beverages and alcohol and other drugs. The issue of minimizing quantity of alcohol is always "politically correct" and the pragmatcal one about "safe using" more conflictive. Young people usually in contact with risks and abusive using agree with first care training about "what to do if a friend need help"

Conclusions

Social alarm about accidents related to alcohol in young population and key interventions about harm reduction help the social commitment and the acceptance of the programme philosophy. Young population shows that discriminatory messages that estigmatized young people with drunkness and addictions do not help health care dispositives to reach them.

[Paper ID:965]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

human rights - harm reduction- discrimination - tools

Authors (speaker underlined):

Celentano, Andrea Patricia; Inchaurreaga, Silvia Susana

Title:

Human rights and drug use handbook: advocacy tasks on reducing discrimination

Abstract:

ISSUE

A harmful social construct of drug users as dangerous and criminals is casting them out of the health system. A human rights approach has been playing a key role on the Harm Reduction Programme of Rosario since early beginnings by middle 's 90.

PROGRAMME

The Programme involves a human right perspective on training on community

and health areas. The action-plan develop social messages to modify

the stigma of drug users A human rights Handbook has been created

to help health care providers and drug users themselves in

promoting their rights, right to freedom, right to health, right to information.

RESULTS

The interventions related to human rights promotion has a high impact.

The slogan of the social Campaign is focused on the idea

of drug users as citizens; and mentions the importance of a city that respects differences. The advocacy tasks were critical and the message has been disseminated through leaflets, radial spots, graphic campaign

and panels to present. The impact analysed from a questionnaire

to general population shows the need of explaining why drugs are

a social and health issue and not a criminal issue.

CONCLUSIONS

Human rights approach needs to be encouraged in harm reduction programmes. Interventions must be driven from the main idea of citizenship and with the aim of reducing discrimination one of more frequent and dangerous harm..

[Paper ID:214]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

"DRUG USERS"" VIH""STREET""Outreach Work"

Authors (speaker underlined):

Isabel Ponte, Isabel Ponte

Title:

Klotho Program: early identification of HIV / AIDS contamination targeted to drug users

Abstract:

In Portugal the Institute of Drug addiction and Drugs (IDT,IP) and the National Coordination for Infection of HIV / AIDS (CNSIDA) developed the programme of early identification of HIV / AIDS contamination targeted to drug users a KLOTHO PROGRAM.

In 2007, this program was implemented as a way of harm reduction on North Regional Delegation of IDT,IP, with the purpose of detecting, counselling, referring and promoting the access to health of street drug users.

The objective of Klotho Program was ensure early identification and prevention of HIV/AIDS on drug users and their correct reference to hospital units to facilitate adherence to antiretroviral therapies.

Furthermore the program sought to reinforce the importance of screening for HIV/AIDS and advice for effective work to harm reduction associated with intravenous drug use and other behaviors that contribute to the infection of the virus.

This work summarizes the principal results of the implementation of the program above described applied during nineteen months.

The methodology CDR (counselling, diagnosis and reference) was applied to 156 drug users from three Outreach teams.

Conclusions

Both the referencing like the medical assistance have been effectives, however the waiting average time for medical assistance is too long, this may be due to failure articulation between the hospital units and NGO's, or adherence lack/motivation lack of the drug users.

This Program will allow better understanding of the drug user population also knowledge of path individual, sharing of culture inter/intra institutional, better counseling and referencing, which can help improve access to screening and adherence to antiretroviral therapies.

[Paper ID:368]

Session: C21

Policy Barriers Faced by Pregnant and Parenting Women Who Use Drugs

Location: Room 11, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

drugs, pregnancy, parenting, women, fetus

Authors (speaker underlined):

Paltrow, Lynn; Jack, Kathrine

Title:

Drugs, pregnancy and parenting: US legislation, policy and practice

Abstract:

This presentation will provide a comprehensive overview of US legislative and policy responses to pregnant women who use drugs. Even though not a single US state legislature has made it a crime to continue a pregnancy to term in spite of a drug problem, hundreds of women have been arrested and charged with a variety of crimes. As a result of judicial activism, one state permits the arrest of pregnant women who use drugs or alcohol or in any way "risk" harm to the viable fetus. Today, numerous states have amended their civil child welfare laws to address specifically the subject of a woman's drug use during pregnancy. These laws vary considerably: in some states a pregnant woman's drug use is supposed to trigger only an evaluation of parenting ability and the provision of services, whereas in others it provides the basis for presuming neglect or qualifies as a factor to be considered in terminating parental rights. The states also vary in what evidence of drug use or exposure is required to bring a fetus or child within the reach of the child welfare system, which substances are covered and whether pregnant women herself may be tested and reported.

While there is significant evidence that treatment and application of harm reduction principles can help pregnant drug using women, improve pregnancy outcome, and help to preserve families, anti-abortion politics in the US, continuing stereotypes about pregnant women, and the reliance on "junk science," perpetuates a focus on punitive approaches. Legal action, however, has been successful to some extent in slowing this trend, there are numerous education, outreach, and activists projects across the US designed to increase compassionate non-punitive approaches, and cross issue organizing using a human rights framework offers hope of more progressive change.

[Paper ID:1057]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Breastfeeding, prosecution, women, drugs, child abuse

Authors (speaker underlined):

Jack, Kathrine; Rodberg, Josie; Burrows, Cassandra

Title:

Prosecutions of Women for Allegedly Causing Harm to Their Infants by Breastfeeding

Abstract:

At the same time that public health officials and women's advocates are campaigning to increase breastfeeding rates, some breastfeeding has been wrongfully criminalized. Since 1992, at least fifteen women in nine states have faced prosecution for allegedly transmitting drugs or alcohol to their infants via breast milk. Conclusive medical studies about the effects of maternal drug and alcohol use on breastfeeding infants are scarce.

This dearth of scientific evidence has not prevented prosecutors from claiming that the mere presence of these substances in an infant is sufficient evidence to show that the mother transmitted drugs or alcohol via breast milk and thereby harmed, or even killed, the child. This poster examines all known prosecutions for using drugs and breastfeeding, revealing their circumstances and the junk science upon which they are based. While government officials treat other potentially harmful behaviors among nursing women, such as cigarette smoking, as public health issues and address them through harm reduction strategies, this poster asks why prosecutors have chosen to address maternal drug and alcohol use through the criminal justice system.

These cases raise several questions: if states succeed in establishing legal precedent for prosecuting breastfeeding women because of substances they ingest, how many other behaviors by nursing women could be criminalized? Do these prosecutions undermine campaigns to encourage breastfeeding? What are the most effective ways to support breastfeeding women who struggle with drug and alcohol dependency?

[Paper ID:281]

Session: C08

Substitute Prescribing

Location: Room 3, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

community pharmacists, methadone, motivational interviewing

Authors (speaker underlined):

Jaffray, Mariesha; Matheson, Catriona; Bond, Christine; Johnstone, Allan; Lee, Amanda; Skea, Lucy; Davidson, Bruce

Title:

Improving outcomes and quality of life for people on MMT: the enhanced pharmacy services (EPS) RCT

Abstract:

Background

Most (79%) Scottish pharmacies dispense methadone to over 17,000 patients. Over half of patients (57%) consume methadone daily under pharmacist supervision. Thus, pharmacists see methadone patients more frequently than other professionals. The feasibility of motivational interviewing (MI) by pharmacists has been demonstrated. A large RCT of a pharmacy-based MI intervention in drug misuse is ongoing, to determine if this can improve the outcomes of methadone treatment.

Methods

The study is a cluster RCT with randomisation by pharmacy. Intervention pharmacists were trained in the basic principles and practice of MI. Control pharmacists delivered standard care. We measured MMT outcomes (treatment retention, substance use, injecting behaviour, psychological and physical health) and treatment satisfaction in patients receiving EPS, and explored whether pharmacists demonstrated changes in attitudes and 'belief in self-efficacy'. Structured interviews were conducted with patients and postal questionnaires sent to pharmacists.

Results

Seventy-seven pharmacists and 541 patients (275 intervention, 266 control) participated. Most patients were male (69%), unemployed (91%), with a mean age of 32. At baseline, 49% continued to use heroin and alcohol, more than half (58%) cannabis and a third (33%) benzodiazepine. Risky injecting behaviour was reported by 26% of respondents. Psychological and physical health scores (15/20, 13/40), indicated potential for improvement. Patients were mostly satisfied with treatment but had divergent views on whether they had sufficient time to resolve their problems and whether staff helped motivate them. Follow-up analysis will be completed by March 2010.

Conclusion

At baseline patients continue to use illicit drugs and alcohol despite being on MMT and a small percentage participate in risk taking behaviour. Physical and psychological health could be improved indicating potential for this intervention. It is expected that the benefits (if any) of training pharmacists in motivation interviewing to improve treatment and satisfaction outcomes will be evident at follow-up.

[Paper ID:802]

Session: C32

Drug User Networking

Location: Room 3, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

sexwork, harm reduction, allies, rights

Authors (speaker underlined):

Jakobsson, Pye; Thiang, Sandra

Title:

More in common than not; sex workers and drug users' rights in Sweden

Abstract:

In Sweden sexworkers are seldom heard but often talked about. The current legislation on prostitution has increased the stigma and isolation but even so there is no harm reduction being done as it's considered that sexwork itself is the only "harm" that needs to be dealt with.

In Sweden drug users suffer from very much the same problems and for several years Rose Alliance has been working for sexworkers rights at the same time as the Swedish Drug Users Union have, very successfully been fighting for their members rights. At the Barcelona conference 2008 we finally realised that we had more in common than we thought and started to be more in contact with each other, something that continued in the Latin harm reduction when members of Rose Alliance sat down with INPUD representatives. An eye-opener for everybody.

Since late summer 2009 we (Rose Alliance) work more closely with SDUU, especially on the absolute right to be heard and the need for us to be included in the process of developing tools for harm reduction. These two groups have a history of, understandably, trying to avoid each others stigma, but we face many of the same problems and we have more to win by being allies. We don't speak about each others issues but have a greater understanding of the other group and this has absolutely led to a strong sense of solidarity.

On a more practical level, as Rose Alliance has no funding the SDUU is providing office space for one of it's members. Whenever possible we try to do advocacy work together and share allies and useful contacts. In any country with a small rights movement it's worth while to look past diffrencies and realise that together we become so much stronger, hopefully an inspiration for others.

[Paper ID:816]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

drug user, partner, women, drop-in centre, gender

Authors (speaker underlined):

James, Mary Agnes

Title:

Access to gender - sensitive services

Abstract:

Harm reduction services introduced in Malaysia since 2005 concentrate on providing services mainly to men who are injecting drug users (IDUs) as HIV transmission among IDUs contribute to an average of 71% of HIV cases.

DiC Pahang is a community-based organisation in Malaysia that has worked with drug users since 2000 providing a continuum of care from HIV/AIDS and drugs prevention to harm reduction to rehabilitation to care and support.

As rates of women getting infected with HIV has increased to 19% of new cases in 2008, 3% higher than in 2007, DiC realised the need to provide services to spouse/partners of IDUs, some of them being drug users as well, and some are sex workers. DiC Pahang started providing direct services to this target group in September 2009. In one month, we have reached 28 clients; accessing services at the drop-in centre which includes nutrition, education materials, group sessions, counselling and referral to other programmes. Most women are welcome to come in from Mondays – Fridays 9am to 5pm with their children.

As DiC Pahang also runs a Needle & Syringe Exchange programme in a nearby drop-in centre for male IDUs, the outreach workers has arranged to come to the women drop-in centre twice a week to run the programme for female IDUs.

This drop-in centre targeting spouses/ partners of IDU is recognised as the pilot project in Malaysia by the Ministry of Health.

The main challenges faced was to secure the funding and provide adequate training for staff as most were very new to working on issues in this state, especially issues relating to women and HIV/AIDS.

[Paper ID:176]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Mobile, communication systems, sms, alienation, synergy

Authors (speaker underlined):

Järvi, Iina Eeva-Riitta; Jokinen, Ilmo; Vuorinen, Kari

Title:

MOBIIIIAPU – mobile help project helps the most vulnerable people

Abstract:

The Mobile Help project's goal is to offer easy and quick access to information about things that have a positive effect on the lives of people using injected drugs and others in the most vulnerable life situations, by using applied mobile technology. Utilizing text messages in this form is a groundbreaking social innovation. Almost everyone in Finland has a mobile phone and the easiness, cost-effectiveness and anonymity of the sms service lower the threshold to take contact. The service will not completely replace personal guidance, but it works as an excellent addition with other services.

In the future Mobile Advice service will cover the entire Finland

The project's goal is to develop the communications system services, for example sms content-wise, and by using the service the constantly diversifying needs of different target groups can be met. The service is used to enhance the quality of the preventive measures aimed at harm caused by drug abuse, and also to spread information to the target groups in most vulnerable positions.

During the project, the service will be expanded to cover the entire Finland. This way it will reach places where previous services have not been able to. Additionally, it will be easier to reach customers belonging in the target groups and the equality of all the customers in the nation will increase.

Simultaneously, the actors working with people on the verge of alienation or with those in the need of a particularly sensitive approach will benefit of the Mobile Advice service in their activities. In future different actors will be able to use the same communications system platform, which will create many synergy benefits, informational and expertise-wise, and also economical.

The information gathered from customers' experiences by using the new service can also be utilized in educational and research needs.

[Paper ID:406]

Session: C04

Drug Consumption Sites: Politics and Research

Location: Room 1B, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

supervised injecting centres, politics, advocacy

Authors (speaker underlined):

Jauncey, Marianne; Schatz, Eberhard

Title:

Politics versus public health and supervised injecting centres in 2010

Abstract:

It is fourteen years since the first official supervised injecting centre opened in Bern, in 1986. Now located in 8 different countries around the globe, including 2 outside Europe, their benefits and cost effectiveness have been documented in peer reviewed scientific journals along with an absence of harm. Traditionally set up in areas of concentrated public drug use, SIF's have been shown to improve public health and public amenity - specifically they can;

- Reduce overdose deaths
- Reduce hospital admissions and ambulance callouts
- Increase numbers in D&A treatment services
- Decrease syringe sharing
- Decrease public injecting as well as publicly discarded injecting equipment
- Make contact with those most at risk
- Be cost saving
- Have no effect on drug related crime,
- Have no effect on relapse rates for ex IDUs

Yet their presence remains, in many places, a politically sensitive issue subject to much media scrutiny. Indeed some remain at risk of closure still. This presentation, on behalf of the International Network of Drug Consumption Rooms, will discuss the context of SIF's globally, look at different political reactions to their establishment and ongoing service provision, discuss those sites most at risk and what strategies have been employed to increase support, and provide some insights into any country considering introducing such a service.

[Paper ID:608]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Legal Aid Services for Drug Addicts and PWLHAS

Authors (speaker underlined):

Jinlong, Gui; Jiaojiao, Huang; Jiang, Wu; Nillasca, Rosemarie

Title:

Legal aid services for drug addicts and PWLHAS in Kunming, Yunnan Province, China

Abstract:

To explore how to maintain the human rights of vulnerable groups like drug addicts and PLWHAs by providing trainings of laws and policies. From June to December 2008, the Global Fund Yunnan Project on Legal Aid Services for drug addicts and PLWHAs developed in Law School of Yunnan University, drug-relief reformatories and Chunyu Community. The project in cooperation with Office of Narcotics Control Commission, Detention Drug Addiction Treatment Center, Health Education in Kunming. There are 300 target beneficiaries in drug-relief reformatory including management and staffs, PLWHAS and 100 drug addicts

The target population is 300 people in drug-relief reformatory, management staff, drug addicts and PLWHAs included and another 100 drug addicts and PLWHAs in community rehabilitation center. Developed training materials, provides legal trainings and services and raised policy proposals.

There are more than 10,000 drug addicts under rehabilitation. Not only the drug addicts but also the management and staffs, security police and medical care staff in the drug-relief reformatories need legal training, especially the training on human right awareness. And the legal trainings are also needed for drug addicts in communities.

Developed Legal Aid Service place to provide legal services for drug users and PLWHAs services like interviews and consultation. Conducted legal training on narcotics control and HIV/AIDS prevention in drug-relief reformatory; there are 250 drug users trained, provided consultancy for 55 drug addicts. Provided legal training on narcotics control and HIV/AIDS prevention and the protection of human rights in Chunyu Community, Kunming and consultancy services for 35 drug addicts and PLWHAs.

[Paper ID:282]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Methamphetamine users, Reproductive health risks, access to health screening

Authors (speaker underlined):

Jiraporncharoen, Wichuda; Angkurawaranon, Chaisiri; Aramrattana, Apinun

Title:

Reproductive health risks and access to reproductive health screening in methamphetamine users in Chiang Mai Women Correctional Institute

Abstract:

Background: The most prominent type of drug used among inmate is methamphetamine, reported around 50%. Methamphetamine use has also been associated with multiple negative health risks and outcomes. Although screening services are offered, with limited resources and most local guidelines suggesting that screening starts at the age of 35, no information on access to such services has ever been documented in the Institute.

Objectives:

1. To survey reproductive health risks associated with Methamphetamine use
2. To compare access to HIV testing and PAP smears among users and non-users.

Methods: 200 female inmates volunteered for structured interviews conducted by inmate volunteers. Data from 50 volunteered were selected for analysis by randomization.

Results: 64% of inmates had a history of methamphetamine use. 60% of users are less than 30 years of age. The average age of first use is at 21. 43 % started before the age of 19. Almost half (47%) reported having used another type of illicit drug. When compared to inmates without a history of methamphetamine use, they reported higher risk in many reproductive health domains. The average age at first intercourse was younger (16.8 yrs VS. 18.4 yrs). The proportion of inmates who had more than 3 sexual partners was higher (37.5% VS. 11%). Similarly, the proportion with more than 3 pregnancies and abortions were also higher in methamphetamine users. (40% vs 20% and 64% vs 40% respectively). In terms of access, users had less access to both HIV testing and PAP smears. Both interventions were accessed by 18.8% of users compared to 27.8% in non-users.

Conclusion: Inmates with a history of methamphetamine use have multiple reproductive risks but their access has been restricted due limited services and age restrictions by local guidelines. Screening services should be considered by risk rather than age.

[Paper ID:360]

Session: C34

Innovative Approaches to Reducing Non-Viral Health Harms

Location: Room 1B, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

ECG, methadone, cardiac abnormality, screening.

Authors (speaker underlined):

Johnstone, Linda; Cox, Deborah

Title:

ECG screening for clients in drug treatment

Abstract:

The publication of the "Drug Misuse and Dependence UK guidelines on Clinical Management" (2007), identified the potential relationship between high dose methadone prescribing and long QT complex (Torsade de Pointes) (TdP). In response to this, in July 2008, Wirral Harm Reduction Unit developed a pathway with the Heart Support Centre to examine the extent of the problem locally. The screening pathway specifically targeted long-term drug and alcohol users, including those individuals on high dose methadone (>100mls) and those with a history of prolonged excessive use of alcohol or cocaine.

The initial six-month audit found that 1 in 3 opiate users screened for TdP had some electrocardiographic abnormality including ischaemic heart disease, first degree heart block and QT prolongation. The age group screened was predominantly aged between 25 and 40 which is particularly significant as this group would not normally be screened for electrocardiographic abnormalities.

The ultimate aim is to prevent long-term health problems and provide early identification and treatment of potential illness. By screening for TdP the initiative can consequently improve care, help save lives and encourage lifestyle improvements when clients see irrefutable evidence of detectable disease.

Although the numbers are small the level of cardiac abnormality is concerning and warrants further exploration. There is potential to develop screening throughout drug services as in this small group the abnormalities appear frequent especially taking account the age range. Drug and alcohol users often struggle to access mainstream health care and in the course of this pilot welcomed the opportunity to address their health concerns. So long as there is a robust pathway with clear responsibilities for action the screening programme could be replicated in any primary care setting.

Linda Johnstone & Deborah Cox

Wirral Drug Service

Harm Reduction Unit

October 2009

[Paper ID:289]

Session: M09

Responsible Hospitality: Reducing Harm in the Nightlife Economy

Location: Room 11, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

alcohol, drinking environments, harm reduction

Authors (speaker underlined):

Jones, Lisa; Hughes, Karen; Atkinson, Amanda; Bellis, Mark A

Title:

Reducing harm in drinking environments

Abstract:

Background: With authorities often stretched to manage intoxication and related problems in busy drinking environments, understanding which interventions are most effective in reducing alcohol-related harm is critical. A systematic review was conducted to examine the effects of interventions implemented in drinking environments on a range of harms, including alcohol consumption, under-age alcohol sales, violence and road traffic crashes.

Methodology: Systematic review based on a literature search of 10 databases including Medline, PsycINFO, ASSIA and other sources. Two reviewers independently assessed studies for inclusion against the following criteria: published since 1990, examined an intervention delivered in a drinking environment targeting individuals or licensed alcohol serving outlets, with the aim of reducing harm associated with alcohol consumption. Intervention studies of any design were eligible for inclusion.

Results: The literature search identified 39 studies; 12 studies examined interventions targeting servers or patrons in drinking environments, nine studies examined police enforcement interventions and 19 studies examined multicomponent community-based programmes. The methodological quality of the included studies was variable according to the study design used, and in general the methodological quality of the included studies was inadequate. The clearest indication of effectiveness resulted from multicomponent programmes. In particular, across three well-designed and implemented programmes, which combined community mobilisation, responsible beverage service training, house policies and stricter enforcement of licensing laws, there was evidence that these programmes were effective in reducing assaults, traffic crashes, and underage sales. The effectiveness of other intervention approaches was limited.

Conclusions: The findings of the review indicate that there is growing evidence that effective delivery of multicomponent programmes in drinking environments can reduce alcohol-related harm and consequently costs to health services, criminal justice agencies and a range of other public services. However, further research is required to assess the transferability of evidence about multicomponent programmes in drinking environments to other settings.

[Paper ID:850]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Art of helping, education, training,

Authors (speaker underlined):

Jourdan, Michael

Title:

Harm reduction philosophy and the art of helping

Abstract:

Harm reduction philosophy and the art of helping

Background: A central facet in harm reduction philosophy is placing the locus of control with the user. The user is not a passive recipient. The Staff and the programme offer means and framework for reduction of harm, but cannot ensure improvement or decide the time frames involved. Stabilization, reduction of risk behaviour, betterment on meaningful parameters or long term recovery can happen, but decisions and responsibility ultimately rests with the user. Where does this leave the helper? The methodology of providing help on these terms is not well described.

Methods: Interviews and workshops with Danish nurses and social workers with long experience from low threshold programmes have been conducted and analyzed.

Conversations with users on what makes help helpful have further contributed. A review of relevant literature deemed relevant and inspirational for the task at hand has been undertaken.

Results: A number of themes of importance have crystallized: Respectful communication in micro-situations where much can be won and everything lost, individualized and flexible responses, a keen eye for individual zones of proximal development, building trustful relationships, meeting users on equal terms, accommodating reciprocity of giving, non-judgemental recognition of the challenges and choices of clients, an understanding of the difficulties of changing image of the self and making new relational and situational interpretations, handling ambivalence and contradictions in a serene, appreciative and qualified way. Results have been published in a book in Danish.

Conclusion: Though difficult, it is feasible to describe and make explicit central themes in the art of helping relevant to the provision of harm reduction. The results of this research can perhaps inspire or contribute to the curriculum in training programmes and in the harm reduction academies, which have evolved recently.

[Paper ID:961]

Session: M01

Young Drug Users: Emerging Drugs and New Trends

Location: Room 1A, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

service delivery, young people, policy

Authors (speaker underlined):

Frimpong, Allen Kwabena; Kallas, Chantale

Title:

Youth-centered treatment: having youth at the center of harm reduction

Abstract:

Goal- To raise awareness of harm reduction service models for youth and to promote the expansion of these services through capacity-building and policy change internationally.

Background Information – In the international fora there has been a profound statement made about having the need of the inclusion of young people in the harm reduction/drug policy movement and addressing their needs, but universally there has not been a clear definition on what youth centered services mean, how this aligns with harm reduction, what are the best practices for these youth service programs, and specifically how are their needs addressed holistically around their drug treatment and what are the policy implications of current service access & utilization.

Objectives –

- 1) To identify the sub-populations of young people most affected by drug use, and how their drug use is connected the kinds of drugs they use, how they use them, and the environment in which they use them.
- 2) To establish guidelines for age-appropriate harm reduction services for youth internationally by using youth development theory, and the UN conventions of the rights of a child as a foundational framework.
- 3) To analyze country-wide case study models of harm reduction services to emphasize the importance of using a multi-faceted/holistic approach to address young people's issues.
- 4) To provide specific policy recommendations that will allow for best practices for youth obtaining access to these services.

[Paper ID:753]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

monitoring, client, behavior, change, Tajikistan

Authors (speaker underlined):

Karimova, Nasiba; Tanina, Marianna

Title:

Improved methodology for client behavior monitoring

Abstract:

This paper presents the results of Central Asia Regional HIV/AIDS Program initiative which aimed to build capacity of local NGOs to monitor behavioral changes of their clients in the two regions of Tajikistan. Such initiative is undertaken for the first time in the Central Asian region and is intended for further replication.

The methodology which NGOs previously used for client behavior monitoring (CBM) resulted in socially-desirable answers due to direct behavioral questions prone to bias; and the analysis of "MIS" data to assess patterns of service use only provided a proxy indicator of safer behavior.

Given the difficulties with the original approach, the improved methodology on CBM involved a combination of more feasible data-collection tools, which complement each other and allow triangulation of data from different sources:

- periodic assessment of risk behaviours among a random selection of clients using modified question formats;
- analysis of patterns of service use by clients (using "MIS" data) to identify shifts in risk behaviors;
- periodic in-depth interviews among selected clients to better understand the dynamics of knowledge, attitudes, social influences and behaviors among clients, as well as how these are linked to the use of services.

Proposed modified approach relies on the principles of utility, validity and feasibility meaning NGOs consider this methodology useful to collect behavioural data among their clients, because it helps them understand the HIV (and other) risks of their clients, and helps them provide better services that meet the needs of their clients; implementation of the method provides valid information, and the methodology is feasible to implement it.

Piloting improved CBM methodology by NGOs has significantly improved organizational potential. It helped to create preconditions for service provision improvement; it allows NGOs to focus on long-term results.

[Paper ID:760]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Focus group discussion [FGD], Injecting drug users [IDU]

Authors (speaker underlined):

Karmacharya, Ujjwal; Pun, Anan; Rai, Subash; Aryal, Rajesh

Title:

Nepal: survey among harm reduction services

Abstract:

Background

In 2009, Recovering Nepal, a network of people who use drugs in Nepal, conducted a survey among drug services in 15 districts of Nepal. The purpose of this study was to comprehend the perspective of people who use drugs and the quality of harm reduction service interventions.

Methodology

The study used the 'purposive sampling' where 681 respondents are interviewed. Harm reduction services, crucial IDU hot spots, and the India-Nepal open border were observed which provided useful insights in understanding the various aspects of drug dynamics and cultural practices of DUs and service providers in the district.

Results

Findings showed that the widespread drug for IDUs was in a 'set' - which is a cocktail of injecting pharmaceuticals. Respondents reported of severe injection related infections and injuries. With rapid population growth and urbanization, drug use was moving to semi-urban, highway and rural areas where access to services was minimal. With few exceptions, harm reduction services were not regarded by IDUs as highly accessed. New and improved model of harm reduction service should be developed to confront the epidemic and special mechanisms should be in place to cater services in holidays and strike as risk behaviors can significantly increase in such period.

Conclusion

The study recommends that national harm reduction policies and programs should be based on ground realities and needs identified. There is urgent need for services to be scaled up. However scaling up is not the only answer, the services also have to be sustainable, of good quality and accessible to the target population, especially to those who are economically marginalized. The 'quality' of drug is also an important issue to consider. The risk is not just on sharing needles, but the drug itself. Quality of drug should also be taken into consideration when devising harm reduction interventions.

[Paper ID:329]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Prisoners, family, HIV, drug, education

Authors (speaker underlined):

Kasraei, Farzad; Afshar, parviz; Aliakbari, Hamidreza

Title:

Education of prisoners' family members for HIV and drug prevention in Iranian prisons

Abstract:

About 66% of prisoners in Iran are incarcerated due to drug related crimes.high risk behaviors such as drug injection may be performed by prisoners who tend to use drugs. Their families members are also vulnerable and sometimes under pressure for providing financial support for maintaing drugs that the prisoners use inside prisons.

Educating families will have several benefits including shifiting this pressure to prisoner for stopping use of drug and being covered with drug treatment services inside prisons. On the other hand it will beneficial for HIV prevention and also will prevent leading new family members to drug use.

Setting: Several methods for education and information has been used for achieving this aim in Iran prisons.In addition to face to face counsellings, special family members classes have been formed before the regular visits of prisoners with their family members.Different multimedial tools have also be utilized for this purpose.

Then family needs has been assessed and by recruiting an expert team and establishment of a data bank of families,education for family membres besides staff and manegers of prisons , considering the local socio-economical level and cltural seetings have been performed.

30 sessions for manegers, 90 sessions for staff and 900 sessions for family members have been organized.

After just a few month it was obvious in prisons that educations were performed that prisoners tend more to be included in drug treatment services, family members were more satisfied with service of prisons and manegres had less complains about fights inside prisons.

[Paper ID:914]

Session: M18

The Use of Anabolic Steroids and Related Drugs

Location: Room 11, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

steroids, doping, performance enhancement

Authors (speaker underlined):

Broers, Barbara; Jackson, Yves; François, Anne; Ohl, Fabien; Kayser, Bengt

Title:

Developing a harm reduction response to the use of anabolic steroids: Geneva, Switzerland

Abstract:

The prevalence of performance enhancing drug (PED) use appears to be rising in Switzerland. In 2007-2008 there was an 80% increase in customs seizure of anabolic steroids (ASs) while that of psychotropic substances remained stable.

Based on a survey, clinical case reports and anecdotal information from health professionals, the prevalence of AS use for body building purposes can be estimated at 0.25-0.50% of the adolescent and adult population in the canton of Geneva. The majority of ASs is obtained on a black market. AS users do not use the local syringe exchange or safe injection facilities. Unsafe injection practices exist, but the extent of the health burden is difficult to size since most of AS use remains hidden.

In Switzerland harm reduction approach for drug use is accepted by 2/3 of the population. In elite sports Swiss national policy is that of zero-tolerance and public opinion is shifting towards increased rejection of performance enhancement in elite sports, contrasting with a more relaxed position with regard to PED use in amateur and outside sport.

Although the state health department addresses the issue of AS use at intervals since the nineties, repeated efforts to develop a structured approach to improve general monitoring of PED use and provide low threshold access to health care for users have been unsuccessful so far because of several barriers: absence of well identified and recognised leadership, lack of political and financial support, poor knowledge of the size and the needs of user's populations, no model of an effective intervention, and insufficient general public and political awareness. Seen the partly illegal nature of PED use, presence of key-informants seems essential. We are presently working with users willing to share their knowledge in preparation of low threshold access to monitoring, harm reduction and care.

[Paper ID:287]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Needle exchange, One Hit Kit, change in injecting practice, paraphernalia

Authors (speaker underlined):

Kelly, Jennifer

Title:

One hit kits: changing injecting practice?

Abstract:

Action 15 in the Hep C Action Plan Phase II for Scotland states "Improvements will be made in terms of the 1) quantity 2) quality and 3) nature of provision."

One initiative which contributes to all 3 points of this action has been the development and introduction of One Hit Kits to all Injecting Equipment Providers in Greater Glasgow and Clyde. These kits are sealed packs containing all the paraphernalia that is required for a single injection (excluding water) to discourage the re-use of needles and paraphernalia. The packs contain the innovative Filter syringe which is a 1ml syringe with an in-built filter in the cap, a disposable spoon/cooker, a swab and citric acid. Our aim was that if a client opened a pack for a needle they would have instant access to a filter, cooker and citric and would hopefully be more likely to use them. An instruction leaflet was produced and all staff distributing the kits were trained to show clients how to use them.

An evaluation of the kits is being conducted in Oct/Nov 09 and we will present results at the conference. Preliminary results from a small sample show that:

- 100% of clients feel that it encourages safer injecting practices
- all reported their injecting practices had changed in a positive way
- 80% report that they are more aware of the risks of infection from the re-use of equipment.

One client stated " Due to these packs I now only use clean needles from the packs provided"

Following the introduction of the packs we have seen a 20% increase in needle distribution over a 5 month period. At the conference I will present the results of the full evaluation including case studies and if time permits video footage of clients experiences.

[Paper ID:955]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

PIED, needle exchange, Hep C

Authors (speaker underlined):

Kelly, Jennifer

Title:

Evaluation of new PIED's clinic in Glasgow

Abstract:

The recent Advisory Council on the Misuse of Drugs report, 2009 investigating the primary prevention of Hep C among injecting drug users noted that it was important to "recognise the potential risk of HCV transmission among people that inject performance and image enhancing drugs (PIEDs) such as anabolic steroids".

Glasgow Drugs Crisis Centre (GDCC) operates a 24/7, 365 day Needle Exchange. The numbers of those attending the centre that are injecting PIEDs range from 25% to 50% of the total. Anecdotally these numbers appear to be increasing. A once weekly pilot clinic aimed specifically at NEX attenders who use PIEDs was developed. The 6 month pilot clinic operating from the GDCC opened on Tuesday 17th Feb 2009. It is open from 6-10PM on Tuesday each week. Posters have been sent to all gyms, health clubs, GPs, CATs and health food shops.

A new innovative "glasses case style" steroid pack has been specifically designed to be more appealing to this group and is distributed from the clinic and clients are directed to their nearest local pharmacy for further supplies. All staff have received specific training and relevant PIED harm reduction material is available. The main aim of the clinic is to increase awareness within the steroid using community of the need to use clean injecting equipment and to avoid the transmission of BBVs and other related infections. Advice will be given on Hep A and B vaccinations and on Hep C testing and other health issues specific to this group.

An evaluation of the 6month pilot period has been carried out and we will present the findings at the conference. Initial findings show that 98% would use the service again, 72% have changed their injecting practice and 64% indicated that their knowledge of BBV's had increased following a clinic visit.

[Paper ID:259]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

the next generation, peer workers, peer education, harm reduction

Authors (speaker underlined):

Kelsall, Jenny; Brogan, Damon

Title:

The next generation of peer educators - where are they?

Abstract:

Australia has received international acclaim for averting an HIV/AIDS epidemic among injecting drug users (IDUs) due to its prompt implementation of harm reduction initiatives e.g. Needle Syringe Programs and funded Drug User Organisations (DUOs). Australia's early response to HIV/AIDS emphasised the importance of the involvement of affected communities, including IDUs. Harm reduction initiatives drew from the IDU community for their staff and 'peer workers' were employed on the basis of their experience of injecting drug use, rather than in spite of it.

Twenty years later, the situation in Australia looks very different. The Howard Government's (1996-2007) Tough on Drugs Strategy fostered a reliance on law enforcement in response to illicit drug use together with drug prevention and abstinence focused models. Although harm reduction programs survived, many were seriously under-resourced, particularly in the face of the hepatitis C epidemic, and shaped by a newfound conservatism and professionalism.

Although professionalism has its benefits, the preference for applicants with tertiary qualifications and professional status operates at the cost of those with IDU status and experience-based competencies. The entry points which once afforded drug users access to employment in the harm reduction sector have largely gone. In 2010, DUOs are among the few organisations which openly employ 'peer workers'; consequently, positions of this nature are keenly contested, which again precludes newcomers from entry to the harm reduction workforce. In keeping with the aging nature of heroin users, peer workers in Australia also constitute an aging cohort.

If we are serious about reducing the size of the hepatitis C epidemic and preventing a resurgence of HIV among IDUs, we need to invest in the next generation of peer educators. A major re-focus on peer education and on building the capacity of young IDUs to educate themselves and each other about safer drug use is essential.

[Paper ID:261]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

hepatitis C, alternative models of treatment, drug user/consumer involvement

Authors (speaker underlined):

Kelsall, Jenny; Brogan, Damon

Title:

The role of peers in treatment for hepatitis C

Abstract:

Injecting drug users (IDUs) are the group most affected by hepatitis C (HCV) in Australia. Despite increasing evidence that IDUs can achieve similar rates of sustained virological response (SVR) from treatment as non drug users, many clinicians remain reluctant to treat IDUs and few take up the option of antiviral therapy.

The authors report on an innovative pilot program for IDUs in Melbourne which combined access to drug treatment and pharmacotherapy with access to HCV screening, assessment & treatment. The 'one stop shop' model provided access to a wide range of onsite staff & services and peer involvement was one of the unique features of the model. The State Drug User Organisation, Harm Reduction Victoria (HRV) played a key role in developing the inclusive model & a peer worker operated as a member of the multidisciplinary team.

The involvement of a peer worker meant positive gains for both clients and clinicians. Clinicians reported that the peer worker complemented their medical services by providing much needed practical and social support; clients reported user friendly access and the empowering experience of peer support and active involvement in their own treatment and care. Drug user involvement contributed to improved communication between parties and enhanced client engagement and retention in antiviral treatment.

The pilot program demonstrated the potential benefits when drug users have a voice in the design and delivery of testing and treatment for hepatitis C. It indicated that appropriate models, which are responsive to clients' needs, are required in order to attract and accommodate drug users into antiviral therapy.

The authors conclude that a range of alternative treatment models including peer-based models have a place in expanded HCV treatment services.

[Paper ID:980]

Session: C15

Integrating Harm Reduction Into Medical Practices

Location: Room 11, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

narcology clinic, injection risk, training programs, NGO, joint project

Authors (speaker underlined):

Khalabuda, Liliya; Albert, Zaripov

Title:

One step to integration of harm reduction into narcology clinic in Kazan, Russia

Abstract:

Specialists of NGO "Prevention & initiative" represent experience to integrate some components of harm reduction programs into official narcology clinic in Russia (Kazan).

Official narcology clinic in Kazan is the place, where significant number of drug (heroin) users receive treatment. Most of them start to use drugs again.

But during the treatment patients are open to discussion of their problems. 7-10 days of the treatment are the best time to give them information about reducing the risks of injecting drugs.

The main aims of our work were 1) to carry out harm reduction trainings for patients of narcology clinic. 2) to receive support of harm reduction ideas among the staff of narcology clinic.

After the negotiations with the physicians we chose 2 trainings "Blood transmission infection. How to reduce injection risk " and "Prevention of overdose".

Trainings "Blood transmission infection. How to reduce injection risk " was successful. 124 patients took part. There were many questions and useful discussion.

But we could carry out only one Training "Prevention of overdose". The reaction of the physicians was negative. We compelled to stop this training.

After the discussion of the lessons of this one training we understand our mistakes. First of all it must be careful selection of participants. Secondly physicians must be involved in working out training programs.

Now the specialists of NGO and the physicians of narcology clinic planned to realize the joint project "Integration of harm reduction training programs for patients into narcology clinic"

[Paper ID:637]

Session: C19

Introducing Harm Reduction in the Middle East and North Africa

Location: Room 1A, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Funding, IDU, HIV, National response, evidence based

Authors (speaker underlined):

Khan, Adnan; Khan, Ayesha

Title:

Evidence-based design of the IDU component of the national HIV response in Pakistan

Abstract:

Aims:

HIV response in Pakistan entered its 2nd 5 year phase in 2009. HIV prevention services, including for IDUs were implemented by NGOs using government funding. Lessons from the first phase were used to redesign the program for its 2009-13 period.

Methods

Considerable data from the experience of the first phase included estimates of number of IDUs in major cities and details of program operations and costs. City-wise estimates were used to extrapolate the total number of IDUs anticipated in large cities (those with >200,000 population).

A 3-phase process was used to determine the unit cost of interventions including those for IDUs. First, detailed datasheets were developed about costs of current interventions in terms of personnel, commodities and overheads. These costs were then applied to an idealized model of services to be delivered (to control for previous underperformance) based objective evidence and international experience and verified for program content in consultations with the implementers. The model included syringe exchanges via drop-in centers and mobile outreach, basic health and wound care, some detoxification and VCT. Pharmacologic substitution therapy remains illegal in Pakistan and was not included except as a pilot. The costed idealized model was then re-verified against regional data by an international costing specialist and was found to be valid. Finally the unit cost was multiplied by the total number of IDUs in large cities in each province to arrive at the total program costs. Government administrative cost for oversight of these projects was calculated as per actual government salary and overheads structures.

Results:

USD 205/IDU/year was determined for NGO costs. This included 42% management and 63% commodities costs. Government oversight costs were approximately 17% in addition to NGO costs.

Conclusion:

We present a realistic and transparent methodology for designing HIV responses using objective evidence.

[Paper ID:600]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

female sex workers, effectiveness, fsw

Authors (speaker underlined):

Khan, Ayesha; Khan, Adnan Ahmad

Title:

Effectiveness and coverage of HIV interventions for FSW in Pakistan

Abstract:

Pakistan's HIV epidemic is concentrated among MARPs. NGOs implement HIV interventions for FSWs in 5 cities using government funds. Effectiveness and coverage of these interventions are described.

Methods: National HIV bio-behavioral surveillance data were used to measure effectiveness of interventions by 1) comparing intervention and non-intervention cities and 2) within the intervention cities, by comparing behaviors from before the intervention to at least 2 years into the intervention. Coverage was measured by comparing the supply of condoms with their demand. Citywide demands were calculated for 1) FSWs registered with NGOs and 2) total surveillance estimated FSWs for that city.

Results: NGOs served 11,765 FSWs; meeting 9% of condom demand for all registered FSWs and 6% for all estimated FSWs in these cities. Coverage varied widely in individual cities and amounts to about 2% for all FSWs estimated for the country.

HIV prevalence remains undetectable in all cities among FSWs. FSWs from intervention cities reported fewer monthly partners (18 vs. 25), higher condom use with last commercial act (51% vs. 43%), more frequent HIV testing (12% vs. 4%). All differences had $p < 0.001$.

Within cities that have interventions, condom use with last commercial sex remained mostly unchanged in Multan (35% to 39%) and Karachi (50% to 55%) and decreased in Lahore (68% to 47%) from 2006 to 2007. Paying clients reduced for Multan (41 to 34) and Lahore (30 to 21) but not for Karachi (17 to 20).

There were 229-327 FSWs per ORW and <15% of all FSWs had received VCT. Interventions were budgeted at USD 8-29/SW/year.

Conclusions: FSW programs underperform significantly and require considerable improvement in quality and coverage. Outreach, counseling, condom supply and VCT require improvement. Enhancing program efficacy may be prioritized before increasing coverage but both should be addressed before the epidemic catches up with FSWs in Pakistan.

[Paper ID:777]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Practice track

Authors (speaker underlined):

Khan, Salim; Rabbani, Shamim; Hossoin, Furkan; Ahasan, Dr.G.U

Title:

Capacity building can bring sustainability and desire changes of the implementing organizations to prevent HIV/AIDS among high risk population

Abstract:

Topics: Training /Capacity Building

Keywords: Practice track

Capacity Building can bring sustainability and desire changes of the implementing organizations to prevent HIV/AIDS among high risk population

Salim Khan, Shamim Rabbani, Sajeda Begum and D.U Ahasan

Issue: HIV transmission through injecting drug use and sex workers could be a major cause of concern for Bangladesh. To protect the high risk populations and the most vulnerable population targeted interventions need to undertake. Effective and quality implementation of the activities needs to be ensured which requires trained and motivated human resources. Currently there is a huge gap in such human resources for carrying out the qualitative prevention activities.

Setting: The capacity building activities started in April'2008 under the GFATM project Building and Strengthening the Technical and Institutional Capacities of Government, NGOs and Implementing Partners under James P. Grant School of Public Health (JPGSPH), BRAC University in Bangladesh. The participants were mainly Government and non government management officials to address sustainability of the HIV prevention activities .The James P. Grant School of Public Health consortium implemented numerous capacity building activities under GFATM -913 package within 13 months period.

Process: Design and develop capacity development program through conducted a situation analysis, need assessment study workshop/sharing meeting on TOR among 312 participants , mapping exercise in 95 upazilas through developed 5 training modules (on HIV/AIDS, Prevention of HIV/AIDS among street, Hotel and Resident based Sex Workers, Injecting Drug Users, Support & CARE of people living with HIV/AIDS) The methodologies were open discussion interaction, power point presentation, shared case study and displayed video show etc.

Outcomes:

Developed a number of skilled human resources, various tools, training modules, standard operating procedures for services to PLHA. These human resources, materials and documents will help effectively the service providers, program managers, policy planners in planning, and designing and delivering high quality services to the vulnerable population.

[Paper ID:817]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Female Injecting drug users [FIDU]

Authors (speaker underlined):

Karki, Anjani; Kharel, Alisa

Title:

Women and harm reduction

Abstract:

Issue

The epidemic of HIV and HCV linked to injecting drug usage is still explosive in Nepal. Nepal has HIV epidemic that is driven by injecting drug usage and jump starts the epidemic into the female Injecting drug users [FIDU]. Sharing of syringes and needles and unsafe sex can introduce the virus into this community.

Setting

The number of FIDU is increasing all over Nepal. Center Bureau of Statistic [CBS] has estimated that there are 3500 female drug users and 61.4 percent of them are IDUs. They have a high prevalence of HIV/AIDS and in addition to their unsafe injecting and high-risk sexual behaviour has contributed to an overall increase in HIV & HCV infection among them

Project

The project run by and for FIDU is a peer driven project is based on an in-depth study that has been conducted in 15 districts of Nepal which provides a synthesis of Nepal's drug situation identifying immediate problems and needed public health interventions. The project is important step in the process to empower FIDU and mitigate negative consequences of drug use including blood borne infections. This project is a monumental step forward in providing information to create an enabling environment towards universal access to harm reduction interventions for female drug users in Nepal.

Outcome

Evidences show that with some exceptions, essential services such as needle syringe exchange, residential drug treatment, OST and drop-in centers were regarded as not well accessible by female drug users. The epidemic has a female face: key stakeholders expressed that in all regions; more than 80 percent of female drug users remained hidden from current services. This gender gap calls for further analysis and identification of service models targeting women and girls, which would help establish best practices for interventions that target female drug users.

[Paper ID:192]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HR Strategy; young people; Addiction ,MMT; opioid-related disorders.

Authors (speaker underlined):

Khodabandeh, Farideh

Title:

Methadone maintenance therapy (MMT) as a harm reduction strategy in young people

Abstract:

Dr. F- khodabandeh

Center of drug addiction education and treatment (MMT center), loghman hospital, shahid Beheshti University

Dr. A.R- kahani

forensic Medicine Organization , Tehran , Iran

S-kahani

Medical student

Aim . To survey success of Methadone Maintenance Therapy (MMT) for young opium addicts.MM center

1. Methods. During the period June 2007 - august 2009, 100 young opiume users, between 20-30 years old were studied in MMT center, Loghman hospital, Tehran. Participants underwent a screening interview in which data on sociodemographic factors, duration, dose of opium use; behavioral changes; job & family problems. Follow-up visits at the study clinics were scheduled at 2 years intervals and included a personal interview eliciting detailed information on behaviors in the years before, use of health care services. According to the MMT treatment they underwent, remarkable changes were in the behavior and Provenance of drug – use seeking. Retention rates were %10 in the all participants age between 20-30years old. The criterion of the treatment success was according to: abstained from opium within these 2 years, coming back to work, seeking general treatment for physical health, abstained from use soft drugs and alcohol.

Results . After methadone therapy, only a %30 participant abstained from opium for more than 2 years, 60% abstained from opium but continued to use soft drugs and alcohol,80% gotten general and special treatments consequence of opioid-related disorders (denture replacement , hepatitis/AIDS follow up, others).

There was a statistically significant relation between behavior changes as a consequence of harm reduction and therapeutic method (methadone maintenance therapy)

Conclusion . Treating young opium addicted in a MMT for harm reduction associated with HR and generally results improvements in health care access.

Key words: HR Strategy; young people; Addiction ,MMT; opioid-related disorders.

[Paper ID:245]

Session: C13

Harm Reduction and Human Rights

Location: Room 1A, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

“War on Drugs” ,Rights violation ,Draconian drug laws, Cooperation,Dialogues

Authors (speaker underlined):

Khongbantabam, Rajesh

Title:

Human rights bodies must defend drug users

Abstract:

Issue:

Harm reduction is not only about drug use services. But perhaps most importantly, it's about Humanrights. In an attempt towards drug free society, majority of civil organizations, Humanrights agencies remained mute over privacy invasions on Drugusers' and their families, permitted by “War on Drugs” launched by various anti-drug organizations & law enforcers.

With innumerable rights violation in Manipur, Armed-groups in their enthusiasm to draw accolades decreed that drug dealers be exterminated, and users' be shot in their legs. Not to be left behind, many anti-drug organizations also sprang up, beating, tonsuring the heads and humiliating users by coercing them to confessed, late published in the local paper along with their photos. While, law enforcers exploit draconian drug laws, arresting unlawfully without incriminating substances, citing NDPS Act unjustifiably, disregarding standard due process extorted parents of Drug users. With the amount negotiated for releasing, many complained of offering drugs by in detention to accept false charges, silencing mistreatment complaints. What is happening on the ground? Too many Rights' agencies have remained mute spectators to these gross violations of Drugusers' basic rights.

Dialogues and cooperation between Harmreduction and Humanrights communities is vital, subjecting to conflicting influences from various civil and armed organizations. Rights Protection must be an integral part of any Harmreduction strategy. What could Humanrights do to defend the interest of drug users? Apparently, the Harmreduction is interested in cooperating with Humanrights. But why would the Humanrights be interested in such cooperation? Deprived, Drugusers' have legitimate claim to protective services of the Humanrights community. Further, the “War on Drugs” contributes to Rights erosion of the majority in addition to the Drugusers' group. If the Humanrights community wants to counteract this erosion, it has to attack its root phenomenon. But will the various Rights agencies be willing a part of this endeavor?

[Paper ID:249]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Activist stance,Human rights commission ,MANDU,Drugusers' activism, Patient's outlook

Authors (speaker underlined):

Khongbantabam, Rajesh; Aheibam, Sunil

Title:

An activist stance; a long walk to justice in the court of human rights commission for cutting off supply of buprenorphine daily doses

Abstract:

Issues: Enforcing zero tolerance policy is the standard norms of all armed groups operating in Manipur based on extreme principles of Maoism. Pumping bullets, publishing self-clarification with photos under coercion in Newspaper is the usual rituals of insurgents in a cleansing effort towards socialevils.

Amidst this scenario, many Anti-drug organisations spring up, widely perceived as the frontal organisation of extremists. Drugusers' were rounded up. Drugusers' goes underground, while few enrolled in substitution to shield this onslaught from legal perspectives. Harmreduction implementers remain aloof evading confrontational attitudes. When enrolled participants in substitution programme are being picked up for interrogation, it's time to organise ourselves, forming a powerful network. Positive outcomes were MANDU, formed for the primary purpose of advocacy. However, buprenorphine providers "SASO" cut off daily doses of MANDU functionaries accompanied with threat to MANDU members for not falling in line with their perceived fear of interest conflict or being upstaged by a Drugusers' network comprising wholly of patients.

Results:

- Petitioned the state Humanrights commission for justices, uninterrupted supply of doses.
- Memorandum highlighting grievances, pleading justice forwarded to all concerned authorities, stake holders and drug users' organisation including activist such as Bill Nelles, Andrieu efthimeu, VANDU,HRW etc,
- Predicaments were informed through various e-listserve and e-forums.

Outcomes:

- Received encouraging words not to be cowed down.
- Attracted the global eyes implying that the rights violator felt their acts of being watched.
- Supported by MNP+, doses were supplied in make shift manner.
- Able to observe the IDU days, supported by MNP+, NEIHRN & SACS.

Conclusion: Finally, justice delivered by the Humanrights' commission to retain buprenorphine from the early providers'. Management of the providers moved out. Concept of drug users' activism was redefined from a patient's outlook. International forums necessitates relevant development, where vociferous Drugusers' converge, shared experiences.

[Paper ID:1012]

Session: C20

Law in Action: Legal Aid for People who Use Drugs

Location: Room 3, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

IDU, online aid,

Authors (speaker underlined):

Khrunova, Irina

Title:

On-line legal aid to Russian drug users

Abstract:

Issue: As various surveys show, only 5-10% of those permanently or temporarily living in the Russian Federation are aware of even some of their legal rights. In addition, most cannot afford the services of qualified attorneys. This is especially applicable to injecting drug users (IDUs) and their families.

Description: To address IDUs' lack of legal knowledge and access to legal support, we created a free online resource. It is a website through which anyone can ask legal questions and receive an answer from a licensed attorney. These questions and answers are then filed away in a searchable database for future use. Lawyers at www.hand-help.ru advise the site's visitors on how to avoid making serious and consequential legal mistakes. All consultations are legal and are done in accordance with the Russian law.

Process and Outcomes: The target audience of the site is IDUs who have encountered problems with civil, criminal and administrative systems. Criminal offenses persist, usually connected to consumption of drugs. Families of drug users also frequently turn to the site. They ask questions about the criminal process, often about the use of evidence. We also receive questions about abuses of police and court powers, as well as the official drug user registry.

Lessons: Russia's tough punitive drug laws make their access to qualified legal help a necessity. Such legal help is the only way to ensure protection of IDUs' rights. The anonymity of the internet makes this a particularly appealing resource for IDUs, who often shy away from turning to attorneys for fear of rejection, and because they cannot afford their services. This grassroots legal aid model has proved a success, with hundreds of hits every week. Answers from our site have also been passed on to those who are incarcerated.

[Paper ID:234]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Harm reduction, cultural movement, Vietnam, law enforcement, drug use

Authors (speaker underlined):

Khuat, Thu Hong; Nguyen, Thi Van Anh; Bui, Thu Huong

Title:

Harm reduction and “clean” society - Can Vietnam have both?

Abstract:

Background/Objectives

The HIV epidemic in Vietnam remains largely concentrated among IDUs. This has prompted the State to develop a systematic programme and policy response to the ‘problem’ of illicit drug use. These are organized around harm reduction initiatives along with a generally punitive and repressive approach aimed at implementing sweeping measures designed to control supply and demand. A fundamental question raised by this situation is how to make a harm reduction policy intervention work sustainably while drug users are still routinely being excluded and stigmatized by both society and its laws. This paper will examine the view of some key informants inside Vietnam concerning the sometimes contradictory workings of harm reduction as a policy strategy alongside the punitive drug policies put into practice. This places a question mark over the validity of harm reduction measures in a ‘clean’ Vietnam.

Methodology

Twenty key informants representing different stakeholder organizations in Hanoi were recruited to participate in the research through snowball sampling technique. Data were collected through unstructured interviews.

Study Results / Conclusions

Thematic analysis showed that the changes in awareness and attitudes of local government leaders have been evident in increased attempts to expand harm reduction programme coverage. However, the inconsistencies between drug and social policies were considered the most challenging to the implementation and sustainability of the programme at the grass root level. Respondents suggested various ways to lift this barrier. A more comprehensive set of behavior change communication (BCC) activities with more emphasis on the cultural aspects of the effort to reduce drug related harm was perceived to be the most feasible solution.

[Paper ID:697]

Session: M18

The Use of Anabolic Steroids and Related Drugs

Location: Room 11, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

performance-enhancing drugs, anabolic steroids, doping control

Authors (speaker underlined):

Kimergård, Andreas

Title:

The use of performance-enhancing drugs in Denmark: addressing a public health issue through anti-doping programmes designed for elite sport

Abstract:

In 2005 following political demands, Anti Doping Denmark (ADD) was given the task of conducting an anti-doping programme in public and commercial gyms with the aim of curbing the use of performance-enhancing drugs (PEDs). Now the general public with no association to organized elite sports could be subjected to 'doping control'; i.e. if selected for drug testing they have to provide a urine sample for testing, and, in the case of a positive test (i.e. reflecting use of PEDs, e.g. anabolic steroids), or failure to provide a sample, they would be banned from using these gyms. This approach along with prohibition (including the criminalisation of those possessing the drugs for personal use) dominates attempts to prevent and reduce the use of PEDs within the general population. Apart from a counselling service (by e-mail or telephone) operated by ADD no other harm reduction programmes exist. However, this limited approach stands in contrast to some of the more progressive strategies towards reducing drug-related harm in Denmark, such as that involving opiate use.

In this presentation I will present an overview of Danish policy towards PEDs and draw on examples from other countries. How does the Danish model work and what is the effect on the health impact on PED users? A discussion based on these questions will seek to underpin how use of PEDs within the general population in Denmark is viewed through 'a lens of sport' overshadowing health needs of individuals and preventing harm reduction programmes in this user group.

[Paper ID:899]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Immigration, meditaors, stigma, empowerment, stustainability

Authors (speaker underlined):

Kimil, Ahmet; Wienold, Matthias; Salman, Ramazan

Title:

Intercultural help with drug addiction (ISH) empowers cultural minorities

Abstract:

Background

The integration of minorities is a challenge to immigration societies. Across Europe legal, cultural and language barriers exist restricting access to drug addiction services. Also acceptance of these services among cultural minorities appears to be low. Harm reduction policy frameworks take note of specific needs in these populations. There is a need to identify projects appropriately addressing the obstacles posed by discrimination and stigma of substance-abusers and harm reduction based services within cultural minorities.

Method

In Hannover, Germany, a sustainable trans-cultural approach to health education in socio-culturally marginalized populations was developed. Bilingual, well integrated immigrants are trained to provide and evaluate community group sessions (CGS) in their mother-tongue. The model has been expanded to provide education on substance-abuse, harm-reduction, hepatitis and patient rights (Interkulturelle Suchthilfe, ISH). Evaluation is based on bilingual questionnaires and feedback in continued education.

Results

276 mediators were trained (>60 nationalities and ethnicities). 323 CGS were conducted in 31 languages. 6646 individuals were reached (50% Russian, 35% Turkish, 10% Kurdish, 5% Arabic and 3% French). 30% personally knew an addicted person. 80% had little general knowledge of addiction and would not talk to their family members. Mediators report that addiction is seen as a moral weakness. Turkish participants blame "bad friends" - Russians blame a "lack of hard policing". Users are marginalized and ostracized. Lessons learned are now included in the aids&mobility project and transferred to six countries, where similar issues exist.

Conclusion

The mediator approach should be further expanded and best practice models need to become standard recommendations. Empowerment of minorities to engage in health education and in reporting is key to improve access to and effectiveness of services. Additional research needs to be directed at migrants making use of services in their countries of origin.

[Paper ID:614]

Session: C20

Law in Action: Legal Aid for People who Use Drugs

Location: Room 3, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Drug users are human beings.

Authors (speaker underlined):

Kiwi, Pfiriael; Ukuta, Bernard; Mlekang'ombe, Gideon Wilson; Ngowi, Janeth Franklin

Title:

Drug users deserve more than criminalization and prosecution; let's face it

Abstract:

Issue.

New opportunities for harm reduction; human rights, security, development and health.

Setting: Dar es Salaam; the major commercial city of Tanzania. Young people are the hardest-hit; HIV Prevalence being 31.5% (2004) and 42% (2006).

Key argument:

The project purpose is "To promote and protect the human rights of drug users through direct health and treatment services, legal support, mobilization of key stakeholders to raise awareness and reduce stigma associated with drug use."

Notably; legal system in our country does not recognize addiction as a disease. Criminalization is key and stigma around drug using is highly rampant. The project's legal portion entailed awareness creation on addiction as a disease that deserves treatment and that drug users are human beings with right to security and health. We provide legal support, confidence building, advocate for alternatives to imprisonment, reduced stigma, referrals for health care, counseling and HIV testing, treatment of STIs, TB, absences etc.

Outcomes:

- Building confidence and reducing stigma by escorting drug users who have been arrested but they are out in the community on bail (22) and reporting to the primary magistrate courts for hearing of their cases.

- Those Referred for:-

- o Counseling and HIV testing (70)

- o Anti-retroviral Treatment Services (14)

- o Sexually transmitted Infections treatment (7)

- o Legal advice (29)

- Key stakeholders sensitized and are continuously collaborating with us in this 'right-based' approach:

- o Faith Based Leaders (11)

- o Local government Authority leaders (27)

- o Law enforcement Agency officers (30). These being Police, primary court magistrates, primary court councilors; popularly known as Wazee wa Baraza.

- o Other NGOs and CBOs (10).

[Paper ID:750]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

lesbians/bisexual women, homophobia, discrimination, distinct support needs, qualitative research

Authors (speaker underlined):

Knox, Sherilyn

Title:

What's sexual orientation got to do with it? Engaging lesbians and bisexual women in harm reduction strategies

Abstract:

Methods:

This groundbreaking qualitative MA thesis study explores harm reduction within the context of social exclusion due to discrimination against gay people, and the interlocking relationship with problematic drug use. The data were derived from nine in-depth interviews with women in Western Canada who self-identify as lesbian or bisexual, and who recognize their own drug use as problematic.

Background:

Lesbians and bisexual women in the United Kingdom, Canada and elsewhere continue to be underserved as a distinct population with regard to receiving support for drug-use related problems. While research, policy, and practice in the field of substance use treatment and addictions place increasing emphasis on diversity in the design of support services, this study indicates that women of minority sexual orientations are not adequately consulted in harm reduction policy and programming. As a response to a disregard for the human rights of the subject population, this study uncovered support needs identified by lesbians/ bisexual women who participated in the research.

Findings:

Many vitally important and previously unexamined questions are addressed: Do lesbians and bisexual women feel included and represented in available harm reduction initiatives? Do barriers exist in accessing support services? What models of support effectively reduce harm for this population?

During the poster presentation the researcher provides illustration and discussion of these critical questions, with a focus on themes of discrimination, resistance, and support. Findings indicate that lesbians/bisexual women absolutely do require distinct harm reduction strategies and supports to mitigate the effects of discrimination. Experiential data shared by participants provide compelling evidence that may lead service providers and scholars to improve the health, human rights, and social needs of this population. Recognition of the effects of social exclusion and awareness of distinct needs provide the foundation for innovative and pragmatic support strategies for the audience to take away.

[Paper ID:482]

Session: C05

Route Transition Interventions: Public Health Gains from Preventing or Reducing Injecting

Location: Room 4, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

injecting, non-injecting, route transition intervention

Authors (speaker underlined):

Kools, John-Peter

Title:

How an entire generation of injectors switched to non-injecting; the Dutch experience on promoting the transition away from injecting 1990 - 2009

Abstract:

This presentation will provide an overview of experiences in The Netherlands with promoting route transition away from injecting. It will describe autonomous trends among opiate and stimulant users from injecting towards non-injecting drug consumption in the early 1990s. This trend in the drug using community was initially recorded in 1992 and became the basis for a range of health interventions to promote route transition away from injecting.

The presentation will describe the context of injecting drug use behavior in The Netherlands, environmental conditions, public health responses and a range targeted interventions in order to stimulate and facilitate route transition away from injecting. A range of health interventions and social marketing methods were used to strengthen existing developments of transition (e.g. explicit instruction materials, community outreach work, peer support work, a video with testimonials of former injectors). A key element in the inventions was the availability and provision of aluminum foil.

Immediate and long-term health and social benefits were an important motive for drug users to switch away from injecting. Transition to non-injecting provided also significant additional self-management opportunities.

By the end of the 1990s the development was nearly complete. Within a couple of years an entire generation of drug users made a sustained behavioral change on an area that was earlier not considered amendable to intervention: the mode of drug administration.

A combination of full range of health interventions (OST, NSPs, consumption rooms, community outreach, peer support, social marketing etc.) can lead to significant individual and public health benefits. Promoting route transition may be a significant innovation in the prevention of BBVs, overdoses and other injecting related harm and provide an additional health strategy in developed countries like The Netherlands, but also in other regions in the world that are currently facing high or rising rates of injecting prevalence.

[Paper ID:869]

Session: C23

Cannabis Normalisation: Cross-National Perspectives, Evidence and Implications

Location: Room 4, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

normalization, cannabis

Authors (speaker underlined):

Korf, Dirk

Title:

A Dutch perspective on cannabis normalization: testing the limits of the concept

Abstract:

In the Dutch drug debate, the concept of normalization has been used in two ways. Firstly, the normative definition relates to drug policy. In the 1980s, the Dutch government aimed at social integration of drug users, in particular socially marginalized groups such as heroin addicts, into society. In recent years, the focus has shifted towards de-normalization: drug use, including cannabis use, should be perceived as 'normal'. Young people in particular should be de-motivated to start using drugs. Citizens are stimulated to inform the police about neighbors growing marihuana. Thousands of illegal marihuana cultivation sites have been dismantled by the police in recent years. A zero-tolerance policy has been implemented at large scale party's ('raves'), and visitors are not allowed to bring drugs, including cannabis into the venue.

On the other hand, in the academic discourse, normalization reflects a sociological description and interpretation of developments in (the meanings) of drug use. The use of cannabis in particular has become less important in social distinction among young people; it has developed into only one of many aspects of lifestyle and identity – along with, for example, music preference, clothes and gadgets.

Normalization as a social process appears to develop relatively spontaneously and rather independent from national drug policies. It might be argued that a normalization policy is neither a prerequisite for, nor that it guarantees a social process of normalization. It appears that a policy that aims at de-normalization is deemed to dry up in moral rhetoric.

[Paper ID:447]

Session: M13

Harm Reduction for Producer Nations? Farmers' Perspectives on the War on Drugs

Location: Room 1A, 2010-04-29, Start: 09:00,End: 10:30

Keywords:

farmers, production, supply, Burma, Afghanistan

Authors (speaker underlined):

Kramer, Tom

Title:

Harm reduction for producer nations? Farmer's perspectives from Burma and Afghanistan on the war on drugs

Abstract:

Format

Tom Kramer will interview farmers and/or local organisations that represent them from Burma and Afghanistan. These will be people with whom he has established a long-term working relationship.

Issue

Over many decades developing, producer nations have been subjected to intense crop eradication and law enforcement initiatives, ostensibly to protect consumer nations from 'drugs' and 'addiction'. They have borne the brunt of the war on drugs: the violence and corruption that has followed the creation of the criminal market; indigenous and cultural traditions have been trampled and traditional growers and peasant farmers have been branded as criminals.

Setting

Farmers in Burma and Afghanistan have experienced decades of conflict. This has greatly contributed to cultivation of opium poppy. Many live in poverty, with the threat of violence and the destruction of their subsistence crops ever present, and with little hope of development.

Key arguments

Alternative drug policy options on the demand side have received great attention in international drug policy debate, and consumers have been able to voice their concern in various platforms. On the production side this has hardly been the case. Until now farmers growing opium poppy have not have a voice in this debate.

By interviewing people with first hand and on the ground experience, I will show that there is an urgent need to develop a comprehensive harm reduction approach for production and supply-side issues. A number of principles of a harm reduction strategy for the production side will be introduced, which should be guided by a development and rights based approach, rather than by law enforcement and repression as is now the case.

Topics will include armed conflict, crop eradication, alternative development, human displacement, indigenous peoples rights, and the, often disparate, attitudes to specific crops and to drug use.

[Paper ID:722]

Session: C06

Insights from Qualitative Research

Location: Room 12, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

HIV/AIDS, injection drug use, neo-liberalism, stigma, qualitative research,

Authors (speaker underlined):

Krüsi, Andrea; Small, Will; Callon, Cody; Wood, Evan; Kerr, Thomas

Title:

"Because I've been extremely careful": responsibility, HIV and the neo-liberal drug-using subject

Abstract:

Background: There has been growing interest in the relationship between dominant neo-liberal discourses focused on individual responsibility and self-care, and the relationship of these discourses to HIV-related stigma among injection drug users (IDU). Drawing on critical theory we examine how some HIV-positive IDU engage with discourses of individual responsibility.

Methodology: We conducted 28 semi-structured qualitative interviews with HIV-positive IDU who seroconverted within two years prior to the interview. All interviews were thematically analyzed, with particular emphasis placed on participants' accounts regarding how they acquired HIV. The focus of the present analysis is on the 6 out of 28 participants who reported that they had acquired HIV through a needle stick injury.

Results: Participants who attributed their HIV infection to a needle stick injury stated that it had either occurred accidentally in handling used syringes of other IDU, or was inflicted intentionally by an intimate partner, a healthcare professional or a stranger. References to immorality and social deviance were prominent in many participants' conceptualizations of HIV acquisition. To invoke a responsible and rational self, participants constructed their identities during the interview as responsible social actors by differentiating themselves from the 'irresponsible' behaviour of other injectors. Thus, participants both resisted and accommodated the neo-liberal discourse of IDU as responsible actors.

Conclusion: Participants' accounts highlight some of the harms of the current neo-liberal conceptualization of IDU as responsible and rational actors free to choose health. Participants' rejection of personal responsibility for HIV infection exemplify how a decontextualized understanding of HIV can further inscribe HIV-related stigma by assigning blame for irresponsible behaviour to those living with the disease. This carries important implications for harm reduction strategies by highlighting the necessity of couching HIV prevention strategies within policies and programs that acknowledge and alleviate the social and structural inequities experienced by IDU.

[Paper ID:625]

Session: C32

Drug User Networking

Location: Room 3, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

community advocacy, media campaign, substitution therapy

Authors (speaker underlined):

Kucheruk, Olena

Title:

A "return ticket" for people who use drugs: media/advocacy campaign to promote OST in Ukraine

Abstract:

Opioid Substitution Therapy (OST) with buprenorphine started in 2004 and with methadone in 2008 in Ukraine, but still there are many opponents and obstacles that prevent better access of people who use drugs to OST programs as well as limited scale-up and quality of existing programs. Potential OST patients, OST patients and their parents are the key players who advocate for OST in Ukraine and in other countries.

"Return Ticket" information campaign was launched in 5 cities of Ukraine in the end of 2008. This campaign promoted tolerance to people who use drugs and advocates for access to OST programs in Ukraine.

The campaign was multi-component: it comprised outdoor advertising tools: hundreds of big boards were posted outdoors in 5 cities of Ukraine, web site "Zapytay! (Ask)" www.zpt.in.ua - ZPT is a acronym for OST and "ask" in Ukrainian, and press-tours for journalists. The web site offered credible and comprehensive information on OST; it was created and maintained by IDUs, some of them are OST programs clients. Leading national experts, lawyers, human rights advocates, OST clients and their parents provided on-line consultations. Forum discussions were a part of web site services.

A series of press conferences, press tours to OST sites for journalists as well as the briefing with the Ministry of Health around the AIDS International Day were held. The press events resulted in a large number of printed, Internet and video coverage at national channels (examples could be presented during an oral presentation) that helped to make public sentiment more positive.

What made the campaign successful:

- it was conducted by IDU community;
- a unique example of public and business partnership when important public health information advertisements were produced and disseminated by advertising professionals for free;
- the MoH supported the campaign;
- considerable positive media coverage.

[Paper ID:660]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

conservative cultural ,stigma,discrimination,criminalizing,Human Right

Authors (speaker underlined):

Kusnendi, Sandi

Title:

Reducing conservative cultural paradigm of society that caused stigma and discrimination to drug user

Abstract:

According to the Principals of UN Charter, recognizes equal right of human beings is the foundation of the world peace, freedom and justice. But in reality, stigma and discrimination of health, law and education access is still happened to DU by government and society. Drug Policy is criminalizing, marginalizing and addressing Human Right Violation to DU until now.

Data of DU in Indonesia from 1997 to 2008 is about 1705.535. In 1997, the number of DU was about 899 and in the 2008 was 44.599 means the number of DU in Indonesia has increased to be 513% (Data of National Narcotic Board, January 2009).

Bandung is capital city of West Java-Indonesia is still adhering conservative cultural perspective. The religion and traditional leaders is the one of main agents who preserves stigma and discrimination to criminalize DU.

Harm Reduction Program in Bandung is not yet running well. People paradigm is still discriminate DU. PANAZABA is DU/PLWHA community in Bandung, fight for DU right, built the strong alliance to student organizations and communities to do joint campaign such as mass action, hearing and lobbying to government and art show. Our campaigns are:

1. International Human Rights Day, theme "Stop Violence against the DU by the State".
2. International Sick People Day, theme "Access to Health Care for DU".
3. Hearing to government institution or community groups is to provide Human Rights consciousness which has related to drug issue.
4. Organizing musical sympathy for the youth community, theme "Drug User Decriminalization"

We have a strong alliance to Human Right Organization, expert, academicians, law practitioners, lawyers, physicals, physiologists, criminologist and etc. Who fight together against stigma and discrimination to DU. Most of society in Bandung has begun to understand that DU is victim not criminal who should get health access not prison

[Paper ID:155]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV, harm reduction, advocacy, prisons services, human rights

Authors (speaker underlined):

Larisa, Pintilei; Veaceslav, Toncoglaz

Title:

Examples of adequate influence over changes in national policy on harm reduction programs in Moldovan prisons

Abstract:

Issue: Moldova is one of the few countries that managed to achieve great success in HIV prophylaxis and preventing AIDS epidemics in the country. Starting 2005, Moldova has its National program, including legal framework for HR programs. But it wasn't always like that and the results were not easy to come by...

Setting: First HR programs in Moldova were implemented in prisons. The first pilot project started in 1999. The main problem was to get permission for implementing the pilot project in prisons, due to absence of legal framework covering HR practices.

We managed to get permission for anonymous research, aiming to establish the fact of drug use in prisons and availability of sterile instruments. The results were stunning!

Key Arguments: We presented the results of the research to the Director of Penitentiary Department, and we got the permit to start the pilot project in the prison we made the research in. After one year, based on the results, we were allowed to spread our HR projects to other prisons, including needle exchange and condom distribution. The implemented HR practices proved to be efficient, resulting in significant decrease in new cases of HIV, HVC and HVB. HR projects started implementing outside the prison walls.

Results: The state had to admit the efficiency of harm reduction practices. As the result, there was developed and approved the National policy on HIV/AIDS prophylaxis in the country.

Conclusions: As experts in the domain, we might notice that many countries are willing to implement such projects, but they lack an appropriate legal framework to do so. Our example intends to show that the situation can be changed just by proving that the problem exists and providing ways out of it, adducing strong arguments to sustain HR programs.

[Paper ID:472]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Human Right, Advocacy, Drug Policy, Decriminalisation, campaign

Authors (speaker underlined):

Lasut, Octavia Vivi

Title:

Public dialogue and media campaign has been used to support drug user right advocacy

Abstract:

ISSUE

Drug user (DU) Criminalization by Drug Policy No.22 and No.5/1997 is impacted to large number of DU who get caught by police, Human Right violation; Physical, psychology, extortion and sexual harassment which happened to FDU oftenly, stigma and discrimination by government institution, society and family, lack access of resources; Health, law, education and work field, lack quality of health services related to addiction in the prison, less number of rehabilitation especially for women,HIV and Hepatitis infection among IDU is increasing by year (PANAZABA Torture Documentation 2009)

SETTING

Bandung, a capital city of West Java – Indonesia has about 6811 .number of HIV cases which 50% among them was contributed by IDU. Most of our society has conservative paradigm to face drug situation. It preserves stigma and discrimination besides the Drug Policy who put DU as criminal is addressing Drug User to be hidden population and unwilling to have health access.

PROJECT

PANAZABA is the only one Drug User Organization in Bandung, West Java who concern on Human Right Issue related to Drug User and advocacy to change Drug Policy, stimulate critical consciousness by following action; Audience to Criminal Justice System, Government Institution, Network to Rehabilitation Centers, involve mass media;in each DU campaign and advocacy, litigation, Public Dialog, mass action and media campaign, Organize DU to be the agent of change of this situation.

OUTCOMES

Public Dialog had good attention from Health and Social Department, Criminal Justice System, Society and media attention during a month. Three days after, Chief of Provincial Police gave the statement to Mass media that Drug User should be sent to Rehabilitation to recover her/his addiction and Drug dealer or trafficker should be given heavily punishment in the jail". It's covered and published by several mass Medias in front of hundreds of student of Moslem School, religionist, society figure and official.

[Paper ID:779]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

medically, supervised, injecting, overdose, hypoxia

Authors (speaker underlined):

Latimer, Julie Louise

Title:

Conundrums from a Medically Supervised Injecting Centre

Abstract:

One of the primary functions of the Sydney Medically Supervised Injecting Centre (MSIC) based in Australia is the identification, early intervention and clinical management of drug overdoses.

The MSIC has successfully managed nearly 3000 opioid overdoses without a single fatality, intervening with oxygen, airway management, and intramuscular naloxone where necessary. Yet particular overdose scenarios continue to present clinical dilemmas for MSIC nursing staff.

Most clients experiencing low oxygen levels (hypoxia) secondary to opioid overdose display decreased levels of consciousness, reduced respiratory rate and pin point pupils. However a small number present with agitated & bizarre behaviour, such as barking or whistling or even manic symptoms. Others become verbally and physically abusive. This creates difficulties for staff who must ensure any hypoxia requiring treatment is identified early. Difficult and hostile client behaviour also means negotiating treatment with the client is a challenge.

There are also uncommon presentations by clients who suffer frequent and serious overdoses at the MSIC, yet who do not respond to any measure put in place to reduce their overdoses risk. A typical case would be a long term unstable drug user with episodic drug detoxification, chaotic benzodiazepine and heroin use, along with repeated prison admissions for drug related crime. Increasingly dangerous drug use is typical upon release from prison or detox, and while psychiatric assessments show risk of suicide is low, clearly accidental risk of overdose death is high. Multiple interventions from staff have not influenced pattern of overdose. So how do staff assist a client to use more safely whilst operating from a low threshold service?

Such clinical conundrums are faced regularly by MSIC staff, and highlight the need for targeted training to facilitate management of varied drug overdose presentations. This paper presents interventions implemented at the Sydney MSIC, and possible solutions to assist other staff.

[Paper ID:773]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

benzodiazepines, guidance, drug users, International physicians group

Authors (speaker underlined):

Law, Fergus Daniel; Ford, Chris

Title:

The trouble with benzodiazepines in drug users: a review of the literature with suggestions for clinical guidelines

Abstract:

Issue: There is a lack of clarity about how best to use benzodiazepines in drug users. Internationally there are marked differences in opinion on the best course of action, but guidance in this area is in high demand. In this paper we will review the evidence and guidance for use and non-use of benzodiazepines by people who use drugs, discuss our own collective experience and that of our patients, and share international guidance informed by discussions of the International Doctors for Healthy Drug Policies (IDHDP).

Setting: Clarity in this area is important as benzodiazepine use by illicit drug users, particularly opiate users, crack users and people in methadone maintenance treatment is very prevalent, and now forms the largest group of users and can cause major problems. Research shows that methadone maintenance patients using non-prescribed benzodiazepines have been reported to be taking higher methadone doses, exhibiting more HIV/HCV risk-taking behaviour, engage in greater poly-drug use, and have higher levels of psychopathology and social dysfunction.

Project: Differing views has created much polarisation between physicians in the IDHDP. Unfortunately there is relatively little high quality research on benzodiazepine use in drug users. In this population much of current practice is based on opinion rather than evidence, and benzodiazepines tend to be seen as the 'bad guys' and often not used at all. A review of the evidence indicates that their use may be of benefit in selected users, provided they are used cautiously and treatment is carefully monitored and managed.

Outcomes: We will present a strategy to help guide clinicians and others interested in harm reduction, informed by the views of the international physicians from the IDHDP.

[Paper ID:818]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

SMT, Substitution maintenance treatment, Ukraine, procurement, GFATM

Authors (speaker underlined):

Lebega, Oleksandr

Title:

SMT procurement in Ukraine. Current status and improvement strategies.

Abstract:

Issues:

It's planned to have 20,000.00 patients on substitution maintenance treatment (SMT) by the end of 2013 in Ukraine. 4719 people were getting SMT in October 2009. ICF "International HIV/AIDS Alliance in Ukraine" (AU) is the only institution in charge of SMT procurement in Ukraine. No domestic production of SMT drugs established yet and no state budget allocations made to secure provision of SMT medications. Procurement scheme is completely dependent on outbound suppliers. It's very complicated and time consumptive. Procurement planning of SMT drugs is also difficult because it's overregulated by the Ministry of Health. Stock taking system of SMT drugs is currently under development and requires significant improvements. Reliable SMT procurement system shall be established urgently in order to satisfy needs of rapidly growing SMT Program which will be covering at least 8000 patients in 160 treatment sites all over Ukraine by the end of 2010.

Settings:

Ukraine is one of the most affected by the HIV epidemic countries in Europe. Official statistics provide 204.5 per 100,000.00 HIV/AIDS prevalence rate as at June 1, 2009. This epidemic is concentrated and driven primarily by the injection of opiates.

Programs:

National HIV/AIDS 2009-2013 Prevention Program is embodied into Ukrainian Law #1026-VI from Feb. 19, 2009. It envisages 20,000.00 SMT patients by the end of 2013, but no state budget allocations made yet to cover SMT procurement attributable to this Program. GFATM Rd. 6 supported Program and SUNRISE USAID supported Project are external sources which will be covering Ukrainian SMT procurement needs in 2010.

Outcomes:

AU is improving its SMT procurement system. AU together with SMT stakeholders encourages Ukrainian State create own capacity to cover needs of rapidly growing up SMT which recognized as an effective tool to fight opioid dependency and HIV epidemics in Ukraine.

[Paper ID:682]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV, HCV, injection, surveillance, trends

Authors (speaker underlined):

Leclerc, Pascale; Morissette, Carole; Roy, Élise; Alary, Michel; Parent, Raymond; Blanchette, Caty; SurvUDI Working, Group

Title:

High HIV and HCV incidence among IDUs in the province of Québec

Abstract:

Background: Since 1995, the SurvUDI network monitors HIV and HCV prevalence and incidence and associated risk behaviours among injection drug users (IDUs) across the province of Québec and the city of Ottawa (Canada). IDUs having injected recently (past 6 months) are recruited in harm reduction and health programs. Trends in HIV and HCV incidence and syringe "sharing" are examined here.

Methodology: Participants provide informed consent, complete an interviewer-administered questionnaire and give saliva samples for anti-HIV and anti-HCV antibody testing. Through a unique identifier, the multiple visits of an IDU (repeater) are linked and incidence measured. Trends were analysed using the bootstrap method.

Results: As of June 30, 2008, 11 240 IDUs had completed 19 911 interviews. Overall, 73.6% were males; median age of males: 34 years and females: 28 years. At baseline, 87.1% had recently injected cocaine and 47.4% had recently injected opiates. Recent use of syringes "previously used by someone else" decreased significantly from 43.4% of participants in 1995 to 25.4% in 2007 ($p < 0.001$). HIV prevalence was 14.3% (1995-2008; 95% CI: 13.7-15.0%) and incidence, 2.9 per 100 person-years (1995-2008; 2.5-3.2 per 100PY; 265 seroconversions among 2767 initially HIV-negative repeaters). HCV prevalence was 62.8% (1997-2008; 61.3-64.4%) and incidence, 27.0 per 100PY (2003-2008; 24.3-29.7 per 100PY; 383 seroconversions among 862 initially HCV-negative repeaters). Co-infection rate was 13.0% (2003-2008). From 1995 to 2006, HIV incidence significantly decreased ($p < 0.001$). From 1997 to 2006, HCV incidence remained stable ($p = 0.427$).

Conclusions: In Québec, where IDUs favour cocaine, high HIV and HCV rates are observed among IDUs and syringe sharing is frequent. The decreasing trends in HIV incidence and syringe sharing offer hope but the stable HCV incidence trend is worrying. Implemented harm reduction programs must be strengthened and new approaches developed to further lower risk behaviours and curb both epidemics among IDUs.

[Paper ID:692]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

cocaine, opioids, injection, trends,

Authors (speaker underlined):

Leclerc, Pascale; Morissette, Carole; Roy, Élise; Alary, Michel; Parent, Raymond; Blanchette, Caty; SurvUDI, Working Group

Title:

Trends in drug used by IDUs in the province of Québec – 2003 to 2008

Abstract:

Background: Since 1995, the SurvUDI network monitors HIV and HCV prevalence and incidence and associated risk behaviours among injection drug users (IDUs) across the province of Québec and the city of Ottawa (Canada). IDUs having injected recently (past 6 months) are recruited in harm reduction and health programs. Drugs used by participants from 2003 to 2008 are examined here.

Methodology: Participants provide informed consent, complete an interviewer-administered questionnaire (covering the past 6 months) and give saliva samples for anti-HIV and anti-HCV antibody testing. The multiple visits of an IDU are linked through a unique identifier. For this analysis, drugs were categorised as cocaine/crack, opioids (mainly heroin, Dilaudid, morphine, OxyContin) and others.

Results: From 07/2003 to 06/2008, 3850 IDUs completed 6186 interviews. Overall, 76% were males (median age: males: 37 years; females: 31). Prior to their last interview, 69% had most often injected cocaine/crack and 28%, opioids. However, 88% had injected at least once cocaine/crack and 56%, opioids. In addition, 79% had used cocaine/crack at least once without injecting and 40%, opioids. From 2003-2008, the overall popularity of cocaine/crack and opioids injection has remained stable. However, heroin injection has been reported by less IDUs (from 40% to 20%) while more reported Dilaudid and OxyContin injection (28-42%; <1-15%). Crack smoking has increased (2003: 55% of participants; 2008: 68%) while non-injection use of cocaine (48-40%) and opioids (39-34%) decreased. In all regions, cocaine/crack injection clearly predominates. Dilaudid was the most commonly injected opioid everywhere except in Montreal where heroin was slightly ahead.

Conclusions: In Québec, cocaine/crack is used by most IDUs. However, many also use opioids, by injection or otherwise and changes among opioids are observed. Data describing this dynamic situation help harm reduction and health programs adapt their interventions and develop new ones.

[Paper ID:139]

Session: M05

Tobacco Harm Reduction: Healthier So Why Not Acceptable?

Location: Room 3, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

Tobacco harm reduction, snuff, cancer, heart disease

Authors (speaker underlined):

Lee, Peter; Hamling, Jan

Title:

Snus as a virtually safe alternative to smoking: a review of the evidence

Abstract:

Recently conducted systematic reviews of the overall epidemiological evidence have shown that use of snus (Swedish snuff) is not associated with any significant increase in the risk of any major type of cancer. Claims of a possible effect on pancreatic cancer are weakly based. The lack of evidence relating snus to oral cancer suggests that "snuff-dipper's lesion", rapidly reversible on cessation, is largely irrelevant to health. Updated meta-analyses show no increased risk of ischaemic heart disease or stroke incidence associated with snus use. While evidence related to other health endpoints is in some cases quite limited, and more studies would be valuable, the available data also seem consistent with the conclusion that any health effects of snus are minimal compared to those of smoking. This presentation will summarize the key data relating snus to major health endpoints, as well as evidence on snus use as a possible gateway to smoking initiation or smoking cessation. For smokers unwilling or unable to forgo their nicotine, snus seems a very much safer method of nicotine delivery.

[Paper ID:293]

Session: C23

Cannabis Normalisation: Cross-National Perspectives, Evidence and Implications

Location: Room 4, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

cannabis, law reform, normalization, research, politics

Authors (speaker underlined):

Lenton, Simon

Title:

An Australian perspective on cannabis normalization: the backlash against progressive policies: recriminalization of cannabis use in Western Australia

Abstract:

Issue: After 5 years of an evidence-based prohibition with civil penalties (infringement notice) scheme introduced in 2004 in Western Australia (WA) by a Labor government, the election of the Liberal (conservative) Government in 2008 has led to a return to criminalization of minor cannabis offences with cautions for first offenders possessing less than 10 grams who attend a mandatory intervention session.

Setting Under the Cannabis Infringement Notice (CIN) scheme the possession of up to 30 grams of cannabis or cultivation of 2 non-hydroponic plants was illegal, but adults apprehended could avoid a criminal conviction if they paid a fine or attended a specified education session within a 28-day period. Annual prevalence of cannabis use declined from 17.5% in 2001 to 13.7% in 2004 and 10.8% in 2007.

Key Points: Since before the introduction of the CIN scheme, the Liberal Party said the infringement notice scheme would send the 'wrong message' to young people that cannabis was a 'soft drug' and result in more use. Despite the evidence that cannabis use declined, community attitudes to cannabis became less positive, and more than two-thirds public supported the civil penalty scheme, the recriminalization of cannabis became inevitable with a change of government. The paper will consider the impact of: cannabis as a mental health issue; the role of the media; the notion that 'cannabis is not the same drug as it used to be'; problems with the implementation of the CIN scheme; the role of 'political champions'; and politicization of the cannabis law issue to help understand the recriminalization of cannabis in WA.

Conclusions – While there is no evidence of a public groundswell for recriminalization, politics and the media's framing of the issue have trumped evidence in the debate.

[Paper ID:66]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Harm Reduction, mental illness, education

Authors (speaker underlined):

Linnell, Michael; Holland, Mark

Title:

The Out of Your Head Guides

Abstract:

We set out to produce a series of harm reduction guides aimed at people who use drugs and have experienced severe mental illness, as no such harm reduction resource existed. The project also had the aim of legitimizing the practice of harm reduction within mainstream psychiatry.

We used qualitative research methods with patients inside Acute and Intensive care NHS psychiatric units in Manchester, England. We took an ethnographic approach to the research in locked wards. I became an honorary member of staff to gain access and worked with the Consultant Nurse in Dual Diagnosis (who was doing this as part of a Ph.D). We conducted over 70 in-depth interviews with patients in and out of the hospital who used a variety of drugs and were mainly diagnosed with psychotic type illnesses. The guides feature a variety of stories based on the interviews ranging from a homeless speedballer who has friends who are angels, through to a young woman isolated by her mental illness who finds that a group of ecstasy using clubber's are the only people who accept her as she is.

They were intended to be user friendly and on the side of drug users but also honest about the relationship of mental illness and drugs. Despite being banned by the original funders (for reasons they have still yet to inform us of) they won the NHS North West Innovations award, were runners up in the NHS National Technology Awards, have been produce in other countries and as an e-learning resource and were chosen as part of the ongoing HELPER study (a randomized control study into early detection of psychotic symptoms).

The highly visual presentation will describe the research and production process, and discuss the reactions and outcomes of the project.

[Paper ID:72]

Session: C30

The Internet and Harm Reduction

Location: Room 12, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

I-phone, education, virtual cocaine

Authors (speaker underlined):

Linnell, Michael

Title:

Is there an app for everything? Harm reduction and the i-Phone

Abstract:

The I-phone has heralded a technological revolution in the way we receive information, with one of the biggest selling points being the thousands of applications available. Apple even use the slogan 'Apps for everything' - however, there is no app for harm reduction - not yet anyway.

A collaboration between Lifeline (a drug charity in the North of England) and Peter 'Magic' Johnson (a Belfast film maker and viral marketer) has led to the development of the first harm reduction app for the I-phone. The 'fake' app produced by Peter allowed the user to sniff lines of 'virtual cocaine' (the I-snort). The Youtube film of Peter performing this task has so far attracted 1.8 million viewers.

He approached Lifeline as we have collaborated on projects for a number of years. From our point of view we saw an ideal world wide market for harm reduction information. The app has now been developed and links to some basic harm reduction information on cocaine snorting with the possibility of developing a whole lot more.

The author will demonstrate the app, talk through the process of getting it approved or rejected (we have a plan B) and talk through some of the possibilities this technology presents for the harm reduction movemnet.

[Paper ID:73]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Subutex, prisons, education, fun and filth

Authors (speaker underlined):

Linnell, Michael

Title:

The Tart, The Mermaid, The Cock Fish and the Subutex

Abstract:

Lifeline (a national drug charity) were approached by a prison in the North East of England, to assess the problem and produce an appropriate information concerning the (relatively) unknown at the time issue of Subutex use among inmates.

We found that the use of the drug in Northern and Midlands prisons was extremely high and that Subutex had become a national prison drug without anybody realizing (some unpublished drug testing results found that Subutex positives were twice the level of all other drugs combined).

Our methods of production involve speaking in depth to the target audience and staff who work with them. They wanted us to produce something that explained the complex workings of Buprenorphine, but it had to be funny and if possible 'use dirty jokes'. The metaphor that was drawn into a cartoon to explain Subutex and Suboxone is probably the most foul and offensive harm reduction publication ever produced (If I do say so myself), so we knew that it would be far too rude for the prison service to put there name to.

However, the leaflet had rave reviews from the intended target audience of male prisoners, so rather than compromise, we produced a 'clean version' for the prison service (which they adopted nationally) and published the 'dirty' version by ourselves. The dirty version had a considerable impact and had an interesting impact when featured on National television.

The author will describe the background, research methods, findings and impact of this project and will discuss the issue of appropriate language, taste and decency. Do we speak in the language we know will work, or do we water down our language so as not to upset funders, the press, professionals etc.

[Paper ID:313]

Session: C14

Legal and Policy Developments

Location: Room 3, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

Drug control law, methadone, peer education, naloxone

Authors (speaker underlined):

Liu, Yu; Lv, Xiuyi; Liang, Juncheng; Zhao, Chengzheng; Li, Longhui; Zhang, Yahai; Zhou, Wenhua

Title:

What can be done under the new drug control law in China?

Abstract:

The changes in overall opinion towards drug addiction as a chronic brain disease have been reflected in the New Drug Control Law of China (June 1, 2008). How to establish effective harm reduction strategies under the new Drug Control Law remains an important task for many organizations and agencies. For example, the lack of a national peer education program has greatly reduced the impact of peer educators as role models and the delivery of knowledge about drug addiction. We also conducted a survey of people drawn from local compulsory detoxification centers and methadone maintenance centers. The major outcomes are that the services provided by most MMT centers are not user-friendly. Surprisingly, our survey also indicated that a large number of methadone maintained patients and drug users in the compulsory detoxification centers are strongly against MMT. Other challenges include the limited access to naloxone for the prevention of overdose. All these issues have become a major obstacle to improve the effectiveness of harm reduction in China. This presentation will highlight our attempts to tackle these concerns in the past year, including a series of training for drug users and their family members in the isolated compulsory detoxification centers and communities. The presentation will also include how to improve access to naloxone in local voluntary rehabilitation centers and MMT clinics, as well as strengthening the skills and organizational ability of peer educators. It is hoped that by addressing these issues, we will be able to deal more effectively implement harm reduction under the new Drug Control Law in China.

[Paper ID:361]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Preventing HIV among young generation

Authors (speaker underlined):

Luu, Yen Thi Hai; Tran, Nga Thi

Title:

New model of HIV prevention for students engaging in high risk behaviours

Abstract:

1. Issues: Facing the fact that there is a certain rate of students engaging in high risk behaviours in Hanoi (selling/buying sex, using drugs, MSM, etc.) STD/HIV/AIDS Prevention Center (SHAPC) designed a project entitled "HIV prevention for students engaging in high risk behaviours in Hanoi". The project was funded by USAID through PEPFAR for implementation from September 2008.
2. Setting: Basing on the baseline survey, the project was implemented in 4 universities in Ha Noi: Ha Noi University of Culture, University of Civil Engineering, Trade Union University, and University of Water Resources. The beneficiaries of the project are students engaging in high risk behaviours: sell/buy sex, inject drug, MSM, have sex with multi-partners and/or with IDU
3. Project. Firstly, using "snow ball" method, SHAPC selected and trained 150 targeted students to be peer educators (PE) to reach their peers who are the students of these universities with the aim: providing counseling for behavior change and distributing supportive means such as IEC materials, condoms, referral cards to STI/VCT services. In addition, the "3S" club was also established as an open place for PE and their clients to come and participate in meetings, entertainment activities mainstream with HIV communication .
4. Outcomes: After 1 year of implementation, more than 11392 targeted students were reached and provided behaviour change counseling and supportive means (including 30,000 booklets and 5,000 communication cards, 60,000 condoms). Nearly 2,000 target students were introduced to STI/VCT services. This model is highly appreciated and welcomed by students engaging in high risk behaviors as it meets their HIV prevention needs. Thanks to the success, USAID continued to fund SHAPC for the next phase of implementation and it has been expanded to 5 universities in Ha Noi

[Paper ID:10]

Session: C09

Harm Reduction Policies: Challenges for Developing National Approaches

Location: Room 11, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

human rights, conflict, displacement, policy

Authors (speaker underlined):

Macdonald, Dave

Title:

Working in the dead zone: harm reduction with conflict-affected and displaced populations

Abstract:

“You can’t give needles and syringes to dead drug addicts, we have to keep them alive first” (drug worker, Kabul)

Conflict-affected and displaced populations are particularly vulnerable to high levels of drug use and associated risks and problems. Underlying motivating factors for drug use such as mental health problems like anxiety, depression and PTSD are often engendered by an all-encompassing sense of loss – of home, work, security, family and, in the case of refugees, their country.

While the global focus of harm reduction has been predominantly related to IDU and HIV/AIDS prevention, such populations experience a wide range of other harms related to non-injecting drug use. In such chaotic impoverished contexts there is little control or regulation of drugs, with poisonous additives to illicitly brewed alcohol and counterfeit or adulterated psychotropics common.

Globally, funding for harm reduction has tended to focus on IDU and HIV/AIDS prevention, in particular the provision of needles, syringes and other safer injecting commodities. However, the prior survival needs of significant numbers of IDUs and other drug users in such populations is for basic human rights – shelter, clothing, food, security and medical care – as enshrined in Article 25 of the UN Universal Declaration of Human Rights.

Current harm reduction projects in a conflict-affected zone like Afghanistan, for example, may have limited provision for these rights although funding is provided for the distribution of safer injecting commodities. However, in a country where homelessness, insecurity, malnutrition and climate-related problems like dehydration and hypothermia are common, keeping drug users alive until they can benefit from such commodities is a key priority.

In a world of increasing war, internecine violence and global warming, meeting the basic human needs of problem drug users within vulnerable populations becomes central to any holistic harm reduction service.

[Paper ID:346]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

challenges, policy, training, funding, stigma

Authors (speaker underlined):

Macdonald, David Stewart

Title:

Moving on: challenges facing the implementation of harm reduction services for IDUs and HIV/AIDS prevention in Central Asia

Abstract:

DFID's Central Asia Regional HIV/AIDS Programme in Kyrgyzstan, Tajikistan and Uzbekistan has faced several distinct challenges in the development and implementation of harm reduction services for injecting drug users (IDUs). Such challenges, also encountered in other developing and transitional countries, need to be overcome to scale up coverage and further improve quality of services:

- Stigma and discrimination: Problems with local police arresting drug users for small amounts of drugs or to meet arrest targets; family and community members not permitting former drug users to become outreach workers (OWs) as it would risk exposing them to injecting equipment; lack of informed consent from IDUs for VCT due to risk of further stigma and discrimination.
- Policy and legislation: NSPs in Kyrgyzstan hampered by law giving mandatory prison sentences for possession of small amounts of drugs, although this was changed in 2007; Uzbek government stopped OST services in 2009 due to "lack of evidence" despite global evidence to the contrary.
- Procurement and quality of safer injecting commodities: different modalities for procurement in each country affects availability and quality of safer injecting commodities; sub-standard quality of needles and syringes although now improving: "poor quality equipment for poor people"; limited range of available commodities for IDUs, for example no cooking pans, filters or tourniquets.
- Training and support for outreach work: the need for a systematic comprehensive staged and skills-based training programme for outreach work to enable NGO service providers to train and support their own outreach workers.
- Funding issues: too few resources provided for comprehensive HR services; lack of continuity of funding and poor donor coordination mechanisms; funds lost through corruption and "pay offs".

[Paper ID:125]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

alcohol, rural, Aboriginal, primary-care model,

Authors (speaker underlined):

MacQueen, Andrew Roderic

Title:

Alcohol use is everyone's business: establishing harm reduction in the Australian rural primary care setting

Abstract:

Issue: Concerns over alcohol use consistently rate highly in community needs surveys, even as health workers including medical practitioners express a reluctance to work in this field. Our rural drug and alcohol unit felt obliged, and able, to address this issue.

Setting: Rural New South Wales, Australia, occupies an area bigger than Germany, with a population of 287 000, of whom 8.3% are Aboriginal. Harmful alcohol use is a leading cause of rural Australia's high morbidity and mortality rates compared to urban areas.

Project: We believed the primary care encounter too often represented a squandered opportunity to reduce alcohol related harm. Drawing upon literature supporting brief interventions and Motivational Interviewing (MI), we aimed to change the primary care interaction to a holistic one that included questions about alcohol use. Previously this was the territory of specialist workers. We used MI and brief interventions with workers to demonstrate, inform and support them about, ways they could discuss alcohol use as normal practice. We sought to effect the practice of other agencies, including Corrections and Family Services, so the looked more to evidence based harm reduction, instead of demanding abstinence alone from clients. Our clinicians now spend as much time discussing cases with and mentoring coworkers as doing face to face work. Other activities include support and educational groups for patients and families, community meetings and training workshops. Our process is evolving, based upon feedback in an action-research process.

Outcomes: The value of our integrative approach is supported by government with recurrent funding to our unit. Barriers include primary care workers' lack of knowledge of harm reduction and their reluctance to ask about alcohol consumption. Our challenge is to respond to workers' concerns and to encourage their engagement with harm reduction processes.

[Paper ID:288]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Needle Replacement, Foil Provision, Route Transition, Behavioural Change

Authors (speaker underlined):

Madden, Mary Clare

Title:

Partnership needle replacement: overcoming the issues

Abstract:

In 2008 Glasgow Addiction Services introduced a service called Partnership Needle Replacement (PNR) within 11 Community Addiction Teams.

PNR is a basic harm reduction intervention that is offered on an opportunistic basis, within a planned or drop in appointment, to service users identified as injecting drug users (IDUs).

The service involves supplying an IDU with one basic needle pack, with encouragement to attend Pharmacy Needle Exchanges for further supplies and to dispose of used injecting equipment. The principle is to combine PNR with associated treatment programmes in an attempt to acknowledge the service user's method of drug administration and addressing behaviours within a 'treatment' context.

In October 2009 a service user and staff questionnaire was carried out over a four week period in order to evaluate PNR. The questions were designed to ascertain both staff and service users views of the service and for those who accessed the service to evaluate the service they received. The questionnaires were also designed to find out peoples views towards distributing foil as part of the Replacement Service.

Initial results from the service user evaluation indicate that PNR has improved peoples injecting behaviour and heightened their awareness of the risks involved with sharing/reusing injecting equipment. For some injecting drugs users the service has supported them with reducing their injecting episodes and for a small percentage has caused them to stop injecting.

For staff the service has supported them with discussing injecting behaviour with service users and improved relationships. Both service users and staff agreed that foil should be supplied through the Replacement Service.

By the time of the conference foil will be supplied through the Replacement Service and I will have some initial results to feedback on as well as presenting the results from the above evaluations.

[Paper ID:376]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV,Aids,Integrated Services,Harm Reduction

Authors (speaker underlined):

Maerrawi, Ilham El; Paula J, Araujo; Andrea, Polaco; Marta G, Sanches; Glaucia, Francatto; Claudio Luiz França, Gomes; Virginia Aquiar, Flemming; Carmem Dantas, Guimarães; Valéria Zuniga, Leite

Title:

The importance to establish a network to reach drug users in São Vicente City

Abstract:

Issue: Drug users are a vulnerable group. Strategies to reach them must always be evaluated in order to improve access. There are two important community intervention programs in São Vicente City called Community Agent Strategy (CAS) and Family Health Strategy (FHS). The objective of these programs is to promote health care and health prevention to general population. These two interventions proved to be effective especially to vulnerable population.

Setting: São Vicente City is located in São Paulo State, Brazil. There are 70% of the population living in poor areas and slums. At these places, drug traffic and consumption and AIDS cases are higher. The CAS and FHS reach families from several neighborhoods, especially in these areas cited above. Therefore, a partnership with these strategies is important to establish a net work to reach drug users.

Project: The project aims the integration of the Harm Reduction Strategies to the health community agent work, who visits vulnerable families every day. The STD/Aids Program trained health community agents and nurses in STD/Aids prevention, Harm Reduction Strategies, human rights and ethics. The objective is to increase the access to drug users through their families and therefore: spread HR strategies, stimulate HIV test and facilitate the access to condoms or others.

Outcomes: In 5 months of project, there was an increase of 120% in condom distribution at the Health Services nearby the CAS and FHS areas. Community agents reached 1751 people, 173 drug users. They were also trained at their own place of work, which facilitate the identification of their reality and their skills to deal with drug users. Anyway, violence concerning drug traffic is delaying field work at some areas. Next step is to gain community leaders, involving them at the Harm Reduction Strategies to improve work and stimulate HIV test.

[Paper ID:780]

Session: C33

Drug Use and Infections in Prisons: Perspectives from the Inside

Location: Room 11, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

prisons, HIV, peer education

Authors (speaker underlined):

Kononenko, Ludmila; Magas, Irina; Chupryna, Olena

Title:

Peer education in prison settings

Abstract:

Issue: HIV rates in Ukrainian prisons are extremely high. Penitentiary Initiative NGO implements an HIV prevention program in prisons of the Nikolaev Region. Peer education is an effective way to reach inmates when security regulations limit direct access by "outsiders".

Setting: Olshanskoe Correctional Colony is specialized for drug addicted inmates. Of 719 male prisoners 35% are registered drug users, 118 (16%) are HIV+ (18 are on antiretroviral therapy), 36% have had TB. According to results of pilot testing, 75% have hepatitis C. Inmate turnover is about 30% a year.

Project: The NGO psychologists train inmates for outreach work as peer educators and peer supporters. A group of 26 peers functions year round. Trained peers conduct conversations on health issues, distribute informational materials, condoms, and supplies for personal hygiene. They also work with all new intakes that arrive twice a month, show them videos on prevention activities. To motivate peers to greater activity a bonus system is used. Peers bring trainees to a knowledge test about HIV/AIDS, STD, TB and hepatitis, and safer behavior. Peers earn cans of condensed milk or packs of tea, depending on their trainees' scores. Trainees also get incentives and are interviewed and counseled by the NGO specialists. A distinctive feature of our program is its continuity, our psychologists meet with peers weekly for multiple years.

Outcomes: 105 inmates were interviewed during a single year. The method helps monitor work of the peer group, recruit new peer educators, adjust our training program and develop further interventions. We have also applied it in Kazanka Colony (129 interviewed inmates). Our peer education approach has proven to be cost-effective, a necessity in Ukraine's chronically under-resourced prisons.

[Paper ID:75]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

inventory;prison; harm reduction;policy

Authors (speaker underlined):

Michel, Laurent; Maguet, Olivier; Jauffret-Roustide, Marie; Carrieri, M Patrizia; Calderon, Christine

Title:

Nationwide inventory of harm reduction measures in French prisons

Abstract:

Background

Harm reduction in prison population is a major public health concern. To date, France is not adherent to WHO recommendations concerning preventive measures and equity of access to care for inmates. New and innovative policies and interventions are urgently needed. The aim of this study is to make an inventory and evaluate the existing harm reduction measures in French prisons. It represents the first step of a harm reduction intervention study in prison setting. This project is supported by the French National Agency of AIDS and Hepatitis Research and the charity organization ECS-Sidation.

Methodology

An exhaustive nationwide inventory of harm reduction measures in French prisons was designed, based first on a postal questionnaire for the referring doctor, followed by a phone interviewing by a trained nurse. Dimensions explored are existing harm reduction measures, degree and mode of access to these measures, possible new measures proposed and indicators of risky behaviours among inmates. Results should be available in December 2009.

Expected results

According to previous studies in French prisons, an important heterogeneity in the application of the very few existing harm reduction measures and paucity in local initiatives are expected. In particular, access to harm reduction measures as maintenance therapy and condoms may vary notably from one prison to another. Bleach efficacy for HIV-HCV transmission risk prevention, already questioned by WHO, may appear insufficient due to its conditions of use. Unexpected risky behaviours may be revealed as hair-cutting with shared clippers or razors.

Conclusion

Harm reduction measures are limited and heterogeneous in French prisons and sometimes they can be inadequately implemented. This reflects the absence of any real global harm reduction policy for French inmates. New policies should be evaluated as soon as possible and quickly extended to all prisons.

[Paper ID:875]

Session: C19

Introducing Harm Reduction in the Middle East and North Africa

Location: Room 1A, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Afghanistan; harm reduction; opium production; drug demand; drug control policy

Authors (speaker underlined):

Maquet, Olivier; Majeed, Murtaza

Title:

Lessons learnt from the Médecins du Monde harm reduction programme in Afghanistan

Abstract:

Issue

Afghanistan has been known as a major worldwide opium producer since 25 years. Control and eradication of opium production and related trafficking ("war on drugs") is now one of the main concerns of international community as well as "war on terrorism".

But this specific Afghan setting makes national policymakers and international community stakeholders blind on another dramatic phenomenon: drug demand. Kabul city is now accounting around 25,000 opium users and 20,000 heroin users (mainly injectors) according to official data published by United Nations in January 2009.

Afghanistan provides an interesting laboratory where supply and demand issues are closely linked.

Key arguments

First epidemiological data issued in 2007 raised major concern that injection and related high-risk behaviour were increasing in Afghanistan and that the country could soon start to face a concentrated HIV epidemic in the IDU population.

There was clear evidence that introduction and rapid scale up of Harm Reduction (HR) in the country were needed. Médecins du Monde have been developing since 2006 a 6 years implementation strategy throughout the settlement of a Drop In Centre (DIC) and Day Care Centre (DCC) as a model program based in Kabul city as well as the establishment of a national Training and Resource Centre (TRC) located in the DIC/DCC.

First outcomes and prospects

The first HR Afghan team was built and trained in a three years timeframe. In a step-by-step method Mdm program has been providing the whole range of HR services, including ART and methadone. TRC was appointed in November 2008 by Afghan Ministry of Public Health as the national reference. Staffs of Afghan HR NGOs can now be trained on both theoretical and practical levels in Mdm TRC. This strategy is a guarantee that HR will be scaled up all over the country throughout those Afghan NGOs.

[Paper ID:203]

Session: C10

Health, Risk and Injection Drug Use

Location: Room 1B, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

IDU, HIV, Sexually transmitted Infections, Risk behaviors, Harm Reduction Services

Authors (speaker underlined):

Folch, Cinta; Casabona, Jordi; Majó, Xavier; Brugal, M. Teresa; Meroño, Mercè; González, Victoria; REDAN, Grupo

Title:

Prevalence of HIV, HCV and other sexually transmitted infections and associated risk behaviors among Spanish and immigrant IDU in Catalonia, Spain

Abstract:

Background: In 1993 behavioral surveillance of injecting drug users (IDU) was introduced as part of Catalonia's Integrated HIV/STI Surveillance System. Objectives: to describe and compare the prevalence of HIV, HCV, C. trachomatis (CT) and N. gonorrhoeae (NG) and the associated risk behaviors among Spanish and immigrant IDU.

Methods: A cross-sectional survey was conducted in 2008-09 to recruit IDU from Harm Reduction Services. Oral fluid and urine samples were collected to determine HIV, HCV, CT and NG prevalences, respectively.

Results: Of the 748 participants, 58.7% were from Spain and 41.3% were immigrants. Mean age was 38 for Spanish and 33 for immigrants ($p < 0.001$), the proportion of men was higher among immigrants (88% vs. 78.1%, $p < 0.001$), as the percentage of homeless (35.3% vs. 19.1%, $p < 0.001$). The prevalence of accepting and passing on used syringes in the last 6 months was 19.5% and 23.3% respectively for Spanish, and 19.2% and 22.3% for immigrants ($p > 0.05$). No differences were seen in the prevalence of consistent condom use in the last 6 months with steady (29.2%) and casual partners (66.9%). HIV prevalence was higher among Spanish (43% vs. 22.4%, $p < 0.001$) and the prevalence of HCV was similar (74.9%). CT prevalences were 1.4% and 3.6% ($p = 0.049$) among Spanish and immigrants, and NG prevalences were 0.9% and 0.3% ($p > 0.05$).

Conclusion: HIV and HCV prevalences are very high among IDUS in Catalonia, in particular among Spanish probably as a consequence of the large drug injecting epidemic in the 80s and early 90s. Although STI prevalences are low, insisting on consistent use of condoms is still a preventive strategy that should continue. Immigrant IDU are younger, more socially isolated and present a high vulnerability to these infections. To analyse in depth the characteristics of immigrants IDU is necessary in order to guide culturally adapted prevention programs in Catalonia.

[Paper ID:451]

Session: C15

Integrating Harm Reduction Into Medical Practices

Location: Room 11, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

HIV Drug user, stigma, discrimination,

Authors (speaker underlined):

Maksudova, Zumrat; Abidjonova, Nigora Nafizovna

Title:

Public health project coordinator

Abstract:

Discrimination towards to the HIV positive IDU in medical settings.

Introduction. IDU is a most vulnerable category to be infected by HIV. In Tajikistan according to the official statistic 52,5% among of all cases of HIV are people who use injection drugs. There are many HIV program that helps to receive the range of services, but when IDU approaching the health setting in order to get a support they are facing different form of discrimination .

Goal: To analyze the form of discrimination towards HIV infected IDU in medical institutions.

Methodology: anonymous questionnaire of 300 healths personal with statistical review of the results

Result: Survey shows that not all health workers ready to provide a support to HIV infected IDU if they are needed to get a medical help in regards of other co-infections or diseases. In general 42,5% of respondents indicated that they are will accept IDU as any other patients, but 20% of the physicians and 30% of the nurses mentioned that they will refuse to provide the support to HIV positive IDU. Also 87% of the doctors responded that are supposed to inform the law enforcement agencies about the visits of IDU to the health settings.

The question about the readiness of health personal to provide support to the pregnant women that is HIV positive and IDU during the delivery 73 % indicated that will provide service. 13% refused. The majority of the refused answers were received from the nurses. They mentioned that afraid to get themselves HIV infection and also having lack experience and on bed training on care with such patients.

Conclusion: Review of the questionnaire indicated that 62,5% of the respondents ready to provide necessary support to HIV positive patients, but if the patient will be IDU the percentage decreasing up to 42,5% .

[Paper ID:700]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Women, substance dependence, treatment, needs

Authors (speaker underlined):

Malayeri Khah Langaroodi, Zahra; Rahimi Movaghar, Afarin; Ahmadi Delbarpoor, shahnaz; Hoseinpur, Asghar

Title:

Women's substance dependence treatment needs in Tehran: What the program-planners should know

Abstract:

Background and objectives: In Iran, we have faced an increasing trend in substance dependence among women, followed by an increase in treatment demand. Moreover, several studies have showed a less favorable treatment outcome for substance dependence in women than men. However, according to the specific considerations in gender differences in treatment effectiveness, this study intended to investigate women's substance abuse treatment needs.

Methods: A qualitative study, utilizing several methods was designed for this purpose. A total of 62 substance dependent women in treatment from five age, marital status and substance use categories and heads of two women-specific treatment centers participated in 7 FGDs and 23 in-depth interviews. The study was conducted in Tehran, in 2009.

Results: Almost all women with substance dependence were suffering from considerable poverty, lack of family support or trust, and psychiatric comorbidity as the main sources of continuous stress and tension, limiting their ability to avoid substance use. More than one fourth was homeless, and more than half had been subjected to sexual and/or physical abuse due to their particular life-style. Most were dependent to multiple substances and two-third had experienced several unsuccessful treatment attempts.

Two main women-specific substance dependence treatment centers in Tehran - one a governmentally-supported methadone maintenance clinic and the other a non-governmental peer-led residential setting for detoxification - had been facing significant shortages in providing psychosocial services, such as shelters, job replacement and psycho-education. These shortages were reported to be mainly due to the lack of financial and professional resources in one center, and due to the specific conditions of the clients, such as not holding any identity card and lack of insurance in another one.

Conclusions: The study revealed the necessity to allocate more resources, mainly psycho-social professions and develop specific means of providing services to women with substance use disorders.

[Paper ID:672]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

ST, integrated care services, Ukraine

Authors (speaker underlined):

Marchuk, Lesia; Rudoy, Sergey

Title:

Integration of harm reduction practices into state health care system

Abstract:

All-Ukrainian Network of People Living with HIV (AUN) is the organization of HIV-positive activists representing the interests of PLWH in Ukraine, providing services to more than 20,000 clients from vulnerable groups such as IDUs, MSM, CSW, prisoners etc. AUN is a principal co-recipient of Global Fund grant.

The main purpose of ST component in Global Fund project was overcoming the distrust of clients in the state healthcare system and ensuring universal access to ST programs.

The access to medical care for our clients was complicated due to distrust in state social care system. Moreover, IDUs treatment aimed at abandonment of drug use proved its inefficiency, so the main way of HIV transmission remained through injecting drug use.

In the project we have faced the imperfection of the regulatory framework, lack of clients' awareness of ST - there were many myths about the ineffectiveness and dangers of ST; the healthcare system was not prepared to engage clients, to ensure their psychological support.

To overcome the difficulties we drafted the package of legislative changes, many of which were adopted, and national advocacy campaign was conducted to promote ST. Health personnel, social workers, psychologists were trained at newly established National Training Centre and Resource Centre.

We managed to overcome distrust of clients to ST treatment and state health system, to introduce changes to national legislation, to scale-up services on ST sites, to create more than 100 sites on the basis of public medical facilities. At the moment the Ministry of Health approved the provision of ST for 5,293 clients.

Our next goal is to ensure the distribution of ST at a regional rather than national level, the involvement of public social services and local authorities in access to ST, and to provide integrated care services, psychological and social support to clients.

[Paper ID:897]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Advocacy, police, training, sustainability

Authors (speaker underlined):

Markaryan, Ludmila

Title:

Interactions of HR projects with public institutions

Abstract:

Russia's HIV growth rate is still the highest in the world. Only officially there are 500 thousand PLWHA. Harm reduction projects demonstrate results,

however, they face governmental resistance. From the very beginning little effort was made to familiarize key stakeholders with the harm reduction methods. In addition, there is no legal framework for the programs. All projects had to generate ad hoc experience.

For over 11 years of implementation the harm reduction project in Balakovo has reached considerable results and achieved sustainability due to unique advocacy approach in working with police services and other stakeholders.

The first years of the project demonstrated that rejection is caused by misunderstanding and ignorance. At certain point the specialists of NAN foundation started to view police officers as a group vulnerable to HIV. Information materials for police officers covering harm reduction program, HIV / AIDS, and risk situations that police officers face was developed. In 2004 a training program "Police Academy" for more than 400 cadets was implemented. As a result the working climate has changed. Harm reduction approach has become part of a municipal program to address HIV epidemic.

Experience of the project in Balakovo demonstrates positive impact of the harm reduction program. In 1998, before project's beginning, the rate of new infection caused by injection drug use was 92%, in 2009 it decreased to 19,8%. The level of injective drug use has dropped at least 5 times during the project implementation: from 15 -16 thousand to 2,5 – 3 thousand. During the project the HIV infection rate in Balakovo increased in 3,9 times (621 in 1999; 2,463 in 2009). In the city Saratov which is closest to Balakovo, with no harm reduction program, this figure increased by more than 20 times over the same period.

[Paper ID:830]

Session: M07

Shining a Light on the System: Using Monitoring and Advocacy to Effect Change

Location: Room 1A, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

community based monitoring (CBM), advocacy, Russia

Authors (speaker underlined):

Maron, Evgenia; Meylakhs, Anastasia; Zaripov, Albert; Vergus, Gregory

Title:

Innovative ways to engage PWUD and PLHIV in advocacy through patients' monitoring and evaluation

Abstract:

Issue: Indicators in governmental, UN and donor reports don't always tell the whole story. PWUD and PLHIV have knowledge of problems and good practices which are the basis for public health care improvements. Innovative approaches are needed to translate this knowledge into a practical impact on patients' lives. Community monitoring and evaluation must be accompanied by a stronger advocacy component.

Setting: The needs of vulnerable groups are under-addressed in Russia, ARV stock-outs are wide-spread. The members of highly stigmatized, excluded populations are the first whose access to health care is limited. PWUD often do not have Internet access and don't know where to submit information about poor access to medications and services. Civil society and PLHIV networks in Russia still have no joint advocacy mechanisms. The timely feedback from beneficiaries is critically important to improve access and quality, but only the beneficiaries themselves are the most interested in advancing these data.

Project: ITPCru, NGOs "Astra" and "Vera", CISR joined forces to coordinate 20 PWUD, PLHIV, and other vulnerable group correspondents located in 20 cities in Russia. The correspondents are involved as researches and advocates. Pilot simple observation cards are used to involve informants, eliminating Internet barriers and expanding the project geography. The project is focused on ARV stock-outs and ART treatment access in state drug addiction treatment clinics. The results are used to guide advocacy strategy, including legal response and initiating dialog with authorities to distribute good practices. Information is presented at meetings and events with decision-makers organized by local NGOs and advocacy partners.

Outcomes: The project has begun to expose gaps in providing ART for PWUD and promote their discussion, solutions and good practices of work. It has proven able to make the voice of a drug user living with co-infections in remote areas heard by local and federal authorities.

[Paper ID:456]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

wound botulism, IDU, muscle/skin popping.

Authors (speaker underlined):

Marongiu, Andrea; Hope, Vivian; Grant, Kathie; Mithani, Vina; Omakalwala, Merrington; Njoroge, Jacquelyn; Ncube, Fortune

Title:

Wound botulism among injecting drug users in England: 2004 to mid-2009

Abstract:

Background: Since 2000 wound botulism among injecting drug users (IDUs) has been the most common form of botulism infection in the UK, with 148 cases reported. This infection can lead to serious illness, with seven deaths reported in the UK since 2000. Characteristics of IDUs with wound botulism are examined and compared to national survey data to explore factors possibly associated with vulnerability.

Methods: Suspected wound botulism cases are reported to the Centre for Infections which also carries laboratory testing for botulism. Where possible the reported cases are followed-up using a surveillance questionnaire to collect drug use and clinical data. Cases in England with a questionnaire returned between January 2004 and June 2009 were examined.

Results: Surveillance questionnaires have been received from 68 of the 101 suspected and confirmed wound botulism cases. Those with and without a questionnaire had similar median ages and proportions of women. Thirty cases were laboratory confirmed (21 type A, 6 type B and 3 type A&B). The majority were male (71%, 48/68), the median age was 36.5, and the median time since first injecting was 10 years; this compares with 77% males, a median age of 31 and median of 8 years injecting among current IDUs in the national surveillance study since 2004. All reported using heroin (58/58), and intravenous injection was common (40 of 58) with 18 only reporting this route, whilst 21 muscle popped and 19 skin popped. Skin swelling was common symptom (50) and 68% (34) presented with a skin swelling larger than 2 cm in diameter.

Conclusion: Wound botulism cases continue to occur in the UK with older IDUs and those skin and muscle popping appearing to be at greatest risk. IDUs should be encouraged to seek medical advice whenever they have a skin swelling at an injection site.

[Paper ID:979]

Session: M03

Evidence in Harm Reduction

Location: Room 11, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

opioid dependence, substitution treatment, heroin-assisted treatment, North America.

Authors (speaker underlined):

Oviedo-Joekes, Eugenia; Marsh, David; Brissette, Suzanne; Guh, Daphne; Lauzon, Pierre; Nosyk, Bohdan; Anis, Aslam; Schechter, Martin T.

Title:

The Canadian randomized trial of Diacetylmorphine vs. Methadone for opioid addiction

Abstract:

BACKGROUND: Studies in Europe have suggested that injectable diacetylmorphine, the active ingredient in heroin, can be an effective adjunctive treatment for chronic, relapsing opioid dependence. METHODS: In an open-label, phase 3, randomized, controlled trial in Canada, we compared injectable diacetylmorphine with oral methadone maintenance therapy in patients with opioid dependence that was refractory to treatment. Long-term users of injectable heroin who had not benefited from at least two previous attempts at treatment for addiction (including at least one methadone treatment) were randomly assigned to receive methadone (111 patients) or diacetylmorphine (115 patients). The primary outcomes, assessed at 12 months, were retention in addiction treatment or drug-free status and a reduction in illicit-drug use or other illegal activity according to the European Addiction Severity Index. RESULTS: The primary outcomes were determined in 95.2% of the participants. On the basis of an intention-to-treat analysis, the rate of retention in addiction treatment in the diacetylmorphine group was 87.8%, as compared with 54.1% in the methadone group (rate ratio for retention, 1.62; 95% confidence interval [CI], 1.35 to 1.95; P<0.001). The reduction in rates of illicit-drug use or other illegal activity was 67.0% in the diacetylmorphine group and 47.7% in the methadone group (rate ratio, 1.40; 95% CI, 1.11 to 1.77; P=0.004). The most common serious adverse events associated with diacetylmorphine injections were overdoses (in 10 patients) and seizures (in 6 patients). CONCLUSIONS: Injectable diacetylmorphine was more effective than oral methadone. Because of a risk of overdoses and seizures, diacetylmorphine maintenance therapy should be delivered in settings where prompt medical intervention is available.

[Paper ID:564]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Cannabis, Normalization, Other Drug Use

Authors (speaker underlined):

Marsh, David C; Erickson, Pat; Asbridge, Mark; Duff, Cameron; Brochu, Serge; Cousineau, Marie-Marthe; Hathaway, Andrew

Title:

A Canadian perspective on cannabis normalization among adults: relationships between cannabis use and other substance use and problems

Abstract:

Background: Over recent decades, cannabis use has increased among Canadians adults so that over half report lifetime use and 14% past-year use. While tobacco consumption has declined from 50% in 1964 to 19% in 2006. Increasingly permissive attitudes regarding drug use have emerged to challenge prohibitionist views. Such shifts have prompted consideration of the "cultural normalization" of cannabis use. The Four Provinces THC and Tobacco Study (4Potts) examines the attitudes, experiences, and use practices of adult cannabis users. The inclusion of questions concerning life-time and current use of a range of substances allows an examination of the relationship between sustained regular use of cannabis and other substance use.

Methodology: The 4Potts study reports the findings of in-person qualitative and quantitative interviews of 202 socially stable, regular users of tobacco and/or cannabis aged 20-50 in Halifax, Montreal, Toronto and Vancouver. With respect to other substance use information collected include: drug use (lifetime and past-year, age of initiation, recent quantity), alcohol consumption (including frequency of binges) and adverse consequences of substance use. In addition, substance use data is compared to national surveillance data.

Results: The impact of early age of initiation to tobacco or cannabis use on later use of other drugs and patterns of drug use will be described including the increased prevalence of other drug use among those who smoke both cannabis and tobacco. The adverse consequences of cannabis, tobacco and other substance use will be described with a view to informing public policy options and challenging the myth of inevitable progression from regular cannabis use to addiction.

Conclusion: The 4POTT results illuminate the application of the normalization thesis to adult regular cannabis users. The observation that in this cohort, substance-related problems are more closely associated with alcohol and tobacco support the arguments for legal regulation over prohibition.

[Paper ID:735]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Cocaine Injection, Injectin Rooms, Cocaine Psychosis

Authors (speaker underlined):

Martínez, Nieves; Gonzalvo, Begoña; Daigre, Constanza; Voltes, Nuria; Ortega, Rebeca; Esteve, Oriol; Serra, Arnau; Ballabriga, Thais; Sentis, Vanessa; Carlos, Roncero; Casas, Miguel

Title:

Clinical signs and symptoms in cocaine injecting drug users, report of sanitary professionals working in a medically supervised injection centres (MSICs)

Abstract:

Clinical Signs and Symptoms in Cocaine Injecting Drug Users, Report of Sanitary Professionals Working in a Medically Supervised Injection Centres

Background

Medically supervised injection centres (MSICs) are legally protected places where drug users consume pre-obtained drugs in a non-judgmental environment and receive counselling, referrals to health, social services and drug treatment, within harm reduction programs. MSICs aim to reduce overdose risks, in the prevention for infections like HIV, hepatitis C and to prevent incarceration. In these centres, adverse clinical events (physical, behavioural or mental) are common and may require immediate treatment. Barcelona has four centres for IDU`S, including CAS Vall d`Hebron. The objective of the study is to describe the clinical signs and symptoms reported by sanitary professionals.

Methodology

During a period of 6 months professionals from CAS Vall d`Hebron MSIC completed a confidential questionnaire to describe the adverse clinical effects following cocaine injection. The questionnaire field included age (or social identifying number), gender, ethnic group, daily consumption rate, other drug used in the last 30 days.

Results

Seventy five cocaine injection users were observed in 6 months period. Survey was achieved with a sample of 75 Caucasians patients including 69 men and 6 women with an average age of 32 years old. Seventeen percent (13/75) had psychotic symptoms, of which 84% (11/13) had hallucinations (visuals 4/11, auditive 7/11 and kinaesthetic 2/11), 15% (2/13) illusions. Fifty six percent had tremor (42/75), 18% (14/75) had stereotypy movements, 3% (2/75) had aggressive behaviour.

Conclusions

Main goals of MSICs are the prevention of overdose and infections, also the approach of other signs and symptoms can help to give more integrative and preventive health service. Professionals training for therapeutic management of this events is important, and also for the patients education about this health risks.

[Paper ID:972]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Methadone, Heroine, withdrawal, urine analysis, Methadone Maintenance Program, Harm Reduction Program

Authors (speaker underlined):

Martínez, Nieves; López, Carolina; Voltés, Nuria; Gonzalvo, Begoña; Fuste, Gideoni; Rodríguez, Lola; Roncero, Carlos; Casas, Miguel

Title:

Heroin consume measure by urine analysis in patients within the methadone maintenance program in CAS Vall d'Hebron

Abstract:

Heroin Consume Measure by Urine Analysis in Patients within the Methadone Maintenance Program in CAS Vall d'Hebron

Background

Methadone Maintenance Program (MMP) is a harm reduction approach for intravenous heroin users. Advantages of methadone compared to heroin are: oral route, long-acting, pharmaceutical production, less withdrawal symptoms, elimination of cravings for heroin, retention of alertness and motor skills with medical dosage supervision, safer to use during pregnancy, reduces illicit opioid use and rate of criminal activity, reduces blood transmitted diseases, enables employment, improvement of physical and mental health.

The main objective of the CAS centre of drogodependence assistance of Vall d'Hebron within the harm reduction programme is to help heroin drug users in detoxification or in reducing frequency of drug use, and to facilitate their reintegration into the society.

Methodology

This a descriptive study of patients in MMP with regular assistance and addiction therapy in a harm reduction program. All patients had methadone substitution treatment with take home doses provided once or twice a week at the point of dispensation. Urine analysis were done weekly on 34 patients with a total of 547 urine samples in a 6 months period (from July 2008 to January 2009) all in CAS Vall d'Hebron.

Results

Of the 34 drug users composed of 70% male and 30% female, 547 urine analyses were obtained. Twelve percent had positive reactivity for opiates, 44% for cannabis and 19% for cocaine. One percent refused urine analysis.

Conclusions

Eighty eight percent of frequent heroin users presented negative reactivity to opiates it talks about MMP was thus helpfull in reducing significantly heroine use from previous frequent heroin users. Besides improvement of patient's general health, MMP decrease criminal behaviours and thus aid reintegration into the society. Make urine analysis beside MMP can help to reach better therapeutic results in the integrative approach of these patients.

[Paper ID:713]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

methadon therapy, local experience, good model practice, professionals network, education and awareness raising

Authors (speaker underlined):

Matejic, Jelena; Radivojevic, Vladan; Arsenijevic, Verica; Dimov, Ivana

Title:

Development of methadone centers' network in southeastern Serbia during transition period, under the Ministry of Health's patronage and Global Fund support

Abstract:

National strategy, through decentralization of the key centers for addiction treatment, envisioned the forming of 4 regional centers – Nis, Kragujevac, Beograd and Novi Sad. Methadon therapy has been available in Nis since 2003. Although there is a history of earlier administrations, there had been only one patient in the 1996-2003 period. Until 2008, the administration of the methadon therapy has been restricted to only 4 institutions in the country, and to a very small number of patients. Criteria for admission to therapy are very strict and number of patients limited. Identified reasons for such conditions have been : insufficient education level in this area of the relevant psychiatry staff; lack of understanding of this problem on the local community level, as well as on the related ministries' level; lack of networking infrastructure of professionals involved in working with addicts; partial and non-system solutions; stigma and discrimination; lack of professionals and specialized autonomous centers for addiction treatment. Global Fund project directly contributes to capacity building of the Department for Addiction Treatment and higher motivation level in medical professionals. The budget project enables networking of all professionals working in this field, which is the first step in creating the core of the multidisciplinary team serving as a good-practice model to be consequently applied to the smaller cities in Southeastern Serbia. Such strategy scheme led to the opening of new methadon centers in 2008. . During this period, the education of psychiatrists of the Southeastern Serbia was also organized for those professionals working in the addiction treatment area. Project directly addresses the key identified problems in health care system: limited capacity; resistance of both management and professional staff; patient rights violation, discrimination

[Paper ID:517]

Session: C35

Staying Safe: Second Generation Approaches to Hepatitis C and HIV Prevention

Location: Room 4, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

Hepatitis, HIV, Injection Drug Users, Prevention

Authors (speaker underlined):

Mateu-Gelabert, Pedro; Friedman, Samuel R.; Sandoval, Milagros

Title:

Staying safe: training injection drug users in strategies to avoid HCV and HIV infections

Abstract:

Background: The epidemic of HCV continues to infect very large numbers of IDUs, to the point where 48% of a US national sample of anti-HCV-positive persons reported a history of injection drug use. HCV incidence among new injectors continues at very high rates even in places with well-developed programs to prevent HIV.

Methods: We develop an innovative Staying Safe Intervention based on strategies and practices of long term IDUs who have managed to remain uninfected not only with HIV but also with Hepatitis C (HCV).

Results: Based on these findings, we develop a curriculum for teaching IDUs how to develop and implement long-term strategies to avoid high-risk contexts (e.g. shooting galleries) and circumstances of risk (e.g. heroin withdrawal) Guided by social learning theory the Staying Safe Intervention will target the following self- change mechanisms: increase information about and awareness of risk environments, circumstances, and behaviors; teach new skills, such as planning and problem solving to reduce risk; attend to the role of social networks in risk reduction practices and maintenance of behavior change; and increase motivation for implementing new long term preventive practices and strategies through the development of realistic long term preventive goals, and enhancing self efficacy for behavior change.

Conclusion: Staying Safe intervention curriculum aims at enhancing IDUs' capabilities to prevent injection or sexual HIV and HCV infection (if HIV and/or HCV negative) or injection or sexual transmission of HIV and/or HCV to others (if infected).

[Paper ID:738]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Latinamerica, Heroin Use, HIV epidemic, Heroin production

Authors (speaker underlined):

Mateu-Gelabert, Pedro; Mejía Motta, Inés Elvira; Seewald, Randy; Friedman, Samuel R.

Title:

Heroin production in Colombia: A threat for a HIV epidemic in Colombia and Latin America?

Abstract:

Background: In the 1990's, Colombia's heroin production and exports to the United States increased from being irrelevant to, in 2001, providing as much as 55 % of heroin consumed in the USA. Since 2004, Colombia's heroin production has been drastically reduced. We need to know how these huge shifts in production are effecting Colombia's internal heroin consumption and HIV risk.

Methods: Secondary analysis of drug production data in Colombia (DEA, UNODC); a Oct 2009 survey from 30 public health providers; and a survey of 301 IDUs from Bogotá collected by World Study of the Use of Injected Drugs and Health Risk (WHO-II).

Results: The 2002 WHO-II study indicated that heroin was injected by 20% of injection drug users (IDUs) in Bogotá. Sixty percent had started injecting less than three years before then; of those, 17 % started injecting using heroin. High-risk injection was widespread: 47% of IDUs in Bogotá shared needles. Despite high-risk behaviors, HIV infections among IDUs remained low (1%). National drug surveys (1999) indicated that heroin consumption among youth in urban areas remained low, however it is higher in areas near opium poppy cultivation. In the last three years, public health officials report an increase in heroin overdoses and requests for heroin related services in Colombia. Preliminary results of the health providers survey (still being analyzed) indicate a wide spread consumption of heroin (sniffed and injected). There is no current data available on HIV prevalence among heroin consumers.

Conclusions: Despite large-scale increases and then decreases in heroin production, overall heroin consumption in Colombia has probably remained low, although with indications that it may have rapidly increased. Continued monitoring of drug use and related HIV transmission in Colombia and its heroin transportation routes could provide early warning regarding any heroin-related HIV epidemic in Colombia or elsewhere in Latin America.

[Paper ID:732]

Session: P1

Harm Reduction: Next Generation Challenges

Location: Room 1, 2010-04-26, Start: 09:00,End: 10:30

Keywords:

needle and syringe programs, opioid substitution treatment, coverage, global review

Authors (speaker underlined):

Mathers, Bradley; Ali, Hammad; Degenhardt, Louisa; Mattick, Richard; Reference Group to the UN on HIV and Injecting Drug Use, .

Title:

How successful have global efforts to expand HIV prevention been? Results of a global systematic review

Abstract:

Needle and syringe programs (NSP) and opioid substitution treatment (OST) are implemented in an increasing number of countries worldwide. These interventions must be implemented to scale and must successfully reach significant proportions of IDU populations. Global and regional estimates of NSP and OST coverage are lacking, but necessary to understand progress towards achieving an adequate response to HIV among IDUs.

The Reference Group to the United Nations on HIV and Injecting Drug Use undertook a systematic review of data describing NSP and OST service provision worldwide, gathering data from: peer-reviewed literature searches (1864 documents reviewed); online searches for non-peer-reviewed material (751 documents); document hand-searches (462 documents identified); requests for data from relevant organisations and individuals (300 personal/official communications plus 95 documents received). A multi-stage process of country-level consultation with experts from various sectors in-country was used to obtain feedback on data accuracy and completeness.

NSPs have been introduced in 82 countries containing 81% of the estimated global IDU population (GIP). Worldwide, <10% of IDUs access NSPs per year; only 8 countries (3% GIP) achieved a level of >50%. The extent of needle-syringe distribution varies substantially between countries; globally, fewer than 20 needles-syringes are distributed per IDU per year. Eastern Europe has the highest regional IDU prevalence, but less than 1 syringe is distributed per IDU per month. OST has been introduced in 73 countries (64% GIP), with approximately 1.2 million people in treatment. Only 65 countries (61% GIP) have implemented both NSP and OST.

Even where countries have introduced these core HIV-prevention interventions, the scale of implementation varies widely, and few have achieved coverage that may contain or reduce HIV epidemics among IDUs. These results confirm an urgent need for NSPs and OST to be expanded globally.

[Paper ID:321]

Session: C29

Drug Use in Gay, Lesbian, Bisexual and Transgender Communities

Location: Room 4, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

injecting, sex, MSM, education, stigma

Authors (speaker underlined):

Matheson, Angela; Ryan, Dermot; Calmette, Yves

Title:

Don't share a bloody thing and other adventures in harm reduction for gay men

Abstract:

Issue and setting

Gay men in Sydney, Australia have a higher rate of injecting drug use than men in the general community.

Research and anecdotal evidence suggest recent increases in gay men injecting in sexual contexts, including at sex venues. There is also a culture of older men initiating younger men to injecting in sexual contexts.

Gay male injectors in Sydney experience multiple layers of stigma. Many are hesitant to access mainstream AOD services due to fears of homophobia. Injecting remains highly stigmatised in the gay community, despite high rates of incidence, and this limits the scope for candid community discussions about injecting to occur.

Project

ACON developed and released its highly targeted Don't Share a Bloody Thing education campaign in 2009, addressing BBV transmission risks for gay men who inject in sexual contexts.

The development phase included extensive focus testing and consultation with stakeholders and the formation of a robust risk management strategy, which proved crucial in managing community sensitivities and about injecting.

The campaign was sex positive and addressed the information needs of experienced and new gay male injectors who may be HIV/HCV positive or negative, and gay men who use drugs in sexual contexts.

Acknowledging that gay men who inject drugs often do not access mainstream drug services, the campaign materials were placed in relevant contexts including community media, Needle Syringe Programs that gay men frequent, websites where gay men find sex partners and particular licensed venues.

Outcomes

The campaign messages and imagery evaluated well, with ACON being seen as a relevant source of injecting information. There are opportunities for extending the reach and impact of the campaign further among the target audience, and for clarifying less commonly known facts such as BBV transmission via blood on hands, tourniquets and surfaces.

[Paper ID:323]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Sexuality, Holistic treatment,

Authors (speaker underlined):

Matheson, Angela; Francis, Brian; Calmette, Yves

Title:

Offering something for everyone: providing harm reduction and demand reduction services within an LGBT health promotion service

Abstract:

Issue

Research suggests that members of the lesbian, gay, bisexual and transgender (LGBT) community are several times more likely to use a range of substances than their heterosexual peers. In addition, LGBT-specific patterns or modes of substance use that pose new and distinctive challenges to health and wellbeing have been identified.

For many LGBT people, substance use is viewed as a source of pleasure, but for some, issues around substance use are a source of considerable distress. LGBT community members may experience particular barriers to accessing alcohol and other drugs and mental health services, including homophobia and/or heterocentrism within the health system.

Setting

ACON, a community-based non-government organisation promoting the health and wellbeing of the LGBT community in New South Wales, Australia, is well-established as a provider of LGBT-specific harm reduction services. ACON's drug programs include NSP service provision at its branches and at major events such as Mardi Gras; education campaigns addressing specific risks such as GHB overdose and BBV transmission; and peer based programs targeting injecting drug users and people who use drugs at community events.

Project

In response to growing evidence that some LGBT people experience problems around substance use and barriers to drug treatment access, ACON undertook to increase its range of treatment and support services to meet community need, including capacity to address comorbid mental health issues.

There was a need to promote the new treatment service, while ensuring that ACON's role as a source of non-judgmental support and information for LGBT drug users remained clear.

Outcomes

ACON's harm reduction, treatment and support services for drug users are offered within a broader LGBT health promotion service. Strategies that the organisation employed to balance and communicate its commitment to both harm reduction and demand reduction initiatives will be discussed in this presentation.

[Paper ID:324]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Sexuality, Stigma, Appropriate Service Provision

Authors (speaker underlined):

Matheson, Angela; Roxburgh, Amanda; Epstein, Adam; Degenhardt, Louisa

Title:

Connecting practice with research: building an evidence base for working with LGBT drug users through NGO and research centre partnerships

Abstract:

Background

There are high rates of methamphetamine use among lesbian, gay, bisexual and transgender (LGBT) people in New South Wales, Australia compared with the general community. Our understanding of LGBT people's experiences of drug dependence and mental health problems, and their access to appropriate treatment is limited by a lack of population-based data.

Methodology

ACON partnered with the National Drug and Alcohol Research Centre (NDARC), to examine LGBT attitudes to, and experiences of drug treatment. A face to face survey of approximately 100 methamphetamine users from the LGBT community, and a survey of approximately 20 service providers, was administered. The study was funded through a grants program that aimed to increase the capacity of NGOs to undertake research into drug and alcohol and comorbid mental health issues, by fostering partnerships between NGOs and research bodies.

Results

Findings regarding illicit drug use, dependence and drug treatment knowledge and experience will be available for release in early 2010. We expect to see low levels of knowledge among this group about available methamphetamine treatments, low expectations that treatment will be culturally appropriate for LGBT people, and low rates of treatment uptake. Mainstream drug treatment providers' views of their capacity to provide LGBT affirmative services are likely to vary.

Conclusions

ACON recognises that LGBT populations have a range of specific needs in relation to mental health and substance use problems, and current strategies that are already in place at ACON to address these issues will be discussed. Ways of moving forward with enhanced harm reduction, health education, and engagement strategies for the LGBT community will also be discussed within the context of the findings. Finally, findings will assist ACON to undertake advocacy with mainstream drug treatment providers, in order to attract funding to address specific service gaps that the study results highlight.

[Paper ID:362]

Session: C15

Integrating Harm Reduction Into Medical Practices

Location: Room 11, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

doctors, medical, integration, acceptance, health systems

Authors (speaker underlined):

Maxwell, Sarz

Title:

Primum non Nocere: the critical relationship between Harm Reduction and Primary Medical Care

Abstract:

The field of Harm Reduction (HR) is undergoing a process of re-defining itself. Is HR to focus solely on prevention of viral disease transmission? Is its target limited to people injecting? Might not the principles of HR inform the field of addictions as a whole? Exactly what harms are we seeking to reduce? And, more globally: what prevents HR from becoming acknowledged and accepted as viable practice(s)? This talk will seek to address these questions from the perspective of a primary care physician. By logical deduction and by drawing examples, the argument will be made that the principles of harm reduction are relevant and useful not only to the addictions field as a whole, but to the entire world of medical care. Furthermore, this talk hopes to convince its audience that acknowledging the close relationship between the principles of HR and those of general medical care will be a critical step in bringing HR towards more generally acceptance. It is the speaker's belief that HR continues to be viewed with suspicion not because of its practices, which are demonstrably consistent with those of good general medical care. The problem lies in the target of harm reduction's efforts, and the universal reluctance to accept addiction as a medical disease. Bringing the fields of harm reduction, addiction, and medicine closer will benefit all three fields.

[Paper ID:364]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

substitution treatment, benzodiazepine, prescription drug abuse

Authors (speaker underlined):

Maxwell, Sarz

Title:

Using principles of harm reduction to address benzodiazepine misuse

Abstract:

Benzodiazepines are the most commonly prescribed class of medication worldwide; they are also a class of medication almost universally misused by people with addiction disease, no matter the person's primary drug of choice. The management of benzodiazepine (BZD) misuse is a topic that arouses much emotional heat, but little guidance. Most "conclusions" on the long-term use of BZDs are based on the superannuated and inferential statements in the Physician's Desk Reference. The author will present a simple and effective method of managing BZD misuse, based on the principles of harm reduction and used effectively in a number of diverse clinical settings. This method is based on the author's hypothesis that benzodiazepine misuse usually develops in response to undertreatment of another psychiatric disorder. The author has data from a 2-year naturalistic study of BZD use in a methadone maintenance clinic, and will offer substantiating examples from 20 years of clinical practice in private practice and publically-funded mental health centres. The participant will gain an understanding of how the principles of harm reduction apply to users of this class of prescription drugs, as well as a harm-reduction-based model for transforming misuse into maintenance.

[Paper ID:30]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

harm reduction, nursing, acute care, addiction

Authors (speaker underlined):

McCall, Jane; Foreman, Julie; Findlay, William

Title:

Keeping the door open: providing a safe and supportive environment to patients with addiction issues

Abstract:

Issue: Acute care nurses are challenged to provide ethical care to their addicted patients, who often exhibit behaviours that are at odds with the policies of the hospital, the laws of the land, and the values of society at large. When patients do not feel welcome and supported they are likely to refuse some or all of their treatment, sign themselves out of the hospital against medical advice or exhibit aggressive behaviours that are difficult for the nursing staff to manage.

Setting: An HIV unit (the only one in Canada) that serves a diverse population of marginalized inner city patients, many of whom are addicted to drugs and/or alcohol.

Project: Ensuring nurses have the knowledge and training to provide appropriate care to this population. Nurses have been provided with education and training on harm reduction and addiction issues as well as managing difficult personalities.

Outcomes: Despite the ongoing challenges of actively using patients on the unit, we are often successful in getting our patients to curb or abstain from drug use. By addressing their myriad social and economic issues we are able to stabilize their lives on discharge. Many of our patients have come to see the unit as their second home and they express appreciation for the support and non-judgmental care that they receive.

[Paper ID:553]

Session: C12

Dance Drugs and Legal Highs

Location: Room 12, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

supply reduction, purity, prevalence, deterrence, displacement

Authors (speaker underlined):

Measham, Fiona; Moore, Karenza; Welch, Zoe

Title:

From pills and powders to plant feed: deterrence, displacement and harm reduction in a climate of successful supply reduction

Abstract:

Currently the purity of street drugs such as cocaine and ecstasy pills has fallen to unprecedented levels in the UK, along with prices – arguably, in response to such low purity. Evidence suggests that the underlying reason for reduced purity over the last year is a significant reduction in the importation of illegal drugs and their precursors. This suggests that supply reduction policies, at least in the short term, are having an impact on the illegal market; challenging assumptions of the futility of prohibitionist policies.

The consequences include: (a) increased prevalence of drug use (eg. in the most recent British Crime Survey) due to lower price and widespread availability; (b) growing polydrug repertoires, to achieve ‘intoxication’ through a wider range of lower purity drugs; (c) displacement from popular illegal drugs such as cocaine and ecstasy pills to other illegal drugs such as ketamine and MDMA powder, perceived to be higher purity/better value for money; (d) ‘disillusionment’ also leading to displacement to ‘legal highs’ by users and dealers, with a rapid increase in internet sales and emergence of a street market for these cannabis, cocaine, MDMA and amphetamine substitutes (eg. synthetic cannabinoids, mephedrone, sold as ‘plant feed’, and GBL).

Drawing on interviews with users, dealers and criminal justice and health professionals, our paper explores this unique situation, including user responses such as ‘connoisseur use’ and polydrug use. Whilst supply reduction may be enjoying an unexpected ‘success’, this is resulting in neither a reduction in demand nor a reduction in harm. We argue that the current situation - of increased adulteration of illegal drugs, polydrug use and emergent legal drugs - presents unknown risks, demands rapid, independent laboratory analysis to inform safer use, and a more realistic approach to harm reduction in a climate of successful supply reduction, economic recession and service retrenchment.

[Paper ID:359]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

drug education

Authors (speaker underlined):

Meehan, Claire

Title:

Harm reduction: one step closer to effective drug education in Northern Ireland

Abstract:

Background: The level of drug misuse has increased post conflict in Northern Ireland, especially during the past decade and particularly amongst young people (e.g. McCrystal et al, 2007; Miller and Plant 2001), during a period when it appears to have stabilised in the rest of the UK (Roe et al, 2005; Higgins et al, 2004).
Methods: This study examined the extent and perceived value of drug use education in twelve post primary schools in Northern Ireland. The research methodology included: a survey of pupils over two time points, focus groups with pupils selected from the survey sample and individual interviews with teachers and youth workers with the responsibility for the provision of drug education in schools. Results: The results showed that prior to receiving drug education classes in school the majority of young people received most of their information concerning drugs from their friends and the media. School based drug education, however, was generally taught from an abstinence perspective through the medium of religious education. Almost half of all the pupils surveyed indicated that even after these drug education classes, their knowledge of drugs was still very limited, and they felt that this approach did not make them less likely to take drugs. Conclusions: The present study provides insights into the lives of young people in receipt of school based drug education and their perceptions of its value. It is argued that harm reduction approach to school based drug education may be more successful in equipping young people with the tools to deal with a world where it is very likely that they will be exposed to drugs, and will have the knowledge they will need to make an informed decision.

[Paper ID:145]

Session: C02

Challenges in Drug Treatment

Location: Room 3, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

opiod substitution treatment, bioethical preferences

Authors (speaker underlined):

Mendelevich, Vladimir

Title:

Bioethical preferences of supporters and opponents of OST in Russia

Abstract:

Existing ban on the use of opioid substitution therapy (OST) in Russia and the prevailing negative attitude of the country's narcologists toward OST necessitates a closer look at the reasons for this animosity.

The purpose of this sociological research was the study of bioethical choices of supporters and opponents of OST. The research group consisted of experts providing narcological help. Respondents filled out an anonymous questionnaire that consisted of 19 questions concerning various issues in modern bioethics.

246 respondents took part in the survey. 51.2 % of respondents (among narcologists – 56.1 %) were supporters of OST, 31.3 % (33.8 % of narcologists) opposed it. 73.5 % of respondents supported HR programs in the form of needle and syringe exchanges (ENS), 89.8 % supported distribution of condoms. It was therefore evident that different HR programs elicit different responses. Among supporters of OST 80.9 % supported ENS programs. More than a quarter of supporters of ENS programs opposed OST. Finally, among opponents of OST 64.9 % supported ENS programs.

As the survey results indicate, positive attitude to OST did not correlate with positive attitude to euthanasia or expansion of oncological patients' access to narcotic analgetics.

Of particular interest is the observation that those supporting OST are less likely to support compulsory treatment (CT) of drug addiction (50.8 % and 62.6 %, accordingly). Also of interest is a high number of those who supported both options.

This sociological study of bioethical preferences among supporters and opponents of OST proved their substantial differences. Arguably, many opponents of OST support restrictive approaches to controversial questions. Turns out that specialists that provide narcological help in Russia don't equally support various HR programs. OST is not supported by a considerable margin of supporters of ENS.

[Paper ID:896]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

School context, Strengthening Health Systems, Families, Training

Authors (speaker underlined):

Mendes, Fernando; Mendes, Maria do Rosário; Magalhães, Catia; Delgado, Suzana; Silva, Djanira

Title:

Decide yourself: development of an integrative model

Abstract:

Projects Decide Yourself (IREFREA) was designed to involve school community in order to provide educational learning experiences for young people (7-14 years), with outcomes assessed in more than one European country since 1985. This model of drug prevention is not limited to the transmission of information but requires the personal and social training skills as well as resources mobilization in order to facilitate self decision: do not to try drugs or do not to have an abusive consumption. It is a program developed by teachers (supported by pedagogical resources), using interactive and group techniques, which goes on for 10-12hours, also with a module of 2 sessions for families. It has been adapted to the new social reality and the new contexts and it is the official program in the Azores(Portugal) since 2008. 16 school are engaged to applied this program to 9th degree, after 14h of teachers training each one.

EIO Project (Information and Guidance Place) belongs to Cape-Verde (DGEBS-Ministry of Higher Education) and it aim to multiply the 2EIO's pilot-experience in 16 new EIO next 2010-2015. Following the approach of Peer-Education, these are places within the school, run by students themselves (with support from school), to provide adequate information regards youth and in order to facilitate the adoption of a more conscious and responsible behavior. Findings about the youth's satisfaction, perceptions and experiences showed their acceptability and the usefulness of this education model brought by Peer-Education, involving the dissemination of health-related information by members of target groups to their peers.

Putting those 2 experiences together, each school could be involved on an integrative model that strengthening Education and Health Systems with a low cost and mobilizing all community in order to reduce problems. Peer-educators allowed efforts of health professionals on drug prevention to be duplicated with less expense.

[Paper ID:811]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

law aid drug addicts

Authors (speaker underlined):

Mengxing, Wang

Title:

Carrying out legal aid services among drug addicts

Abstract:

Issues: Protecting the interests of Chinese drug addicts ,so that they can receive positive and effective reducing services.

Current situation: In China, drug abuse is a violation of the administrative law and should be prohibited as the China's drug policies set. The drug addicts are often forced to call a urine test or confiscated by the police,even captured to a compulsory rehabilitation at random in the absence of strict legal procedures. Thus, the drug addicts have no choice but stay from the methadone clinics, needle exchange points, lacking effective HIV prevention services.

Project: Prosecuting the police for their illegal administrative procedures such as the forced calls and urine tests according to the China's Administrative Litigation Law,

Prosecuting the police for their illegal confiscating behaviors according to the China's Administrative Law,

Actively rescuing the drug addicts in compulsory treatment through the administrative reconsideration and administrative litigation procedures.

Goals:

Some city police reduce the random urine tests to addicts;

Rescuing one addicts who was captured to a compulsory rehabilitation in the absence of legal procedures,;

Winning a more relaxed living environment for the addicts and accessing them to harm reduction services.

[Paper ID:1023]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

drug policies, Eastern Europe , civil society

Authors (speaker underlined):

Merkinaite, Simona; Ocheret, Daria; Otiashvili, D

Title:

Advocating for evidence-based and balanced drug policies: building civil society involvement in Eastern Europe

Abstract:

Issue:

In the region of Eastern Europe and Central Asia (EE/CA) drug policies are imbalanced, with significant investment in enforcement of drug prohibition. Harm reduction approach is mainly driven by civil society while the voice of civil society on policy level is still weak or absent.

Setting:

Target - civil society in Eastern Europe and Central Asia, with special focus on 4 selected countries: Albania, Georgia, Kyrgyzstan, Ukraine.

Key arguments:

Civil society involvement in the national and international drug policy debate – as driving force in balancing drug policies. EHRN provided technical assistance to NGOs in 4 countries developing their knowledge in drug policy;

Harm reduction/human rights must be made a pillar in drug policies. Facilitating the civil society input into national statement made during the High Level Segment (HLS) in the framework of 52nd session of Commission on Narcotic Drugs;

Current international drug policy affects the drug, hepatitis and HIV in the region. EHRN made review of national policies and impact on health and human rights in selected countries of Eastern Europe during the 10 year period(since the 1998 UNGASS on the World Drug Problem);

Outcomes:

Georgia and Kyrgyzstan made statements in favor of harm reduction and balanced drug policies at HLS helped to demonstrate the support for harm reduction and human rights approaches on policy level beyond “traditional” countries supporting harm reduction, mostly the EU and Western Europe;

EHRN drug policy review highlighted how the supply demand driven international policies affect the national drug policy framework and in the past 10 years fueled drug, HIV and hepatitis epidemics in the region; The report presented at the HLS and highlighted at least in 4 media outlets.

Implications:

Developing civil society capacities to engage with the national governments as away to move from repressive drug policies in the region.

[Paper ID:1026]

Session: C03

Harm Reduction Policies: Challenges for Developed or Well-Funded National Approaches

Location: Room 11, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

Eurasia, life-saving services, harm reduction policy

Authors (speaker underlined):

Merkinaitė, Simona; Schonning, Shona

Title:

Scale down of harm reduction in Eurasia: what the next generation will be

Abstract:

Issue

Eurasia is a home to 3.6 million injecting drug users (IDUs), one of the world's largest HIV epidemics with 1.6 million cases registered, estimated 10 million people with hepatitis C living in Eastern Europe and Central Asia alone. Access to harm reduction services is being scaled back in number of countries. Those that survive, 10 years on are still viewed as "pilots" by governments.

Setting

For over 10 years harm reduction in the region survived only due to international funding. With donors moving away to poorer areas of the world, the programs are being scaled back.

- In Russia, a home to 13% of the world's total heroin users, harm reduction programs are being closed, due to government's inability to accept and support harm reduction approach.
- Countries that joined EU struggle to ensure national and municipal funding will replace dwindling international support, resulting in scale down of services in Slovakia.
- The substitution treatment program in Uzbekistan was recently closed, while it remains illegal in Russia.
- Altogether, only 10% of IDUs do have access to some kind of service in the region.

Key arguments

In the time of financial crisis, evidence based and targeted interventions are crucial in effective public spending. The scale at which services, targeting the biggest group affected by HIV and hepatitis, are provided now will eventually result in increased health care costs, social and deepened economic crises affecting the populations of countries.

Outcomes

If not institutionalized and supported by national governments, harm reduction will disappear or decrease to needle exchange programs alone, not capable to address the diverse risks and health needs of IDUs and societies at large.

Implications

Urgent action is needed to prevent the life-saving services disappearing from the region.

[Paper ID:100]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

prison . HIV/AIDS ,harm reduction

Authors (speaker underlined):

Meshkati, Marjan; fadai nobari, reza; kazemi, ahmad; nejati, Hossein

Title:

Assesment of prevalence of HIV/AIDS in prisons of Isfahan Province between 1997 and 2008

Abstract:

Introduction : Isfahan province is located in center of IRAN.It is a religious city .Untill march 2008 we recognized 384 HIV/AIDS cases .But we estimate we have about 1500 cases. Prevalence of HIV/AIDS in Iran is concentrated in IDUs. Surveillance of HIV is very important in epidemiology survey. This study aimed to investigate the prevalence of HIV/AIDS in Isfahan province .

Methods: In Isfahan, we performed a survey (cross – sectional) for iv drug abusers and prisoners in prisons of Isfahan . We took blood serum randomly from 250-400 prisoners in 8-12 weeks in certain time per year between 1997-2008.

Results: The incidence of HIV/AIDS in prisoners has increased from 0/1% to 2/8% between 1997-2004 but after establishment MMT and VCT with harm reduction measures in prison in 2004 the growth of HIV/AIDS has dramatically become very slow and sometimes it has decreased .(2005 2.9%-2006 2.2%-2007 2.4% -2008 2.7%). We detected 113 cases of HIV/AIDS in this period . 100% of cases were male. 96% cases due to sharing syringe became HIV positive and 21% of them had history of high risk sexual behavior . The average of ages was 32 years old.

Conclusions: These results show prevalence of HIV in Isfahan is low. So if we perform prevention programs especially delivering counseling and harm reduction services , it will be very benefit to control the spread of HIV/AIDS.We must progress harm reduction activities especially in prisons so we need to advocacy efforts .On the other hand high density of people in a closed setting like prison affect on their health and increased high risk behaviors. So we must try to increase alternative policies to incarceration instead of sending drug abuser and drug retailers to prison like as police –base treatment .

[Paper ID:116]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

IDU,Vulnerable women ,hiv/aids

Authors (speaker underlined):

Meshkati, Marjan; Tayeri, Katayoun; Etedali, Enayatolah

Title:

Vulnerable women and harm reduction

Abstract:

In IRAN like as other country AIDS is a significant threat to people and specially for women .Isfahan is a large city in center of IRAN .It is a religious city .In isfahan until june 2009, 391 HIV/AIDS cases were recognized .The major of cases are male (93%), in between 25-34 years old (48%). 47% of them are singles and 37% of them are married .In male the most common transmitted way is IDUs (80%) and in women is sex (75%) that in 76% of them their husband was HIV positive and in 90% cases their husband were IDUs . We have 2 children under 15 years old that their parents are HIV positive.We must notice 2 years ago in same time prevalence of HIV/AIDS in women was lower than now .

On base of result we must notice bridge community and their role to spreading HIV infection in general population . We have faced risk of third episode of HIV/AIDS from IDU to sexual contact in Iran right now . we need to HIV prevention programs for vulnerable groups especially delivering counseling and harm reduction services . we must educate all of people specially young people and spouses of drug abusers (injectors and non injectors). We have to mention to women and as leader of HIV/AIDS campaign.

[Paper ID:1052]

Session: M15

Policies and developments in Asia and the Pacific

Location: Room 11, 2010-04-29, Start: 09:00,End: 10:30

Keywords:

Harm Reduction Strategy, Asia

Authors (speaker underlined):

Mesquita, Fabio; Bergenstrom, Anne; Oppenheimer, Edna; Sin, Cho Kah; Sattler, Gray; Dorabjee, Jimmy

Title:

The Asian harm reduction strategy from 2010 to 2015

Abstract:

The Asian and Pacific HIV/AIDS epidemics are characterized as low prevalence or as concentrated epidemics where unsafe injection is a key factor. Small scale and uncoordinated actions are the main characteristics of the Response. A comprehensive and participatory Regional Strategy to halt the HIV/AIDS epidemic from 2010-2015 was designed, produced and approved and will be implemented in the region. The UN Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific is leading this process.

Harm Reduction strategies have been incorporated into many of the countries in the region. However, despite considerable efforts, coverage as proposed by WHO/UNAIDS in a comprehensive response package, is still low and new challenges (such as virus hepatitis and the extensive use of methamphetamines) are impacting on the efforts made so far.

The Strategy: Is a call to action and a roadmap to ensure that the HIV and Hepatitis epidemics among people who use drugs and their sexual partners in Asia and the Pacific will be halted. The strategy is designed to provide a regional framework, identifying issues and priorities and providing a guide to countries in the region on developing national strategic responses for the next 6 years (2010-2015). It connects the importance to halt the HIV/AIDS epidemic with health and development, and helps countries to accomplish the Millennium Development Goals.

It is time to coordinate, harmonize, join forces, and apply all the evidence-based and humanitarian solutions that were helpful to halt the HIV/AIDS epidemic in other countries in the 30 years since the virus was first identified. Governments of Members States of the United Nations, NGOs, Development Agencies, UN Agencies, Universities and People Who Use Drugs are joining forces to design, implement and in future monitor and evaluate this Strategy.

[Paper ID:449]

Session: M13

Harm Reduction for Producer Nations? Farmers' Perspectives on the War on Drugs

Location: Room 1A, 2010-04-29, Start: 09:00,End: 10:30

Keywords:

farmers, production, supply, coca leaf, Bolivia

Authors (speaker underlined):

Metaal, Pien

Title:

Harm reduction for producer nations? Farmers' perspectives from Bolivia on the war on drugs

Abstract:

Format

Pien Metaal will interview farmers and/or local organisations that represent them from Bolivia.

Issue

Over many decades developing, producer nations have been subjected to intense crop eradication and law enforcement initiatives, ostensibly to protect consumer nations from 'drugs' and 'addiction'. They have borne the brunt of the war on drugs: indigenous and cultural traditions have been trampled and traditional growers and peasant farmers have been branded as criminals.

Setting

Farmers in Bolivia have traditionally grown coca bush, supplying both a legal and illegal market. They have also experienced decades of conflict. Many live in poverty, with the threat of violence and the destruction of their subsistence crops ever present, and with little hope of development. The current Bolivian government tried to remove the coca leaf from UN Conventions, and has allowed limited legal cultivation.

Key arguments

Alternative drug policy options on the demand side have received great attention in international drug policy debate, and consumers have been able to voice their concern in various platforms. On the production side this has hardly been the case. Until now farmers growing opium poppy have not have a voice in this debate.

By interviewing people with first hand and on the ground experience, I will show that there is an urgent need to develop a comprehensive harm reduction approach for production and supply-side issues. A number of principles of a harm reduction strategy for the production side will be introduced, which should be guided by a development and rights based approach, rather than by law enforcement and repression as is now the case.

Topics will include licit cultivation, crop eradication, alternative development, indigenous peoples rights, and efforts to unschedule the coca leaf.

[Paper ID:864]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

research, consent, research participant, harm reduction, human rights

Authors (speaker underlined):

Michelow, Warren D

Title:

Is “consent” an illusion when active drug users participate in research?

Abstract:

Voluntary and informed consent provided by participants is a cornerstone of ethical research. However, when participants are active drug users, they may not be as free to choose participation as researchers might imagine or wish for, and elements of coercion may be unavoidable. Additionally, some believe that people who are high are incapable of providing informed consent due to drug effects reducing executive function, i.e. the ability to make sound decisions. When the research involves treatment for drug abuse or dependence, a decision to participate is also a decision to access treatment – treatment that otherwise might not be easily available.

Conventional research design typically offers financial or other “incentives” both to attract participants and to compensate them for their time. Many researchers and funders become concerned that offering cash incentives to active drug users might be unethical or even coercive because it could be spent on buying drugs. Sometimes food or gift vouchers are offered instead, motivated by wishing not to cause “harm” to participants. While this concern may be valid, it is also narrow and discriminatory. For example, we do not pay employees in food vouchers in case they might spend their salaries on drugs or alcohol. For drug users who engage in crime or the sex trade to support their habits, the opportunity to earn cash in a non-criminal way might be highly desirable and hard to resist.

So what can researchers do to maximize the freedom of potential participants to consent with minimal coercion, and to defend their incentive designs to funders and critics? How do we balance the human rights of research participants with reducing potential harms caused by the research design itself? This presentation will explore factors that potentially promote or inhibit freedom to choose and the ethical considerations involved in achieving this balance.

[Paper ID:959]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

ketamine, harm reduction, ketamine dependence

Authors (speaker underlined):

Michelow, Warren D

Title:

What does comprehensive ketamine harm reduction look like?

Abstract:

Ketamine is a short acting dissociative anaesthetic used clinically for anaesthesia and pain control, and in veterinary medicine. Clinical use is constrained by its strong psychoactive side-effects that can cause hallucinations. While clinically undesirable, this side effect has led to ketamine's popularity as a recreational drug where it is obtained from diverted legitimate supplies, primarily from veterinary clinics. Although it has been used illicitly since the 1970's, recently its popularity seems to have surged -- especially among youth. Among some groups it is reportedly becoming more popular than ecstasy.

While some users inject ketamine, the more common modes of administration include swallowing, smoking and most commonly snorting (or nasal insufflation). Overdosing – or “K-holing” – leading to temporary unconsciousness and loss of bodily function is often intentional and considered desirable, with some users describing the K-hole as a mystical experience.

While ketamine is considered safe enough for clinical use, some research suggests that chronic use can lead to cognitive impairments, urinary tract disease and psychological dependence. Users report other long-term side effects such as “K-pains” or “ketamine cramps”, permanent changes in perception and cognition, and memory problems. Ketamine has also been identified as a potential date-rape drug due to its sedating and acute amnesic effects.

Typically ketamine harm reduction has focused on the modes of administration. Harm reduction practices for snorting involve not sharing straws, and much has been written about safe injecting practices. However, much less has been written about harms associated with swallowing ketamine, about managing K-holes, and about managing chronic ketamine usage on an ongoing basis. Furthermore, there are risks associated with settings of use, adulteration of “ecstasy” with ketamine, use in combination with stimulants, and sexual assault. This presentation will examine these risks and harms, and explore harm reduction approaches to this increasingly popular drug.

[Paper ID:206]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

drug phenomena in Central Asia, drug prevention, treatment of opioid use

Authors (speaker underlined):

Michels, Ingo Ilja; Lang, Ekkehardt; Piotr, Jablonski; Zabransky, Thomas

Title:

New strategies for the reduction of drug-related harms in Central Asia – the Central Asia Drug Action Programme (CADAP) of the European Union

Abstract:

The Central Asia region countries - Kazakhstan, the Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan - have become a key region for the international activities tackling drug-related problems. The European Commission supports a Central Asia Drug Action Programme (CADAP). The overall objective of CADAP V is to facilitate the adoption of the international good practices on drug policies to contribute to the reduction of drug related problems. First, CADAP 5 aims to help the governments to develop a better understanding of the drug phenomena in the region. Second, it supports the introduction of modern drug addiction treatment methods by promoting the development of comprehensive and integrated treatment methods that are able to deliver a continuum of care for drug users, including drug dependence treatment, HIV/AIDS and hepatitis B/C prevention and care, and reduction of other health and social consequences in targeted countries. Third, it aims to help the governments to prevent potential new drug users – especially young people at risk - from using drugs or at least reducing the drug related harms. The numerous examples from other projects show that probability of potential success is going to increase if the engagement of representatives of Central Asian countries , both from political and civil society level and transparent communication methods are to employed, and of the political support of the European Commission and the EU MSs will be noticeable. Assistance in the sensitive sector of drug policies needs a mid- to long-term perspective, programme activities are designed tailor-made and focus on each country's specific needs and capability. The programme will be presented.

[Paper ID:799]

Session: M16

Police and Harm Reduction

Location: Room 1A, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

Community policing, Police Social Responsibility,HIV prevention

Authors (speaker underlined):

Mitra, Soumen

Title:

Getting there: community policing to police social responsibility - law enforcement and HIV prevention

Abstract:

Issue

A police badge can make law enforcers insensitive to dealing with drug users. Given an enabling environment police can play an active, responsible, and contributing role towards the prevention of HIV. A ten year police experiment in Calcutta, moving from zero tolerance to a pragmatic and humane approach of harm reduction has yielded a positive impact.

Setting

Calcutta has a population of 17300 IDUs, mostly highly disadvantaged, experiencing high levels of illiteracy, and social and economic margilisation. Poly drug use is widespread accompanied by high risk behaviours.

Key arguments

Drug use and HIV moves beyond a public health response that also requires involvement of the police. As an extension of Community Policing there is a need for the initiation of Police Social Responsibility (PSR). Police are challenged by basic training philosophy that focus upon incarceration of law breakers, stereotyped view about drug users, little insight about harm reduction, and lack of coordination with health and NGO sector. HIV has too often been monopolized by the health sector. Improved understanding of what police can contribute has been lacking, creating serious impediments towards HIV interventions. A meaningful partnership between health sector, police and NGO is critical. Training, sensitizing programs, advocacy, and ensuring projects are initiated by police personnel has allowed a unique convergence of views and services to address needs of drug users.

Outcomes and implications

The Community Policing endeavor has become a model for PSR projects in future. The results of this initiative has seen a reduction of petty crime by drug users, addressed drug withdrawals in lockups, reduced vulnerability of police personnel, projected a humane face of police, and strengthened human rights. A projected vision of police with progressive ideas willing to work in partnership with other stakeholders on drug user needs and issues has emerged.

[Paper ID:969]

Session: C32

Drug User Networking

Location: Room 3, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

activism - drug users networks - citizen - history - latin america

Authors (speaker underlined):

Montenegro, Oscar; Inchaurreaga, Silvia Susana

Title:

The movement of “going out of the closet”; next generation of drug users and activism in Latin America

Abstract:

After a decade of several movements and organisations on the defense of drug users rights in Latin America today we are facing the beginning of a new phenomenon where drug users begin to develop a key role of activists as in the international movement with INPUD. The historical perspectives began with main core at Brazil with Aborda borned in 1998 and Raddud in Argentina on 2000.

Main obstacles identified in the region are fear to prosecution and going “out of the closed” with an open recognition of drug use, non communication skills, access to internet or resources to met.

In last years it has been shown an empowerment promoted by the cannabis movement and the key role of the magazines related to cannabis culture in Chile and Argentina together with the development of a bridge between cannabis users related rights and others drug users that untill the moment where thought as different problems and interest.

Recently several users began a process of involvement on human rights organizations and the international network showing a new profile of user: one without fear of going “out of the closed” and its consequences, one not just related to marginal areas and the HIV epidemic but one concerned with his rights of citizen, and the ability to defend his job, his inclusion, his dignity.

[Paper ID:886]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

next generation - drug users - activists - citizens

Authors (speaker underlined):

Montenegro, Oscar Mauricio

Title:

Next generation of drug users in Argentina

Abstract:

The new experience in Argentina of development of a Drug Users Network, Rarus – Argentinean Network of Drug users and activists, associated to INPUD the Network of people using drugs shows a new movement of users as citizens fighting for our rights

The former RADDUD Argentinean Network on Defense of Drug Users Rights created on 2000 has as main scope HIV prevention and interventions the main deal of last decade in the country. RARUS has its main focus on advocacy tasks, suporting international networks of users with the profile of activists. The key role is to develop a network of citizens fighthing for their own rights: the next generation of drug users as activists that is necessary

We develop a review of "Good Practices for Quality of Life" and an Action Plan involving contacts with harm reduction and human rights organisations as weell as health, legislative and judicial institutions.

[Paper ID:76]

Session: C17

Social Science Research Methods

Location: Room 4, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

Agent-based modelling, amphetamine-type stimulants, ethno-epidemiology, young people, Australia

Authors (speaker underlined):

Moore, David

Title:

Agent-based modelling: one response to complexity and relevance in drug research and policy

Abstract:

Background

In recent years, increasing recognition of the need to develop transdisciplinary understandings of the complex aetiology of drug use and related harm has led to several theoretical and methodological innovations. These have included the development of drug ethno-epidemiology (ie, a combination of ethnographic fieldwork and epidemiological surveys) and increased interest in the use of complex systems approaches such as agent-based modelling. This paper discusses the use of agent-based modelling to integrate ethno-epidemiological data as a way of engaging with the complexity of drug use while remaining 'relevant' for drug policy and practice.

Methods

The research project involved three components: (1) long-term ethnographic fieldwork and in-depth interviews with young people (18-30 years old) using amphetamine-type stimulants in Melbourne and Perth; (2) two epidemiological surveys of young users of amphetamine-type stimulants in Melbourne and Perth; and (3) integration of the ethno-epidemiological data on the social contexts and patterns of drug use and related harm using agent-based modelling.

Results

We used agent-based modelling to integrate our ethno-epidemiological data on the use of amphetamine-type stimulants and to build 'SimAmph', a simulation platform for exploring the impact of policy scenarios on the prevalence of drug-related harm. Unlike traditional forms of modelling, SimAmph describes how social norms and health-related experiences influence engagement in partying, use of amphetamine-type stimulants and 'bingeing'. We have modelled three policy scenarios: the introduction of ecstasy pill-testing, the use of passive-alert detection dogs by police, and the effectiveness of targeted educational interventions.

Conclusion

Using agent-based modelling to integrate our ethno-epidemiological data allowed us to develop a more complex understanding of drug use and related harm, and the modelling of policy scenarios provided a potentially valuable tool for promoting dialogue with policy makers. Sophisticated research approaches such as agent-based modelling can provide valuable assistance in the future development of drug policy.

[Paper ID:1017]

Session: C12

Dance Drugs and Legal Highs

Location: Room 12, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Ketamine

Authors (speaker underlined):

Southwell, Matthew Geoffrey; Morgan, Celia

Title:

K-Day - Bridge-building in Action: An example of collaboration around an emerging drug trend between the drug using community, academics and practitioners

Abstract:

Ketamine came to prominence in the UK's club, squat and free party dance scenes through the 1990s. Initially ketamine was viewed as another of dance drugs that was not thought to have a dependency profile. The focus of dance safety work was on dose regulation and the management of k-holes (dysphasic states that leave the partier immobilized).

However, over the last few years more concerning patterns of ketamine use have emerged. People reported difficulty breaking away from daily using. A range of physical health problems were consistently reported, including urinary tract infections, anxiety, depression, insomnia, weight loss and nasal damage. These problems came to the attention of drug user groups, drug workers, researchers and specialist health workers, particularly urologists.

The K-Day event offered people who use ketamine the chance to come and talk with specialist health and drugs work practitioners on both an individual and group basis. The expressed needs and feedback of people using ketamine were considered by practitioners, academics and policy makers and then disseminated back to the professional field and drug using community.

This paper will explore the development and findings of the event and report on this unique model for advancing learning around emerging drug trends.

[Paper ID:954]

Session: C30

The Internet and Harm Reduction

Location: Room 12, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

psychedelics, community, online, best-practice, retrospective

Authors (speaker underlined):

Móro, Levente

Title:

Seven years of harm reduction in and by the Hungarian psychedelic community DAATH

Abstract:

Since 2002, the DAATH.HU drug information website has operated as the online home of the Hungarian Psychedelic Community, a non-organized group of people with a special interest in hallucinogenic and related substances. As of today, the website serves about 1000 visitors daily and the virtual community comprises of more than 6000 registered members. From the beginning, the DAATH community has been driven by a strong commitment to the policy of harm reduction in the form of various peer help activities. As an underground group of self-helping drug users, DAATH has been forced to utilise a broad range of innovative measures to tackle with the difficult task of expanding harm reduction without being accused of promoting drug use. DAATH struggles both to exclude illegal and commercial content and to ensure privacy and anonymity. Its online services include hosting a discussion board, an Ecstasy pill database and a large collection of texts related to psychedelic drugs. Offline activities had been volunteer participations in "party services" providing harm reduction measurements (such as Ecstasy pill testing) and producing an interview documentary movie, "Psychonauts", on the topic of psychedelics. In this presentation, DAATH's harm reduction activities from the last seven years will be comprehensively summarized and retrospective overviewed for the very first time. The presentation introduces drug usage and drug policies in Hungary, and the history and growth phases of DAATH along its own set policies and guidelines. Online and offline activities, administration and moderation policies, innovations and developments will be revealed in order to share harm reduction best-practices and experiences to be utilised by others. Relations with drug policy GOs and NGOs, public media coverage, and studies and surveys about the community will be also disclosed. As a concluding outlook, social, resource and legislative challenges for the future operation of DAATH will be discussed.

[Paper ID:909]

Session: C07

Using Naloxone to Prevent Fatal Overdoses: Innovations and Programmes

Location: Room 1A, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Overdose, naloxone, strategy, protocol, partnership

Authors (speaker underlined):

Morris, Danny; Hills, Rhian; Oretti, Dr Rossana; Glyn, Ifor

Title:

Introducing 'take home' naloxone in Wales: from strategic direction to implementation

Abstract:

In 2008 the Welsh Assembly Government's published its 10 year substance misuse strategy, "Working Together to Reduce Harm". This established a clear national agenda for tackling and reducing the harms associated with substance misuse in Wales. Central to the strategy is a commitment to take actions which focus on reducing the number of drug related deaths and near fatal drug poisonings.

One of the key actions contained in the strategy's implementation plan was the development of guidance and protocols to introduce 'take home' naloxone. In December 2008 the Welsh Assembly Government announced its intention to establish demonstration sites for take home naloxone. A National Working Group was established to draft guidance and training protocols to support development of the 16 identified sites across Wales. These included both community, residential and prison settings, with the aim of targeting those most at risk of opioid overdose.

The National Working Group identified three key elements that needed to be addressed to effectively implement and deliver take home naloxone:

- Appropriate training of individuals who will be administering Naloxone
- The establishment of locally agreed protocols (Patient Group Direction/Patient Specific Direction) for the supply and administration of Naloxone
- Robust data collection

This presentation will review how a unique and strategic approach, supported by guidance, has resulted in meaningful partnership and inter-agency work that has directly addressed and responded to reduce opiate overdoses in Wales. It will illustrate how the establishment of locally agreed protocols for naloxone distribution in conjunction with overdose management interventions, underpinned by training programmes, have started to meet the immediate needs of drug users resulting in lives saved. It will reflect on lessons learned through the project's monitoring and evaluation process and how these will support a national roll out of a life saving naloxone programme to drug using communities across Wales.

[Paper ID:743]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Scaling-up; Health Department, Harm Reduction Guidelines

Authors (speaker underlined):

Mustikawati, Dyah Erti; Nurjanah, Nurjanah

Title:

Health department role in the scaling-up of harm reduction program in Indonesia

Abstract:

Issue

National estimation in 2006 showed there were 220,000 IDU in Indonesia. Most of them were injecting heroin. The 2004 BSS indicates that 50% of them still practicing high risk behavior. Family Health International and AusAID funded program had supported scaling effort to reach this population since 2003. The goal of program is to prevent further HIV transmission among IDU.

Setting

FHI and AusAID funded program worked in 14 priority provinces. Program was developed using outreach as platform of intervention offering target group with safe injection education, VCT, support groups, and case management. Since the scaling up effort started in 2003, there is significant increased in program coverage. However, access to sterile needle was still very limited since it was not part of national program supported by government regulation.

Key Arguments

In 2005, Health Department took initiative to support Harm Reduction (HR) program by coordinating effort among government stakeholders. A draft of guideline for HR implementation was brought up through series of meetings in 3 provinces. Each meeting involved key stakeholders. In the guideline it is stated officially there are three models of NSP implementation, which include: fixed site, mobile, and satellite model. It stated that NSP could be implemented by government institution and NGO which has been trained. The guideline was officially issued as a minister decree in 2006.

Outcomes

During 2006-2009 there is significant increase on NSP service and HR in Indonesia. Currently NGO and government community health centers are actively provided NSP to IDU in communities. More than 150,000 needles were distributed monthly by the program. Behavioral Survey Surveillance on 2007 showed 33 – 96% IDUs in major cities have had adequate access for NSP.

Implications

Official HR guideline from Department of Health which had been developed with participatory process among key stakeholders has proven as key factor to support effective intervention.

[Paper ID:367]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Injection site infections, Surveillance, Bacteria, Behaviour

Authors (speaker underlined):

Hope, Vivian; Marongui, Andrea; Parry, John; Ncube, Fortune

Title:

The extent of injection site infection among injecting drug users in England, Wales and Northern Ireland: findings from a national surveillance study

Abstract:

Background: Injection site infections among injecting drug users (IDUs) have been associated with serious morbidity and health service costs. This study explores the extent of symptoms of these infections, and the associated factors, among IDUs in England, Wales & Northern Ireland.

Methods: Annual unlinked-anonymous surveys recruiting IDUs from specialist services across England, Wales and Northern Ireland, 2006-08. Self-reported injecting practice and injection site infection symptoms (abscess, sore or open wound) from a brief subject-completed questionnaire. Participants also provided oral fluid samples (tested for markers blood borne viral infections).

Results: There were 5,209 participations over the three years, overall 36% (1,863) reporting a symptom (with 35%, 37% and 34% reporting this in 2006, 2007 and 2008 respectively). In the multivariable analysis symptoms were more frequent in 2007, suggesting a fluctuating level, but no trend, over time. Symptoms were reported less commonly in the North East region (adjusted Odds Ratio [adjOR]=0.67, 95%CI 0.47-0.94) compared with the other areas. Reporting symptoms increased with number of years injecting (15+ years adjOR=1.7, 95%CI 1.4-2.1), and was higher among women (adjOR=1.4, 95%CI 1.2-1.6), those recently homeless (adjOR=1.2, 95%CI 1.1-1.3), those having recently used a needle-exchange (adjOR=1.6, 95%CI 1.3-2.0), and those reporting injecting both opiates and stimulants (adjOR=1.2, 95%CI 1.1-1.4), but lower among those only injecting stimulants (adjOR=0.49, 95%CI 0.34-0.71). A sub-analysis looking at injecting practices among those injecting during the previous four weeks (N=3,733) found higher levels of symptoms were associated with: injecting daily; injecting 10 or more times a day; injecting into the hands, groin, or legs; sharing filters; and reusing water to flush syringes.

Conclusions: Symptoms of injection site infections are common among IDUs. Better-targeted interventions to support safer injection need to be developed and evaluated. Continued surveillance may shed light on the impact of new initiatives to reduce such infections among IDUs.

[Paper ID:78]

Session: C02

Challenges in Drug Treatment

Location: Room 3, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

Harm reduction, abstinence, controlled drug use, qualitative, everyday lives

Authors (speaker underlined):

Neale, Joanne; Nettleton, Sarah; Pickering, Lucy

Title:

What is the role of harm reduction when drug users say they want abstinence?

Abstract:

Background: Quantitative survey data indicate that most drug users approaching treatment services want abstinence rather than harm reduction (McKeganey et al., 2004). This finding should, however, be treated with caution, not least because exploring drug users' expectations and aspirations via a structured questionnaire will only ever produce limited insights. Establishing a detailed understanding of drug users' desire for abstinence is an important challenge for the next generation harm reduction agenda.

Methods: As part of an ESRC-funded study being conducted in England, we have undertaken in-depth interviews with 30 heroin users beginning a new treatment episode and 10 individuals who have recently ceased using all opiates. These individuals were re-interviewed (3 months after their first interview) to ascertain whether, and if so how, their expectations and aspirations had changed and been realised (or not).

Results: Preliminary analyses confirm that many drug users want abstinence, but not necessarily abstinence from all drugs. Not all believe that they will achieve abstinence, since many have tried and failed on previous occasions. Controlled drug use (rather than total abstinence) is widely desired and, for some, control over one drug is the basis of abstinence from another. Meanwhile, improving relationships with significant others and establishing 'normal' everyday lives and routines, including settled homes and jobs, are more commonly identified as treatment goals than becoming drug-free.

Conclusions: Drawing upon our on-going analyses, we consider how harm reduction strategies might assist recovering heroin users, particularly those who say they want abstinence. We also discuss how harm reduction strategies might facilitate controlled drug use and enable those seeking treatment to improve aspects of their everyday lives that have traditionally fallen outside mainstream harm reduction strategies.

McKeganey et al. (2004) 'What are drug users looking for when they contact drug services: abstinence or harm reduction?' DEPP, 11 (5), 423-435.

[Paper ID:79]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Harm reduction, routine self-care, the body, qualitative, recovery

Authors (speaker underlined):

Neale, Joanne; Nettleton, Sarah; Pickering, Lucy

Title:

Routine body care and harm reduction amongst heroin users

Abstract:

Background: Harm reduction strategies have traditionally focused on preventing the most dangerous and dramatic consequences of drug taking, particularly BBVs, overdosing and injection-related wounds and infections. Over the years, such strategies have been informed by a robust evidence base that has drawn heavily upon innovative qualitative research. Despite widespread acceptance that the use of opiates has many negative consequences on general health and well-being, there has been limited research on the routine body care of heroin users. Redressing this lack of knowledge seems an important challenge for the next generation harm reduction agenda.

Methods: As part of an ESRC-funded study being conducted in England, in-depth interviews have been undertaken with 40 recovering heroin users recruited from a diverse range of treatment and non-treatment settings. These individuals have been re-interviewed (3 months after their first interview). Participants were asked about routine health and self-care issues, such as diet, exercise, sleep, personal hygiene, bowel habits, menstruation, and dealing with everyday ailments such as coughs, colds and allergies.

Findings: Individuals generally report very limited awareness of, or interest in, their bodies during periods of chaotic opiate use. However, bodily changes (positive and negative) are noted during periods of withdrawal and detoxification, and interest in routine body care tends to increase as recovery progresses. Differences in self-care practices relate to a range of demographic, psychological and social factors, but efforts to keep one's body in good working order and good progress in recovery are largely mutually reinforcing.

Conclusions: Our data provide specific examples of the kinds of routine health and self-care problems heroin users experience and suggest how they might better manage their day-to-day bodily needs. We also make concrete suggestions regarding how harm reduction practitioners might contribute towards recovery processes by enabling drug users to take better care of their everyday health and well-being.

[Paper ID:298]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

model of reducing harm, HIV prevention, street adolescents

Authors (speaker underlined):

Nenko, Oleksandra; Teltschik, Anja; Balakireva, Olga; Sakovich, Olena; Ancker, Svetlana; Bondar, Tatiana

Title:

A model of reducing harm among adolescents living and working on the streets in Kyiv, Ukraine

Abstract:

Issue: Research suggests that street children in Ukraine are at heightened risk of HIV due to their participation in injecting drug use, transactional sex, and low knowledge of HIV and use of prevention and treatment services. The national AIDS response in Ukraine has largely ignored this population.

Setting: A harm reduction intervention for street adolescents aged 14-19 has been developed in Kyiv, Ukraine, by the city's social services in collaboration with other governmental and non-governmental partners and UNICEF. The programme is based on establishing intersectoral cooperation and multidisciplinary outreach teams that recruit street children into a referral network in order to facilitate access to a range of social care and health services.

Project: The pilot intervention includes provision of information and education on HIV prevention, addressing street children's priority concerns through provision of humanitarian aid, accompanying clients to referral points such as the city AIDS centre for HIV testing and counseling, drop-in centre for street children, community centres for youth living with HIV/AIDS and others.

Outcomes: 464 clients have so far been informed, educated and counseled, and have received condoms and information about available harm reduction services in Kyiv; 327 clients were tested and counseled for HIV and know their HIV status. The majority of clients reported that they feel safe and trust the project team. The main challenges include ensuring adolescent-friendliness of all service providers, compliance with ethical principles in service provision to most-at-risk adolescents, the lack of free-of-charge medical services and overnight shelters for the target population and weak stakeholders' cooperation. The final evaluation of the project is scheduled for early 2010 and will assess client and staff satisfaction, and analyze routine data. Results will contribute to advocacy efforts targeted at the government of Ukraine to extend similar models throughout its national network of social services.

[Paper ID:24]

Session: M12

Theories and Philosophies of Harm Reduction

Location: Room 11, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

theory, research, risk, harm, intervention

Authors (speaker underlined):

Newcombe, Russell

Title:

A multi-disciplinary theory of drug-related harm reduction

Abstract:

Issue. "Experience without theory is blind" (Kant). Yet, after 25 years, drug-related harm-reduction interventions and research still lack a consensual conceptual framework. This paper proposes a multi-disciplinary theory of harm-reduction, based on a review of the relevant literature.

Key arguments. Harm-reduction is defined as a policy or intervention which prioritises the reduction of drug-related risks and harms over the reduction of drug use per se (abstentionism). The present model starts from the core notion that drug-taking has four aspects: causes, consumption, consequences, and interventions. Causes of drug use have three classes - biological, psychological, and social - and a facilitatory-inhibitory dimension. Drug consumption has seven components - context, amount, method, pattern, mixture, access and product (the 'Risk CAMP-MAP') - and nine levels of statistical risk (probability of harm). Consequences of drug use can be negative (harms) or positive (benefits), and have three types (health, social, economic) and three levels (individual, community, societal). Interventions have three main types - focusing on harms, these include risk prevention (eg. needle-exchange), harm prevention (eg. hepatitis-B vaccination), and harm containment (eg. hepatitis-B treatment). The magnitude of change (reduction or increase) in a drug-related risk or harm/benefit can be measured on three levels: prevalence of individuals, frequency of events, and event intensity. For instance, the effectiveness of needle-exchange can be assessed by measuring differences in the number of needle-sharers, the frequency of their needle-sharing, and/or the number of co-sharers.

Implications. A scientific theory of harm-reduction is needed to provide policy-makers, service-providers, and researchers with common concepts and terminology for discussing, developing and evaluating this approach to drug problems. Theoretical models are especially needed to identify gaps and biases in current harm-reduction strategies - notably the harmful effects of drug laws (eg. drug adulteration, discrimination toward drug users) and political blindness to drug-related benefits (eg. UK Drug Harm Index).

[Paper ID:25]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

amphetamine, substitute-prescribing, effectiveness, evidence

Authors (speaker underlined):

Newcombe, Russell

Title:

Speed limits: a review of the evidence about substitute prescribing to amphetamine users in Britain

Abstract:

Background/Methods. This paper systematically reviews the available evidence about the extent and effectiveness of substitute prescribing to stimulant amphetamine users in Britain. Although its use has declined since the 1990s, amphetamine remains Britain's fourth most popular illegal drug - though amphetamine users rarely seek treatment.

Findings. Two national surveys in the mid-1990s found that over 100 treatment agencies and 400 pharmacies in England & Wales had provided prescriptions of dexamfetamine to about 1,000 amphetamine users. The typical prescription involved a daily dose of 30-60mg of dexamfetamine tablets or syrup, dispensed on a weekly take-home basis. Two regional investigations conducted around 2000 provided further evidence: a descriptive study of 29 treatment agencies in the Midlands found that two-thirds were prescribing dexamfetamine to amphetamine users; and an experimental study of 16 North-West treatment agencies concluded that amphetamine users prescribed dexamfetamine exhibited significant reductions in risk and harm compared with matched controls. Relevant evidence has also been provided by 12 local studies of substitute prescribing to amphetamine users, reported between 1989 and 2007. Although these studies were generally small-scale and quasi-experimental, their findings consistently confirmed the effectiveness of dexamfetamine prescribing on key harm-reduction indicators. These include: making and maintaining contact with amphetamine users; uptake of and compliance with relevant services; reducing levels of drug use, injecting, and needle-sharing; and preventing various harmful consequences - notably health damage, psychosis, and crime.

Conclusions. Though limited, the initial evidence justifies further exploration of substitute prescribing to amphetamine users, when based on a 10-point protocol for good practice - namely: strict criteria for inclusion/exclusion, attraction and retention of clients, minimum waiting times, negotiated treatment plans, routine monitoring of risk behaviours, multiple service provision, substitute drug prescriptions, weekly dispensing regimes, and research into effectiveness. High-quality evaluation studies are urgently required, particularly independent long-term randomised control trials.

[Paper ID:543]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

flushing, alcohol, Asia, harm reduction

Authors (speaker underlined):

Newman, Ian M.; Huang, Zhaoqing; Qian, Ling

Title:

Is Facial Flushing a Protective Factor against Alcohol Abuse among Chinese Young People?

Abstract:

Issue: Facial flushing, common among approximately half of the students in our samples, has been described by geneticists as a protective factor against alcohol abuse. Flushing results from the accumulation of acetaldehyde due to the presence of a particular ALDH genotype (ALDH2²) and the body's inability to metabolize acetaldehyde into acetic acid. However, observation and survey research suggests social pressures overpower the negative physiological responses to acetaldehyde, undermining the basis for protection against alcohol abuse.

Methodology: Based on conversations with Chinese young people a questionnaire was developed to describe individual flushing characteristics and assess the nature and effect of social pressure in drinking situations. Data were gathered from three separate samples of University students in different locations in China.

Results: Only a minority of students interpret flushing as a sign to reduce drinking. Non-drinkers and females were more likely to accept flushing as a sign of risk than drinkers. Females were more likely to stop drinking upon flushing than males. In social situations males and females differed in their reaction to a flushing student, depending on the flusher's gender. Overall drinking appeared to be independent of the flushing response.

Conclusion: Results suggest a need to help young people better understand the physiological significance of flushing and moderate their drinking, and the pressure to drink they place on flushers. The flushing response alone is ineffective as a protective factor for most students.

[Paper ID:92]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV/AIDS, IDUs, Harm Reduction, Fishery

Authors (speaker underlined):

Nga, Dao Thi To

Title:

Health, HIV and sustainable development - survey and assessment of impact to HIV/AIDS prevalence in fishery sector, the Ministry of Agricultural and Rural Development (MARD)

Abstract:

The prevalence of HIV is increasing steadily in Vietnam from high-risk behavior group (IDUs/SWs/their clients) to the general population, including new generation. Men/women working in the formal/informal sectors of the fishery are also demonstrating an increasing rate of prevalence of HIV through un-save sex and drug used. MARD/Strengthening of the Fisheries Administration completed two studies in Fishery Sector named "Survey and Assessment of Impact to HIV/AIDS Prevalence " (Adcom) and "Survey on HIV Prevalence " (MardDc) in 2008 to provide evidence for developing an action plan on HIV/AIDS prevention from 2010-2015.

The cross-sectional description researches (qualitative/quantitative) were designed for these two studies for workers in groups: capture, cultivation, processing and provision:

- Interviewed 3,438 persons at SonLa, QuangNinh, NgheAn, ThuaThienHue, BinhDinh, DakLak, Angiang, Bentre and Camau.
- Screened/Tested 2,359 blood specimens in SonLa, QuangNinh, ThuaThienHue, BinhDinh and Angiang by using the DETERMINE test, then confirmed by SERODIA&ELISA tests. 10% DETERMINE(-) were tested by SERODIA/ELISA. The survey did not provide return of test results.

Epi-Info/Stata4/Excel were used to recreate the data/analysis/writing reports

Results

- The major factors affecting the spread of HIV in the fishery sector are: social, work&living environments and typically highly mobile, levels of migration, the level of KAP of labors on HIV/IDUs
- DETERMINE(+): 14/2,359=0.59% (compared with national estimates 0.53%, ranges from 0.90% to 0.28%).
- To 2013, estimated 26,921 workers and at least 282 sexual partners of these people are at risk of HIV infection, especially workers at low education level that across these sub-groups

Recommendation:

- Action Plan need to be developed to protect the labor force for sustainable development of fisheries sector.
- At a minimum, capacity building for leaders/managers on raising awareness related to HIV/IDUs prevention,VCT services, and implementation harm reduction programs for fishery workers

[Paper ID:640]

Session: C02

Challenges in Drug Treatment

Location: Room 3, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

Methadone Maintenance Therapy (MMT), substance abuse, Methadone, injection drug users (IDUs)

Authors (speaker underlined):

Nguyen, Long Thanh; Nguyen, Huynh Thi; Le, Giang Truong; Vu, Cong Van; Nguyen, Mai Quynh; Nguyen, Nhu To; Tran, Hoang Vu; Pham, Minh Huy; Hoang, Thai Nam; Burdon, Rachel; Mills, Stephen Jay; Mulvey, Kevin P; Nguyen, Ngoc Thi Minh; Nguyen, Hong Thu; Jacka, David; Ali, Robert

Title:

Scaling up the methadone maintenance therapy program in Vietnam based on preliminary outcomes of a pilot intervention

Abstract:

Issue: In 2008, Vietnam Ministry of Health, with support from PEPFAR, World Bank and the World Health Organization, established a Methadone Maintenance Therapy(MMT) pilot in two cities to reduce high-risk behavior and HIV transmission in heroin dependent injecting drug users(IDUs).

Project: At the MMT clinics, psychosocial support for IDUs is offered in addition to MMT including VCT, drug dependence counseling, peer support, linkage to HIV care and treatment, harm reduction interventions and other social support services. To evaluate outcomes, baseline data were extracted from the clinical information system upon initiation of MMT and compared with data obtained by interview at three and six months follow-up.

Results: As of September 2009, 1480 individuals were enrolled in the MMT program at an average methadone dose of 110mg/day(range: 10 to 450mg/day). Prevalence of HIV,HBV and HCV was 38%,14%,and 60% respectively. Approximately 95% of people enrolled in MMT have remained in treatment and 8% reported missing a dose in the previous month. Follow-up at three and six months saw dramatic reductions in heroin use and risk behaviors for HIV transmission. WHO Quality-of-Life scores revealed improvements in physical health(81 vs. 69); psychological status(69 vs. 56); and sociological status(56 vs. 50). The proportion of individuals with any employment increased from55% to 66%(p=0.028). The MMT program is estimated to cost 10,000-15,000 VND/patient/day (equivalent to 56-83 US cents/patient/day) but is free to patients.

Lessons Learned:

Preliminary data from the evaluation of Vietnam's MMT pilot has demonstrated a large reduction in heroin use and a statistically significant increase in quality of life and employment. High adherence and low rates of loss to follow-up are due to appropriate therapeutic methadone dosing, trusting relationships with health workers and psychosocial support. Vietnam plans to expand the MMT program to 30 provinces by 2013 covering 80,000 IDUs.

[Paper ID:630]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

sexual behaviors, condom use, risk behaviors, determinants, prevalence, male clients, STIs, syphilis, herpes simplex virus type 2 (HSV-2), sex venues

Authors (speaker underlined):

Nguyen, Nhu To; Nguyen, Hien Tran; Mills, Stephen Jay; Nguyen, Long Thanh; Detels, Roger

Title:

Risky sexual behavior, HIV and STI prevalence in male clients of female sex workers in Hai Phong City, Vietnam is associated with illicit drug and alcohol use

Abstract:

Background: It is estimated that 10-30% of young sexually active men in Vietnam have regular sex with female sex workers(FSWs). Information about the sexual behavior of these young men provides valuable information for formulating and implementing intervention efforts for prevention interventions.

Methodology: A cross-sectional, time-location-sampling(TLS) survey sampled 292 male clients at sex venues in Hai Phong City in April, 2007. During the first stage, sixty sex venues were sampled by time-location with probability proportionate to size. During the second stage, five consecutive clients visiting each venue were interviewed and, after giving consent, provided a blood sample for HIV, syphilis and HSV-2 testing. If they were unwilling to provide a blood sample they were offered an oral rapid HIV test.

Results: HIV, syphilis, and HSV-2 prevalence of FSW clients was 7.0%, 2.9%, 18.5%, respectively in Thien Loi area and 3.6%, 0%, and 12.2%, respectively in Do Son beach. Seventy percent had consumed alcohol or illicit drugs(heroin, ecstasy or methamphetamines) before their most recent encounter with an FSW and 20-25% reported signs or symptoms of STIs in the past year. In multivariate logistic regression, the odds of a male client being HIV and/or syphilis sero-positive was associated with the following: 1) ever having used illicit drug(s) increased 5.3-fold (95% CI 2.1 13.37); being a regular customer of a sex venue increased 2.97-fold (95% CI 1.09 8.06); and 3) experiencing condom slippage/breakage in the past month increased by 2.19 fold (95% CI 1.06 4.53).

Conclusion: There is a significant association of HIV/STI sero-positivity in male FSW clients who use alcohol and illicit drugs. Access to condoms and risk reduction interventions should target males at locations where they commonly meet to drink or take drugs before accessing FSWs. It is critical to implement drug and alcohol reduction and mitigation interventions for FSWs and their clients.

[Paper ID:632]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

methadone maintenance therapy, drug interaction, ARV treatment, illicit heroin use

Authors (speaker underlined):

Nguyen, Long Thanh; Nguyen, Huynh Thi; Nguyen, Mai Quynh; Nguyen, Nhu To; Tran, Hoang Vu; Pham, Minh Huy; Hoang, Thai Nam; Burdon, Rachel; Mulvey, Kevin P; Nguyen, Ngoc Thi Minh; Nguyen, Hong Thu; David, Jacka; Ali, Robert

Title:

Factors associated with illicit heroin use in patients on methadone maintenance therapy in Vietnam: results from an evaluation of a pilot intervention

Abstract:

Background: In 2008, the Vietnam Ministry of Health(MoH) implemented a pilot methadone maintenance therapy (MMT) program to reduce high-risk behavior and HIV transmission. MMT was implemented a community-based integrated model where patients can access methadone, psychosocial support, drug dependence counseling, harm reduction interventions, peer support,VCT, basic health care and linkage to HIV care and treatment services.

Methodology: An evaluation of the pilot MMT program was undertaken using a structured questionnaire in a cross-sectional survey of 521 patients on methadone. Heroin-use information was also extracted from retrospective review of reported heroin-use and random urine test results from patients' records. Potential factors associated with illicit heroin use were obtained and their association with heroin-use in the past month was measured in both binary and multivariate logistic regression using STATA version 10.

Results: Amongst individuals who had taken methadone for more than 60-days, 18%reported occasionally using heroin. In binary logistic regression, significant factors associated with using heroin in the past month were 1) being treated more than 60 days (cOR=0.01); 2) being treated with anti-retroviral drugs(cOR=1.92); 3) and not having social support (cOR=1.69) but in the multivariate logistic regression, only two factors were significant: in treatment more than 60-days (aOR: 0.10; 95%CI: 0.03 – 0.31),and treatment with anti-retrovirals (aOR: 2.02; 95%CI: 1.24 – 3.3).

Conclusion

Preliminary data demonstrated a significant reduction of heroin use in those on MMT. Ongoing heroin use was associated with length of time on the MMT program and being on anti-retrovirals. Currently, 26.2% of MMT patients are on anti-retroviral therapy which commonly includes non-nucleoside reverse transcription inhibitors that can induce methadone metabolism and hence could lead to under-dosing of patients. Training, clinical guidelines and referral procedures need to be strengthened to ensure that drug interactions between MMT and anti-retrovirals are recognized and managed in a safe and timely fashion.

[Paper ID:739]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

tobacco, addiction, welfare-maximization

Authors (speaker underlined):

Nissen, Catherine Michelle; Phillips, Carl V

Title:

Rational economic decision making, rather than "addiction", as a reason for smoking: insights from a focus group study

Abstract:

Despite the huge research enterprise devoted to tobacco and nicotine use, remarkably little science exists about the benefits of smoking -- so little that the phrase "benefits of smoking" sounds strange. Yet there clearly are great benefits given the health and financial costs smokers are willing to endure. The claim that people smoke only because of an addiction (ill-defined concept that it is) silences useful inquiry and implies users are irrational or infantile without providing useful information. In many forums, smokers give far more tangible reasons for why they smoke. To systematically gather some such testimony we analyzed focus group interviews we conducted with Canadian smokers aged 35-55, which were designed to address these related matters. Major themes in subjects' stated reasons for smoking included boredom relief, social facilitation, stress relief, and pleasure.

Participants' indicated that the immediate benefits of smoking outweighed the future health costs, suggesting standard economic (welfare-maximizing) behavior. Subjects volunteered that anti-smoking efforts would be more effective if they focused on the positives to quitting and increased them (i.e., there were bribes offered for quitting). This further indicates economic behavior, though also the well-known consumer irrationality/myopia emphasizing immediate rewards rather than larger future benefits. Recognizing benefits and (incomplete) rationality in smoking behavior emphasizes the value of harm reduction: Though some smokers might genuinely prefer to be abstinent, and thus would benefit most by aids to quitting, others would prefer to not lose all the benefits of smoking, and rationally choose some tradeoff that reduces costs but keeps some benefits.

While marketers have addressed these issues, their analyses and motives are likely not optimal for pursuing harm reduction, and those interested in public health should pursue scientific (i.e., open-minded inquiry) to better understand the genuine benefits of smoking.

[Paper ID:227]

Session: M07

Shining a Light on the System: Using Monitoring and Advocacy to Effect Change

Location: Room 1A, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

human rights, monitoring, criminalization, torture, police abuses, HURIDOCS

Authors (speaker underlined):

Nuraini, Atikah

Title:

Claiming justice and care: essential findings on police abuses against drug users in Indonesia

Abstract:

This presentation describes efforts to monitor police abuse against drug users in Indonesia, and to analyze the findings for use in advocacy. The monitoring activities were conducted by grassroots organizations in 5 Indonesian provinces and relied on non-quantitative forms of reporting as well as statistical quantitative data. To analyze the results of monitoring, we applied a framework of "Who did what to whom?" developed by HURIDOCS. The monitoring found patterns, as well as types, frequency, and causes of human rights violations.

The Government's anti-drug campaign has been associated with police abuse, extortion, and violence against suspected drug users. Common methods of violence include beating, slapping, kicking, blows with heavy sticks, sexual assault, degradation and other forms of mistreatment during the search, interrogation, arrest, and detention process. Based on the monitoring evidence, it was confirmed that human rights violations were happening, especially violations of the right of liberty and security of person, the right to protection from abuse of authority (including freedom from torture, inhuman treatment and punishment, and the administration of justice during the investigation and trial process). Those instances of physical, mental, and sexual abuse flow from the failure of a legal system in the administration of justice to protect human rights and punish perpetrators of the violations, as well as stigma and discrimination on the part of the community.

The speaker will share information about the HURIDOCS framework and promote regular monitoring and improved documentation to elicit convincing reporting and analysis in order to change the punitive approach to drug use to one of voluntary, medically-assisted, and evidence-based treatment.

[Paper ID:863]

Session: M16

Police and Harm Reduction

Location: Room 1A, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

NSEP, IDU, police, policy, practice

Authors (speaker underlined):

O'Connor, Naomi

Title:

Exploring contributing factors limiting the effectiveness of the needle syringe exchange program in Kuala Lumpur, Malaysia

Abstract:

Issue: Intravenous Drug Users (IDUs) are afraid to access the needle and syringe exchange programme (NSEP) in Kuala Lumpur due to the increasingly frequent police raids. There was a lack of research into reasons why police activity at NSEP sites continue despite harm reduction being led at a government level. Setting: The focus of police is on Malaysian drug laws with the current drug policy being to create a drug free country by 2015 which seems to be in contradiction to harm reduction efforts. Methodology: 12 semi-structured qualitative interviews with organisations involved with the NSEP were undertaken and cross-referenced with secondary data. Results: This paper revealed that harm reduction has not yet been incorporated into the official role of the police. The increasing pressure on the police is to meet their targets which are set by the government. Their performance is predominantly assessed through the number of arrests that they make. There is also a generally negative perception about harm reduction among the public who increase the pressure on the police to remove IDUs from their area. The stigma and discrimination faced by IDUs makes accessing health services difficult and increases their fear of being identified as a drug user due to the two year mandatory rehabilitation. Police raids drive IDUs further underground resulting in less access to them; sharing of injecting equipment, and the transmission of HIV. Conclusion: It was recommended that 1) the drug policy and way in which police are assessed is reviewed and harm reduction officially incorporated into police targets and their duties 2) public support needs to be garnered at a critical time when HIV is increasingly being spread through high-risk sexual practices 3) the provision of services for IDUs is increased and there should be a greater involvement of IDUs in policy making decisions.

[Paper ID:787]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Harm Reduction, Principles, Practice, Prisons, South Africa

Authors (speaker underlined):

Obioha, Emeka Emmanuel; Motlalekgosi, Hendrick; Mofokeng, Jacob; vd Westhuizen, Marinda

Title:

Knowledge and practice of harm reduction principles in South African prisons

Abstract:

The link between drug use and imprisonment and HIV infection in South Africa is undoubtedly becoming stronger, as there is an estimate of 45% HIV prevalence among prison inmates in the country. This current situation questions the roles of the harm reduction principles and practice in stemming the escalating harm. Though it is not certain whether the prisons personnel are knowledgeable and implementing the principles of harm reduction. Against this background, this study 1) investigates the extent to which the prisons personnel are aware of the principles of harm reduction; 2) verifies their understanding of the principles and; 3) examines the extent to which they implementation the principles.

This study is a qualitative study that makes use of In-depth and Key Informant Interviews on a sample of 20 prison personnel of various ranks purposively selected from two prisons in Pretoria and Johannesburg, Gauteng Province and 5 officials of state the South Africa Correctional Services Headquarters.

The study tends to reveal that most interviewees only know of the existence of the harm reduction principle as a document, especially officers below the rank of inspector. Interestingly, while some officers are aware of the harm reduction strategy, their interpretations appear to be restricted to only Injecting Drug Users (IDU) on the streets, excluding its applicability to the prisons inmates.

In conclusion, there is an apparent gap in knowledge on the harm reduction principles and practice among correctional services personnel in South Africa. The study points out clearly that harm reduction principles are virtually not implemented in the prisons due to lack of clarity of the principles in most parts. Based on the above, building a constituency for harm reduction and expanding harm reduction's role and relevance in South African prisons require appropriate frameworks and interpretations that resonate with specific cultural and developmental contexts.

[Paper ID:527]

Session: C21

Policy Barriers Faced by Pregnant and Parenting Women Who Use Drugs

Location: Room 11, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Gender, Female, Eastern Europe, Caucasus

Authors (speaker underlined):

Ocheret, Daria

Title:

Fighting stigma to include gender-sensitive programming in Eastern Europe

Abstract:

In Eastern Europe, a woman's primary role in society is a caring mother. If a pregnant woman uses drugs, she violates basic moral principles of the society which results in a social exclusion. This stigma about women can be traced in current drug policies which aim to protect the family against drug using women more than to support her in her family relations.

Common strategies of defense against drug using women are: to exaggerate negative side effects of drugs on pregnancy; to insist on abortion if drugs are taken; to deprive parental rights because of drug use; and in general, to neglect female drug users as a special target group when health policies are elaborated.

In Eastern European countries, female drug users have lower access to prevention and treatment services – for example, in Caucasus women are extremely hard to reach through outreach services; in Russia women account for less than a quarter of those in drug treatment and rehabilitation services; in case of family violence female drug users are less inclined to turn to legal services or seek for psychological support.

To increase access to health, legal and social services female drug users require special assistance which may come in the form of women's groups or peer-driven case management. IHRD supports pilot women's harm reduction projects in Russia, Georgia, Ukraine and Kyrgyzstan. These projects vary in many respects, but they have at least one trait in common – they offer services that take into account gender-specific barriers to access such as lack of reproductive health services, domestic violence, legal issues related to child custody, and childcare issues and make efforts to reduce these barriers.

Moving forward, advocacy should focus on including effective women's projects into national drug policies, but fighting stigma against female drug users is the first step.

[Paper ID:297]

Session: C03

Harm Reduction Policies: Challenges for Developed or Well-Funded National Approaches

Location: Room 11, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

Regression, addiction, policy, medicalization

Authors (speaker underlined):

Olivet, Fabrice

Title:

From institutionalization to regression; the French case

Abstract:

This contribution is about the several steps of French regression regarding human rights since the early days of harm reduction activism. The major one is a secret face of prohibition called radical medicalization of the drugs field. ASUD, a 17 years old drugs users organization, has been experienced different type of discriminations: the repression, the hostility of drugs services, the medicalization and today the neuro scientific approach known as "addiction"

We will describe French drugs politics in the past 20 years regarding drugs users rights and the paradox of the damage caused by the official legalization of harm reduction policy in 2005.

Several key points will be discussed:

- A balance between delinquent status and the neuro scientific approach in terms social representations.
- The importance of poverty, blood diseases infections and injection frames in the institutionalized harm reduction policy.
- The ad equation between the prohibitionist French law (' loi de 1970 ») and extreme medicalization of the drugs fields (' addictologie)

We will speak about the fact that cannabis issues, recreational drugs uses, and socialized drugs users are, more than ever, outside of the official harm reduction policy.

Several examples of French regression will be commented, as substitution chronics treatments, increase of a repression focused on cannabis users and the « drug dealer phantasmagoric figure ».

Conclusion will insist on the best way to prepare next generation of drugs consumers to face the traps of regression and how to built new alliance beetween self-support and drugs services.

[Paper ID:388]

Session: M06

Gender Issues in Harm Reduction

Location: Room 11, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

women, parenting, hepatitis C, harm reduction, emic

Authors (speaker underlined):

Olsen, Anna; Banwell, Cathy; Dance, Phyll; Maher, Lisa

Title:

“It’s just one of those things”: living with hepatitis C and contextual meanings of health among women who inject drugs

Abstract:

Background: It is socially and theoretically expected that chronic illness brings with it physical and personal disruption. However, researchers increasingly report that hepatitis C virus (HCV) infection is perceived as ‘normal’ among people who inject drugs (PWID). Normalisation has been connected to high prevalence of HCV and fatalism or a lack of concern for health in this group.

Methodology: In-depth, semi-structured interviews were conducted with 109 Australian women living with HCV about their experiences and their sexual and reproductive health. Interviews were qualitatively coded by a team to elicit the primary narrative themes.

Results: Women perceived HCV infection as an inevitable consequence of injecting drugs. HCV serostatus was connected to their social definitions of what it meant to be a PWID, suggesting that HCV is an accepted risk within this population. The cultural accommodation of HCV was based on the perceived ubiquity of HCV among peer networks and the wider contexts of lives in which the salience of other risks prevailed. These other risks included the day-to-day reality of poverty but also specific health concerns which featured significantly in women’s accounts of drug use, relationships, family and future aspirations. In particular, reproduction and motherhood represented both a source of concern and of hope for parents and those who hoped to bear children in the future.

Conclusion: Like all of us, PWIDs are influenced by cultural ideologies as they attempt to manage various priorities. Education alone is unlikely to change the cultural interpretations of HCV within this population. Interventions targeting HCV avoidance through safer injection could become more successful if we consider what is important to this group, building on lived priorities to create more meaningful health campaigns and prevention strategies. Sexual and reproductive health and its links to motherhood, for example, present one such window for positive reinforcement of health information among women.

[Paper ID:423]

Session: C22

Peer Driven Interventions

Location: Room 1B, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Peer network, People who use drugs, Enabling environment, Myanmar

Authors (speaker underlined):

Oo, Zaw Thein; Kham, Dr. Nang Pann Ei; Lynn, Htun Htun; Htun, Ye Min; Hughes, Chad

Title:

Strengthen peer network by creating enabling environment in Myanmar, South East Asia

Abstract:

Issue: Meaningful and effective involvement of people who are affected plays a vital role in response to HIV and drug use. In Myanmar, South East Asian Country, conditions are less favorable to develop networks of people who use drugs compared to other countries. Interrelation between peer led self help groups is minimal at provinces as well as country level. Although peer led programs and networks are essential part of new generation harm reduction approach for the country, certain steps need to be overcome to make the action into full momentum.

Setting: According to World Drug Report 2008, there are estimated 400,000 number of people who use drugs in Myanmar, of which very small percentage of them are accessing harm reduction services. Some of these clients are participating in Self Help Group (SHG) activities supported by harm reduction organizations. The purposes of the SHGs mainly focus on health education, income generation activities, and psychosocial support to people who use drugs (including their families and partners). However, collaboration and coordination among these groups need to be strengthened.

Project: To fill the gap of networking between peer SHGs across the country, Burnet Institute facilitates monthly coordination meetings between peer groups since 2008 with the objective of creating an enabling networking environment. During the discussions, the groups can share their activity updates, information on health services, technical support and training opportunities. This network is called Myanmar Drug User Network which can see as a bridge before appearing of national based peer network.

Outcome: Sharing of knowledge, experience and lessons learned between peers and SHGs have improved. Peer representatives are identified to attend regional events. An innovative journal written by peers in Burmese language which represent common voice of peers is published quarterly and used for advocacy in all levels of community.

[Paper ID:1015]

Session: M01

Young Drug Users: Emerging Drugs and New Trends

Location: Room 1A, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

Nigeria, Young People

Authors (speaker underlined):

Oreoluwa, Kolawole

Title:

Advocacy for harm reduction in Oyo State, Nigeria: lesson learned

Abstract:

Issue

Drug use is illegal under the penal code and criminal code law in Nigeria. The implementation of these decrees has shown gaps in articulation, which has hampered the effectiveness of drug control programming. Hence, reforms of existing drug control laws and policies are a priority, especially within the current democratic setting.

Setting

Drug use is increasing among youth in most parts of Nigeria. There is risk of acceleration of HIV transmission in the demographic with the highest HIV incidence, as sexually active drug users may bridge epidemics among youth. Inherent risks of illicit drug use along with associated high-risk behaviours have a significant impact on levels of HIV transmission. The National Strategic Framework for AIDS control (2005-2009), recommends increasing safe sex practices, but alarmingly does not address harm reduction strategies among this population. Consequently, harm reduction interventions in Nigeria currently lag behind the rest of the world.

Key Arguments

Young advocates for harm reduction in Oyo formed a campaign team. Fact sheets were developed and distributed during rallies. Two rallies were attended before some team members were arrested for "promoting drug use", which is illegal in the state.

Outcomes

Harm reduction is not widely understood and is considered promotion of drug use in Oyo State. A challenge with acceptance of harm reduction is that it is a new concept in the state and support for harm reduction is never immersing. However, the arrest of the young people involved in the rally has generated public dialogue about what is called "harm reduction".

Implications

Advocacy and awareness through media is an effective approach to promotion of harm reduction in culturally sensitive communities. Involvement of police and public security in the planning and implementation of harm reduction strategies implies a new level of optimism toward strengthening the harm reduction movement in Nigeria.

[Paper ID:473]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

below the line communication campaigns; NSP; human rights; peer promoters; HIV

Authors (speaker underlined):

Ospina-Escobar, Angelica Maria

Title:

“No la roles” (don’t pass it on): a campaign to reduce needle sharing among male injecting drug users in medium-sized cities along the US Mexican border

Abstract:

Injecting drug use is growing fast along the US-Mexican border. Research and interventions have been mainly focused on Tijuana and Ciudad Juarez, neglecting medium size border cities. PSI/Mexico conducted a qualitative study in 2007 to understand the dynamics of injecting drug use in Mexicali and San-Luis-Rio-Colorado (SLRC), two medium sized border cities. The study showed that among men, sharing injection equipment is an expression of their values regarding solidarity and loyalty within their social networks. Women share injecting equipment with their sexual partners.

To change the social norm that links solidarity and loyalty with sharing injecting equipment, PSI/Mexico designed and launched a communication campaign in 2008 called “No La Roles” (“Don’t pass it on”). The campaign used the slang of the target population, as well as graffiti, to post messages in shooting galleries and trained peer promoters to spread the campaign’s message among male injecting drug users (IDUs). A needle and syringe exchange program (NSP) reinforced messages by making free sterile needles/syringes with the message “carrying a needle/syringe is not a crime” available near shooting galleries. These efforts and outreach among police officers were intended to reduce police harassment of IDUs.

In one year, 212 male IDUs were reached. A 2009 survey found that 49% of participants in the NSP and exposed to the intervention reported not sharing needles at last injection, as opposed to 61% of those not exposed to the intervention ($p < 0.05$).

These findings suggest the importance of implementing communications campaigns that engage IDUs by using communication styles preferred by them. Specifically, communication campaigns should focus on developing messaging that is integrated into existing injecting behavior—such as graffiti in shooting galleries and messages on syringes. Peer promoters are an effective way to reach IDUs.

[Paper ID:459]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Innovative Creative Harm Reduction Support

Authors (speaker underlined):

Ozolins, Sue

Title:

Creative harm reduction for hard to reach groups

Abstract:

Issue: A new support initiative is required to address unmet need resulting from the limited support available from services to drug users out of hours and at weekends. This scheme intends to provide safe, creative opportunities to people not yet in recovery by offering the chance to make lifestyle choices towards positive change.

Setting

- Swindon in Wiltshire UK
- Population: 186,600
- Estimated Opiate and Crack users: 1359
- Dominant drug: Cocaine followed by Opiates

Project

- Group name EQWIPT
- Project work created; newsletters, presentations, posters, website, all branded 'Extreme Empathy Works' to expand knowledge on difficulties of maintaining recovery within the community and discuss and promote solutions, and bring attention to unmet needs.
- Operates outside of normal hours.
- All participants are referred to as partners.
- Partners are offered learning opportunities that are supportive and produce harm reduction materials.
- Partners discover a new sense of self-worth & pride by giving something back to their community.
- Increased peer support and being part of a positive support network ensures improved confidence/self-esteem.
- Sharing out responsible duties that facilitate change without placing pressure or unrealistic demands.
- Outlining pitfalls, offering strategies in avoiding returning to old habits

Outcomes: We feel traditional support formats do not suit everybody that is why many fall short of addressing their drug use problems effectively within their communities.

Working on limited funds; whilst generating opportunities for change and creating empowering roles; with stimulating and encouraging project work that will support many to make positive choices.

The project aims to reduce harm for all who use psychoactive drugs and to explore alternatives to drug use. We will deliver a report on the findings/ benefits /cost effectiveness of treatment by March 2010.

[Paper ID:397]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Develop IEC Material By IDUs to lead a Healthy and Positive life.

Authors (speaker underlined):

Pakhrin, Sudhir

Title:

Develop IEC material by IDUs to lead a healthy and positive life

Abstract:

Issues:

There is a scarcity of IEC materials necessary in disseminating information about Drugs /HIV/AIDS to the most at risk and hard to reach populations, in particular information regarding stigma and discrimination faced by IDUs. Furthermore, involvement of DU/IDUs in designing such IEC is virtually non existent.

Description:

Navakiran Plus (NKP) and Sidaction (ESEMBLE CONTRE LE SIDA) conceptualized a process of IEC material development involving local DU/IDUs consultants. Two groups of four consultants each worked for three months and adapted booklet (Methadone Maintenance Treatment) client handbook developed in Canada by The Centre for Addiction and Mental Health (CAMH) to the Nepali context. The booklets provide information along with sketches about OST oral substitution therapy MMT, nutritional needs of MMT clients, stigma and discrimination, social and family support, taking care of one's body and health, etc. The users of the booklet are individual outreach educators who work with illiterate vulnerable communities across Nepal.

Lessons learned:

IEC materials development is a technical process that needs a lot of careful planning and orientation. Those involved in the process should have real knowledge of the issues that are of utmost importance to the targeted users. Care and attention needs to be given to language, social norms, and depiction. Involvement of local IDUs is of utmost importance when developing IEC and other materials. In addition to creating booklets that are representative of the local needs and situation, exposure to working in an office environment as consultants making steady income and gaining much needed skills in computer, translation, editing and sketching helps develop capacities of the involved consultants significantly.

Recommendations:

For ensuring the design of effective IEC materials related to Drugs/HIV/AIDS, it is imperative that local IDUs be involved in the planning, design, pretest and launch phases. Involvement of community PLWHA will also contribute towards capacity development and skills enhancement.

[Paper ID:560]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

hepatitis c, sharing, needles/syringes, review, meta-analysis

Authors (speaker underlined):

Palmateer, Norah; Innes, Hamish; Hickman, Matthew; Hutchinson, Sharon; Goldberg, David

Title:

Review and meta-analysis of the association between self-reported sharing of needles/syringes and Hepatitis C virus prevalence and incidence among injecting drug users

Abstract:

Background

Hepatitis C is a blood-borne virus that is transmitted percutaneously. In most resource-rich countries injecting drug users (IDUs) comprise the group at the highest risk of infection because of risky injecting practices, primarily the sharing of needles/syringes (n/s). Epidemiological studies have, however, shown inconsistent associations between self-reported sharing practices and HCV prevalence. This study aims to summarise the measure of association between self-reported sharing of n/s and HCV prevalence/incidence.

Methods

Studies were identified through a computerised search of MEDLINE and EMBASE. Search criteria were limited to studies undertaken in Europe and published between January 1990 and January 2009. Eligible studies reported HCV prevalence (or incidence) among those who reported ever/never (or recent/non-recent) sharing of n/s. HCV infection was defined as the detection of an HCV marker using a serological or saliva test. Meta-analysis was conducted to generate a pooled estimate of the association.

Results

Fourteen cross-sectional studies and two longitudinal studies met our inclusion criteria. Prevalence of HCV ranged from 48%-92% and 41%-79% among IDUs who reported ever and never sharing n/s, respectively. Random effects meta-analysis generated an odds ratio of 3.0 (95% CI 2.2-3.9), comparing HCV infection among those who ever (or recently) shared n/s relative to those who reported never (or non-recent) sharing.

Conclusions

The results suggest a higher risk of HCV infection among IDUs who reported sharing n/s relative to those who did not, although very high prevalence rates were detected among those who report never sharing n/s. Limitations of this study include the lack of information on other potential risk factors for HCV infection, for example, the sharing of non-needle injecting paraphernalia. This result has implications for the use of self-reported sharing of n/s as proxy for HCV risk.

[Paper ID:857]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Harm Reduction, Outreach, Drop In Centre, Fisherman, Plantation workers

Authors (speaker underlined):

Parasuraman, Guganesan

Title:

Needle and syringe exchange program on the east coast of Malaysia

Abstract:

Pahang has the third highest HIV cases in Malaysia and in the first half of 2009, 85% of reported HIV cases are among Injecting Drug Users (IDUs). Needle and syringe exchange program (NSEP) was introduced back in June 2007 by Drugs Intervention Community Pahang, a community based organisation which provides much needed services to often marginalised drug user community in the state

Former drug users from the area are recruited and trained to identify IDUs, conduct mapping and implementation of NSEP. NSEP is conducted via outreach and also drop in centre in Kuantan, Pahang. Sterile needles and syringes are distributed and used ones are collected for proper disposal. NSEP clients are also engaged in education on Blood Borne Infections, safer injecting, safer sex, basic healthcare among others. First aid was given to those in need and those Clients who are in need of medical attention are referred to hospitals accompanied by staff from the organisation. Drop in centre services include meals, shower, washing machine, place to rest, basic health care, support groups, NSEP and referrals to various services needed by the clients.

Till date, more than 1500 clients have accessed the program and out of that 950 are regular clients. Working 5 days a week, the 8 man outreach team reaches out to more than 850 clients at 12 outreach locations. The first half of 2009 saw 109 clients referred to healthcare services and 81 clients referred to VCT services. 52 clients referred to Methadone Substitution Therapy and 23 clients were referred to drug rehabilitation facility which was run by the same organisation. Needle and Syringe return rates exceed 70%

The challenges include limited coverage due to insufficient staffs and resources. Lack of positive publicity on NSEP also hampers support from community and law enforcement agencies.

[Paper ID:859]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Outreach, Integrated health services, rural area, partners of IDUs, Home based care

Authors (speaker underlined):

Parasuraman, Guganesan

Title:

Integrating health services into NSEP - Malaysian experience

Abstract:

Needle and Syringe Exchange Program (NSEP) kicked off in Kuantan, a town on the east coast of Peninsular Malaysia in 2007. Many started to access various services offered by DIC Pahang such as day shelter, meals, basic healthcare, education, sterile needles/syringes and also referrals.

However, limited staff and resource hampers provision of services to clients that need medical attention and care at home. Apart from that, the vast geographical area covered by the NSEP team doesn't allow much time for personal attention to their clients. Currently, much of the focus is on provision of needles and syringes with little or inadequate support services which compliments comprehensive Harm Reduction efforts. Furthermore, 8 outreach staff had to serve more than 1000 clients every month.

DIC Pahang realising the importance of comprehensive care for drug users, initiated Support Services Team (SST) to provide personal attention and care for the NSEP clients. Former drug users are recruited to provide much needed services for their sick comrades. SST team visits clients referred by NSEP and does all the necessary follow ups which includes accompanying clients to hospital, care at their home, referrals, educating clients, their partners/spouses and most importantly, the family members. Often, bed ridden clients are left without proper support and attention due to stigma and discrimination. SST provides home based care and educates the family members to take the role of caring for the bedridden clients. SST team also visits NSEP clients at the hospital to provide emotional support as well as education on HIV prevention and medical adherence.

NSEP cannot and should not be implemented without proper support mechanisms as it may not be able to address HIV/AIDS issues effectively and holistically. Packaging NSEP with support services is essential to be comprehensive in providing care for IDUs and their partners.

[Paper ID:904]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Rehabilitation, HIV/AIDS, Medical Adherence, Comprehensive care,

Authors (speaker underlined):

Parasuraman, Guganesan

Title:

Role of rehabilitation centre in addressing HIV/AIDS – Malaysian Experience

Abstract:

Pahang has the third highest cases of new HIV infections in Malaysia. The first 6 months of 2009 recorded 335 new HIV infections and 85% of the recorded infections were amongst IDUs. Drugs Intervention Community Pahang (DIC Pahang) formed in 2000 by former drug users with the intention of serving drug users in the state with comprehensive and continuous care.

Casavilla, DIC Pahang's drug rehabilitation facility can accommodate 35 clients and the rehabilitation program lasts six months. The unique quality of this facility is that there are no fences and clients are free to leave whenever they feel the program doesn't suit them. We believe that forced treatment is counterproductive.

Drug abuse treatment itself is an effective intervention for HIV/AIDS and it reduces other drug related problems. Program at Casavilla are designed to improve physical and psychological aspects of clients (including PLWHIV clients). Knowledge on HIV/AIDS, HCV, VCT, safer sex, safer drug use and other drug related issues are given by staff and also external resource persons. VCT and treatment is made available without any cost at the Government Hospital. PLWHIV support group provides emotional support and sharing of experience. Clients are also given information on harm reduction effort by DIC Pahang to ensure relapsed clients have access to sterile needles/syringes. Clients' medical adherences are monitored and clients are referred to the hospitals when the need arises. Hospital appointments are recorded and staffs accompany clients on all hospital appointments.

Positive results include increase in knowledge on HIV/AIDS and drugs. Many clients have started treatment and adherence is maintained with the support of staff and support group.

Integration of awareness, prevention and treatment adherence as an integral component of the drug rehabilitation plays important role as both drug use and HIV/AIDS are both interrelated public health issues

[Paper ID:941]

Session: C08

Substitute Prescribing

Location: Room 3, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Aboriginal people, Methadone Maintenance Treatment

Authors (speaker underlined):

Parkes, Tessa; Wardman, Dennis

Title:

"Sometimes our people get tossed out of the system"; accessibility and appropriateness of MMT and harm reduction services for aboriginal peoples in British Columbia, Canada

Abstract:

The province of British Columbia (BC), Canada commissioned its first MMT systems review in 2008 to explore access, retention, quality, effectiveness and equity. One area of inequity is provision of MMT to Aboriginal peoples, both on- and off-reserve. Findings on the accessibility and appropriateness of MMT and harm reduction services for Aboriginal peoples in BC are presented, with recommendations for system improvement.

A multi-phase, multi-method qualitative design was used to collect data over 14 months. 309 people from 36 stakeholder groups participated: 30% of participants were MMT clients, 10% represented Aboriginal concerns. Data were transcribed and thematically coded.

Aboriginal people in BC experience high levels of substance use, closely connected to the ongoing impact of colonization and associated social and economic challenges. Although off-reserve Aboriginal people are prioritized for MMT access, substantial barriers remain. Services struggle to meet need: spread thin, those that exist tend not to be culturally relevant/appropriate and there is a lack of trauma-informed services. Exceptions exist, however, and holistic/comprehensive models that provide opportunities for active participation, based on kindness and respect, where people feel cared for within supportive relationships, are highly valued.

MMT/harm reduction services are not available on-reserve resulting in people travelling long distances or leaving their communities, potentially compounding disenfranchisement. Stigma is frequently encountered: Aboriginal leadership/communities are generally less accepting of MMT. Rural/Aboriginal health professionals, with an addictions/harm reduction focus, are urgently needed, alongside appropriate service delivery models.

The presentation concludes by outlining ways that Aboriginal peoples can be better served. The unique cultural/historical factors that impact Aboriginal health must be understood and appreciated. Meaningful participation of Aboriginal peoples in harm reduction policy/service development, with resourced and genuine capacity-building, is essential. Increased access can be facilitated using telehealth/telepharmacy, primary care and shared-care models. Holistic approaches, drawing on principles of cultural safety, show significant potential.

[Paper ID:174]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

men who have sex with men, HIV, methamphetamine, obsessive compulsive disorder

Authors (speaker underlined):

Patterson, Thomas L; Semple, Shirley J; Zians, Jim; Strathdee, Steffanie A

Title:

Correlates of obsessive-compulsive disorder in a sample of HIV-positive, methamphetamine-using men who have sex with men

Abstract:

Background: Use of methamphetamine has been associated with high-risk sex and increased risk for HIV/STIs. Substance use has been identified as a correlate of obsessive-compulsive disorder (OCD), but little research has been conducted specifically with methamphetamine users.

Methods: Using multiple regression analyses, we examined correlations of selected variables from the baseline assessment (methamphetamine use, sexual risk behaviors, demographics, mood) with OCD in 245 HIV+ MSM who enrolled in a safer-sex intervention. OCD severity was assessed using the Obsessive Compulsive Inventory, Revised.

Results: By design, all participants were male. Mean age was 40, most were Caucasian (56%), living with another adult in a non-sexual relationship or living alone (55%), unemployed (82%), and having an income of less than \$10,000 per year (48%). Participants reported using a mean of 9.5 grams of methamphetamine, spread over an average of 12 days, in the previous month. The mean number of sex acts in the past two months was 46.1 (range 2-300). Mean OCD score was 12.5 (out of a possible 18). Washing, hoarding and neutralizing subscales were significantly correlated with frequency of methamphetamine use ($r = .16, .12, .14$, respectively; $p < .05$), while obsessing and checking subscales were not. Regression analyses revealed that higher OCD scores were associated with greater frequency of methamphetamine use, more depressive symptoms, seeking out risky venues and risky sexual partners when "high," engaging in vigorous sex when "high," and reporting fewer sex acts in the past two months.

Conclusions: Many methamphetamine-using HIV+ MSM demonstrated high OCD scores, suggesting that OCD symptoms may play a role in their drug use behaviors and risky sexual practices. While more research is needed to determine if OCD was syndromal in this population, we speculate that treatment for OCD might alleviate the need for some drug users to use methamphetamine.

[Paper ID:213]

Session: M05

Tobacco Harm Reduction: Healthier So Why Not Acceptable?

Location: Room 3, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

Tobacco Harm Reduction, Regulation, Snus, Policy

Authors (speaker underlined):

Payne, Adrian

Title:

Tobacco harm reduction: need for a more holistic regulatory framework

Abstract:

Tobacco Harm Reduction: Need for a more holistic regulatory framework

Payne, Adrian, Tobacco Horizons, Biggin Hill, United Kingdom

Cigarette smoking is a major cause of disease and premature death. In spite of increasingly comprehensive global tobacco control measures, it is likely to remain so if these measures remain based primarily on an 'abstinence-only' regulatory paradigm. The longstanding search for a 'safer cigarette' has not come up with a product that is endorsed as such by regulatory authorities and remains beset by practical and political obstacles. Given this scenario, there is increasing interest within certain public health circles in the harm reduction potential of smoke-free nicotine-providing products, of which Swedish-style snus and electronic cigarettes are two examples. As these products do not expose the user to tobacco smoke (which is the main cause for concern rather than nicotine) there is good reason to believe and, in the case of snus, epidemiological evidence to prove, that whilst not completely harmless, they are vastly less harmful than cigarettes. But, from a regulatory perspective, their use is not encouraged, evidenced by the sale of snus being banned in the European Union other than in Sweden and the recent banning of sales of electronic cigarettes in some jurisdictions. This failure to apply harm reduction measures to cigarette smoking is indicative of the need to develop a more holistic regulatory framework based on a continuum of risk and covering all nicotine-providing products including pharmaceutical nicotine replacement therapies. Allied to the provision of meaningful consumer information, such a framework could potentially help achieve public health goals in relation to reducing smoking prevalence more rapidly than would otherwise be the case. It could also have the additional benefits of incentivising innovation-driven business transformation within the tobacco industry and re-socialising tobacco consumers who have been increasingly ostracised through denormalisation.

[Paper ID:747]

Session: C13

Harm Reduction and Human Rights

Location: Room 1A, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

drug treatment Cambodia human rights

Authors (speaker underlined):

Pearshouse, Richard

Title:

The illegal arrest, arbitrary detention and torture of people who use drugs in Cambodia

Abstract:

There are currently 11 government drug detention centers in Cambodia, run variously by the Municipality of Phnom Penh, the Ministry of Social Affairs, the Military Police and Civilian Police authorities. These centres claim to provide drug "treatment" and "rehabilitation" on a compulsory basis. In 2008 over 2,300 people were detained. Very little is known about the health and human rights conditions inside Cambodia's drug detention centres.

Between February and July 2008 we interviewed 74 key informants in Cambodia, including 53 former detainees of drug detention centres.

According to key informants, there are frequent abuses by police during arrest, such as physical torture to force confessions or reveal information. Police demand money or sex in return for release from police detention. Former detainees reported they were shocked with electric batons, whipped with twisted electrical wire, beaten, forced to perform painful physical exercises such as rolling along the ground, and were chained while standing in the sun. Former detainees reported rapes by centre staff. Former detainees also reported being coerced into donating their blood. Arduous physical exercises and labor are the mainstays of supposed drug "treatment". Many suffer symptoms of diseases consistent with nutritional deficiencies. Those detained in such centers include a large number of children under 15, as well as people with mental illnesses.

Cambodia's drug detention centers detain people in violation of international and Cambodian legal standards, and should be permanently closed. The Cambodian government should expand access to voluntary,community-based drug dependency treatment that is medically appropriate and comports with international standards.

[Paper ID:103]

Session: M12

Theories and Philosophies of Harm Reduction

Location: Room 11, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

tobacco addiction, addiction, self cure, natural remission, 1964 Surgeon General's Report on Smoking,

Authors (speaker underlined):

Peele, Stanton

Title:

Changing concepts midstream: the meaning of tobacco addiction

Abstract:

The concept of addiction is more fluid than people imagine, particularly if they accept an invariant neurobiological model. This is true with smoking as much as - or more than - with heroin or alcohol. Not well-remembered now is that the landmark 1964 Surgeon General's Report specifically excluded tobacco and smoking from the addiction category, and that an entirely new report had to be issued in 1988 to reverse this position. Intervening cultural developments caused this shift, which resulted in various, and in some cases, negative psychological and epidemiological consequences. While in fact most smokers quit, and most do this without any form of treatment, the cultural climate now insists that this is impossible in what is becoming a self-fulfilling prophecy - one with monumentally unhealthy implications for smokers, for addicts in general, and for society.

[Paper ID:536]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

alcohol, intervention, Thailand

Authors (speaker underlined):

Pensuksan, Wipawan Chaoum; Taneepanichskul, Surasak; Williams, Michelle

Title:

An innovative alcohol harm reduction intervention among Thai male undergraduate students

Abstract:

Background: Alcohol consumption, particularly among young males, is an important global health problem, in part because of the adverse outcomes associated with the behavior. Adverse outcomes include injuries secondary to drunk-driving, physical aggression and violence, increased risks of illicit drug use, crime, and longer term risks such as alcohol dependence, depression and anxiety. There are no data available to evaluate the extent to which harm reduction intervention strategies are effective in reducing hazardous/harmful alcohol consumption among young males in Thailand. We sought to examine the efficacy of alcohol harm reduction strategies administered as a peer-drinking group motivational intervention (PD-GMI) among Thai male undergraduates. Methodology: Quasi-experimental study design involving two student groups with assessments at baseline and at two follow-up sessions was used. Participants were students enrolled in two public universities and who reported alcohol consumption during the current academic year. Students in one university were assigned to an assessment-only study group (n=110); and students at the other university were assigned to a 2-hour PD-GMI intervention (n=115). This intervention was designed to (1) increase the awareness of risks associated with hazardous/harmful alcohol consumption; (2) enhance students' motivation to change their drinking behaviors; and (3) encourage protective behavioral strategies during episodes of alcohol consumption. Hazardous/harmful alcohol consumption and adverse consequences were assessed using the Alcohol Use Disorders Identification Test (AUDIT) and the Rutgers Alcohol Problem Index (RAPI). Results: Students receiving the intervention had significant reductions in mean AUDIT scores; 50.4% at baseline to 1-month and 61.2% at baseline to 3-month post-intervention. Their mean RAPI scores were also reduced; 42.0% at baseline to 1-month and 42.9% at baseline to 3-month post-intervention. This intervention decreased significantly AUDIT and RAPI over time. Conclusions: These results suggest the efficacy of the PD-GMI intervention for reducing alcohol consumption and its associated adverse consequences among Thai male students.

[Paper ID:495]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

adherence, opioid substitution treatment, injection, sniffing, hiv

Authors (speaker underlined):

Perrine, Roux; M.Patrizia, Carrieri; Julien, Cohen; Isabelle, Ravaux; Bruno, Spire; Michael, Gossop

Title:

Adherence to opioid substitution treatment among HIV-infected injecting drug users (IDUs): results from MANIF 2000 cohort

Abstract:

Background: The assessment of adherence to long-term therapy generally incorporates several dimensions about how patients follow medical prescriptions. To date, these dimensions are often neglected in the definition of adherence to opioid substitution treatment (OST). MANIF 2000 cohort gives us the opportunity to introduce and assess a multidimensional definition of adherence to OST in HIV-infected opioid dependent individuals. Methodology: Data were collected every six months in outpatient hospital services delivering HIV care in France. We selected all patients receiving OST (either methadone or buprenorphine) at least at one follow-up visit and for whom data on adherence to OST were available for the analysis (N=235 patients, 1056 visits). Non-adherence to OST was defined as having reported use of opioids in a non medical context, and/or the misuse of the prescribed oral OST (injection or sniffing). After adjusting for the non-random assignment of OST type, a model based on GEE was then used to identify predictors of non-adherence to OST. Results: Among the 235 patients, 70% were men and median [IQR] age was 34 [31-37] years at their first visit to OST. Non-adherence to OST was found in 439 (41.6%) visits and for 196 individual patients. In the multivariate analysis, predictors of non-adherence to OST were: cocaine, daily cannabis and benzodiazepine use, experience of opioid withdrawal symptoms, and lower time since OST initiation. Conclusions: While adherence rates are comparable in methadone and buprenorphine patients, experience of withdrawal, as a proxy of inadequate dosage or prescription, and associated drug or anxiolytic consumption (cannabis, cocaine, BZD), as a proxy of inadequate global care, remain a major determinant of non-adherence to OST. Sustainability and continuity of care with adequate monitoring of withdrawal symptoms and OST dose adjustment may contribute to reduce harms from non-adherence to OST.

[Paper ID:514]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Methadone, primary care, intervention trial, hepatitis C, injection

Authors (speaker underlined):

Perrine, Roux; Laurent, Michel; Julien, Cohen; Alain, Morel; M.Patrizia, Carrieri

Title:

An intervention trial on methadone delivery in primary care: barriers and issues

Abstract:

Issue: Despite the positive impact of the introduction of opioid substitution treatments (OST) (buprenorphine and methadone) and needle-exchange programs on the decrease in HIV prevalence and overdoses, HCV incidence remains high in injecting drug users (IDUs). The current legal framework in France does not allow primary care physicians to initiate methadone treatment. Because of this difficulty in accessing methadone, many IDUs must either decide to take buprenorphine (which is sometimes diverted through injection) or stay without OST. In the latter case, they continue injection practices which contribute to the diffusion of the Hepatitis C virus. In light of this issue, the project "Méthaville" was created at the behest of the Ministry of Health under the framework of the national Hepatitis plan.

Setting: This multi-center intervention trial is taking place in 10 cities throughout France. It consists in including 300 patients, who by randomization, will begin methadone treatment either in primary care (200 patients) or in specialized addiction care centers (100 patients)

Project: The objective is to evaluate whether the extension of primary prescription of methadone in primary care will result in a reduction of risky HCV transmission practices similar to that found within specialized addiction care centers, all the while assuring safety and continued treatment. Evaluation criteria will be injection, treatment adherence, quality of life, social insertion and the cost effectiveness of extending methadone initiation to primary care.

Outcomes: After encountering numerous methodological and statutory difficulties, the project finally received the necessary authorization to begin in January 2009. Among the 54 patients pre-included to date, 45 have been fully included in the study. Median age is about 30 years (23-50) and 79% of patients are men. Some further results will be available and updated in time for the presentation at the conference.

[Paper ID:516]

Session: C18

Harm Reduction for People who Use Prescription Drugs

Location: Room 12, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

filter, harm reduction, fillers, buprenorphine, methylphenidate

Authors (speaker underlined):

Perrine, Roux; M.Patrizia, Carrieri; Lenneke, Keijzer; Nabarun, Dasgupta

Title:

Pulmonary disease in IDUs: time to use novel tools for reducing harm from filler particles due to injection of pharmaceutical products

Abstract:

Background: It has long been known that drug users may use a variety of pharmaceutical preparations by injection, many of which were not intended for intravenous or intra-arterial administration (e.g., buprenorphine, methylphenidate, oxycodone). Besides the local injection site complications caused by injecting practices, it has been suggested that the introduction of particles, mainly fillers such as talc or starch, in the blood circulation could cause pulmonary emboli. To reduce the harmful consequences of injecting such solutions, drug users have been encouraged to use filters. This research studied the effectiveness of a microfilter in eliminating these particles.

Methods: Generic buprenorphine and methylphenidate (Ritaline®), both containing talc, are frequently diverted for use by injection in France. The aim of our laboratory-based study was to compare the effectiveness of a microfilter (Sterifilt®, filter pore size=10µm) versus no filtration, for reducing the number of particles in solutions of dissolved generic buprenorphine and methylphenidate tablets.

Results: Compared to no filtration, that microfilter eliminated about three quarters of all particles between 0 µm and 5µm, and 97% of all particles between 5 and 15 µm. As for the Ritaline® solution, filtration through that microfilter significantly eliminated respectively 67% and 95% of all particles. Conclusion: Preliminary results indicate that microfilters are effective in significantly reducing the amount and size of particles responsible for major pulmonary embolitic harms. Since drug regulatory agencies do not restrict the use of pharmaceutical fillers that may be dangerous when injected, one strategy for alleviating injection-related pulmonary consequences is to promote the implementation of microfilters in harm reduction programs, accompanied by training of social workers, peers and drug users. Besides such interventions, research is needed to implement active surveillance for cases of pulmonary complications in IDUs in order to better identify the pharmaceutical products involved and propose changes in excipients to reduce injection-related harms.

[Paper ID:448]

Session: C36

Sex Work and Harm Reduction in the UK: Safety, Skills and Struggles for Social Inclusion

Location: Room 12, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

sex work, pragmatism, increase, personal, agency

Authors (speaker underlined):

Perry, Georgina

Title:

Through pragmatism to possibility; an exploration of how harm reduction principles make a difference to the lives of sex workers

Abstract:

Since the mid 1980's and the introduction of harm reduction measures aimed at injecting drug users, the principles and approaches have expanded significantly. Now used widely amongst services working with the most socially excluded, harm reduction applies whenever a specific community of interest face risks that cannot be prevented or removed entirely.

Within the sex work field, harm reduction forms a bedrock of skills and attitudes that can help keep women safe. This ethos has shaped the delivery of support services for sex workers in the UK for over twenty years. Yet, whilst harm reduction has remained integral for many UK based sex work projects it has received criticism via the "exiting" discourse now increasingly evident within UK policy and media.

This paper argues that some advocates of "exiting" misunderstand or misrepresent services working from a harm reduction approach. It will challenge those who have critiqued harm reduction as a method of keeping people in sex work and accepting exploitation. Far from encouraging sex workers to accept substandard living and working conditions, the application of practical and achievable measures relevant to their situation enables women to increase personal agency and locate choices where previously there may have been thought to be none.

Based on almost 20 years of practice within community health and practice based evidential data gained from 6 years of managing sex worker services in the east end of London, this presentation will outline the challenges and successes of service delivery from within a harm reduction framework. The presentation will question the widely held assumption of sex worker as helpless victim, using examples of innovative practice amongst off street and street sex workers and their male partners to demonstrate how the most unlikely approaches can be beneficial when rooted in the imperative to minimise harm.

[Paper ID:960]

Session: C25

Compulsory Detention of Drug Users: We All Know It Is Happening But What Can We Do?

Location: Room 1A, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

Vietnam, compulsory drug treatment, civil society, drug user organization

Authors (speaker underlined):

Pham, Minh Thi; Khuat, Oanh Thi Hai

Title:

The role of drug user groups in advocating for improved treatment

Abstract:

Drug users in Vietnam still face the harrowing prospect of being locked up in detention centers because we use or have used drugs. In this presentation I will argue that our experience of being locked up is exactly the experience organizations who are working on or in detention centers need to consider in developing their responses and interventions.

Engaging all forms of civil society is essential to fully understand the complexities of mandatory detention centers. Drug users, their families as well as the broader community all play an important role in developing suitable, practical and appropriately targeted interventions aimed at transitioning away from compulsory treatment to services that respect human rights, are evidenced based and are cost effective.

In Vietnam the Institute for Social Development Studies (ISDS) has worked with civil society to ensure that after being locked up we are not locked out of responding to compulsory detention. This paper will summarize many years of advocacy aimed at allowing effected communities to contribute to all levels of debate about detention. I will also speak about our role in moralizing support for harm reduction and community based treatment. Presenting at this conference is only one step of many that are needed to ensure those that know the most are listened too.

This paper will be presented as part of the parallel session "Compulsory detention of drug users: we all know its happening but what can we do?" organized by Simon Baldwin

[Paper ID:220]

Session: M05

Tobacco Harm Reduction: Healthier So Why Not Acceptable?

Location: Room 3, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

economics, welfare, nicotine, abstinence

Authors (speaker underlined):

Phillips, Carl

Title:

Tobacco harm reduction is economically and ethically superior to policies of abstinence

Abstract:

Harm reduction is typically presented as an inferior alternative to abstinence, and even its proponents sometimes emphasize its second-best status. Arguably a minor reduction in harm from a life-destroying drug is inferior to abstinence, but it is unconscionable when this is extrapolated to all behaviors. E.g., most people recognize that it is absurd and unethical to demand that

everyone who lack long-term monogamous partners eliminate sex from their lives, reluctantly offering protected sex only as a last resort for those who refuse to do what is "best". Ethical public health policy does not ignore other human wants. Few people realize, however, that it is equally unethical to

demand that nicotine users consider only abstinence, rather than the

low-risk smokeless products that are 99% less harmful than smoking.

Nicotine is a beneficial drug that promotes pleasure, focus, energy, and relaxation for many people, and for 10-20% of the population relieves serious problems including attention deficit, depression, stress disorders, and schizophrenia. Nicotine is so beneficial that people choose to get it by smoking despite the universally-known health costs, high purchase price and social stigma. Economics (the study of people's choices in pursuit of happiness) shows that most smokers' welfare would be much improved by substituting low-risk nicotine for smoking, but many would also benefit by choosing harm reduction over abstinence. Thus, current policies promoting

nicotine abstinence and denying the benefits of harm reduction are fundamentally unethical at several levels. Moreover, harm reduction

advocates who consider product substitution a last resort that should be restricted to those who would not otherwise quit smoking do a terrible disservice to abstainers who would benefit from low-risk nicotine. Educating consumers that low-risk, satisfying nicotine products exist will inevitably increase the number of users, but this should be recognized as an additional benefit, not a downside.

[Paper ID:943]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

tobacco harm reduction, comparative risk, interpreting evidence

Authors (speaker underlined):

Phillips, Carl; Heavner, Karyn Kimberley

Title:

Updating the calculation of the comparative mortality risk of cigarettes and smokeless tobacco and other low-risk nicotine products

Abstract:

In 2006 we estimated the mortality risk of smokeless tobacco (ST) to be about 1% of that from smoking in Western populations, and this figure has been accepted as conventional wisdom in many discussions of tobacco harm reduction. Perhaps more importantly, we demonstrated that estimates higher than about 5% required implausible interpretations of the evidence. Other calculations (particularly by Rodu) have put the point estimate at closer to 2% (which is consistent with our estimates). This contrasts with several prominent claims, mere guesses, with estimates as high as 10% (inconsistent with the evidence) or as low as 0.1% (seemingly too optimistic).

Since our original calculations were done there have been new epidemiologic studies as well as summary estimates (particularly by Lee and colleagues). To update our point estimate and to offer policy-relevant interpretations of recent studies, we revisited the analysis. We used official U.S. and Swedish government estimates for the risks from smoking and baseline risks, and risk-factor epidemiologic estimates (from all Western populations, primarily the U.S. and Sweden) for the ranges of possible risk levels from ST. The results are consistent with previous estimates, with a naïve reading of the literature (esp., not accounting for publication bias) yielding a point estimate above 1%, reasonable corrections for biases in the literature providing estimates in the order of 1%, and no defensible inputs yielded results much above 5%. We then calculated how this extrapolates to other low-risk nicotine products where evidence is lacking, which has not been done before. Based on the observation that most risk from ST appears to be from nicotine itself and other outside information, this shows that risks are sufficiently similar that low-risk products can be considered interchangeable in terms of their health benefits as alternatives to smoking, and are only trivially different from complete cessation.

[Paper ID:469]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

prevalence data, intervention, risk behaviour, workplace

Authors (speaker underlined):

Pidd, Kenneth John

Title:

The potential of the workplace as a harm reduction setting for young people

Abstract:

Background: Research indicates employed young people are more likely to use alcohol or other drugs (AOD) compared to those not in the paid workforce. However, data concerning the extent of harmful AOD consumption among employed youth are limited. Such data can inform the design and implementation of harm reduction strategies. The aim of the current research was to examine this issue using Australian workforce data.

Method: Secondary analyses were conducted of selected data collected from 19,818 Australians as part of the 2007 National Drug Strategy Household Survey (NDSHS). The NDSHS collects data on awareness, attitudes, and behaviour relating to AOD use. A multi-stage stratified sampling methodology is utilised and data are weighted to be representative of the total Australian population.

Results: A total of 2,273 respondents were under the age of 25 years, of which 980 (weighted n = 1,278,445) were employed. These young workers were 3.1 times more likely to drink alcohol at harmful levels and 1.8 times more likely to use illicit drugs compared to those aged less than 25 years and not in the paid workforce. Moreover, these young workers were 1.4 times more likely to use alcohol at work, 1.9 times more likely to attend work under the influence of alcohol, 2.5 times more likely to use drugs at work and 1.7 times more likely to attend work under the influence of drugs compared to older workers. Young workers most at risk were those employed in the hospitality, construction, transport, or hospitality industries.

Conclusion: Data reported here have important implications for harm reduction strategies by allowing for the development of tailored and targeted interventions. However, despite existing occupational health and safety frameworks that can be utilised as a cost effective vehicle for such interventions, to-date the workplace remains a largely under-utilised setting for harm reduction strategies.

[Paper ID:166]

Session: M06

Gender Issues in Harm Reduction

Location: Room 11, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

Women, gender, Eastern Europe, training

Authors (speaker underlined):

Pinkham, Sophie

Title:

Increasing capacity for gender-sensitive harm reduction in Eastern Europe and Central Asia

Abstract:

The number of women drug users in Eastern Europe and Central Asia is growing, and women drug users in the region face heightened vulnerability to HIV and STIs, poor access to prenatal care, and high rates of gender-based violence. Yet harm reduction and drug treatment services in the region are usually limited to core services and do not account for gender. There is a particularly severe lack of services linking basic harm reduction services with sexual and reproductive health care, responses to gender-based violence, or childcare and child welfare services. This gap has a clear impact, among other things, on the HIV epidemic in the region; there is evidence that failure to provide effective services to women drug users is the main obstacle to continued reduction of mother-to-child transmission.

In coming years, it will be essential that harm reduction and drug treatment programs in the region have the capacity and support necessary to address the needs of women drug users. To this end, the Eurasian Harm Reduction Network/WHO Harm Reduction Knowledge Hub, in collaboration with GTZ, has developed a comprehensive training on development of services for women who use drugs in the region. The interactive training can be tailored to the needs of various groups, and is aimed at service providers and those involved in designing, supporting, and monitoring services for women drug users. It addresses a range of topics, including strategies to increase women's access to harm reduction programs; harm reduction and drug treatment in pregnancy; domestic violence among drug users; harm reduction for women amphetamine users; harm reduction for sex workers who use drugs; and gender-sensitive drug treatment.

This session will outline the goals, content, and methods of the training, which is available on request from EHRN.

[Paper ID:348]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Storytelling, child-adolescent drug users, social bonds.

Authors (speaker underlined):

Pinto, Leila de Oliveira

Title:

Storytelling: strategy for harm reduction for young drug users

Abstract:

The abuse and consumption of psychoactive substances by street children and adolescents or those at social risk has become a serious public health issue. Use is beginning at an ever earlier age, an average of nine, which can constitute a health risk and lead to involvement in the drug trade, sexual exploitation and bio-psycho-social degradation.

This situation makes it paramount to introduce prevention and harm reduction strategies adapted to the particularities of this population. To this end, I undertook a research project, whose references were literary theory and psychoanalysis. As a working hypothesis, I defined psychosocial knowledge in planned workshops with 38 participants of both sexes between the ages of nine and 16. The main objective was to evaluate storytelling as a harm reduction strategy.

After hearing the story, participants were asked to narrate "their" story. This led to the telling of life narratives and raps, the analysis of which generated psychosocial, esthetic and stylistic knowledge about these young people.

Listening to the stories helped to create social bonds, focusing on the issues of each subject and reducing their anguish. Even the most withdrawn subjects narrated significant elements of their life stories. Others spontaneously chose rap, which functions as an identity support mechanism to aid in dealing with drug-related issues. It was also possible to identify a specific form of communication called "urchins tongue" characterized by syllabic inversion, which only those in the group can understand.

References to drugs, among which cocaine, marijuana and crack were the most prevalent, helped promote the exchange of information relating to consumption patterns as well as disease prevention, treatment and use reduction strategies.

These results suggest that storytelling can be used as a harm reduction strategy for street child-adolescent drug users and for planning prevention and treatment programs.

[Paper ID:381]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Evaluation of treatment results, methadone maintenance program, co-morbidity of addicts, extent of HBV, HCV, HIV infection amongst addicts, social problem, social picture users of methadon.

Authors (speaker underlined):

Kaube, Sanja; Pisec, Andrej

Title:

Retrospective study performed on 940 addicts - included in the program of center for treatment of addicts to prohibited drugs (program evaluation, April 1995/2009)

Abstract:

Into the study of the 14-year treatment in the center 940 addicts to prohibited and thus illegal drugs were included in the period April 1995 – April 2009. Group A comprises the results of 425 addicts, treated with methadone in time period 95/2009, while in the group B the treatment results of all 940 addicts from our center are handled. The average age in the group A is 26 years, the average daily dose is 90 g of methadone.

In the group the following number of addicts is infected with

- virus of hepatitis B 27 persons (6,3%)
- virus of hepatitis C 140 persons (33%)
- virus HIV 0 persons (0%)

For 20 persons the results are unknown (4.7 %). The death cause analysis for this population shows approximately the same procentual rate (0,5 – 1,7%) of suicides, overdoses, violent deaths and traffic accidents.

At the moment there are 210 addicts treated by the maintenance methadone program (MMP), 11 are treated with Suboxon and 8 with Substitol.

In the group B (n=940, all the addicts treated) the average age is 24 years, procentually the infection with HBV, HCV and HIV is smaller than at addicts, included in MMP. For 130 persons (14%) the result is unknown. The percentage of co-morbidity is high, it has been diagnosed at 282 patients (30%); 190 persons have personality problems (20%), 90 addicts (9.6%) were diagnosed to have endogenous psychical diseases.

Social problem is what people recognize like it. They become the subject of treatment when these problems can be recognized in the consciousness of members in relative system. The relative balance is ruined. The study of social picture in the Center for treatment of addicts to prohibited drugs were included users of methadon.

[Paper ID:96]

Session: M04

Mental Health and Drug Use

Location: Room 1A, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

networking, public services, community services, co occurent disorder, military trauma and addiction

Authors (speaker underlined):

Poirier, Lynda; Goedike, John

Title:

Working together

Abstract:

Mental health conditions and addictive disorders co-occur at high rates in the respective treatment seeking populations. This is increasingly evident and more pronounced within the active military and veteran populations specifically PTSD and serves as the impetus for an integrated continuum of service delivery starting with detection, screening and working as a team in the different professions and organizations revolving around the military. . The current session will focus on pre residential treatment service, residential service and post residential service delivery of active military and veterans' mental health as it pertains to concurrent addictive and mental health disorders in a harm reduction perspective. The focus will be on best practices for detecting each disorder within the respective treatment populations and lessons learned from the existing national network of treatment facilities that address co-morbid conditions in the above populations. Lessons learned in the past two years include, ensuring that screening for both disorders occurs systematically, collaborating in shared training activities, active ongoing outreach amongst key administrative and clinical stakeholders to bolster service utilization, and ensuring the development of further treatment strategies tailored to this population and their significant others. Recovery management strategies with respect to post-intensive treatment services will be discussed. These practices are shared and developed, in a coherent service trajectory, by a non profit organization, governmental and private organizations in Canada. These practices developed in the province of Quebec are a model for the rest of the country and are implemented now.

[Paper ID:377]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

syringe access, pharmacies, Mexico

Authors (speaker underlined):

Pollini, Robin A.; Rosen, Perth C.; Gallardo, Manuel; Brouwer, Kimberly C.; Lozada, Remedios

Title:

Mystery shoppers reveal limited access to over-the-counter syringes at pharmacies in Tijuana, Mexico

Abstract:

Background: Over-the-counter (OTC) syringe purchase is legal in Mexico but injection drug users (IDUs) report frequently being denied syringes at pharmacies. We attempted syringe purchases at pharmacies in Tijuana, Mexico, to obtain an objective measure of syringe availability.

Methodology: All pharmacies in three Tijuana neighborhoods known for high drug activity were identified using pharmacy registries and field validation. Between August and September, 2009, study staff posing as IDUs ("mystery shoppers") attempted to purchase a single insulin syringe at each pharmacy according to a predetermined script. Purchase attempts results were documented using a standardized data collection form and data were summarized using descriptive statistics. We compared purchase outcomes by mystery shopper sex using chi-square and rank sum tests.

Results: Of 160 purchase attempts, 45 (28%) were successful. Mystery shoppers were asked for a prescription in 17% of purchase attempts. Some were asked for identification (1%), what the syringes were for (1%), or to purchase >1 syringe (1%). In cases where the mystery shopper was refused, they were told that the pharmacy didn't sell syringes (35%), there were no syringes in stock (31%), it is illegal to sell syringes without a prescription (16%), and/or the pharmacy didn't want trouble with the police (1%). Three percent of purchases were unsuccessful because the pharmacy overcharged for the syringe (i.e., asking >10 pesos). Although pharmacies were assigned randomly to the shoppers, females were significantly more likely than males to successfully purchase a syringe (60% vs. 40%, $p=.04$) but paid more per syringe (median 8 pesos vs. 6 pesos, $p=.03$).

Conclusion: IDUs in Tijuana encounter substantial barriers to purchasing sterile syringes despite their OTC status, potentially leading to syringe sharing and transmission of blood borne infections. Interventions are needed to expand pharmacy-based syringe access, as is additional research to understand why access differs by sex.

[Paper ID:101]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Fiji, drugs, alcohol, intervention, STI

Authors (speaker underlined):

Power, Robert; Seru-Puamau, Elenoa; Schmich, Lucina; Roberts, Graham

Title:

Harm reduction interventions informed by a RAR of drug and alcohol use in the spread of HIV and other sexually transmitted infections in Fiji

Abstract:

Background: To fill an identified research gap, a rapid assessment and response (RAR) study was undertaken in 2009 to explore drug and alcohol issues at three sites in Fiji, with specific reference to the social, contextual and epidemiological factors linking drug and alcohol use to the spread of HIV and other STIs.

Methodology: Data were collected from 519 respondents (aged 16-67), recruited from Suva, Lautoka and Nadi using survey interviews, focus groups and participatory methods to explore nuances of behaviour and context. Information was collected on social and demographic characteristics, drug and alcohol use, risk behaviour, peer and network association and health seeking behaviour. Quantitative data was analysed using SPSS to produce descriptive statistics; an inductive thematic analysis was used for the qualitative data.

Result: Most commonly consumed illicit drug was marijuana (47%), with the majority initiated by an older friend. Single males (73%) used drugs and alcohol more often than females. Participants reported using both alcohol and marijuana outside of home with friends and relatives, with 49% (n=519) of participants being under-age (<18) at first exposure to alcohol. Violent acts were not consistently associated with alcohol intake. There was a positive relationship between drug and alcohol use and STIs: 17% (n= 241) reported an STI; 41% contracted it from a friend; 22% from a stranger; 22% a sex-client; 5% wife/husband/partner. Qualitative themes included: context of sex and drug use; peer pressure; drug use and culture; harm and responses.

Conclusion: Participatory workshops with two Fijian NGOs were conducted to apply the research to innovative and acceptable harm reduction interventions, especially targeting young people in relation to drug and alcohol-related risks. The RAR under-represented women, prompting further research to investigate the profiles and needs of women in relation to alcohol and drugs, including its impact on families and the wider community.

[Paper ID:144]

Session: M15

Policies and developments in Asia and the Pacific

Location: Room 11, 2010-04-29, Start: 09:00,End: 10:30

Keywords:

Pacific, drug, alcohol, assessment

Authors (speaker underlined):

Power, Robert; Schmich, Lucina

Title:

Situational assessment of drug and alcohol trends in sixteen Pacific countries and territories

Abstract:

Background: A 2004/05 Situational Analysis of Drug Use in the Asia-Pacific identified a knowledge and capacity gap for the Pacific. Consequently, the Pacific Drug and Alcohol Research Network (PDARN) was established to create research momentum and strengthen data collection across the region. Subsequently, a new situational analysis of drug and alcohol related issues and responses in 16 Pacific Island Countries (PICs) was conducted in 2008/9.

Methodology: A desk-based review collated peer-reviewed and grey literature, alongside policy, practice and legislative documents. Complementing this, questionnaires and in-depth interviews were conducted with key informants from PDARN, academics, and government and non-government agencies.

Results: There were similarities and culturally-derived differences in patterns of supply, demand and consumption across the 16 PICS. Alcohol, cannabis and kava predominated with binge drinking and a culture of intoxication being common. The production and use of methamphetamines was noted, with poor coverage of drug and alcohol services. We identified structural and cultural responses, with an example of the former being PIC membership of regional organisations supporting the development of strategic plans. At the cultural level, we noted that ritualised consumption patterns and prohibitions are significant contributors to kava use in Fiji, Tonga and Vanuatu. Equally, the social prohibition on consuming alcohol with kava in Vanuatu is a culturally driven response to problematic alcohol consumption. The research also outlined the policy and legislative environment, as well as mapping international donor activity and its impact on harm reduction.

Conclusion: Alongside concerns around consumption and production levels, there is a need to develop appropriate policy and legislation to address substance use and to promote capacity development in research and service delivery. We should aim to enhance, develop, implement and evaluate innovative harm reduction responses that will be of value regionally and for individual PICS.

[Paper ID:309]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

peer driven intervention central asia

Authors (speaker underlined):

Power, Robert; Altybaeva, Bolot; Sydykanov, Ainura; Batyrbekova, Altynai

Title:

Peer-driven intervention as a research and outreach tool in Central Asia

Abstract:

Background: A key component of DfID's Central Asia Regional HIV/AIDS (Kyrgyzstan, Tajikistan, Uzbekistan) program is supporting scale-up of harm reduction. Practice-oriented operational research was conducted in Bishkek to trial Peer Driven Intervention (PDI) and to assess its viability and value for CARHAP, especially in contacting hard-to-reach under represented target groups (youth and women). Here we present data and feedback from Phase One of the PDI.

Methods: We followed PDI protocols: selection of peer researchers from outreach teams; workshop PDI training in Tashkent for first wave of research (Kyrgyzstan) and preparation for second wave (Tajikistan, Uzbekistan); participatory development of research tools and 14 key messages; piloting of key messages and acceptability of incentives. Data were collected from a purposive sample of 207 IDU (80 male; 127 female).

Results: PDI provided an outreach mechanism that added an innovative dimension to CARHAP. Valuable in contacting hard-to-reach groups. Succeeded in contacting and engaging CARHAP's key target groups (youth and women). Attracted clients to CARHAP's services with no previous contact with HIV or drug use services. Facilitated referral of new clients to relevant services (drug substitution therapy, rehabilitation centres, HIV and hepatitis C testing). Provided valuable research data on IDU knowledge, behaviour, drug use and help-seeking history. Developed and disseminated knowledge risk reduction messages to hard-to-reach IDUs and networks. Provided lessons to CARHAP internally and to the broader constituency of harm reduction specialists and service providers.

Conclusion: PDI is viable, with a format that can be adopted in other contexts in Central Asia. The harm reduction messages were applicable and well received. Service referral may be considered as an incentive option. PDI has added value for recruitment and contacting hard-to-reach groups (youth, female, ethnic minorities). We need to imbed in programming and conduct impact and outcome evaluation studies to monitor progress and efficacy.

[Paper ID:387]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

progressive, integration, indonesia

Authors (speaker underlined):

Power, Robert; Silitonga, Nurlan; Blogg, James

Title:

Becoming invisible: progressive integration of AusAID supported harm reduction services in Indonesia

Abstract:

Issue: AusAID has been supporting HIV prevention and care projects in Indonesia since 1995. The HIV Cooperation Program for Indonesia (HCPI) largely relies upon a through-government or "progressive integration" approach to achieve scale and sustainability in harm reduction services.

Setting: Indonesia has an estimated 220,000 IDUs with around 55% HIV+. Before HCPI there were limited services for IDUs at government clinics across Java although some provinces had substantial needle syringe programmes (NSP) run by NGOs.

Many prisoners are IDUs and at risk of HIV transmission during incarceration. Prison health services are poorly resourced although NGOs provide some support for HIV prevention.

Project:

Two components of HCPI focus on increasing access to HR services:

Injecting Drug Use: Department of Health is the counterpart agency but with partnership agreements with provincial health departments, Provincial AIDS Commissions and some NGOs across Java. This component focuses on scaling up effective HR approaches for IDUs with a focus on delivering services through community health centres (CHC).

Prisons: Department for Justice and Human Rights (Depkumham) is the counterpart agency supporting HIV programs in 94 prisons across Java/Bali.

Outcomes: HR activities are being scaled up through CHC in 7 provinces in Java with continued support for NGOs in 3. Progressive integration supports creation of sustainable additional services for IDUs though health staff may prefer to use approaches more consistent with a medical model (like MMT) rather than effectively supporting NSP and outreach activities.

Program support has helped develop a National Action Plan on HIV and Drug Control in Prisons and provides technical and financial support for HR programs in 94 prisons. However the scale of need for funds and capacity building in prisons to guarantee that these services will be effective is daunting.

[Paper ID:687]

Session: C31

Harm Reduction Projects and Services in Eastern Europe

Location: Room 1A, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

exchange of experiences and practices, new knowledge and skills to work in services for vulnerable groups

Authors (speaker underlined):

Pravdyva, Olga

Title:

Provision of services for persons with triple diagnosis of HIV/TB/drug addiction in Ukraine

Abstract:

In 2008 registered 7009 HIV-infected IDUs that indicates a high level of HIV infection among persons at risk. The highest HIV infection among injecting drug users is seen in Odessa, Mykolayiv and Simferopol - 38.9%, 65.7%, 81.9%, respectively. Based on the fact that one of the main causes of death among HIV-positive people is tuberculosis, there are numerous persons with triple diagnosis of HIV/TB/Drug Addiction. These people have special needs in treatment and adherence. One from the principles of giving services to people with triple diagnosis is a cooperation of government and non government organization.

In the framework of the Project "Supporting HIV/AIDS Prevention, Treatment and Care for the Most Vulnerable Population Groups in Ukraine" the All-Ukrainian Network of People Living with HIV/AIDS provides access to treatment, including substitution therapy for vulnerable groups, especially for injecting drug users and prisoners. One from the activity area is providing psychosocial and adherence support for IDUs, TB, and HIV/AIDS co-affected.

At the moment twenty six projects for the patronage of clients with a triple problem HIV/TB/IDU function in different regions of Ukraine.

This care support based on a multidisciplinary approach. A team composed of ART prescribing physician, medical nurse, narcologist, TB specialist, social worker, "peer to peer" consultant.

This principle gives a capability of a comprehensive solution in treatment and care. Service includes: redirecting and support to various rehabilitation program including substitution therapy sites, providing legal advice on the protection of rights of PLWHA, improving the psychological and emotional state of clients (group and individual counseling, peer counseling), organization of activities on adherence to treatment and others.

This practice would help to improve the level of living and health of 1600 people with triple diagnosis of HIV/TB/Drug Addiction in Ukraine in 2010.

[Paper ID:488]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

University, Students, HIV/AIDS

Authors (speaker underlined):

Preda, Marian; Buzducea, Doru; Ursan, Marian

Title:

Academic Education for Harm Reduction Professionals in Romania

Abstract:

The harm reduction activities among injecting drug users (IDUs) were initiated in Romania in 1999. In the early stages, the training for harm reduction staff has been provided by various international experts and, later on, by some Romanian harm reduction activists that acquired adequate knowledge and direct experience in service provision. Despite the need to respond to the rapidly growing harm reduction programmes, there was no formal schooling to ensure quality education for such professionals and to guarantee recognition by the state authorities.

In autumn 2009, in partnership with the United Nations Office on Drugs and Crime (UNODC) and the Romanian Harm Reduction Network (RHRN), the Faculty of Sociology and Social Work (SAS) launched a Bologna master programme entitled "Risk Groups and Social Support Services". As a preliminary step in setting up the master, in summer 2009, the SAS Faculty implemented the first edition of the Harm Reduction Summer School, targeting undergraduate and graduate students from the medical, social, psychological and other related faculties.

The master programme aims to provide students with the opportunity to add to their graduate education a specialization in the area of social support services for people living with HIV/AIDS, IDUs, sex workers, inmates etc. With a two-year length, the training courses are held at the premises of SAS Faculty for an annual average of 50 students. Graduates are awarded with Master of Science in Social Work. The curriculum comprises a course on harm reduction which promotes evidence based approaches in working with IDUs including the comprehensive package of HIV/AIDS prevention and care services.

As a result of the collaborative approach, the master programme merges the latest available data on risk reduction theories with practical aspects through field visits and internships to service providers.

[Paper ID:426]

Session: C30

The Internet and Harm Reduction

Location: Room 12, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

Computer model, education, epidemics, injecting

Authors (speaker underlined):

Preston, Andrew; Hunt, Neil; Chattoe-Brown, Edmund

Title:

'BBVsim': a computer model of blood-borne virus epidemics amongst injectors

Abstract:

We will describe and demonstrate an open source and easy to use simulation programme which shows epidemics in a comprehensible form that can be used to educate policy makers and practitioners. We will also describe important questions about injecting risk that have been raised by the computer programme that are not answered by the literature.

The simulation was produced as part of the 'Harm Reduction Works' campaigns in England. One of the aims of the campaign was to improve the understanding of, and response to, the spread of blood borne virus epidemics.

The simulation is an 'agent based' computer model designed to help demonstrate and understand the relationship between the variables that drive bbv epidemics such as injecting equipment coverage, network stability, current prevalence. The model can show the impact of changing (say) coverage mid way through an epidemic.

Writing the computer model raised some interesting questions about our knowledge of injecting drug use. We will describe the development of the model, the collaborative educational process the computer modeller, practitioners, epidemiologists, and drug user experts have been through in trying to answer these questions, and the knowledge gaps and areas for research that have been highlighted. We will also show participants how they can use the model in thier own setting.

[Paper ID:335]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

community model, rehabilitation, HIV, injecting drug users, China

Authors (speaker underlined):

Pritchard, Rakdaow

Title:

From compulsory detoxification to community-based rehabilitation: building an integrated model for relapse reduction and HIV prevention among drug users in Southwest China

Abstract:

In China, drug dependence has traditionally been addressed through detention of drug users in government-run compulsory detoxification centers for up to two years. After release, relapse rates are high and returns to detoxification centers frequent since physical detoxification alone does not lead to rehabilitation. Yunnan Province has the highest HIV prevalence (85,000 cases among over 44 million people) in China. Injecting drug use is the primary mode of HIV transmission and HIV prevalence among injecting drug users (IDUs) is 72%. IDUs represent an estimated 39% of HIV cases. Kunming City, in Yunnan, has an estimated drug user population of 17,000 and its detoxification center houses approximately 4,000 IDUs. In 2008, China introduced a narcotics control law that emphasizes social reintegration of IDUs by permitting detoxification and rehabilitation within the community.

PSI/China's Huxianghao Ba ("Good for you, good for me") IDU intervention addresses repeated cycling through detoxification centers via effective community rehabilitation centers that enable drug users to avoid relapse, deal with relapse if it happens, and reintegrate into their communities. This community-based rehabilitation model empowers drug users and peer educators to operate the project. The intervention links governmental and non-governmental healthcare providers to offer services including support groups to strengthen methadone maintenance treatment (MMT) adherence, voluntary HIV counseling and testing (VCT), and referral to needle/syringe programs. By offering convenient, comfortable access to such services, drug users are supported through rehabilitation and relapse.

Since October 2006, PSI has reached 43,296 IDUs with educational activities, peer support, and community outreach. Sixty percent of 1,479 drop-in center clients accept MMT, and PSI/China continues to build strong linkages between MMT clinics and existing harm reduction services. Many IDUs previously forced to go through the detoxification center system are now able to spend some of their recovery time based in their community.

[Paper ID:827]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Hepatitis C [HCV], Injecting drug use [IDU], Oral substitution therapy [OST]

Authors (speaker underlined):

Pun, Anan; Pun, Prem

Title:

Hepatitis C: forgotten harm in Nepal

Abstract:

Issue

The sharing of injecting equipment among people who inject drugs [PWID] poses the greatest risk of exposure to the HCV. The survey among IDUs under OST conducted in June 2009 showed about 81 percent HCV prevalence among OST entrants. IDU behaviour has been studied extensively in Nepal, but there are relatively no studies on HCV prevalence among IDUs under OST.

Methodology

This study was designed to collect both behavioral and sero sample for testing HCV infection. A

total of 118 IDUs under OST and 82 Non-OST IDUs were included in the sample. For the detection of HCV antibody, ELISA was used. The study was approved by Nepal Health Research Council [NHRC] prior to the conduction of the study.

Results

- Of the 118 OST entrants, reactive HCV was noted in 81 percent of the population.
- The study showed that nearly 49 percent of the IDUs had used other drugs while they were in OST
- Significant number of IDUs are unemployed, and knowledge on HCV was uniformly low, majority of IDUs never heard about HCV.

Conclusion

- IDU may bridge HCV infection within and outside OST networks as they frequently inject drug and share injecting equipments
- There is a growing need to establish HCV as a public health issue in HIV/AIDS policies and programs and to develop and strengthen its link with Drug and HIV policies, programs and practices
- Reduction of transmission of HCV through education, improved awareness of risks and access to harm reduction programs is recommended
- In the mean time, it is essential to maximize the health and well being of people living with HCV by improving equitable access to appropriate testing, treatments, information and support services
- Establish and strengthen HCV surveillance system

[Paper ID:853]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

IDU, Set

Authors (speaker underlined):

Pun, Anan; Karmacharya, Ujjwal

Title:

Survey among harm reduction services in Nepal

Abstract:

Background

In 2009, Recovering Nepal, a network of people who use drugs in Nepal, conducted a survey among harm reduction services in 15 districts of Nepal. The purpose of this study was to comprehend the perspective of people who use drugs and the quality of harm reduction service interventions.

Methodology

The study used the 'purposive sampling' where 681 respondents are interviewed. Harm reduction services, crucial IDU hot spots, and the India-Nepal open border were observed which provided useful insights in understanding the various aspects of drug dynamics and cultural practices of DUs and service providers in the district.

Results

Findings showed that the widespread drug for IDUs was in a 'set' - which is a cocktail of injecting pharmaceuticals. Respondents reported of severe injection related infections and injuries. With rapid population growth and urbanization, drug use was moving to semi-urban, highway and rural areas where access to services was minimal. With few exceptions, harm reduction services were not regarded by IDUs as highly accessed. New and improved model of harm reduction service should be developed to confront the epidemic and special mechanisms should be in place to cater services in holidays and strike as risk behaviors can significantly increase in such period.

Conclusion

The study recommends that national harm reduction policies and programs should be based on ground realities and needs identified. There is urgent need for services to be scaled up. However scaling up is not the only answer, the services also have to be sustainable, of good quality and accessible to the target population, especially to those who are economically marginalized. The 'quality' of drug is also an important issue to consider. The risk is not just on sharing needles, but the drug itself. Quality of drug should also be taken into consideration when devising harm reduction interventions.

[Paper ID:64]

Session: M06

Gender Issues in Harm Reduction

Location: Room 11, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

female drug users

Authors (speaker underlined):

Pun, Dul Maya

Title:

The plight of female drug users in Nepal

Abstract:

Back ground:

According to the Central Bureau of Statistics (Nepal), the estimated number of female drug users in Nepal is 3356. Harm reduction services targeting female users population is unnoticeably few and concentrated in capital.

Issues:

Nepal being a traditional, conservative society sees the plight of the female drug user's as socially invalid behavior and conceals the issues from the mainstream society. This prevents them from receiving much needed lifesaving services. The community perceives lack of well calculated advocacy, articulated lobbying and the lack of joint voices from female user groups as major factors that result in high service gap and barriers to enter services.

Empowerment Process:

Positive Voice (PV) a National User Network of people who use drugs in Nepal is in the forefront in advocating for the universal access to harm reduction services and has indulged itself in various activities that could help empower female peers to be able to advocate for their rights and to eliminate the stigma and discrimination.

Outcomes:

The Female forum continues to provide opportunity for individual female drug users come under consensus overcoming various personal and inter-organizational barriers to establish a strong network amongst them to address their issues collectively.

Also, United Nations Office on Drugs and Crime have initiated the project for HIV Prevention, Care and Treatment for Female Injecting Drug Users, Female Prisoners and Women living with HIV and AIDS in Nepal. This project aims to provide gender responsive comprehensive services which address women's specific needs with respect to injecting drug use, prisons and HIV/AIDS.

[Paper ID:689]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

10 Years of harm reduction programs in Bangladesh

Authors (speaker underlined):

Rabbani, Shamim; Ahammed, Iqbal; Ahmed, Nizam; Hossain, Furkan; Begum, Sajeda; Islam, Mirza Moinul

Title:

Drug use and HIV in Bangladesh: results from 10 years of harm reduction programs

Abstract:

Issue – Injecting drug use in Bangladesh emerged in early 1990s. HIV prevalence among injecting drug users has remained consistently low. Scale up of broad ranging harm reduction programs in various cities seems to have played an important role in reducing the spread of HIV. The alarming situation is that, as national surveillance data, an estimated 1.7 million people are drug users in the country among them 20000 to 40000 are injecting drug users and HIV prevalence ranging 1.4% to 7%(Central Dhaka) among them.

Approach: By examining past and current literature, data bases and Government - NGO activities and responses with regards to drug use and HIV.

Setting – Bangladesh, which introduced a needle exchange programme (NEP) in 1998, Since then CARE- B and Padakhep(in 2004), two lead harm reduction organizations running a NEP program as the implementing partner of government's national AIDS/STD control program.

Project- This program promotes responsible and safer injecting and sexual behavior among injecting drug users through needle exchange, STI treatment, abscess management, condom promotion, VCT and community development through drop-in-Centers (DICs) and peer out reach.

Outcomes – Ten years of harm reduction programs in Bangladesh have contributed to maintaining consistently low rates of HIV among IDUs. On an average 781591 numbers of syringe -needles were distributed / month among 23000 IDUs, new abscess cases managed 1059/month, STI 1809/month, condom distribution is 272031/month, Drug detoxification and treatment conducted 1000/year, Knowledge on HIV, drug related harms, safe injecting and safer sex practices have increased significantly. Harm reduction services are widely utilized such as return rate of injecting equipment remains high (average 80%). Active Syphilis rate from 9.3 % to 3.1 % and abscess has been significantly reduced among IDUs in Dhaka.

The outcomes are positive. The challenges are to keep up community and political support so as serve the needs of all drug users.

[Paper ID:763]

Session: C28

Parents Who Use Drugs

Location: Room 1B, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

pregnancy, maternity services, children, identity

Authors (speaker underlined):

Radcliffe, Polly

Title:

"Once I'm clean I'm cushty and I can stay clean you know - it's getting clean", hopes and dreams of abstinence in substance misusing mothers' interview accounts

Abstract:

This paper is based on interview accounts and ethnographic observation of 25 opiate and/or crack using women in three hospital trusts in England who were either pregnant or who had given birth in the previous two years. For many of these women, pregnancy and their impending motherhood had been the impetus that brought them into drug treatment. The paper describes how the prospect of motherhood, the normalising consumption patterns and the preparation for and acquisition of new things for the baby offer the possibility for an alternative non-drug using identity. In the context of recent concerns that methadone maintenance and harm reduction policies have not mitigated the harms of drug use, particularly for the children of substance users, the narratives of these highly motivated women illustrate how the desire to be 'clean' and the work they perform in order to demonstrate that motivation are not always maximised by treatment services or by maternity care. The research reinforces the need for specialist midwives, for a wider range of post-natal and community based services and the vital place of harm reduction in the support of substance misusing pregnant women and mothers.

[Paper ID:95]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Female Sex Worker, Female IDUs,Coverage,Social Health Promotion

Authors (speaker underlined):

Radfar, Seyed Ramin; Sedaghat, Abbas; Nematollahi, Pardis

Title:

How to increase coverage of harm reduction programs in the Center for Social Health Promotion of the At Risk Women in Isfahan and Shiraz (Iran)

Abstract:

Background:

Most activities in harm reduction programs in Iran is focused on IDUs and almost men as the first priority of target population , but from mid 2007,a pilot project for implementing a women only and friendly setting for providing harm reduction services for HIV/AIDS Vulnerable Women , had been established in Iran. In this study we tried to obtain ideas and opinions of the clients of mentioned centers in the title regarding promotion of the services and facilities and finding how we can increase the coverage of the project.

Methodology:

This is a qualitative study using Focus Group Discussion (FGD) and semi structured In Depth Interview .The main target groups of study were Vulnerable Women whom were female IDUs , and spouses of drug users and /or prisoners as well as multi partner women who have unsafe sex .

Results:

Continuum of the clients are very different, from the vulnerable women who have unsafe sex with at risk partners, for earning a large amount of money and who has unsafe sex just for a place for using drug or sleeping as sex for life .The majority of the participants expressed that the main attractive element in the centers are friendly and stigma free environment, the other attractive service was individual and group counseling sessions.Lack of abilities in safer sex with clients that are ready to pay more for sex without condom could be seen in some of the clients. The other findings will be discussed in the main article.

Conclusion:

Using outreach team from peer groups, focusing more on education especially safer sex negotiation skills, and providing MMT services joint with centers and performing health profile for certification for FSW are very important to attract more of target population and follow their health situation and increase coverage of the mentioned programs.

[Paper ID:492]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Roma ethnics; injecting drug use; HIV/AIDS

Authors (speaker underlined):

Radulescu, George; Bocai, Alina

Title:

Drop-in center for Roma injecting drug users in Romania

Abstract:

Roma ethnics have experienced pervasive discrimination and substandard care, many of them being disproportionately affected by socioeconomic difficulties and diseases related to poverty and drug use. Some characteristics of Roma cultural traditions put community members at higher risk for infectious diseases and require that HIV prevention programs are appropriately adapted. Very often, Roma injecting drug users (IDUs) and sex workers are discriminated within their community and they are denied their affiliation to Roma ethnicity.

Due to systemic exclusionary practices, many Roma do not have identification documents, often the minimal condition necessary for accessing health insurance and services. In the capital of Romania (Bucharest), the harm reduction service providers reported in the last years increasing numbers of Roma IDUs while the harm reduction services were modestly culturally adapted.

In early 2009, in a poor neighborhood of the capital city highly affected by drug use, Sastipen NGO launched the first low-threshold drop-in center for Roma vulnerable groups, including IDUs. The Center was developed in partnership with the National Agency for Roma, the municipality and the United Nations Office on Drugs and Crime (UNODC). The Center aims to increase the access of vulnerable groups living in Ferentari area to the comprehensive package of HIV/AIDS prevention and care services, including needle and syringe programme. The services are culturally sensitive and comprise risk reduction counseling, needle exchange etc.

The direct involvement of the community members, as well as Roma social workers and health mediators, led to a high acceptance of the center in the community. By reaching more than 400 beneficiaries, the center lessens the risk for contracting HIV and other diseases related to drug use. The center proves to be a good practice model for working with minority vulnerable groups and value to be exported in the region of the South Eastern Europe.

[Paper ID:642]

Session: C14

Legal and Policy Developments

Location: Room 3, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

Role of Police, Harm Reduction, Treatment, Crime Reduction, Enforcement

Authors (speaker underlined):

Rahim Khan, Zaman; Erichsen, Christoffer; Khalid, Shariha

Title:

Shooting three birds with one stone: reducing crime, drug use and harm by treating substance abuse

Abstract:

Malaysia's stance on drugs and addiction has always been with an enforcement approach. Although not classified as criminals, a drug user, once arrested, will be subjected to a compulsory treatment order for up to 4 years in the community or in a residential setting. The provisions of the law enables the government to detain suspected persons for compulsory urine testing and treatment if the individual tests positive for drugs.

This is now changing. The National Anti Drugs Agency, the primary agency tasked with the responsibility of looking after drug dependents and traditionally an enforcement agency, is scaling up voluntary, rather than compulsory treatment and is employing a more healthcare-oriented approach thereby achieving two outcomes by making harm reduction as part of treatment, for e.g. through methadone maintenance therapy for opioid dependence.

In June 2009, the government of Malaysia announced crime reduction as a national key result area. As over 70% of crime in Malaysia is drug-related, addressing drugs becomes part of the equation of addressing crime. Around the world, the traditional role of the policeman is now changing. The policeman now is no longer just an enforcer, he is also an advocate, a communicator, an advisor. The police can play an important role as the interface between law enforcement and healthcare provision. There is a need to challenge the view that reducing crime and providing harm reduction is incompatible. On the contrary, public support for harm reduction can be built when the law enforcers themselves link it with the proven crime reduction benefits.

The author will share his experiences, show examples of good practices in Malaysia and provide innovative suggestions on how traditional law enforcers can play a broader role by being directly involved in substance abuse treatment, at the same time reducing crime and ensuring public safety and security.

[Paper ID:579]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Injecting drug use, HIV prevalence, trend, systematic review, Iran

Authors (speaker underlined):

Rahimi-Movaghar, Afarin; Amin-Esmaeili, Masoumeh

Title:

HIV prevalence among injecting drug users in Iran, a systematic review of studies conducted from 1998 to 2007

Abstract:

Background and objectives: Iran is a country with low prevalence HIV epidemics in general population and concentrated prevalence among injecting drug users (IDUs). Various studies have been carried out on HIV prevalence among IDUs in Iran and diverse results have been reported. This systematic review intended to provide estimation on the national prevalence with trend analysis, and to present the geographical distribution of HIV infection among IDUs.

Methods: A broad search strategy was used, including searching international and regional databanks such as Pubmed, ISI web of Science, CINAHL, ASCI, IMEMR, domestic databanks including IranPsych and IranMedex and research reports, and extensive personal contacts. All studies with clear description of the method that included IDUs, performed HIV testing and confirmative western blot test and conducted between 1998 and 2007 were entered and were qualitatively assessed. Meta-analysis was done using Random effect model for the male populations and the results for female populations were described.

Results: In general, 22 studies were included, from which eight were performed in Tehran, and other 14 in 12 other cities. Twelve studies were conducted in prison settings, seven in treatment centers, and six included samples from Drop-in-centers and/or communities. In male IDUs, we were able to get HIV prevalence for 16 studies. The combined mean for the HIV prevalence among male IDUs were 11.5% (95% CI: 8.3%-14.7%) and the trend analysis showed no increase in the last five years. The review revealed areas that HIV prevalence is considerably higher than other areas. Nine studies included female IDUs with a sum of 71 cases from which six studies reported a prevalence of zero.

Conclusion: It seems that the epidemic has been stable in most recent years and never exceeded 25% in high prevalence areas. This might be as a result of implementation of extensive harm reduction measures.

[Paper ID:334]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

SAHRN, Network, advocay, harm reduction

Authors (speaker underlined):

Rassool, G.Hussein; Sulliman, Fayzal

Title:

Sub-Saharan Harm Reduction Network

Abstract:

Injecting drug use (IDU) has been increasing steadily in Africa during the past 15 years. Non-injecting drugs also have a significant impact on HIV transmission through high-risk behaviours such as unprotected sex. Given the prevalence of non-injecting drug use in the region, including alcohol use, the associated harms are not negligible. In October 2007, the International Harm Reduction Association (IHRA) invited over 30 stakeholders to Nairobi, Kenya to participate in the inaugural meeting of a sub-Saharan African Harm Reduction Network. Participants included civil society organisations working in the drugs (including alcohol) field, researchers, harm reduction advocates, representatives from UNODC and UNAIDS and key donor organisations. Harm reduction work in Sub-Saharan Africa must be contextualized as a development, economic and human rights issue. A harm reduction network is needed. It was unanimously agreed that a network for this region of Africa was indeed necessary, if not essential. The name agreed upon for the new network is SAHRN, the sub-Saharan Africa Harm Reduction Network. The aim of the poster presentation is to present the development and activities of SAHRN.

[Paper ID:330]

Session: C08

Substitute Prescribing

Location: Room 3, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Mauritius, Injecting Drug Users, Methadone, HIV,

Authors (speaker underlined):

Sulliman, Fayzal; Rassool, Hussein

Title:

Methadone substitution therapy; the Mauritian context

Abstract:

Injecting drug use (IDU) is becoming an increasingly important mode of HIV transmission globally. According to the UNODC World Drug Report 2007, Mauritius has the highest annual prevalence of opiate abuse among the population aged 15-64 in Eastern African region and the second highest worldwide. The HIV/AIDS epidemic in Mauritius is experiencing rapid increase with an annual 100% rise in new infection since 2003. To respond to this challenge, the Mauritian government has taken strong leadership and committed itself to implement a comprehensive set of measures for HIV prevention among IDU, Prison Inmates and Sex Workers. In January 2006, Government approved implementation of Methadone Substitution Therapy. The aim of the Methadone Substitution Therapy (MST) programme in Mauritius is to primarily to prevent the transmission of HIV infection and at improving the quality of life of injecting drug users and their families. The MST programme is currently managed at the National Methadone Substitution Therapy Centre. Methadone dispensing is being done at 15 dispensing points throughout the island. An evaluation of the Impact of MST is being carried out through the process of survey questionnaire and focused interviews. To date 1700 heroin users have been induced on Methadone Maintenance Therapy with over 1530 males, 173 females and 5 are transgender. An anticipated proxy impact of the programme is the improvement in the quality of life of injecting drug users and in the reduction illicit drug use and drug-related crime.

[Paper ID:303]

Session: M08

Tuberculosis and Integrated Care for People Who Use Drugs

Location: Room 3, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

Tuberculosis, HIV, Integration, Activism

Authors (speaker underlined):

Reid, Alasdair

Title:

Integrated TB/HIV services from policy to action; the need for activism

Abstract:

Tuberculosis is a major cause of illness and death among people who use drugs, especially those who are also living with HIV. WHO, UNAIDS and UNODC have recently published joint guidelines on the delivery of integrated TB and HIV services to injecting and other drug users

http://www.who.int/tb/publications/2008/tbhiv_policy_guidelines_injecting_drugusers/en/index.html however few services for drug users deliver integrated TB/HIV services or have close links with TB services.

Furthermore, people who use drugs or drug user networks are seldom aware of the serious impact that TB can have on their health or what they can do to reduce this risk. Activism, advocacy, community mobilization and empowerment are required to accelerate the rate at which policy is translated into action and result for drug users in terms of access to better prevention, diagnosis and treatment of TB. This presentation will outline the role that advocacy and activism can play in ensuring access to better, more integrated services for drug users with examples from around the world.

[Paper ID:378]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

advocacy, toolkit, policy, MAT

Authors (speaker underlined):

Reshevska, Iryna; Guarinieri, Mauro; Foreit, Karen; Lawson, Philippa

Title:

Eastern Europe and Eurasia: medication-assisted therapy advocacy toolkit

Abstract:

Background. Injection drug use drives HIV transmission in Eastern Europe and Eurasia. Failure to treat drug dependence hinders access to HIV treatment. Sub-optimal national policies present barriers to expanding effective drug treatment programs. Treatment advocates need a way to prioritize and address the policy barriers for their countries.

Purpose. This initiative was intended to develop a toolkit to document existing policies and on-the-ground experience to identify issues and promising practices for expansion of medication assisted therapy for opioid dependence and to provide recommendations for focused advocacy and a baseline to monitor improvements in public policy supporting drug treatment programs.

Methods & Results. We designed and tested two primary tools of the toolkit: The Policy Inventory collects national legislation, regulations, and guidelines; the Policy Assessment Index surveys key informants and drug treatment clients and providers. From these we developed an analytic framework to compare current policies against international best practices to assess the extent to which they enable or restrict implementation of medication-assisted therapy, and to identify strategies that could be effective in mitigating identified policy barriers. The Inventory was tested in Albania, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan; the Index was tested in Georgia and Kyrgyzstan. With brief training and electronic supervision, national consultants successfully collected and analyzed their data.

Conclusions. The tool modules can be applied around a specific issue – for example, licensing regulations or program budgets – or across the entire policy spectrum. Including an exhaustive search of policy documents as well as more subjective perceptions and experiences allows advocates and policymakers to pinpoint exactly where in the policy-to-practice continuum problems occur and assists them to take steps improve the policy environment for successful program implementation and scale up. While the tools were designed specifically for Eastern Europe/Eurasia, they can easily be adapted to other contexts.

[Paper ID:156]

Session: M03

Evidence in Harm Reduction

Location: Room 11, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

Violence; Police; Russia; Fear; Risk environment;

Authors (speaker underlined):

Rhodes, Tim; Sarang, Anya; Simic, Milena

Title:

Fear and structural violence as barriers to harm reduction: Qualitative case studies on police violence in Russia and Serbia

Abstract:

Background In his closing keynote speech at IHRA 2009, Executive Director of the International AIDS Society, Craig McClure, argued that: "Fear drives the abuse of people who use drugs" and that "fear can induce denial of any evidence we throw at it". This presentation considers fear, and 'fear-based' policy, as a force of structural violence inhibiting harm reduction. In doing so, it maps how qualitative evidence can inform structural interventions towards harm reduction.

Method We draw on qualitative research among 209 injecting drug users (IDUs) in three cities in Russia (Barnaul, Moscow, Volgograd) and among 31 female and transvestite sex workers in Belgrade and Pančevo, Serbia, alongside interviews with HIV prevention experts.

Findings Policing practices and how these violate health and self emerged as primary themes in interview accounts. Findings highlight how policing practices, especially extrajudicial ones, reduce capacity for risk avoidance directly, but also indirectly, through the reproduction of everyday social suffering. These practices ranged from the mundane (arrest without legal justification; the planting of evidence; the extortion of money or drugs; public shaming) to the extreme (physical violence to facilitate 'confession' and as a means of 'moral' punishment; and sex in exchange for freedom). Police 'bespredel' – living with the sense that there are 'no limits' to police power – connects with internalised and fatalist risk acceptance, including HIV risk practices. Police violence also connects with a broader spectrum of structural violence, and is contextualised by what can be described as 'fear-based' policy shaping the domains of criminal justice, drug treatment and public health.

Conclusions Fear is a force of structural violence in the everyday lives of IDUs and sex workers in these settings. Structural interventions are required which de-emphasise the criminalisation of drug users and sex workers and foster their rights literacy and access to legal aid.

[Paper ID:771]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

sport alcohol stronger communities

Authors (speaker underlined):

Rogerson, John Cameron

Title:

Building Stronger and Healthy Community Sporting Clubs

Abstract:

Issue

In 1996 the Victoria Police approached the Australian Drug Foundation (ADF) about the large number of problems created by heavy drinking in community sporting club.

An ADF survey of 670 players and supporters showed 7% drank 13 or more standard drinks each time they visited the club; 32% drank at the club 3 or 4 times a week and 83% drove a vehicle home from the club after drinking.

The Good Sports Program was initiated in 2000 to

1. Reduce alcohol related problems such as underage drinking and drink driving;
2. Change the behaviour of players, supporters and members;
3. Increase the viability and impact of sporting clubs in their communities

Setting

There are over 30,000 community sporting clubs in Australia. These clubs are strong 'connection points' for people in communities and an essential component of strong and healthy communities.

Selling alcohol is usually their major revenue source but, in many clubs the strong drinking culture discourages the participation of females and families.

Project

There are three levels of accreditation focussed on the responsible management of alcohol and Smokefree and there is currently over 3000 clubs involved in the program across Australia.

A network of over 100 part-time project officers deliver the program.

Outcomes

The extensive evaluation shows:

- A reduction in risky drinking;
- A reduction of alcohol related problems especially drink driving; and
- Increased club viability.

Benefits to clubs include:

[Paper ID:370]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Community-based organization, Socio-economical, Housing, UDI, Health access

Authors (speaker underlined):

Rojas Castro, Daniela; Andreo, Christian; Le Gall, Jean-Marie

Title:

Socio-economical situation of current injected drug users catered for at a French community-based organization: Results from the "AIDES et toi" survey

Abstract:

The socio-economical and psychosocial situation of injected drug users (UDI) is an important subject because of its potential impact on their health status. Knowing their particular circumstances, actions and advocacy addressed to improve their social conditions and quality of life can be implemented.

The present work aims to evaluate in which extent UDI face more socio-economical difficulties than non UDI by comparing several variables in both groups using the results of the "AIDES et toi" survey.

A cross-sectional nation-wide survey, filled out by 2434 respondents, was carried out in May 2007. The questionnaire includes standardized items concerning socio-demographics, health status and quality of life, sexuality, use of the organization and HIV stigma and disclosure. Statistical comparisons were made between groups using chi-square tests.

From the whole sample, 172 declared being current use injected drugs. Most of them were men (76.6%). In relation to age, 71.2% were 25-45 years old. They were more likely to be French (93% vs. 84.7%; $p=0.003$) and single (70.1% vs. 62.4%; $p<0.05$).

Concerning socio-economical situation, 16.7% had an invalidity benefit, 44.6% received significantly more a minimum benefit than non UDI (vs. 16.8%; $p<0.001$), 22% received a salary (vs. 47.7% of non UDI; $p<0.001$) and 14.3% received an unemployment benefit. More in details, we also found that they were more likely to work and being paid under the table (5.2% vs. 1.8%; $p=0.003$) and not having any economic resources at all (12.6% vs. 6.5; $p=0.002$). Concerning housing, UDI were significantly more likely to have an unstable housing (41.5% vs. 22.8%; $p<0.001$).

As for medical insurance, UDI declared significantly less to have social security (47.7% vs. 79.5%, $p<0.001$) and significantly more free health care for people on low incomes (52.3% vs. 18.9%; $p<0.001$).

Actions and advocacy addressed to assure the access to socio-economical resources are still needed.

[Paper ID:478]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Sexual satisfaction, UDI, Community-based organization, HIV-status, Sexual partner

Authors (speaker underlined):

Rojas Castro, Daniela; Andreo, Christian; Le Gall, Jean-Marie

Title:

Sexual life and sexual satisfaction for UDI catered for at a French community-based organization: Results from the "AIDES et toi" survey

Abstract:

A global health approach necessary involves sexual life. Because satisfaction with the sexual life is rarely studied in more vulnerable populations, we decided to evaluate in which extent UDI's sexual life and satisfaction differs from that of non UDI by comparing several variables in both groups using the results of the "AIDES et toi" survey. Knowing the particular life conditions of this population, allows developing actions and advocacy addressed to improve their social conditions and quality of life.

A cross-sectional nation-wide survey, filled out by 2434 respondents, was carried out in May 2007. The questionnaire includes standardized items concerning socio-demographics, health status and quality of life, sexuality, use of the organization and HIV stigma and disclosure. Statistical comparisons were made between groups using chi-square tests.

From the whole sample, 172 declared being current use injected drugs. Most of them were men (76.6%), French 93% vs. 84.7%; $p=0.003$) and had 25-45 years old (71.2%).

Concerning their sexual partners, we found that UDI declared significantly more not having occasional sexual partners than non UDI (49.6% vs. 60.6%, $p=0.017$) and reporting a non systematic use of condom when the occasional partner was HIV positive (65.3% vs. 46.2%, $p=0.010$). No differences were found concerning the percentage of UDI and non UDI having a steady partner (73.3% and 68.3% respectively). In relation to the HIV serology of the steady partner, UDI were more likely to report having a HIV negative steady partner than non UDI (76.9% vs. 60.3%; $p=0.004$). Nevertheless, UDI declared a significantly more frequent non systematic use of condom with the steady partner, no matter the HIV status, (87.1% vs. 67.7%; $p<0.001$). As for sexual satisfaction, no differences were found between both groups, 25% declared not being satisfied.

Further research is needed to investigate the determinants of sexual satisfaction among UDI.

[Paper ID:1002]

Session: P2

The Next Generation of Drug Policy: Decriminalisation and Beyond

Location: Room 1, 2010-04-27, Start: 09:00,End: 10:30

Keywords:

TRANSFORM, BLUEPRINT

Authors (speaker underlined):

Rolles, Steve

Title:

After the War on Drugs; blueprint for regulation

Abstract:

This presentation explores what an evidence based drug policy, based on public health and harm reduction principles, might look like if freed from the constraints of existing absolutist prohibitions on drug production, availability, and use specified by the UN drug conventions. In a post-drug

war world how might legal regulation and control of drug markets function?

What would the appropriate models be for different drugs? How could they be developed and implemented?

It will be argued that legal regulation of drug markets - finding the optimum point between the extreme poles of absolute prohibition and unregulated legal commercial activity - is the rational continuation of a broader harm reduction approach; one that considers the origins of drug harms in macro policy environments, specifically the punitive enforcement approaches

The menu of possible regulatory options for drug markets will be reviewed in summary, including potential legal controls over products, outlets, vendors, availability, premises and using environments, and purchasers; how to control availability in ways that deliver the best outcomes both for users and wider society.

It will be proposed that different drugs, depending on product risk assessments and local environments, could be made available either through medical prescription models, a specialist pharmacist model, various forms of licensed sales or licensed premises, or unlicensed sales. More risky drugs would be less available, less risky drugs relatively more available, thus in the longer term progressively shepherding patterns of use towards safer drugs, preparations, behaviours and environments, in direct contrast to the harm maximising impacts of illicit drug markets. Implementation would be phased over a number of years supported by rigorous monitoring and evaluation.

This presentation aims to broaden the harm reduction debate by providing a

foundation for discussing legal drug regulation as a practical option for

the next generation of drug policy development.

[Paper ID:306]

Session: C31

Harm Reduction Projects and Services in Eastern Europe

Location: Room 1A, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

Public Interest Law; Human Rights; Rule of Law principles; Drug User Activism;Law Enforcement

Authors (speaker underlined):

Romanyak, Elena

Title:

Harm reduction in the context of social inclusion, access to and quality of health systems

Abstract:

HIV is prolific amongst people who use drugs, and will presumably become an epidemic amongst the general population unless significant steps are taken to restructure treatment programs available to drug users, change social perceptions and policy regarding substance abuse, and create sustainable medical and psychological support services for marginalized groups.

NGOs have not reacted to government inaction; there are 43 only harm reduction programs in Russia and even these do not have any financial or political support. They are relatively unsophisticated and lack experienced and skilled leaders or experts on narcotics use and HIV management to provide guidance for social programs that can be implemented by advocacy groups. The government impedes the progress of the NGOs through unfair laws that interfere with their work and criminalize drug use. Drug-use is not positioned as a public health concern, but as a moral and legal failing. It is not seen as a socially significant and chronic medical condition that requires comprehensive medical treatment for the benefit of the patient and the community but is perceived as an issue for law-enforcement. New models of health care, like harm reduction, are met with much resistance amongst established public welfare agencies.

The aim of the project is to create a basis for the establishment of a non-profit organization serving NGOs, public activists and civil society individuals acting in the field of HIV and drug prevention, treatment and care towards ensuring sustainability of those NGOs and individuals by improving their capacity based on Human Rights and Rule of Law principles. This intervention is public interest law inclined and expected results include:

- Improved technical capacity and sustainability of target groups and civil society
- Prevention and reduction of administrative and penal sanctions related to the target Groups activities;
- Improved status of target groups and reduction of their vulnerability.

[Paper ID:316]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Methamphetamine use, illicit drug use, gay lesbian and bisexual communities, drug dependence

Authors (speaker underlined):

Roxburgh, Amanda; Matheson, Angela; Degenhardt, Louisa; Howard, John

Title:

Patterns of drug use and dependence, and treatment attendance among gay, lesbian and bisexual community members in Sydney, Australia who report regular methamphetamine use

Abstract:

Background

The prevalence of past 12 month methamphetamine use in Australia is relatively high internationally. Although we do not as yet have estimates of illicit drug use at a population level among the gay, lesbian and bisexual community in Australia, population-level research in the U.S. shows that illicit drug use is higher among this group than among their heterosexual counterparts. We were particularly interested in documenting illicit drug use among the GLB community who were regular methamphetamine users, given the additional harms (such as mental health and sex risk behaviours) that have been associated with methamphetamine use. This study examines in detail drug use patterns and dependence among a group in the community who are often not well accessed more broadly in population-level research.

Methodology

Approximately 100 regular methamphetamine users (defined by use weekly or more often in the past 3 months) who identified as gay, lesbian or bisexual, were interviewed face to face. Drug use history and past 6 month drug use were assessed, as well as cannabis, methamphetamine and alcohol dependence.

Results

Early findings indicate problematic methamphetamine use among a proportion of this group, with minorities reporting injecting drug use. Estimates of illicit drug use and drug dependence will be available for release in early 2010. Methamphetamine dependence is expected to be prevalent among a small proportion of participants, and coexisting cannabis and alcohol dependence will undoubtedly complicate treatment provision. Proportions in treatment for their methamphetamine use are expected to be low.

Conclusion

Methamphetamine use in particular has been associated with a range of harms, yet methamphetamine users are difficult to engage in treatment. Development of more targeted methamphetamine treatments in Australia is currently in progress, however, these treatments also need to take account of the more specific needs of the gay, lesbian and bisexual community.

[Paper ID:318]

Session: C24

Perspectives on Stimulants

Location: Room 12, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

problematic methamphetamine use, comorbid mental health problems, gay lesbian and bisexual communities, sex risk behaviours, injecting risk behaviours

Authors (speaker underlined):

Roxburgh, Amanda; Matheson, Angela; Degenhardt, Louisa; Howard, John

Title:

Mental health, drug use and risk among gay, lesbian and bisexual community members in Sydney, Australia who report regular methamphetamine use

Abstract:

Background

There is a large literature examining the harms associated with regular methamphetamine use. Harms that have been documented include mental health problems such as depression and anxiety, increased risk of experiencing psychotic symptoms, engaging in sex risk behaviours and developing dependence, greater likelihood of injecting drug use, and injecting risk behaviours. Prevalence studies in the U.S. show that illicit drug use is higher among homosexually active men, and the prevalence of crystal methamphetamine use in particular is estimated between 5% and 25% among this group. This study examines associations between methamphetamine use, drug dependence, sex risk behaviours, mental health problems and injecting drug use.

Methodology

Approximately 100 regular methamphetamine users (defined by use weekly or more often in the past 3 months) who identified as gay, lesbian or bisexual, were interviewed face to face. Past 6 month drug use and injecting drug use were assessed, as well as cannabis, methamphetamine and alcohol dependence, psychological distress (using the Kessler 6 item questionnaire), psychotic symptoms (using a short psychosis screener). A number of questions were asked about sexual behaviour, including whether participants used drugs for the purpose of having sex.

Results

Estimates of problematic methamphetamine use and dependence will be available for release in early 2010. More frequent methamphetamine use is expected to be associated with methamphetamine dependence, mental health problems (including greater psychological distress), injecting drug use, injecting risk behaviours and sex risk behaviours.

Conclusion

These findings will have important implications for targeted harm reduction strategies for this group in the community. Findings will also provide important information for health practitioners who come into contact with these clients, about the harms associated with problematic methamphetamine use. Early intervention may be an important mitigating factor of the impact of such use on co-morbid mental health and other health issues.

[Paper ID:325]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

research, results, access, services, harm reduction

Authors (speaker underlined):

Rsaldinova, Altynai

Title:

Evaluation of needs and access to services for injection drug users in Central Asian countries

Abstract:

Background:

In Central Asian (CA) countries – Kazakhstan, Tajikistan, Kyrgyzstan several harm reduction services are introduced, nevertheless some of services are still inaccessible for injection drug users. Within the frame of the project “ACCESS: joint efforts in the field of HIV and TB\HIV in Central Asia, implemented by AFEW the qualitative research had been done in CA countries among IDUs. During research the needs and access to 42 types of services had been studied which were divided into several groups: medical, psychological, social and juridical services, as well as informational services.

Methods:

Information collection was made by personal standardized interview method (face-to-face). For selection of IDUs the “snow ball” method had been used according to unified questionnaire. Totally 1029 injection drug users were questioned during the research.

Results:

The most needed services among IDUs in four countries are medical, psychological and preventive services. Among specific services the substitution therapy, needle exchange and distribution of condoms had been mentioned. Almost all respondents mentioned high need in information on prevention and treatment of HIV, Hepatitis B and C, Tuberculosis as well as information about institutions where these services are provided. Thus in Kazakhstan and Kyrgyzstan about 60% indicated the needs in information mentioned above, in Tajikistan – 56%. The results of the research showed that the most needed services (medical, psychological and preventive) are turned out to be the most accessible. For example, in Kyrgyzstan more than 90% of IDUs indicated in accessibility of such preventive service as needle exchange. In Kazakhstan about 89% of IDUs pointed into accessibility of condom distribution services. The most problematic issue is access to social and juridical services.

Conclusion:

The main reasons for low access to services were lack of information about service providers, lack of services, specialists, and the requirement of payment for some services

[Paper ID:996]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Drug Users, Harm Reduction,develop service system

Authors (speaker underlined):

Verachai, Viroj; Bunchipanichvattana, Sarayuth; Panchabuse, Chaweevan; Nakayothinsakul, Youwaras; Ruangmak, Jamreang; saisawan, Wanicha; srirang, Nutcha

Title:

Harm reduction service system development and effect reducing HIV transmission among drug users in Pathumthani Province

Abstract:

Results from of Pathumthani Conference by net working units with the objectives to develop service system to look after drug users by Harm Reduction , establishing health personals and stakeholders to look after them found that they still did not follow the normal treatment and did not stop using drug. While they were still in community, net works needed to involve to solve this problem. In the processes, Harm Reduction Committee in Pathumthani province was appointed with the roles for planning, Running the project and evaluating this project. In addition, several activity services were set up . Those services were Mobile Clinic, Drop in Center, Radio Outreach, Thanyarak Travel and Home Tour. As for academic development part, stakeholders' conference and self-help group training were established. As for the first net work part, a Harm Reduction committee appointed by Pathumthani provincial governor were established. The committee consisted of health personal services, policemen, local administrators, radio reporters, television reporters, non government organizations and local volunteers on drug prevention in. For the second services part, Harm Reduction Mobile Clinic was set up by integrating associated members for information, education, communication and looking for drug users 43 times/ 1,913 cases, on air for radio 2 stations 15 times, Thanyarak Travel worked with government and private projects on 13 occations , Drop in Center named Baan-Oon-I-Rak with 81 members. For the academic development part, consisting of health personal, policemen, mass media, Thannyarak Institute's staff and stakeholders, arranged 8 times conference /206 cases and including a peer group, volunteer in community for self-help group training 1 time/50 cases. In conclusion, for sustainability of the project body of knowledge on Harm Reduction, integration of partners, standard Drop in Center with friendly minded services, a strong responsible organization with adequate budget should be included.

[Paper ID:500]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

residential alcohol inpatient detoxification rehabilitation

Authors (speaker underlined):

Russell, Simon James; Hurst, Ayesha

Title:

A review of residential alcohol services in Cumbria and Lancashire in the north west of England

Abstract:

Background

The development of comprehensive, integrated alcohol treatment systems considerably benefits hazardous, harmful and dependent drinkers, their families, social networks and wider communities. Inpatient interventions are typically high cost and low volume and include provision of specialised, care-planned treatments. Inpatient interventions are comprised of inpatient detoxification and residential rehabilitation, although aftercare is a closely related feature of inpatient service provision. Evidence suggests that treatment of this nature saves about five times as much in expenditure on health, social, and criminal justice services as they cost. The Cumbria and Lancashire Alcohol Network, commissioned the Centre for Public Health to review and evaluate current inpatient alcohol services in these regions, which are a mixture of urban and rural areas, and where, especially in parts of Lancashire, alcohol associated problems are often significantly above the national average.

Method

Review methodology included; a scoping exercise of current services, an analysis of national monitoring datasets containing information on all individuals in contact with structured alcohol treatment; a service pro-forma, which supplemented and audited monitoring information; and semi-structured interviews with commissioners, service managers and service users.

Results

Service pro-forma data highlighted variation between services in terms of capacity, occupancy, acceptable referral sources, facilities, commissioning contracts and data monitoring. Commissioner interviews highlighted inequalities of funding between areas, variation in practice between areas and the advantages and disadvantages of the current transition of commissioning responsibility from specialist commissioning teams to localised health trusts. Service manager and service user interviews highlighted good practice and barriers relating to specific services and treatment journeys respectively.

Conclusions

In order for residential alcohol services to improve outcomes and gain cultural acceptance, regions must strive towards shared targets, localised but coordinated commissioning, consistent levels of medical management or supervision and consistent performance indicators and targets.

[Paper ID:555]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

compulsory treatment, drug rehabilitation order

Authors (speaker underlined):

Sakthivel, Vignesh; Faizal, Mohammad; Tindsley, Leigh

Title:

Liverpool Drug Rehabilitation Requirement Service

Abstract:

The Drug Interventions Programme (DIP) is a key part of the government's strategy for tackling drugs and reducing crime in the United Kingdom which was introduced by the UK Home Office in 2003. DIP combines criminal justice sanctions to ensure engagement of the offenders and at the same time provide them interventions to tackle the causes of offending behaviour. Overall effectiveness of the programme is being measured by the entry of numbers of drug-misusing offenders into treatment and by the impact of treatment in reducing levels of crime.

The Drug Rehabilitation Requirement (DRR) is one of the 12 requirements which can be included in a community sentence. The DRR is the main delivery route for drug treatment and interventions. It involves treatment (either in the community or in a residential setting) and regular drug testing. Treatment delivered under a DRR includes;

- Structured Group Programmes
- Care planning
- Substitute prescribing and detoxification (residential or community based)

The population of Liverpool city is about 450,000. Clients aged between 30 and 39 were the highest in the DIP. The majority of clients used heroin (83.3%). The next most commonly used illicit drugs were crack (69.2%) and methadone (14.1%). The most common offence that led to clients contact with DIP was shoplifting (32.9%) followed by warrant (12.3%) and Misuse of Drugs Act offences 10.1%. Our team in Liverpool had 171 DRR commencements and 138 completions in 2008.

Poor motivation, misuse of the DRR order to avoid imprisonment and poly-drug abuse are some of the difficulties noticed while delivering the services.

This order has enabled to engage hard to reach drug users in treatment for more than 12 weeks and up to 9 months, which is regarded as a key milestone for many drug misusers in making real progress towards a drug-free lifestyle.

[Paper ID:327]

Session: C10

Health, Risk and Injection Drug Use

Location: Room 1B, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Data, IDUs, Planning

Authors (speaker underlined):

Saleem, Naeem

Title:

Laying the foundation of harm reduction in resource poor setting of Pakistan

Abstract:

Issue: During 2001, National HIV/AIDS Strategic Framework was developed and adopted to curtail growing HIV epidemic among Injecting Drug Users (IDUs) in Pakistan and to establish harm reduction (HR) services nationwide. It was realized during planning process that sufficient estimation data of IDUs does not exist which initiated country wide mapping.

Setting: A geographical mapping approach was adopted, to understand the risk situation, and quantify in terms of size of the IDUs in thirteen major urban centers. IDUs were defined as persons who had injected drugs, for non-therapeutic purposes in the past six months with age of 18 years and above.

Project: Surveillance Project along with AIDS Control Program conducted geographical mapping in two stages. During the first stage information was collected from persons intimately related and involved with high risk activity in a professional capacity, e.g. NGO workers. During the next stage this information was sought from IDUs themselves and was validated by visiting hotspots. Finally, information was triangulated from stakeholders like law enforcement agencies and anti-narcotics force.

Outcomes: We mapped thirteen cities and identified 32,093 IDUs at 4,396 hotspots. Digital maps of each city were made and GIS co-ordinates were gathered. All data were analyzed and securely stored at Central Data Co-ordinating Unit (CDCU) for future use. Mapping estimates of IDUs led to either initiation or scale up of HR services in cities of high drug use problem. Digital maps helped to understand distribution pattern and thus led to re- positioning of services and enhancement of out reach work (ORW). These benchmark estimates were used during strategic planning and financial distribution of resources during the next phase of design of HR services. Baseline mapping estimates are essential to understand the drug use problem, re-direct HR funding and to advocate policy makers to realize existing drug use problem.

[Paper ID:901]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

IDU's sexual partners, sexual behaviour, general population, case-control, Ukraine

Authors (speaker underlined):

Saliuk, Tetiana; Bolshow, Eugen; Marynonvska, Violeta

Title:

IDU's regular sexual partners become a target populating for prevention program in Ukraine

Abstract:

Background: Since 1997 the HIV epidemic in Ukraine has been driven by injecting drug use. The HIV prevalence in this group is still remain to be the highest: in different cities HIV prevalence various from 18,0% in Summy to 62,8 % in Poltava. Nevertheless, the proportion of newly registered HIV cases related to sexual transmission has been changed significantly and today close to number of cases occurred due to infecting drugs. Based on available statistical data, some additional studies were conducted to provide more explanation in resent status of HIV epidemic in Ukraine.

Methods: To assess risk factors among recent cases of HIV a match case-control study was done. This study included cases of HIV seroconversion and negative cases among pregnant women and blood donors in 16 regions of Ukraine . Evidence of seroconversion was a previous negative HIV test within a 12 month period. Participants who reported injection drug use as a risk factor were excluded from the study. The sample included 334 voluntary respondents (187 seroconverters and 147 negative controls).

Results: 22% of female and 6% of male have an IDU as permanent sexual partner. 37% of female do not know weather heir sexual partner use injection drugs or not. Sexual intercourse with IDUs was reported as a risk factor more often among seroconvertors than among negative controls, 26.9% and 10.6%, respectively; $p=0.001$, $OR=3.2$. The frequency of condom use was a statistically significant risk factor among groups, those who have IDU as sexual partner and those who did not report it.

Conclusions: The heterosexual transmission of HIV in Ukraine could be linked to sexual intercourse with IDUs. Harm reduction programs among IDUs also need to emphasize prevention of sexual transmission. Bio-behavior surveillance among IDU's regular sexual partners is planed to be conducted in 2009 in Ukraine.

[Paper ID:307]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

women, primary health care, participatory action research

Authors (speaker underlined):

Salmon, Amy

Title:

“Treated like a junkie”: missed opportunities for harm reduction in primary care settings

Abstract:

Background: In 2002, The Vancouver Coastal Health Authority began an extensive redesign of primary care services with goal of meeting the needs of marginalized people living in the city’s Downtown Eastside. Three years later, women who use drugs in this community continued to report persistent health inequities and barriers to accessing services in a timely, meaningful fashion. The VANDU Women Clinic Action Research for Empowerment Study examined the impact of these policy and service reforms on the primary care experiences of women who use illicit drugs, from the perspectives of women themselves.

Methods: 11 VANDU Women’s Group members were trained as peer-interviewers, conducting in-depth interviews with 50 women using a structured interview guide. Data were coded through iterative cycles of collection and analysis using an inductive analytical framework. Emergent findings were brought back to a Steering Committee comprised of VANDU Women’s Group members for member-checking and triangulation.

Results: In interviews, being “treated like a junkie” emerged as short-hand for expectations of receiving poor treatment. in the face of long wait times, repeated experiences of stigma and discrimination, restricted access to medications, and multiple health challenges, women who use illicit drugs in the DTES develop complex strategies for creating disbursed “networks of care” to get their needs met. However, these strategies can result in further marginalization within the system, access to care is restricted through accusations of “doctor shopping” or “drug-seeking”. These result in lost opportunities to most effectively involve primary care providers in efforts to improve health of women drug users, and to reduce drug related harms.

Recommendations focus on needs to: reduce patient wait times; improve understanding of “drug seeking” and appreciation of how professional responses can increase drug-related harms; and develop system capacity to engage peer workers in primary care settings.

[Paper ID:308]

Session: C35

Staying Safe: Second Generation Approaches to Hepatitis C and HIV Prevention

Location: Room 4, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

women, HIV, HCV, injection drug use, qualitative methods

Authors (speaker underlined):

Salmon, Amy

Title:

Women staying safe in Vancouver

Abstract:

In Vancouver, HIV and HCV infection rates among women IDUs are rising, and previous research has shown that gendered life experiences (particularly gender-based violence) closely mediate women's risks for acquiring both infections, among other drug related harms. In collaboration with grass-roots drug user activist groups, The Staying Safe in Vancouver study is beginning work that aims to identify how long-term avoidance of HIV and HCV may be mediated by gender, uniquely shaping women's ability to "Stay Safe". To date we have:

- 1.Generated preliminary, context-specific descriptions of the life trajectories, prevention practices, and other characteristics of women who inject drugs in Vancouver within each serostatus group.
- 2.Developed effective and respectful participant recruitment strategies for particular groups of co-infected and uninfected people who inject drugs (i.e. women and men), which are grounded in a comprehensive understanding of Vancouver's HIV and HCV epidemiology. These strategies have been tested and refined in the collection of pilot data, and will be used to formulate our larger study of long-term non-infection.
- 3.Adapted and refined the interview guide used by the New York study to ensure that our instrumentation is relevant to women and men and responsive to local context and injection drug user communities.

Pilot data will be gathered through detailed life history interviews with 10 people (5 HIV and HCV positive and 5 HIV and HCV negative) who inject drugs. Interviews will be conducted with women and men, and initial recruitment priorities have targeted women who are and are not engaged in survival sex work. Using a modified grounded-theory approach, we have conducted preliminary analysis of the life trajectories of co-infected and uninfected individuals. Gender -based analysis was applied to examine the extent to which these trajectories or practices differ for women. Preliminary findings from these interviews will be presented.

[Paper ID:569]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

health system, prevention, public policies, treatment, harm reduction, Mexico

Authors (speaker underlined):

Sánchez Ortega, Lisa María; Barra, Aram

Title:

Small-time trafficking law impact on Mexico's health system

Abstract:

The increasing importance of the Latin America region in drugs production and traffic has changed the structural context of drugs by fostering consumption and increasing the levels of dependency among local populations. This new reality, particularly delicate in Mexico, requires National Health Systems to act and implies a need to debate whether Harm Reduction needs to be reinforced by public health policies.

In Mexico, the 2008 National Survey on Addictions showed that 5.7% of people between 12 and 65 years of age have a regular consumption of illegal and medical drugs. In this same range, marijuana consumption augmented in 0.7% over the five past years while cocaine and other synthetic drugs did it in 200% and 600% respectively. Despite these results, perception regarding drug users remained negative among general population as only 60% conceive drug addiction as a disease requiring medical attention and 80% didn't considered this issue as a public responsibility.

The escalating demand for specialized health services pushed the government to act. After the approval of the Small Time Trafficking Law, the first network of specialized centers on prevention and addiction treatment saw the light. Through these mechanisms, government expects to control drug supply and reduce the prevalence of substance use among general population, youths in particular, by 2012.

As a result of a ten months field work and research, we have put together the first social analysis concerning the impact of the small time trafficking law in Mexico in regards to its health system. As government evaluations will not be implemented until 2013, this study also constitutes a unique occasion to measure policy impact on public health and to identify opportunity areas for Harm Reduction as part of national health systems initiatives.

[Paper ID:938]

Session: C06

Insights from Qualitative Research

Location: Room 12, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

drug use management, controlled drug use, qualitative study, Russia

Authors (speaker underlined):

Sarang, Anya

Title:

Models of drug use and mechanisms of regulation and control: a qualitative study in Russia

Abstract:

Issue: One of the ways to decrease drug-related problems could be by applying mechanisms of self-control over an individual's drug use. Research and interventions in this area are limited internationally and absent in Russia.

Aim: To explore strategies of control and regulations applied by drug users in order to enrich harm reduction interventions.

Methods: A rapid situation assessment was carried out consisting of two focus groups (n=17) and in-depth interviews (n=40).

Findings: Findings demonstrate that throughout a drug use career people develop certain norms of control and regulation aimed to avoid dependence, maintain functional social and family life. While the majority of strategies were of an individual and unconscious nature, some norms such as safe injecting were shared by the majority of respondents and were suggestive of group norms.

Conclusions: At least at certain periods, drug users can apply mechanisms of regulation in order to decrease various drug-related harms. The successful promotion of certain norms demonstrate that harm reduction programs could provide an important resource for the accumulation and dissemination of other good practices. However, interventions should not be focused on an individual level only and should target wider environmental factors that influence individual and group patterns of drug use.

[Paper ID:1024]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Russia, harm reduction services in Russia,

Authors (speaker underlined):

Merkinaitė, Simona; Sarang, Anya; Schonning, Shona; Sulcaite, Ruta

Title:

Russia says "NO" to harm reduction

Abstract:

Issue

In spite of the fact that Russia is home to one of the world's fastest growing HIV epidemics (with a half a million cases already registered) and that 80 percent of cumulative cases with known transmission causes are among IDU, access to harm reduction services is being drastically scaled back and may completely disappear within 2 years of this conference.

Setting

Russia is home to some high quality, effective harm reduction services, which had been supported by millions of dollars from foreign donors and even some funds from the Russian government. But now these programs are being closed. Russian officials broke their promise to fund programs that had started up with GFATM funding and now the Russian federal government is turning away from the harm reduction approach in favor of programs to promote "healthy lifestyles." Rehabilitation programs are rare and OST remains illegal.

Key arguments

The closure of harm reduction services in Russia will not only leave drug users without life-saving services but will wipe out years of skills and experience. Continued foreign funding is necessary in the short-term to keep the best services functioning and careful advocacy work is needed to continue to advocate for their uptake and expansion.

Outcomes Harm reduction services may be non-existent in Russia within two years if the situation does not change. OST continues to be illegal. Rehabilitation programs are rare. Human Rights violations are common.

Officials have stated explicitly that the federal government will not finance harm reduction services. T Rehabilitation programs are scarce, OST programs are illegal and human rights violations of drug users are plentiful.

Implications Urgent action is needed to prevent Russia's estimated 1.49 million heroin users (about 13% of the world's total) are on the verge of being left completely without life-saving services.

[Paper ID:153]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV, Hepatitis. Overdose, Rehabs, Drug-users

Authors (speaker underlined):

Savickiy, Aleksandr Grigorievich

Title:

Integration of harm reduction model into rehabilitation centres for drug users

Abstract:

Rehabilitation Centre - ideal place for introduction Harm Reduction methods to prevent drug overdoses, transferences of HIV and hepatitis. The drug users stay there for a while. It allows them to absorb information without hindrances. As far as their health (often their life) goes, giving truthful information about Harm Reduction methods of drug-using consequences is essential.

Statistics of relapses after rehabs vary 60%-95%. Lack of Harm Reduction training leads to increased risk even in case of single recurrence.

Having worked as a coach on Improving Quality of HIV Counseling and Introduction of Treatment for Harm Reduction Programmes, I came to the conclusion that this model can be integrated into rehabs.

Rehabs' representatives and state narcology officials came to our seminars. It allowed to advocate Harm Reduction methods to rehabs and state medical establishments.

This work resulted in the educational draft for rehab counselors. It explains how Harm Reduction methods can prevent overdoses, HIV and hepatitis transfers and ways of treatments. There is also a Guide for conducting trainings. It's important for personnel to possess enough knowledge.

Some of rehabs' clients live with HIV, hepatitis. They benefit from such education not only in terms of prevention, but actual treatment opportunities; adapting to living with the infection and using anti-viral therapy.

Seven regions of Russia participate in the project, 35 rehabs.300 drug-users receive this information monthly.

Representatives of these rehabs had been trained to conduct trainings on Overdose Prevention, HIV Transfer Prevention and HIV Treatment. These topics have been successfully integrated into the rehabs' programmes.

Thus, rehabs are effectively used for reaching various groups of patients and for giving them Risk Reduction information.

In Russia, where Harm Reduction issues are not only ignored but opposed to and obstructed by the Government, this initiative is vitally important for keeping drug addicts alive.

[Paper ID:609]

Session: M02

Harm Reduction in Europe

Location: Room 3, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

national and european drug strategies, participation, user involvement, new challenges on hr

Authors (speaker underlined):

Schatz, Eberhard; Schiffer, Katrin

Title:

Harm reduction in Europe: experiences, lessons learnt and what's next

Abstract:

Issues:

Since the implementation of harm reduction approaches in the early 90ties in various parts of Europe, policy and practice underwent considerable developments. This applies specifically for the various frontline services (e.g. needle exchange services, outreach teams), the involvement and self organisation of drug users and the adaptation of harm reduction methodologies into national and European Drug Strategies.

Setting:

Correlation – European Network Social Inclusion & Health brings together service providers, health institutes, grass-root organisations, Drug User organisations, advocacy groups, researchers and policy and decision makers. By doing so, the network stimulates mutual exchange and cooperation between the various stakeholders. Correlation develops new and innovative approaches/methodologies, builds capacities among service providers and service users and transfers the outcomes and results of the project to the policy level.

Key arguments

- Harm reduction approaches are implemented broadly within nearly all European Member States, but there is an increasing tendency to focus on issues of public order, while public health aspects are underestimated.
- Participation of service users is necessary for the development of effective services, but is insufficiently stimulated and integrated within existing services.
- The input of frontline services and grass-root organisations is necessary for the development of effective drug policies, but is insufficiently stimulated and integrated within the national and European policy-making process.

Outcomes:

The presentation will address the different issues and will describe possible ways to overcome the dilemma's described, based on the experiences of the network.

Implications:

In order to come to an integrated approach in regard to the participation of service users and the involvement of civil society, it will be necessary to combine forces and to improve the cooperation between service providers, service users and policy makers.

[Paper ID:365]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Innovation crack cocaine intervention

Authors (speaker underlined):

Schmidt, Jeannot

Title:

Self-control by using your mobile phone

Abstract:

The development of a harm reduction computer game on the mobile phone

Mainline Foundation

Baas, I.F. & Schmidt, J.

Background

Self-control for users of crack cocaine by computer training is a Mainline project called Control it! In recent years Mainline Foundation focuses by providing health promotion information, on users of crack cocaine, the smokable form of cocaine. The severe effect and the irresistible craving to the drug, makes it difficult for many users to keep the use under control. Result is an exploitation of body and spirit as heavy impact on health and the environment of the user.

With the project Control it! Mainline would contribute to the search for an appropriate intervention for problematic crack cocaine use. A computer game on the mobile phone to train the control of crack cocaine use, is because of this reason an innovative intervention.

Methodology

Control it! is based on recent scientific developments in the field of addiction. The project Control it! aims to explore the possibilities and effects of training the working memory in the brain. Forty active crack cocaine users in shelter settings will participate in a daily training of the working memory application on the computer. The study will be conducted by Mainline in collaboration with the researchteam of prof. dr. R.W. Wiers, University of Amsterdam.

Results

Earlier research of prof. Wiers has proven that influencing the automatic and controlling processes in the brain has a positive effect on self control with substance use. We expect to find similar results among the target group of crack cocaine users.

Conclusion

When the working memory training is integrated in a mobile computer game it has great potential – this innovative form of intervention addresses the target group easily through large access via the mobile phone.

[Paper ID:1025]

Session: C07

Using Naloxone to Prevent Fatal Overdoses: Innovations and Programmes

Location: Room 1A, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

overdose, Eastern Europe, Central Asia, Eurasia

Authors (speaker underlined):

Merkinaitė, Simona; Schonning, Shona; Coffin, Phillip; Egija Lapina, Egija Lapina; Torban, Mikhail; Valentin Simionov, Valentin Simionov; Maram Azizmamadov, Maram Azizmamadov; Sherboto Tokombaev, Sherboto Tokombaev; Madina Tokombaeva, Madina Tokombaeva; Anya Sarang, Anya Sarang; Raminta Stuikyte, Raminta Stuikyte

Title:

Overdose: a major cause of preventable death in Central and Eastern Europe and Central Asia

Abstract:

Background:

Recognizing that overdose is a major unaddressed cause of death of drug injectors, EHRN conducted research to summarize the overdose epidemiology, services, knowledge and policies in selected Eurasian countries.

Methodology:

An international expert developed a tool to assess key country characteristics and a team of country researchers carried out research using the tool. A consultation with regional and international experts was held to analyze information and compose recommendations. Data was gathered mostly from desk research and informal interviews on Latvia, Kyrgyzstan, Romania, Russia, Tajikistan.

Results:

Data on overdose in most countries were minimal, unreliable and likely underestimate the prevalence of overdose. In Russia, available data suggest OD is a significant cause of death. In neighboring EU, OD is the leading cause of death among IDU and, in some countries, the leading cause of death among youth (general population.) Hospital based OD care including naloxone is commonly available and sometimes available on ambulances but access to these services is limited often by fear of police. Naloxone distribution to IDU community was rare throughout the region though some good practice examples were noted in Tajikistan, Russia and Ukraine.

Conclusions:

Improvements in statistics are needed as it is difficult to advocate for improved response to what may be a major cause of death without data moreover it will be difficult to measure baseline for new programs without data. Many harm reduction programs in the region, dependent on financing from HIV programs have neglected OD though OD may be a leading cause of death among PLHIV and though OD response may improve uptake of HIV related harm reduction services. Community based naloxone distribution is possible in the region and can even be incorporated into GFATM programs. Significant advocacy work is needed to increase response to this major cause of death.

[Paper ID:217]

Session: C24

Perspectives on Stimulants

Location: Room 12, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

crack cocaine, analysis, purity, contaminants

Authors (speaker underlined):

Scott, Jenny; Rowan, Michael

Title:

Harm reduction advice based on the analysis of crack cocaine seizures in Swindon, UK

Abstract:

Background

This collaboration between a drugs service, police and academics presents one way to expand harm reduction for crack cocaine users. Anecdotal reports from Drugs & Homeless Initiative clients suggested that crack obtained in Swindon (UK) was of low quality. It was hypothesised that information about the content and quality of local crack could inform harm reduction advice, allowing users to make informed choices. This study analysed crack samples provided by the police from Swindon area seizures. Major adulterants and cocaine content was determined, information not usually available in forensic reports.

Method

100mg from each sample was shaken with dichloromethane and water and the two layers separated. If the water layer pH was basic, this was titrated with acid to determine residual carbonate. If pH was acidic, High Performance Liquid Chromatography (HPLC) was used to determine any salt form cocaine. The dichloromethane layer was assayed by HPLC to measure cocaine base content. Nuclear Magnetic Resonance (NMR) was done on a separate portion (c60mg) of each sample to identify major contaminants.

Results

To date 36 samples from 20 seizures have been analysed, the conference presentation will include complete data (65 samples). Results so far: 27 (75%) of the samples contained cocaine in base form, 3 (8%) contained salt form cocaine and 7 (19%) contained no cocaine. Cocaine content ranged from 10-60%. Contaminants: phenacetin, 25 (83%), mannitol, glucose and benzocaine each in 1(3%) sample.

Conclusion

The analysis concurred with the user reports that Swindon crack was of low quality; 19% of cases contained no cocaine. UK average content is higher (69%) [Schifano & Corkery, 2008]. Most were contaminated with phenacetin, present in the ratio 0.4:1 to 2.4:1 with respect to cocaine. Phenacetin is associated with kidney damage in crack users [Brunt et al, 2009]. Local harm reduction messages can incorporate this information.

[Paper ID:219]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

pharmacy, needle exchange

Authors (speaker underlined):

Scott, Jenny

Title:

Why is pharmacy-based needle exchange failing to expand?

Abstract:

Background

In the UK 80% of needle exchange (NX) outlets are based in pharmacies, providing half of all exchanges. The benefits of extended opening hours, including weekends, the potential for widespread coverage in urban and rural areas and 'no appointment' access to a health professional makes pharmacy NX potentially incredibly valuable. However, statistics suggest that the proportion of pharmacies that provide NX (about 20% in England) has not changed significantly despite coverage not meeting HCV prevention needs. This study aimed to explore why expansion is lacking.

Method

Semi-structured inductive interviews were conducted with relevant stakeholders including pharmacists who had withdrawn from NX schemes, pharmacists in areas of need who did not provide NX, area scheme co-ordinators and senior managers of large multiple chains. Interviews were recorded, data transcribed and subject to analysis using grounded theory.

Results

Nineteen interviews were undertaken. Three main factors were identified:

- Finance - payment for NX. In part overcome by the introduction of a new national pharmacy contract, but remaining a significant obstacle or incentive.
- Support – pharmacists did not wish to feel isolated, those who felt well supported reported few deterrents. Best practice models of support were identified. Lack of support after a bad experience was a factor.
- Negative experiences – this was intertwined with support. Pharmacists who felt vulnerable and at risk were reluctant to provide NX. Experience of negative events was evident but to a lesser extent than the fear of one.

The large multiples were positive about NX, but most left the decision to provide to local pharmacy managers.

Conclusion

Good support and remuneration are needed to encourage the expansion of pharmacy NX and deal with negative events quickly. Models of best practice meant some areas were fully subscribed and had adequate coverage. Such models could be replicated across the UK.

[Paper ID:967]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Viral Hepatitis, Methadone Maintenance, Vaccination, Screening, New York

Authors (speaker underlined):

Seewald, Randy M.; Kamara, Eli; Bonilla, Jr., Valentin; Drennan, Carolyn; Perlman, David C.

Title:

Prevalence of viral hepatitis at the Beth Israel Medical Center methadone maintenance treatment program (MMTP)

Abstract:

Background: Injecting and non-injecting drug users are at high risk of infection with viral hepatitis. Hepatitis A and B are vaccine preventable diseases. Hepatitis C co-infection with Hepatitis A and/or B may lead to worsening liver disease, fulminant hepatitis and/or death.

Objective: To determine the prevalence of viral hepatitis in a methadone program in NYC.

Method: The Beth Israel Medical Center MMTP serves 6500 patients at 18 clinics in NYC. Approximately 1500 patients are admitted/leave the MMTP annually. Routine screening for HAVtotAb, HBVsAg, HBVcAb, HBVsAb and HCVAb started June 2007.

Results: 8060 distinct patients were screened. Not all had complete screening performed because of incomplete lab requisitions. 35% of those tested were HBV susceptible, 15% had isolated HBVcAb+, 1% were HBVsAg+, 27% were HBV immune by natural disease, 23% were HBV immune by vaccination, and 35% were HAV susceptible. Overall, 50% were susceptible to either HAV, HBV or both. 56% were HCVAb+, of these 17% were HBV susceptible, and 22% were HAV susceptible, and 31% of those HCVAb+ were susceptible to HAV and/or HBV. Of the 1029 HBVcAb+ who were also screened for HCVAb, 954 (93%) were HCVAb+. 24% of the HCV+ patients had isolated HBVcAb+.(24% vs 2%, $p < 0.0001$; OR 12.5, 95% CI: 9.8-16.0)

Conclusion: 56% of MMTP patients were HCVAb+. This rate is lower than has previously been reported in similar populations of drug users in treatment. A notably high number of patients with isolated HBVcAb+ are HCVAb+ (93%). Patients with HCVAb+ were significantly more likely than those without HCVAb+ to have isolated HBVcAb+. Over one third were HBV susceptible and 50% were susceptible to HAV and/or HBV. Among those HCVAb+, 31% were susceptible to HAV and/or HBV highlighting the need for ongoing hepatitis screening and vaccination programs for MMTP patients.

[Paper ID:342]

Session: C09

Harm Reduction Policies: Challenges for Developing National Approaches

Location: Room 11, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Regional approach, parliamentarians, law, challenges

Authors (speaker underlined):

Seitalieva, Chinara; Meimanaliev, Tilek; Niyatbekov, Shifo; Kolakova, Gulya

Title:

Inter-parliamentary working group in Central Asia; additional approach to HIV epidemic in the region

Abstract:

Issue: Central Asia (CA) experiences the most rapid growth in new HIV-infection cases in the world. Considering current availability of adherence of CA countries to teamwork in HIV prevention it is important to develop the regional approaches focused on intergovernmental cooperation. Settings: The key factors leading to spread of HIV include: drug trafficking, sex services, labour migration, lack of knowledge of population about HIV/AIDS, as well as shortcomings in the legislation. According to case registration statistics cumulative number of registered HIV cases in CA as of January 1st, 2009 was 31750 people, amongst them 62.8 % are injecting drug users. Central Asia is located on the drug trafficking rout from Afghanistan to Europe. Key arguments: With the purpose to strengthen intergovernmental cooperation, the Central Asian Inter-Parliamentary working group on HIV infection problem has been created in 2006, which includes two Parliamentarians from five countries each. This regional initiative is aimed to improve and harmonize legal framework in the region with due consideration of international best practices. Outcomes: Within three years of Inter-Parliamentary working group's functioning, four regional conferences have been held with participation of policy makers. Training of parliamentarians, organization of parliamentary hearings of issues related to legislation on HIV/AIDS facilitated the preparation of the new Law on HIV/AIDS in Uzbekistan approval of which is expected in 2010. Upon the initiative of Inter-Parliamentary working group members amendments were made to the Law on HIV/AIDS in Tajikistan in 2008. New Law "Drug dependence prevention from narcotics and psychotropic substances» has been drafted in Kyrgyzstan. Implications: Involvement of policy makers/parliamentarians of CA countries into response to HIV epidemic definitely strengthens national leadership and ownership and added value to the quality of response to the epidemic by initiation of legal reforms.

[Paper ID:244]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

adolescent FSW, monitoring and evaluation, case-study

Authors (speaker underlined):

Busza, Joanna Rose; Teltschik, Anja; Balakireva, Olga; Sakovich, Olena; Ancker, Svetlana; Bondar, Tetiana; Sereda, Yuliya

Title:

Process evaluation of a harm reduction model for adolescent female sex workers in Ukraine

Abstract:

Issue: Adolescent female sex workers (FSW) have been neglected in Ukraine's national AIDS response, despite evidence from national behavioural surveillance that they face greater HIV risk and vulnerability compared to their adult counterparts.

Setting: The city of Nikolaev was chosen as the site for a pilot intervention to reach and provide comprehensive HIV prevention services to adolescent FSW. A baseline survey conducted in Ukraine among most at risk adolescents aged 10-19 (2008) found that among Nikolaev respondents (N=202), 44% reported selling sex; 98% of them reported engaging in unprotected sex in the past year; 16% reported both injecting drugs and selling sex.

Project: This intervention builds on an existing programme for adult FSW that coordinates provision of diverse HIV/AIDS prevention and treatment services and includes a strong advocacy element. Adolescent FSW are recruited to a community drop-in centre that provides a safe space, group and individual counselling sessions, an entry-point into an extensive referral network of governmental health, social care services and non-governmental organisations. Social workers accompany sex workers to services, as required, including gynaecological and infectious disease specialists, HIV/AIDS treatment centres, legal aid. An ongoing process evaluation is being conducted through external monitoring visits, routine statistics, costing data, staff and client satisfaction surveys.

Outcomes: Demand for the provided services has far exceeded expectation. The implementing NGO hoped to recruit 50 under-age sex workers in the first six months; to date, 112 adolescent girls have received services. A client satisfaction survey showed an increase in HIV/AIDS knowledge, as well as in motivation to seek services. All (N=33) surveyed clients reported that they would recommend the project to their peers. Challenges include the limited capacity of the community drop-in centre to absorb the unexpected demand and weak integration between the medical and social components of the intervention.

[Paper ID:198]

Session: C32

Drug User Networking

Location: Room 3, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

human rights violation, public opinion,

Authors (speaker underlined):

Setiawan, Eka

Title:

Creative intervention in a creative city for justice to all drug users

Abstract:

Issue

According to the West Java Health Office of the Health Department, there are 2,353 cases of HIV/AIDS in West Java (March 2009). 75,03% of the total figure comes from Injecting Drug Users (IDU). There is discrimination against drug users which results in human rights violations from law enforcement, medical officers and the society. These violations include physical and non-physical abuses, economic and social separation; stigma and discrimination from health service providers; and torture and black mail by the law enforcement.

Setting

PANAZABA is a community for drug victims which fights for the human rights of drug users in Bandung, the capital city of West Java. Our community interventions take a contextual and particular approach for the drug user community in Bandung, and collaborate with other marginalized communities.

Project

In order to transform public opinion about drug victims, PANAZABA is doing creative internal and external interventions. The activities include showing movies and hosting discussions about harm reduction and drug user movements among the internal community. Working together with the Common Room (a networking center in Bandung), the movies are shown to the public along with cultural art exhibitions which involve drug users as the main actors. These activities involve cultural artists, environmental organizations, social organizations, youth organizations and drug user organizations in Bandung.

Outcomes

It is not only drug users who have the logical awareness and deep empathy towards this issue, but also the society in general as well other communities. We aim to show that drug users are not criminals, but rather a resource to solve injustice in the community.

Working together with professionals for advocacy activities is one important thing. Working together with other marginalized communities is far more essential in order to assemble power for changes. Diversity is the key of change.

[Paper ID:1027]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

methadone, Nepal,

Authors (speaker underlined):

Sharma, Vinita; Shyam Prasad, Lohani

Title:

Comparative study of quality of life and coping strategies of clients on methadone maintenance treatment in Nepal

Abstract:

Background: The Oral Substitution Therapy, started in 1994 A.D in Nepal which was phased out in 2002-03, was re - launched in 2007 using Methadone.

Objective: To compare quality of life and coping strategies of clients on methadone maintenance treatment and controls.

Methods: Sample size was 202 with age matched 101 clients and 101 controls. Questionnaire containing socio-demographic characteristics, WHOQoL-BREF and Coping Check-List was administered. Four QoL domain scores and six coping domain scores were calculated and compared.

Results: Majority (41.6%) of clients were adults (30-34 years), married (62.4%), businessmen (46.5%) with high level of income (61.4%). Proportion of unemployed client was 10% more than that of the control. QoL score for all four domains- physical, psychological, environmental and social were significantly lower in clients. On coping strategy, there was no significant difference in domain of problem focused coping but in all other five domains- seeking social support, psychological, religious, emotion-focused and avoidance, scores of clients were significantly higher. Among clients, weak negative correlation was found between passive acceptance and avoidance domain of coping and all four domains of quality of life. Similar correlation was also found between emotion focused coping strategy and social domain of quality of life. Married clients were about 14 times more likely to have sexual relation and about 4 times more likely to use condom than not married ones. Normal population was 3 times more likely to have had sexual relation in last month than clients.

Conclusion: The findings can be used as baseline data to further assess the real impact of MMT in quality of life and coping strategies in Nepal.

[Paper ID:151]

Session: C34

Innovative Approaches to Reducing Non-Viral Health Harms

Location: Room 1B, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

Contaminants, Adulterants, Illicit Drugs

Authors (speaker underlined):

Shaw, Claire; Jones, Lisa; McVeigh, James; Bellis, Mark

Title:

Contamination, adulteration and other agents in illicit drugs. A guide for policy makers, practitioners and drug users

Abstract:

Background: It is well established that illicit drugs typically contain other substances in addition to the actual drug. Additional substances are often intentionally added to bulk, complement or enhance the drug effects, whereas unintentional contamination is often the result of inadequate manufacturing, production or storage techniques. It has been suggested that it is the prohibition of drugs and illicit drugs trade itself, that has had detrimental public health consequences due to the varying strengths and purity of illicit drugs and the consumption of contaminants and adulterants, which are characteristic of a totally unregulated market.

Methodology: A systematic search was conducted, incorporating evidence from peer reviewed journal articles, international drug reports, forensic analysis reports and policy documents.

Results: Findings show that typically illicit drugs contain (either intentionally or unintentionally and dependent upon the illicit drug) caffeine, laxatives, pain relief medications (both for human and veterinary use) and precursor chemicals, together with a range of biological agents.

Conclusion: The findings indicate that there are serious risks associated with the bulking, adding to and contamination/adulteration of illicit drugs with toxic and non-toxic substances, which can become harmful as a result of production, transportation or preparation for administration. Harm reduction messages about the harm of contaminants/adulterants require continued consideration of their serious public health implications. There is a clear need for case reports to conform to standardised reporting formats with key information included in order to further the evidence base and allow reliable comparisons of cases. This research reinforces the IHRA position regarding the reduction of adverse health effects of illicit drug use through information and guidance regarding illicit drug contamination and adulteration. This presentation will be a culmination of the review, providing evidence of the global public health implications of this issue together with recommendations for research practice and policy.

[Paper ID:343]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

DUs, IDUs, VCTC, PLWHA, ART

Authors (speaker underlined):

Shrestha, Padma Shree

Title:

Outreach-based harm reduction program in Kathmandu and Lalitpur

Abstract:

Issue: The trend of injecting drug is increasing day by day amongst the youth of Kathmandu valley in Nepal. Reaching these IDUs with culturally accepted harm reduction services has been an ongoing effort for over a decade and half. In eighties HIV/AIDS became a major health problem among the IDUs. Because of it harm reduction program became the only option to reduce the risk and transmission of HIV/AIDS, hepatitis, STI and other blood born diseases among the IDUs. Outreach is the only one strategy which support to provide service delivery to IDUs their spouse and sexual partners.Outreach workers able to reach door to door of IDUs.

Setting- In response to HIV/AIDS and other blood borne disease transmission amongst IDUs, LALS is operating a harm reduction program in Kathmandu and Lalitpur district. The main strategy of LALS is outreach based program that operates on the sheets throughout two districts.

Project- Harm Reduction program in Kathmandu and Lalitpur district –LALS

LALS has been mobilizing 20 outreach workers and 10 Peer Educators in outreach team. They work 6 days a week.

Outcome: The program is currently providing services to 2136 IDUs. More than 1000 spouses are also receiving service delivery. The program is completely donor dependent and relies on short term funding. Long term funding is very essential for good impact of service delivery in long run .

Lesson learned:

- Provision of budget for lab test.
- Cost of Major treatment.

[Paper ID:650]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

methamphetamine, methcathinon, cathinon, stimulant use, poly drug use, HIV

Authors (speaker underlined):

Shulga, Liudmyla; Smyrnov, Pavlo; Varban, Maryna

Title:

Stimulant users in Ukraine: formative study results show steady drug scene changes

Abstract:

Formative study among stimulant users was conducted as little is known about this target population in Ukraine to design effective HIV prevention interventions.

Formative study included in-depth interviews with stimulant cooks, secondary analysis of data collected during 2004 – 2008, behavioral research (to be issued by December 2009)

Results of in-depth interviews and secondary data analysis revealed (P ? 0.005):

- Home-made solution containing methamphetamine, methcathinon or cathinon is widely spread. Injection root of administration prevails.
- 10% of IDUs use stimulants exclusively (SUs), 19 % are poly drug users (PDUs), using both stimulants and opiates.
- Stimulant use increased by 10% during 2005 - 2008. Significant increase was observed among 18-year-olds (4.44% - 52%) and 19 – 24 age group (4.4% - 24.5%).
- Stimulants are equally popular among males and females: 57.1% and 42.9%, while PDU is more typical for males: 74.9% and 25.1%.
- SUs tend to be younger than PDUs: 26.9 vs 30.7 years old.
- Number of injections per month is three times higher in PDUs: 34.6% vs 12.2%
- SUs have less injection partners: 19.8% vs 28.3%
- SUs have higher level of education and better material standing and are mostly spread in industrial part of the country.
- PDUs have higher rates of HIV in the 19 – 25 age group, although both groups reported sharing injection equipment equally: 17.1%

There is a need to plan for HIV prevention interventions targeting specifically stimulants users accounting for three major groups:

1. Women must be given special attention due to their social, biological and physical vulnerability.
2. PDUs - specific behavioral phenomenon with the most risky behavior among IDUs.
3. Young people who are at higher risk of HIV infection.
4. More focused interventions should be provided in industrial parts of the country where income generation is easier.

[Paper ID:815]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

methamphetamine, methcathinon, cathinon, stimulant use, poly drug use, HIV, ATS

Authors (speaker underlined):

Shulga, Liudmyla; Smyrnov, Pavlo; Varban, Maryna

Title:

Amphetamine type stimulants in Ukraine: risks for health. Qualitative research results

Abstract:

Background: This research aimed at finding out chemical components of stimulants and associated health risks.

Methods:

There were 49 in-depth interviews with stimulant cooks conducted in 17 regions of Ukraine. Information obtained was analyzed by two specialists in chemistry with support from the Department on Drugs and Crime.

Results:

The same slang names are often used to identify different types of ATS in various parts of the country.

I. The most widely mentioned stimulant is home-made solution containing methamphetamine (MAS). Precursors include (pseudo)ephedrine obtained from cold medicines (tablets or syrups), crystal iodine, and red phosphorus.

MAS contains residues such as acid, alkali, saturated hydrocarbons, hydrochloric acid, phosphorus, iodine, lead chloride, natrium hydrochloride, etc. Those agents cause additional negative impact on health. Some chemicals cause health problems due to accumulation in tissues and organs.

MAS is highly acid. Neutralization of excessive acidity happens rarely. Drug quality is checked either by smell through inhaling of dangerous vapors or by tasting (observed among those who drink MAS).

II. Second popular stimulants are methcathinon (oxidation of (pseudo)ephedrine) or cathinon (oxidation of phenylpropanolamine). Drug quality is checked only visually. Final products contain high level of potassium permanganate that may cause skin burns, eyes damage and severe brain damage.

During ATS production plastic equipment is often used. This brings additional health risks as particles of plastic remain in the solution to be injected. Methcathinon unlike methamphetamine is not brought to boil that leads to risk of bacterial contamination of the solution.

Conclusions:

When planning intervention for stimulant users it is important to teach them

- safer ways of use: acidity reduction, use of litmus paper, safer injection techniques;
- practice proper hygiene: washing hands, cleaning equipment, new syringes use;
- safety techniques during production process: wearing gloves and mask;
- harm reduction methods from injecting and/or drinking stimulants.

[Paper ID:644]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

injection, education, coaching, hepatitis, damages

Authors (speaker underlined):

Simon, Arnaud; Andréo, Christian; Essid, Sandra; Legall, Jean-Marie; Benkhoucha, Cynthia

Title:

Peer-coaching on safer injection practices based upon the direct observation of people injecting

Abstract:

Issue: French harm-reduction policies have succeeded in vastly reducing the incidence of new HIV infections among people who use injectable drugs (PWUID). PWUID in France however still remain enormously affected both by hepatitis C (estimated prevalence of 60%) and by a variety of injection related damages. We hypothesize this is due primarily to (1) sharing of injection equipment (including cups, cotton swabs, rinsing water, etc.) (2) the unsanitary conditions where most injections take place and (3) the stress of the person who is injecting.

Setting: AIDES, the community-based NGO on HIV and hepatitis coordinates more than 30 low-threshold harm-reduction centers for PWUID across France (approximately 1.3 million injection kits distributed in 2008) as part of the legally defined "CAARUD" framework.

Project: AIDES has produced detailed guidelines in 2008 for providing individualized coaching on safer injection practices with people who use drugs. This coaching is implemented only by fully trained staff and volunteers and it entails (1) a "pre-injection" interview, to ensure notably that the beneficiary is in full agreement with being observed while injecting and is likely to benefit from the coaching session (2) the observation of the person injecting (that may include specific advices only when the person encounters difficulties) (3) providing space and time for the person to relax (4) arranging for specific feedback with the person regarding his/her injection practices and what he/she could do to reduce risks.

Outcomes: As of January 2009, six local AIDES delegations have implemented this injection coaching and have provided a total of 116 individual sessions with people who use drugs. As the French health authorities remain hesitant to explicitly endorse this intervention, AIDES is currently developing a research project in order to identify the specific benefits brought by this coaching for the beneficiaries.

[Paper ID:701]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

world hepatitis day, hepatitis c, france

Authors (speaker underlined):

Simon, Arnaud; Gregory, Patrick; Lefevre, Isabel; Barthas, Fabien; Bertholot, David; Goetz, Michael; Fabrice, Pilorge

Title:

Street actions by AIDES in France on the occasion of World Hepatitis Day 2009

Abstract:

Issue: Several French NGOs, especially those working with people who use drugs as well as with marginalized groups (AIDES, AFR, ASUD, MDM) have denounced the shortcomings of the French governmental responses on hepatitis. In February 2009, on the occasion of the publication of the new French "national plan against Hepatitis B and C 2009-2012", these NGOs deplored the lack of an adequate budget and the focus only upon small research projects instead of bolder innovative actions (such as needle exchange in prisons and safer injection training programmes for drug users). World Hepatitis Day on May 19, 2009 was therefore seized upon by French NGOs as an opportunity to raise French public awareness on hepatitis.

Setting: AIDES, the community-based NGO on HIV and hepatitis coordinates more than 30 low-threshold harm-reduction centers for people who use drugs across France. Many AIDES volunteers and staff therefore face every day specific challenges related to hepatitis, especially among people who use drugs.

Project: A specific public action kit was produced by AIDES that included notably (1) a quick questionnaire for the general public inviting respondents to say whether they ever had been tested for hepatitis B or C (2) an flyer inviting respondents to get tested, with the contact information of local testing services (3) other advocacy tools including a synthesis of AIDES proposals about how to improve French harm-reduction practices with people who use drugs.

Outcomes: An internal evaluation of the campaign revealed more than 20 local delegations of AIDES took part in the campaign. A total of more than 3000 people across France have thus been reached individually via the questionnaire (and these encounters often led to open dialogue about hepatitis). AIDES participants reported this action proved a good opportunity to both learn more about hepatitis and to mobilize local decision makers.

[Paper ID:854]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

violence,harassment, community led, crisis, tackling

Authors (speaker underlined):

Singh, Asem Jiten

Title:

Tackling violence against injecting drug users in HIV prevention programs in Manipur, India

Abstract:

Violence and harassment are the most important factors affecting the vulnerability of Injecting Drug to HIV/AIDS and other Blood Borne Viruses (BBVs) in Manipur. Programme experiences suggest that maintaining health and preventing HIV hold lower priority for IDUs than coping with violence and daily harassment from underground groups, police, Village Authority and other anti drug movement organisations. Many IDUs experience low self-esteem, emotional stress and depression associated with living with violence and fear of arrest.

Realising the need Project ORCHID has initiated community led crisis response systems to address the incidents of violence and harassment, to act as a deterrent against future incidents, and to tackle longer-term issues of crisis faced by Injecting Drug Users in high prevalence districts.

The common types of crisis response activities that have evolved in ORCHID include:

- 1.Responding to incidents of violence within 24 hours as they occur*
- 2.Counselling for individuals who have been involved in crisis to ensure they have adequate psychosocial, medical, and resource support in the immediate term
- 3.Resolving family or community affecting those in high-risk groups
- 4.Networking with Lawyer groups to support negotiations with authorities and to train on their legal rights
- 5.Advocacy, including networking with other likeminded groups/local leaders and sensitization with pressure groups, law enforcement groups and other authorities
- 6.Building relationship with the media to improve public perception about high risk groups
- 7.Reporting of violence to the program and documenting incidents of violence and actions of the crisis response system

This community led crisis team has able to build confidence, trust among the Injecting Drug Users and increases the accessibility of the services.

[Paper ID:879]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

community, mobilisation, ownership, sustainability, CBGs

Authors (speaker underlined):

Singh, Asem Jiten

Title:

Mobilizing IDU community in harm reduction program in Manipur and Nagaland, India

Abstract:

Community mobilization approach aims to foster the involvement of injecting drug users in the program, which leads to ownership of interventions and empowers groups and individuals to take responsibility for their lives. Community mobilization is also essential to the long-term sustainability of the HIV intervention. ORCHID began institutionalizing community mobilization in Northeast India by forming a community mobilization advancement team to provide technical and managerial support to both injecting drug users and NGO staff, through classroom and on site visits. Community committees, now totaling 66, were formed to oversee program implementation at the site level, including drop-in centers, clinics, referrals, and program monitoring. A total of 31 community based groups have been developed and district-wide community events were held to discuss issues of concern to injecting drug users and promote mobilization.

Implementing NGOs have reported that the establishment of program committees increased both the quality of services and the demand for them.

ORCHID found that community mobilization is most effective with the following approach:

- Work with current drug users (whether injecting or on OST) rather than former users, to ensure common goals
- Develop a clear understanding of the concept of community mobilization with community members and NGO staff
- Develop a team of staff and community members dedicated to mobilization
- Organize events to bring community members together and facilitate discussions on common problems
- Advocate for and provide resources to support the community's own endeavors
- Build the technical and managerial capacity of the community to strengthen their role in project execution (such as outreach) and decision making
- Establish a monitoring and evaluation system for community mobilization
- Build flexibility into the program to address critical needs identified by the community, such as crisis response systems and vocational training
- Form and develop community-based groups (CBGs)

[Paper ID:535]

Session: M16

Police and Harm Reduction

Location: Room 1A, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

enforcement, harm-focused, drugs, partnerships, communities

Authors (speaker underlined):

Singleton, Nicola

Title:

A framework for taking a harm reduction approach to drug-related enforcement activity

Abstract:

Background: It is increasingly recognised that eradication of illegal drug markets is not an achievable goal. Drug policy in many countries has shifted focus towards reducing drug-related harms and may contain explicit goals relating to preventing harms to communities. While "harm reduction" for enforcement agencies has tended to be conceptualised as supporting traditional harm reduction activities, such as needle exchanges, the concept of "harm reduction" could be extended to all enforcement activity. To develop this idea, the UKDPC undertook a project, in collaboration with UK enforcement agencies, to consider the contribution that drug-related enforcement activity can make to drug harm reduction in its broadest sense.

Method

A project involved:

- Commissioned essays to introduce the concept of a harm-reduction approach to enforcement and stimulate debate.
- A review of the literature on the impact of enforcement on drug-related harms and of relevant enforcement guidance.
- Consultative work to draw on the expertise within agencies to identify: how different stakeholder groups view and prioritise drug harms; the extent to which current enforcement addresses drug harms; and highlight unpublished evaluations and case studies of relevant practice.

Outcomes

We have developed a flexible framework and tools for use in planning and evaluating drug enforcement activities at all levels, which takes account of the broad nature of the different drug problems and the wide range of potential enforcement activities. The framework and tools can be applied within other approaches that agencies are already using, such as problem-oriented or neighbourhood policing.

The benefits of such an approach include:

- improved partnership-working;
- providing impetus for new responses;
- the development of better measures of impact;
- enhanced communication with communities.

The implications of the adoption of such an approach, its acceptability and the opportunities and challenges associated with its use are considered.

[Paper ID:523]

Session: M08

Tuberculosis and Integrated Care for People Who Use Drugs

Location: Room 3, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

HIV/AIDS, tuberculosis, substitution treatment,

Authors (speaker underlined):

Smart, Theo

Title:

Integrated TB/HIV and substitution therapy services for drug users: case studies from four countries

Abstract:

Many drug users, especially injecting drug users (IDUs), do not receive the essential health services they need (such as substitution treatment, and services for tuberculosis, HIV and hepatitis) due to poor health seeking behaviour, stigma, imprisonment and other access barriers . In addition, in countries with very verticalised health systems, IDUs with TB and HIV cannot get care for more than one diagnosis at a site — and may have to complete TB treatment before initiating antiretroviral therapy. Consequently, mortality rates are high.

To encourage the implementation and monitoring of services for drug users, in 2008, WHO UNODC and UNAIDS published 'Policy Guidelines for Collaborative TB and HIV Services for Injecting and Other Drug Users — An Integrated Approach.'

But the real challenge is how to put these guidelines into operation. So to provide practical examples of how collaboration works at the country level, case studies were gathered documenting the experience of projects and programmes in Ukraine, Brazil, India and Zanzibar, where services are being developed for drug users that include treatment and prevention of TB, HIV and harm reduction.

The project involves round table discussions with key stakeholders, site visits to facilities offering or beginning to offer integrated substitution therapy and TB/HIV services, interviews with policy makers, care providers, as well as the clients of facilities offering integrated care.

Findings: the project is ongoing. To date we have identified a number of sites that are offering packages of integrated services. However, the legislative/regulatory framework may limit expansion of substitution therapy; TB/HIV co-management is limited and often poorly understood; while underfunding threatens the sustainability of services. Taking these projects to scale at country level requires a high degree of coordination among drug control authorities, health ministries, HIV/AIDS and TB programmes — and the identification of sustainable funding.

[Paper ID:993]

Session: M08

Tuberculosis and Integrated Care for People Who Use Drugs

Location: Room 3, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

TB treatment, integrated care, best practice

Authors (speaker underlined):

Smelyanskaya, Marina; Ataiants, Janna

Title:

Models of integrated TB treatment for drug users in Kyrgyzstan, Russia and Ukraine

Abstract:

Kyrgyzstan, Russia, and Ukraine are experiencing large scale TB epidemics. Lack of integration between HIV, TB and drug treatment, absent or insufficient coverage by substitution treatment program, and underdevelopment of DOTS in all three countries prevents drug users and especially drug users with HIV from receiving adequate TB treatment. Resource limitations make MDR-TB treatment largely unavailable in the three countries and drug users are considered a group of low priority for receiving MDR-TB treatment regimens. The medical establishment in the three countries is poorly equipped for providing life-saving treatments to vulnerable populations and drug users fall by the wayside.

Russia's TB incidence in regions that register most HIV cases and are known for wide spread drug-use is as high as 134 per 100,000 population. Kyrgyzstan boasts 117 new TB cases per 100,000 population – the third highest statistic in the WHO European region. Ukraine is not far behind with 102 cases per 100,000 population. All countries also have large prison populations, up to 80% of which have a history of drug use. Systematic interruption of TB treatment during incarceration or upon release is extremely common and prison TB control is similarly inadequate. Little data exists on the prevalence of TB among drug users, but regional harm reduction projects report that between 30 to 60% of their clients could be infected.

We present examples of best practice interventions in the three countries – descriptions of model programs in Saint Petersburg and Tomsk, Russia, Kiev in Ukraine and Bishkek in Kyrgyzstan – that serve drug users through community, state, and international organization efforts. While these interventions are more an exception than a rule, they show great outcomes for drug users with most advanced TB disease. Along with model interventions, we present key advocacy points that could serve instructive for best practice replication.

[Paper ID:1056]

Session: C17

Social Science Research Methods

Location: Room 4, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

Socio-spatial stigmatization

Authors (speaker underlined):

Smith, Christopher

Title:

Socio-spatial stigmatization and the contested space of addiction treatment: Remapping strategies of opposition to the disorder of drugs

Abstract:

In recent years, the Not-In-My-Back-Yard (NIMBY) phenomenon has become increasingly prevalent with regard to harm reduction sites, addiction treatment facilities and their clients. Drawing from a case study of community conflict generated by the relocation of a methadone clinic into a rapidly gentrifying neighbourhood in downtown Toronto, Canada, this article offers a unique analysis of oppositional strategies regarding the perceived (socio-spatial) 'disorder of drugs'. Based on interviews with local residents and business owners this article suggests the existence of three interrelated oppositional strategies, shifting from a recourse to urban planning policy, to a critique of methadone maintenance treatment (MMT) practice, to explicit forms of socio-spatial stigmatization that posited the body of the (methadone) 'addict' as abject agent of infection and the clinic as a site of contagion. Exploring the dialectical, socio-spatial interplay between the body of the addict and the social body of the city, this article demonstrates the unique aspects of opposition to the physically, ideologically and discursively contested space of addiction treatment. Representations of the methadone clinic, its clients and the larger space of the neighbourhood, this paper suggests, served to situate addiction as a 'pathology (out) of place' and recast the city itself as a site of safe/supervised consumption.

[Paper ID:945]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Harm reduction, HIV/AIDS, VCT, mobile clinics, pharmacy based interventions, STI

Authors (speaker underlined):

Smyrnov, Pavlo; Burrows, Dave; Shulga, Liudmyla

Title:

Lessons from evaluation of HIV prevention activities for IDUs in Ukraine

Abstract:

Background

Ukraine has most severe AIDS epidemic in the region of Europe and Central Asia with estimated prevalence of 1.46%. The registered cases are mostly in the group of injecting drug users (IDUs) (40% of all new HIV cases in 2007).

With the funding from USAID and the Global Fund Alliance Ukraine supported harm reduction and HIV prevention services among drug users from 2000 with more intensive scale up from 2004. In 2009 66 NGOs reached with services more than 100,000 IDUs. Comprehensive evaluation of existing HIV prevention programs among risk groups including drug users was conducted in July-August 2009 by APMG (AIDS Projects Management Group). This evaluation identified successful practices and problem areas which are to be shared with larger audience to contribute to development of effective harm reduction strategies.

Methods

Appreciative Inquiry methodology including focus groups with staff and clients of harm reduction programs, key informant interviews and client surveys.

Results

Evaluation revealed following programmatic successes: pharmacy-based syringe exchange; availability of HIV-VCT and STI testing and treatment provided at outreach routes, mobile clinics and NGO sites; mobile clinics use in reaching drug users with counselling, testing and medical services; peer-driven intervention; employment of doctors and nurses in outreach programs; changing attitudes of medical personnel and increasing access of drug users to medical services.

There were a number of challenging areas, particularly need in positive prevention services for HIV positive users; continuum of prevention, care and treatment; focus on work with drug users who are HIV negative; attraction of younger users, stimulant users and female users with targeted interventions.

Conclusion

There are solid bases for effective HIV prevention and harm reduction services that can be improved and scaled up to have impact on epidemic.

[Paper ID:170]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

anti-smoking, prohibition, tobacco, harm, reduction

Authors (speaker underlined):

Snowdon, Christopher John

Title:

Why do anti-smoking groups oppose tobacco harm reduction? A historical perspective

Abstract:

Every anti-smoking movement in history has anticipated a tobacco-free world just around the corner. Since even the most homicidal despots of the 17th century failed to stamp out the habit, the expectation of total abstinence requires a certain amount of self-delusion, but reformers tend to be idealists. They also prefer simple messages to shades of gray. Even white lies such as the Surgeon General's claim that smokeless tobacco is "not safer than cigarettes" can be justified as long as they "send out the right message".

Alternative (safer) sources of nicotine represent the low-hanging fruit in the war against tobacco. As niche products, they can be prohibited before they have a chance to gain the kind of market-share that makes prohibition politically awkward. Anti-tobacconists have fought to keep snus, Skoal Bandits, e-cigarettes and the infamous 'safer cigarette' Epic off the market. These campaigners are fundamentally prohibitionist in outlook and allowing new tobacco products onto the market instinctively feels like a step backwards.

There is a profound moral objection to nicotine as an addictive and pleasurable drug. The overwhelming focus on the health effects of smoking in the last fifty years obscures the anti-tobacco campaign's roots as a moral crusade against vice. The popularity of snuff in the 18th century and chewing tobacco in the 19th century did nothing to stem opposition to nicotine as an "artificial passion". Objections to the e-cigarette - which not only provide pleasure, but mimic the hated cigarette - reflect those moral objections. Only pharmaceutical nicotine products meet with approval, since they do not provide pleasure to the user and are manufactured by companies who provide the anti-smoking movement with significant financial assistance.

[Paper ID:606]

Session: M02

Harm Reduction in Europe

Location: Room 3, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

Network, Europe, Policies, Advocacy

Authors (speaker underlined):

Bridge, Jamie; Southwell, Mat

Title:

A European harm reduction network: strengthening civil society to promote and defend harm reduction

Abstract:

Europe was one of the first regions to widely adopt harm reduction approaches, and national harm reduction organisations and communities have traditionally always been strong. As such, while regional networks formed elsewhere in the world, there has never been one for Europe.

However, in recent years, the growing need for such a network has become increasingly obvious. 23 million people used illicit drugs in 2008 (EMCDDA, 2008), and there are over 1.2 million injecting drug users (IDU) across the EU Member States (IHRA, 2008). The associated harms are enormous, with HIV rates amongst IDU as high as 89.9% in Estonia, and recorded hepatitis C rates amongst IDU of over 80% in several EU countries. Drug-related deaths also accounted for 3.5% of all deaths of European 15 to 39 year olds in 2005 and 2006.

Alarmingly, political support for harm reduction approaches has also faded in many countries. Harm reduction is now facing new and important challenges in countries with well-established responses – such as the UK, France and Italy.

At the IHRA conference in 2008, the need was identified for coordinated advocacy and action across Europe to counter this trend. A proposal was created by a number of key organisations across Europe (including IHRA, EHRN and INPUD) and, in 2009, the EU approved funding for a two-year project to establish the first ever 'European Harm Reduction Network'.

This new network will aim to raise awareness of these issues, promote evidence-based drug and public health policies, and strengthen and empower European civil society – bringing existing groups and initiatives together to collectively promote and support harm reduction. It will better position civil society to ensure that EU commitments on harm reduction are upheld at the national level, and will bridge the gap between EU-level decisions and national, grass-root practices.

[Paper ID:143]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

school setting, students, early intervention

Authors (speaker underlined):

Spooner, Catherine; Rowling, Louise

Title:

Early interventions for school students who use drugs: an overview of options and issues

Abstract:

Background Early intervention (EI) for students who use drugs (legal and illicit) is particularly important because early initiation of drug use has been associated with adverse outcomes such as harmful drug use, mental health problems and educational underachievement. Schools are an important setting for EIs, but there is little literature to guide schools in the development of EIs.

Methodology A literature review was conducted, which included international research, policy and evaluation reports on EI approaches as they apply to secondary school students aged 12 – 18 years who are using drugs and at risk of harm.

Results There is evidence to support the use of brief interventions, including computer-assisted interventions, mentor programs and working in partnership with external health and youth agencies. The evidence does not support suspension, expulsion or drug testing as EIs. Issues that could affect planning related to the focus of the intervention, to identifying and engaging students, and to program implementation.

Conclusion An array of options were identified for schools to consider in developing EI for students who have commenced using drugs and whose drug use might cause problems in the future. Whatever method is chosen, it is recommended that: 1) the focus of interventions is not restricted to the drug of concern, but to broader factors related to resilience; 2) interventions aim to provide supportive environments for students at home and in the school environment rather than simply expecting individual change; 3) students are engaged as active partners in planning and implementing EIs; 4) students are not labeled or stigmatized as a result of the intervention; 5) teachers are trained and supported to implement interventions with fidelity; and 6) objectives are clear.

[Paper ID:657]

Session: C14

Legal and Policy Developments

Location: Room 3, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

french system, institutionnalisation, addictology, CAARUD, CSAPA.

Authors (speaker underlined):

Stambul, Beatrice; board, AFR

Title:

French system: institutionalisation and addictology: what's happening?

Abstract:

After years of so called « French lateness », French government started supporting HR programs, promoted OST (buprenorphine and methadone) on a large scale and within 10 years the network of innovative services for drug users expanded. HR activist's involvement leaded actors to claim a stable status and assured funding for HR programs. Long negotiations with administration lead to positive results.

In 2004, HR is officially acknowledged in Public Health Law. An Order creates CAARUDs (HR facilities) and specifies precise tasks (system of reference). Some activities remain outside of this system, but 140 programs become "psycho-social institutions", funded yearly, in a stable and perennial way, by Social Security funds (id Health budgets).

Health authorities have long campaigned to condemn together the harms related to illicit drugs, alcohol, tobacco. This leads to the designation of a new medical specialization: "addictology". In 2010, all alcohol and drugs treatment centers will become CSAPA (center for addictology prevention and treatment) under the same law and with the same tasks.

This paper aims to analyze the recent changes in French system and to assess the current state of this new policy.

[Paper ID:1055]

Session: M09

Responsible Hospitality: Reducing Harm in the Nightlife Economy

Location: Room 11, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

city safe

Authors (speaker underlined):

Stathers-Tracey, Alison

Title:

City safe: Liverpool's responsible partnership

Abstract:

[Paper ID:948]

Session: M10

The War Against Sex Workers

Location: Room 1A, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

sex work, rights, advocacy, social exclusion

Authors (speaker underlined):

Stephens, Catherine

Title:

Getting in the door, getting to the microphone, getting to be heard: a long journey: making space in civil society for sex workers' rights

Abstract:

Politically, sex work is commonly positioned as a "women's issue"; many organisations which have no contact with sex workers nevertheless have policies on prostitution, often framing it as an aspect of women's oppression. Although "survivor testimonies" are used to support this position, it is generally a viewpoint ground in an ideological framework of gender relations that "bolts on" the experience of (some) sex workers rather than a movement based in grassroots sex worker organising or academically sound research. Ironically, some organisations which describe themselves as "feminist" have adopted an approach which actively promotes the physical and social exclusion of sex workers who contradict their ideological and policy position.

Since 2004, UK policies on sex work have been increasingly rooted in this viewpoint, culminating in legislation introduced in the Policing and Crime Bill (likely to complete its passage through parliament in November 2009). This presentation will examine the process by which this legislation was constructed and consulted upon, the role of "civil society" and the willingness of a range of organisations to "make space" for sex workers' voices and, alternatively, to actively seek to silence and exclude. It will also review the enthusiasm and indifference of active sex workers to participate in the process of determining the frame – legal, political, social – in which our work is placed.

This will draw on the presenter's active participation in sex worker rights activism and campaigning in the UK for the past six years. This work cuts across sex worker rights groups, lobbying and outreach to trades unions, specialist health projects, NGOs, academics, and governmental bodies and departments.

The presenter is an active sex worker who has published articles, co-authored policy documents on this issue and engaged in frequent public and policy debate.

[Paper ID:568]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

internet, stimulants, web, MDMA, amphetamines

Authors (speaker underlined):

Stephens, Ray

Title:

How clouds can reduce drug-related harm: the Bluebelly Project

Abstract:

This presentation will detail the background, challenges faced and progress of the Bluebelly project – a group of resources aimed at reducing harm for amphetamine, ecstasy and cocaine users.

The internet is increasingly becoming a platform for the provision of alcohol and drug information and treatment programs. The use of Web 2.0 technologies such as social networking, forums, wikis and blogs is becoming the preferred manner of disseminating this information. The 'cloud' is a metaphor used to describe the collectiveness of Web 2.0 interactions and the hyperconnectivity of the online community. Increasingly clouds are becoming the drivers of new knowledge that is constantly updating.

Moreland Hall has decided to try and harness the power of the cloud to support the development of targeted and relevant harm reduction information that is embraced by users, but also importantly can inform the treatment sector about current realistic best-practice. After the receipt of funding from Commonwealth Dept of Health and Ageing to create a new range of resources to engage amphetamine-type stimulant (ATS) users not currently accessing treatment services, Moreland Hall has launched the Bluebelly project (<http://www.bluebelly.org.au>).

Challenges of using Web 2.0 include legal uncertainties with new styles of publishing content, the onerous requirements of moderating content, and overcoming organisational and funding-body concerns about handing over control of resources and content to 'the cloud'.

As part of a general effort to increase its capacity to engage more broadly with AOD use within the community, Moreland Hall considers the development of such user-driven services as providing an effective model for providing young ATS users with credible harm reduction information.

[Paper ID:437]

Session: C27

Harm Reduction in European Prisons and Criminal Justice Systems

Location: Room 11, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

prison, criminal justice, substitution, equivalence

Authors (speaker underlined):

Stevens, Alex; Brentari, Cinzia; Skillman, Karen

Title:

Towards equivalence: harm reduction services in European criminal justice settings

Abstract:

This abstract forms part of the planned major session on Harm Reduction in Europe. It will draw on work from the EMCDDA, from the Connections Project (which is led by the author) and from other research in the field to provide a picture of the state of the art on harm reduction in criminal justice settings. It will start by reviewing the international guidelines that have called for healthcare services in custodial settings that are at least equivalent to those provided in the outside community. It will argue that, given the high numbers of injecting and other drug users who pass through the criminal justice system – and their high levels of need – that equivalence is the least we should be aiming for. It will then describe the current development of harm reduction services (including distribution of condoms and bleach, opiate substitution treatment and needle exchange), and present a short summary of available evaluations of these interventions. At the time of writing this abstract, the latest information is that needle exchange is available in over 60 prisons, with more planning to provide this service. Evaluations so far suggest that needle exchange produces similar benefits in prison as outside (reduced sharing and reduced transmission of disease) without producing some of the feared consequences (e.g. increased drug use, use of needles as weapons). Condoms and bleach are distributed in the prisons of several European countries, but with ongoing problems with access and the suitability of syringe-cleaning as a harm reduction measure (given the constraints within which prisoners use their drugs and equipment). Opiate substitution has also become more widely available in several European criminal justice systems, with evidence emerging of beneficial outcomes in reducing deaths, increasing treatment engagement and reducing the likelihood of reoffending.

[Paper ID:1016]

Session: C27

Harm Reduction in European Prisons and Criminal Justice Systems

Location: Room 11, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

Post-Release Mortality

Authors (speaker underlined):

Farrell, Michael; Marsden, J; Stillwell, Garry

Title:

Post-release overdose deaths – how big is the problem?

Abstract:

AIMS: To investigate drug-related deaths among newly released prisoners in England and Wales.

DESIGN: Database linkage study. National sample of 48,771 male and female sentenced prisoners released during 1998-2000 with all recorded deaths included to November 2003.

FINDINGS: There were 442 recorded deaths, of which 261 (59%) were drug-related. In the year following index release, the drug-related mortality rate was 5.2 per 1000 among men and 5.9 per 1000 among women. All-cause mortality in the first and second weeks following release for men was 37 and 26 deaths per 1000 per annum, respectively (95% of which were drug-related). There were 47 and 38 deaths per 1000 per annum, respectively, among women, all of which were drug-related. In the first year after prison release, there were 342 male deaths (45.8 were expected in the general population) and there were 100 female deaths (8.3 expected in the general population). Drug-related deaths were attributed mainly to substance use disorders and drug overdose. Coronial records cited the involvement of opioids in 95% of deaths, benzodiazepines in 20%, cocaine in 14% and tricyclic antidepressants in 10%. Drug-related deaths among men were more likely to involve heroin and deaths among women were more likely to involve benzodiazepines, cocaine and tricyclic antidepressants.

CONCLUSIONS: Newly released male and female prisoners are at acute risk of drug-related death. Appropriate prevention measures include overdose awareness education, opioid maintenance pharmacotherapy, planned referral to community-based treatment and a community overdose-response using opioid antagonists. The presentation will explore and report on other studies and the overview and summary of the current body of studies and then discuss the further research strategies to develop responses to this problem and will describe the early stages of a 20,000 cohort study to explore risk and protective factors associated with interventions around the time of prison release.

[Paper ID:252]

Session: P1

Harm Reduction: Next Generation Challenges

Location: Room 1, 2010-04-26, Start: 09:00,End: 10:30

Keywords:

resources, donors, harm reduction,

Authors (speaker underlined):

Stimson, Gerry; Cook, Catherine; Bridge, Jamie; Rio-Navarro, Javier; Lines, Rick; Barrett, Damon

Title:

Three cents a day is not enough: resourcing HIV harm reduction on a global basis

Abstract:

Effective, affordable technologies exist to prevent the spread of HIV infection among people who inject drugs. The international community has endorsed universal access to prevention. Yet many people do not get the prevention services which they need and to which they are entitled. Access to and coverage of harm reduction interventions is poor. We aimed to collect information on HIV-related harm reduction expenditure in low and middle income countries, 2007 - 2009. Harm reduction was defined as the comprehensive package of interventions. We obtained information from donors' websites, project financial reports, websites of multi lateral agencies, web searches, a questionnaire to country and philanthropic donors and through personal contacts. Given the poor quality of the data we tried to cross-check information against various sources. Our aim was to come up with a plausible estimate of spend. It is not possible with the present record-keeping systems of donor agencies to arrive at a definitive figure. There are considerable difficulties in calculating harm reduction expenditure but we suggest that a plausible estimate of the total annual investment in harm reduction in low and middle income countries was around \$160m in 2007. This falls far short of the estimated \$2 - 3 billion that UNAIDS indicates is required each year for HIV prevention for people who inject drugs. The spend per injector is 3 US cents per day or \$12.8 per year. About one-third to one-half of this would have been spent on direct harm reduction services. Global expenditure on harm reduction must be better monitored. The scale of investment in harm reduction needs to be quickly and radically increased and be proportionate to need. Donors should set targets for the proportion of spend going to HIV harm reduction, with 20% of prevention funds going to harm reduction.

[Paper ID:931]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Information, Education and Communication (IEC); HIV prevention; harm; injection drug use

Authors (speaker underlined):

Stoicescu, Claudia

Title:

Common aspects of effective information, education and communication (IEC) materials to prevent HIV and other harms associated with injection drug use

Abstract:

A primary concern of HIV prevention initiatives, including harm reduction, is the alteration of behavioral patterns to prevent the further spread of HIV (WHO 2006). Information, education and communication (IEC) as a broad tool or term "plays a crucial role in bringing about this change" and is an essential component in a holistic, programmatic approach "supported by health and social services" (WHO 2006) to HIV and AIDS prevention, particularly in injection drug use. This review analyses common aspects of acceptability of information, education and communication (IEC) media, focusing primarily on print materials such as posters, brochures and web based materials used by health services and non-governmental organizations dealing with injection drug use.

It is clear that such materials do hold a high level of acceptability among target populations (Hunt 2002) but little published research has been completed. The studies used in this review are mostly from grey literature. Expected results include a rejection of dense, scientific and authoritarian approaches to IEC and an acceptance of IEC materials that employ culturally-acceptable language, images and symbols of the target population. This implies that effective IEC materials must be based on well-planned and researched aspects and characteristics of the targeted population. Additionally, they must be part of wider strategy of communication within an organizational and policy setting that incorporates such positive messaging in all aspects of its interactions with the targeted population.

[Paper ID:1009]

Session: C36

Sex Work and Harm Reduction in the UK: Safety, Skills and Struggles for Social Inclusion

Location: Room 12, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

sex work, criminal justice,

Authors (speaker underlined):

Stoops, Shelly

Title:

Hate crime, harm reduction and social inclusion: addressing violence against sex workers in Merseyside

Abstract:

UK research has highlighted the high level of violent crime committed against female street sex workers and the low reporting, detection and conviction rates for these crimes (Kinnell, 2008). Since 2006 Armistead Street, an outreach and support service for female street sex workers in Merseyside, has had a dedicated Independent Sexual Violence Advisor responsible for; co-ordinating "Ugly Mugs" and offering support and advocacy for sex workers who are victims of sexual offences. In 2006 Merseyside Police were the first force to adapt a policy of treating crimes against sex workers as "hate crime".

This innovative work has lead to Merseyside currently having unprecedented rates of detection, prosecution and conviction (90%) for people committing crimes against sex workers in the UK. This presentation will outline how this has been achieved; by encouraging sex workers to report crimes against them, enhancing "ugly mugs", pro-active work by the police to build confidence, supporting sex workers through investigations, into court and beyond. The media attention this work has got, is a core part of the approach, sending out a clear message that crimes against sex workers will not be tolerated.

Drawing on lessons learned from three years of specialist outreach work and an analysis of "ugly mugs" reporting data this presentation demonstrates that, even within a criminalised framework, if crimes against sex workers are given a high priority and targeted initiatives developed, sex workers can be given more equitable access to the criminal justice system. Promoting the safety of sex workers and addressing violence crime committed against sex workers is a critical part of a holistic harm reduction approach and of social inclusion. A "hate crime" approach based on principles of respect for sex worker rights, dignity and equity is an important step for addressing violence against sex workers.

[Paper ID:173]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

female sex workers, alcohol, male clients, unprotected sex, Mexico

Authors (speaker underlined):

Strathdee, Steffanie A; Gallardo, Manuel; Robertson, Angela; Goldenberg, Shira; Artamonova, Irina; Semple, Shirley J; Patterson, Thomas L

Title:

"Anda pedo y feliz" (S/he's Drunk and Happy): Commercial Sex Transactions when One or Both Partners are Drunk in Tijuana, Mexico

Abstract:

Background: In Tijuana, situated on the Mexico-US border, sex work is quasi-legal and HIV/STIs are rising. We explored correlates of commercial sex transactions when one or both partners were drunk.

Methods: In 2008, males aged ≥ 18 years who had paid/traded for sex with a female sex worker (FSW) in Tijuana during the past 4 months were recruited in Tijuana's red light district. Men underwent interviews and rapid testing for HIV/STIs. Using multinomial logistic regression, correlates were assessed among three groups; when both, either or neither the client or FSW were drunk during sex.

Results: Of 400 men (53% from Mexico; 47% from the U.S), median age was 37, 43% were married/common-law and 4% tested HIV-positive. Over one quarter (28%) reported that both they and their commercial sex partner were drunk during sex; 25% reported that either was. Compared to men reporting that neither party was drunk, men reporting that both or either parties were drunk were at least three times more likely to be high on drugs during sex, and at least twice as likely to report feeling guilty when paying for sex. In contrast to bar-based transactions, an interaction term suggested that men who met FSWs on the street and had unprotected sex were at least four times more likely than men who had protected sex to report that both or either parties were drunk. Finally, men reporting that both parties were drunk were four times more likely to have negative attitudes towards FSWs and had visited more FSWs compared to men reporting that neither party was drunk.

Conclusions: Over half of commercial sex transactions in Tijuana occur when one or both partners are drunk, which was closely associated with also being high. Efforts are needed to promote safer sex negotiation during street-based transactions with accompanying harm reduction messages.

[Paper ID:503]

Session: C05

Route Transition Interventions: Public Health Gains from Preventing or Reducing Injecting

Location: Room 4, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

route transitions, risk, injection drug use

Authors (speaker underlined):

Strike, Carol; Kolla, Gillian; Balian, Raffi; Altenberg, Jason; Silver, Rey {Butch}; Burton, Karen; Lester, Brian; Roy, Elise; Hunt, Neil; Millson, Peggy

Title:

Targets for change; injection initiation and modeling behaviours

Abstract:

Background: Initiation of injection drug use is a learned behaviour, often dependent on assistance from an experienced injector for the first 'hit'. Reducing opportunities to learn this behaviour may reduce the transition to injection drug use and related harms. We examined whether injection modeling behaviours are correlated with initiating non-injectors to injection.

Methods: Questionnaire data (demographic characteristics, injection and initiation-related behaviours) were collected from IDUs (injected in past 30 days) who attended two Canadian needle-syringe programs using stratified convenience sampling. Data were analyzed using descriptive statistics and univariate logistic regression.

Results: Among participants (n=201) 65% were men; mean age was 39 years (range 17-61 years); 45.3% injected heroin, 78.1% injected other opiates, 68.2% injected cocaine, 49.3% injected crack, 26.4% injected methamphetamine and 29.9% injected speedballs in the past year. A quarter (24.9%) of participants reported having ever initiated a non-injector to injection drug use. Among those initiators, 70% had initiated at least 1 person in the past year (mean=1.5). When compared to non-initiators, initiators were more likely to: speak positively about injection (76.0% vs. 38.4%; OR=5.1; 95% CI 2.5-10.5); encourage another to inject (36.0% vs. 14.9%; OR=6.5; 95% CI 2.9-14.9); inject in front of non-injectors (80.0% vs. 54.7%; OR=3.3; 95% CI 1.1-9.8) and have showed/explained how to inject (82.0% vs. 38.4%; OR=7.3; 95% CI 3.3-16.1).

Conclusion: Injectors who engage in modeling behaviours are more likely to initiate others into injection drug use. Our findings point to the need for integrated interventions that discourage injectors from speaking positively about or encouraging injection, injecting in front of non-injectors, explaining/demonstrating injection to non-injectors and giving someone their first hit. These interventions hold promise as an effective strategy that can be added to existing harm reduction programs to reduce transitions to injection drug use and decrease injection related harms.

[Paper ID:533]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

supervised consumption sites, prevention, drug users

Authors (speaker underlined):

Strike, Carol; Watson, Tara Marie; Kolla, Gillian; Jairam, Jennifer; Luce, Janine; Degani, Naushaba; O'Campo, Patricia; Millson, Margaret; Bayoumi, Ahmed

Title:

Same, but different: challenges for the design of supervised consumption sites (SCSs) for crack smokers

Abstract:

Background: Most supervised consumption sites (SCSs) target injection-related harms (e.g., HIV/overdose) by providing indoor facilities where drugs are injected under staff supervision. SCSs could benefit people who smoke crack but inhalation rooms are under-studied. As part of an impact and cost-effectiveness study in two Canadian cities, we examined the challenges of designing SCSs for crack smokers.

Methods: Using data from 13 focus groups conducted with 92 current injectors and/or smokers, we completed thematic qualitative analysis to explore if crack smokers need and want SCSs, and if they do, how should these facilities be designed?

Results: When asked, participants identified many issues important for the design and implementation of SCSs for crack smokers that are similar but different than those for injectors. Participants recommended that SCSs provide all clients with the same services (e.g., HIV prevention), social needs (e.g., support), and safety (e.g., respite from the street). However, a strong preference was voiced for separate consumption rooms for injectors and crack smokers. Crack smokers preferred separate rooms to avoid seeing drugs injected. Injectors said that they did not want to share consumption rooms with crack smokers because they did not want to be exposed to crack smoke or to the erratic, paranoid and aggressive drug-seeking behaviours they attribute to crack use. Mixing the two groups was thought to negatively influence their drug highs and discourage use of an SCS and its benefits. Nonetheless, participants were conflicted because separate facilities could inconvenience drug users who inject and smoke and thereby reduce utilization.

Conclusion: Both crack smokers and drug injectors endorsed SCSs for crack smoking. To ensure that SCSs are well-used and achieve their objectives for clients and the community, our data demonstrate a need for SCSs with many services and with separate supervised consumption rooms for crack smoking and injectors.

[Paper ID:280]

Session: C29

Drug Use in Gay, Lesbian, Bisexual and Transgender Communities

Location: Room 4, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

LGBT, Steroids, safer Injecting, Harm reduction,

Authors (speaker underlined):

Stuart, David

Title:

Targeting London's LGBT steroid injectors

Abstract:

Issue: ANTIDOTE, London's only LGBT targeted drug and alcohol service, set up the SMART MUSCLE service in response to the growing numbers of steroid users who were presenting to needle exchanges in the SOHO area. Pharmacists at these services were reporting that the injecting practices of this client group were often guided by myth and hearsay, and that steroid users were reluctant to accept advice on safer injecting.

Setting: Users of PIEDs (Performance and Image Enhancing Drugs) often do not consider themselves "drug users", as they see their use in the context of health and fitness, so they are unlikely to seek advice from drug services. They are also reluctant to accept advice from medical personnel since steroid use in medical practice differs enormously from PIEDs use in body-building.

Larger numbers of the LGBT community are feeling image pressures, as the body beautiful is so celebrated in gay culture, and greater numbers are turning to PIEDs.

Project: SMART MUSCLE is the only service in London targeting this client group specifically, and we are seeing ever-increasing numbers. SMART MUSCLE offers needle exchange, safer injecting instruction, information and advice on the safer use of all PIEDs, access to liver function tests, sports-nutritional advice and work-out tips, as well as links and resources to a great deal of "healthy lifestyle" information. The service can also help to identify counterfeit drugs.

Outcomes: SMART MUSCLE is seeing guys in their early twenties who are injecting drugs they don't even know the names of. Before finding our service, most PIEDs injectors did not have access to a specialist service and so relied on information from their dealers or friends, which can be very inaccurate. All of SMART MUSCLE's clients express great happiness that this service exists, and we're happy to call it a success.

[Paper ID:490]

Session: C11

Children and Young People Affected by Drugs

Location: Room 4, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

Family, parenting support, harm reduction, children, substance misuse

Authors (speaker underlined):

Sturrock, Lisa

Title:

“The kids are alright”: minimising harm to children of substance users

Abstract:

The Issue

The Home Office Hidden Harm Report (2003) identifies that children of substance-using parents are more likely to develop problems with substance use when they get older. WDP's CoreKids project works directly with substance misusing parents, their families and in particular their children to reduce the transfer of substance misuse problems to the next generation.

The Setting

CoreKids began in the 2003 in central London. It has expanded across London and into Hertfordshire and diversified from an abstinence setting to embracing the challenge of working in scenarios where parents are still actively using.

The Project

CoreKids offers practical and therapeutic support in the form of:

- Parenting support (individually and in groups) e.g. to help parents to enforce boundaries
- Play coaching for parents e.g. to support parents to develop a range of play activities. This enables the parents to act as the agents of change to their children's behaviour
- Play therapy for children to support children to work through issues and fears
- Family Therapy – for the whole family, especially the children, to give them a safe place to have a voice

Outcomes

WDP CoreKids has worked in partnership with Bath University and Comic Relief to develop an outcome monitoring tool which the partnership intends to roll out nationally. The tool will enable services to demonstrate the impact of their work on:

- Children's social functioning, resilience and emotional-wellbeing
- The parenting skills of the substance-using clients

CoreKids clients widely experience the benefits of this valuable work. For example:

- “[CoreKids} has helped me focus on the way [my child] thinks and feels, overall improving my understanding of his needs”
- "CoreKids has helped me in several ways. Understanding myself, my wife, and my son as a family. We have grown closer together and this will continue. Thank you."

[Paper ID:529]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Continued, Psycho-social support, positive family-environment

Authors (speaker underlined):

Sultana, Tahmina; Islam, Sheikh Nazirul; Shaon, Hassan Imam; Maruf, Hafijul Islam

Title:

Continued psycho-social support should be the prime concern in reducing harm to HIV infected and affected people.

Abstract:

Background: Providing effective care and support to HIV infected and affected people is the entry point of HIV prevention among general population. Considering this, HASAB working since 1994 evolved in the process of addressing care and support through the "Continuum of Care & Support to HIV infected and affected" project since 2006. The view is reducing harm and having a proven care and support model for HIV infected and affected people in Bangladesh. In December 2008, at 2-years and 9 month the project was evaluated to assess its success and gaps.

Methodology: Individual Interviews followed by FGDs with the HIV infected and affected people (target beneficiaries), FGDs with the relevant stakeholders at Self Help Groups & community , Clinical record analysis included the methods used in generating major findings and recommendations.

Results: It was found that stigma and discrimination fuel HIV positive people towards harmful decisions like suicide, hiding HIV status, unsafe sex. 21.2% HIV positive people found in suicidal tendency during the period of HIV diagnosis. 54.3% HIV positive people reported hiding their HIV status when seeking treatment support (mostly in surgical and dental care case).

Continued Psycho-social support and positive family environment can reduce the needs of medical intervention for people living with HIV/AIDS (PLHAs) as Opportunistic Infections found 11.48% less frequent among them than who are not backed with Psycho-social support. Among PLHAs with positive family environment, CD4 count found 12.3% steadier than who are refused by family.

Comments: psycho-social support plays important role on improving quality of life of PLHAs.

Conclusion: Prior to clinical intervention the most important concern should be "continued psycho-social support" towards reducing harm of HIV infected and affected people.

[Paper ID:340]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

quality, services, capacity, coverage, behavior change

Authors (speaker underlined):

Torokulova, Gulmira; Sultangaziev, Aibar; Altybaeva, Altynai

Title:

Quality management tool (QMT)

Abstract:

After a review of a wide range of data sources on approaches aimed at improving organisational capacity and service quality, the Central Asia HIV and AIDS Programme (CARHAP) elaborated Quality Management Tool (QMT). The purpose was to improve the design, delivery and impact of harm reduction interventions in the region. QMT provides instruments to analyze the quality of services and to evaluate corresponding spheres of organizational capacity through different methods. The QMT was implemented first in Kyrgyzstan, at CARHAP funded NGO "Pravo na jizn" with further implementation at all CARHAP funded NGOs in Kyrgyzstan, Tajikistan and Uzbekistan.

During the process the tool allowed to collect information on the following general services quality dimensions for each of the services: accessibility of the service; acceptability of care; appropriateness of the service; appropriate and timely referral and communication between providers; technical performance; safety and the care environment; affordability of service.

The tool proved extremely effective in supporting harm reduction programme implementers in promoting behavior changes among clients. Around 100 clients per month are regularly coming for social counseling and medical services to Trust point of NGO "Pravo na jizn".

The behavior change indicators have shown significant results. For example:

- 42% of IDUs did not "send a syringe around" after the 1st stage of piloting the tool and 78% of IDUs after the 2nd stage;
- 32% of IDUs did not transmit drugs from one syringe to another after the 1st stage of piloting the tool and 42% of IDUs after the 2nd stage;
- 45% of IDUs did not use somebody else syringe after the 1st stage of piloting the tool and 62% of IDUs after the 2nd stage.

QMT methodology and approach has led to a new level of harm reduction programme effectiveness in particular in client behavior change.

[Paper ID:839]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

FIDU

Authors (speaker underlined):

Sunuwar, Jayanti; Rai, Nabin Kala

Title:

Female face to harm reduction

Abstract:

Issue

In Nepal, the issues of female Injecting drug users [FIDU] are tied up with the inadequate service, harmful policies, prevailing stigma & discrimination where FIDU are as leaders crafting effective harm reduction response in Nepal

Setting

Female Forum is an informal network of female drug users in Nepal that promotes comprehensive harm reduction approach as an effective strategy to providing HIV & HCV services for female drug users in Nepal.

Project

Female Forum aims to build leadership and advocacy skills of FIDU to participate meaningfully in policy making and change processes, support decision makers to improve understanding of FIDU's issues and build effective partnership. It also seeks to increase understanding of how stigma and discrimination impact the provision of Harm Reduction services for FIDUs. The project is creating an enabling environment at the policy and program level to ensure promotion of comprehensive harm reduction services to FIDU in the country in order to reduce HIV & HCV infection.

Outcomes

Female Forum's partners are providing essential harm reduction services targeting 350 female drug users. The capacities of FIDUs have been enhanced and networking skills strengthened. Prevailing stigma and discrimination, lack of appropriate capacity by FIDU, lack of understanding of the FIDU issue by the policy makers are the major barriers faced during the project implementation. FIDUs perceived, for the first time that they were valued and needed and had skill to help others. FIDUs can be mobilized with extensive support to address behavior change and peer support. It is critical that female drug users themselves are involved in decision making process which is essential for changing behaviors, perceptions, stigma and discrimination. Skilled and extensive support specific to FIDU must be given so that FIDUs can become effective partners and leaders in the fight against epidemic.

[Paper ID:422]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Capacity building, regional initiatives, training materials, technical assistance

Authors (speaker underlined):

Surkina, Tatyana; Meimanaliev, Tilek; Kolakova, Gulya; Schonning, Shona; Stuikyte, Raminta

Title:

Regional approach to capacity building of Central Asian countries in harm reduction

Abstract:

Background: At present HR programs are important elements of national strategies on HIV prevention in Central Asia. However, ambiguous approaches to HR programs considering consistent tendency for its expansion define the acute need to strengthen capacity and obtain scientifically proven results. Thereby, Central Asia AIDS Control Project jointly with Eurasian Harm Reduction Network has carried out advanced research. Methodology: This research was conducted in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan from June to October 2009. Existing legal framework has been studied and interviews with key partners working in the region on HR were carried out. A semi-structured interview guide was used for data collection. Results: The total population of region under study is 55 million. Research has shown that around 500 sites and organizations provide low threshold HR services in four countries. The majority of these sites are located in public health facilities, some of them function within NGOs. Staffing in these facilities differs widely. About 80% of clients get access to HR services through outreach workers. Whereby, only about 1500 outreach workers in region are involved in HR programs and turnover among them is observed to be high. Number of narcologists, family doctors, lawyers involved in HR programs at national level is limited. Some educational manuals have been developed, however they do not cover all directions. This leads to serious information gaps. There is accruing need for carrying out of trainings in national languages of each country. Conclusion: Research results revealed that CA countries have gained significant amount of experience and unique knowledge in HR. Nevertheless, it is vital to improve quality and expand scope of services for mitigation of consequences of drug use. Countries need technical assistance in order to develop missing training materials, conduct trainings of trainers and create regional resource.

[Paper ID:685]

Session: C03

Harm Reduction Policies: Challenges for Developed or Well-Funded National Approaches

Location: Room 11, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

Civil Society, Sustainability, Programming, Regression

Authors (speaker underlined):

Syafitri, Rizky; Praptoraharjo, Ignatius; Kamil, Octavery; Irwanto, Irwanto; Hadi, Nasrun

Title:

Harm reduction in Indonesia: challenges and opportunities

Abstract:

Issue

Despite of the acknowledgment as one of the developing country with progressive Harm Reduction (HR) programming, Indonesia is facing challenges that could lead to regression. What areas of improvement should be addressed in order to sustain the program and prevent the regression?

Setting

In 2006, Indonesia's government estimated 220,000 IDU nationwide. The 2007 IBBS showed that the average of HIV prevalence among IDUs was 52% in major cities.

Key Arguments

Two aspects are required to sustain the established harm reduction program. First is beneficiary aspect that focused on whether available services have met the needs. The 2007 IBBS has showed the behavioral outcome. However, from the beneficiary perspective, quality and accessibility of services remain inadequate. Secondly, from programmatic aspect, the program is planned partially. Supporting policies are not accompanied by budget commitment from national and local government. Available funding supporting HR program mainly come from international agencies. Additionally, technical and managerial capacity to implement the program needs to be strengthened.

Outcomes

There has been a promising progression of HR program in Indonesia. However, potencies for regression are undeniable. Political situation, conflict of interest among government institutions, civil society components and international agencies needs to be addressed. Civil society components have critical roles to prevent the regression by their involvement in the policy and program development. Civil society should maintain independency and has clear position in the transformation. Civil society must strengthen its capacity and build strong collaboration among its components to have equal dialog and meaningful involvement in planning and decision making process.

Implications

The possibility of conflict interest, corruption and power misused need to be anticipated and addressed properly. Good governance, transparency, accountability as well as civil society involvement are un-negotiable requirements to ensure sustainability of the established HR program.

[Paper ID:821]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

overdose, prevention, integration, health, system

Authors (speaker underlined):

Sydykanov, Bolotkan Asylbekovich; Tokubaev, Ruslan Bektursunovich

Title:

Integration of overdose prevention services into primary health care services

Abstract:

HIV/AIDS epidemic in Kyrgyzstan is driven by mainly injecting drug use (more 70% out of 2450 registered HIV cases as of Oct 1, 2009). Estimated number of drug users in Kyrgyzstan is 100.000 including 26.000 injecting drug users (IDUs). Officially as of Jan, 1 2009 there are 9172 IDUs in narcological centers (NC) which is 8,4% more than in 2007. For the first time Forensic and Medical Service (FMS), emergency medical service (EMS), NC provided data on deaths from overdose and officially 90 IDUs had died in 2008 as a result of overdose (opioids). Estimated number of deaths from overdose is ten times higher. Consolidated data from EMS, NC, FMS confirmed that 45% of deaths from overdose were among IDUs registered at the center. The needs assessment results showed 70% of IDUs had experience with overdose. Over 80% of respondents indicated need in overdose prevention medication. Only 30% of respondents-IDUs knew about "Nalaxone". Furthermore 50% of respondents indicated "they don't have chance to receive help from EMS due to high level of stigma/discrimination". Methodology: In cooperation with NCs and community based NGOs to integrate overdose prevention services for 500 IDUs, train 40 peer educators, provide de-stigmatization activities for 55 representatives of EMS. Outcomes: During the project evaluation 95% of respondents had indicated they had access to nalaxone in needle syringe exchange point. Over 70% of IDUs were on usage of nalaxone. Evaluation confirmed 35% increase in "safe injecting practice" among clients. After 8 month of implementation, 26% of respondents indicated improvements in terms of stigma/discrimination among EMS staff. Conclusion: Introduction of overdose prevention services and integration of its in primary medical services in close cooperation with IDUs community reflected positively on "general safe behavior of clients". Furthermore it's integration into medical system positively reflected on stigma/discrimination among medical workers.

[Paper ID:865]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

NSP IDU government models HIV

Authors (speaker underlined):

Jacka, David; Long, Nguyen Thanh; Huynh, Nguyen Thi; Tam, Nguyen Minh; Fujita, Masami

Title:

Impact of government-implemented needle syringe program on HIV prevalence amongst IDU over the last 5 years in Lang Son, Vietnam

Abstract:

Issue: To control the HIV epidemic largely concentrated among heroin injectors in Lang Son province, Vietnam.

Setting: The HIV prevalence among IDU in 2004 was high, with 31,2% of 'new injectors' HIV positive (injecting less than 3 years).

Key Arguments: With the support of the Preventing HIV in Vietnam Project funded by DFID and Norway, a small NGO Needle and Syringe program in Lang Son was expanded to 5 key districts by the Provincial AIDS Center. By the end of 2008 nearly 750,000 N&S were being distributed annually, predominantly through government managed 'peer educators', most of whom were current IDUs. In addition, many free N&S were also distributed through retail pharmacies by using a PE distributed voucher scheme.

Outcomes: The HIV prevalence among IDU had declined in 2008 to 25,3% overall and dramatically to 6% in 'new injectors'.

Implications: Local authority support has been a key to the success of the project, the identification and use of current IDU as peer educators is a feasible and effective mechanism to reach younger IDU and pharmacist support appeared to have contributed to greater N&S availability and long term sustainability.

Lang Son now provides a model of government implementation of Harm Reduction for replication to other provinces in Viet Nam, particularly in the variety of channels for N&S distribution and the use of active heroin injectors as effective outreach workers.

[Paper ID:871]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

government comprehensive NSP HIV

Authors (speaker underlined):

Jacka, David; Long, Nguyen Thanh; Huynh, Nguyen Thi; Tam, Nguyen Minh; Masami, Fujita; Thu, Nguyen Thi Minh

Title:

Improving availability of new needles and syringes through combination of different harm reduction models in Hai Phong, Vietnam

Abstract:

Issue: To control the HIV epidemic in Hai Phong province concentrated among IDU and CSW.

Setting: The HIV prevalence in 2004 was very high at 64% and 6,2% among IDU and SW respectively.

Key Arguments: With the support of the Preventing HIV in Vietnam Project funded by DFID and Norway, a free Needle and Syringe distribution and collection program was developed and implemented with support of the local authorities by the government Provincial AIDS Center. In order to increase the availability and accessibility of N&S for IDUs, several models of a comprehensive harm reduction approach were built and experimentally applied in Hai Phong city, including peer educators outreach model, primary N&S distribution fixed sites model, secondary N&S outlets model (through health services) and fixed needle and syringe self-service boxes model. In addition, comprehensive HIV VCT, Treatment and Care services and 3 pilot methadone maintenance clinics have been developed.

Outcomes: The number of N&S distributed increased from 72,000 in 2004 to 931,207 in 2008; with the number of new HIV case reports reduced from 1326 in 2004 to 356 in 2008. Sentinel surveillance HIV prevalence among IDUs declined from 64% in 2004 to 30% in 2008.

Implications: Development of local authority support and the expansion of N&S availability and accessibility using a combination of different harm reduction models has been key to the project's success. The dramatic reductions in HIV prevalence, the effectiveness of active IDU and SW for outreach work has assisted in development of the methadone pilot and support for the expansion of all other components of the program. Hai Phong provides a living laboratory for other provinces in VN to visit for advocacy and technical exposure purposes.

[Paper ID:439]

Session: C20

Law in Action: Legal Aid for People who Use Drugs

Location: Room 3, 2010-04-27, Start: 16:00,End: 17:30

Keywords:

Drug policy, litigation, treatment, rights, evidence

Authors (speaker underlined):

Tandon, Tripti

Title:

Reclaiming treatment as a right: drug litigation in India

Abstract:

Issue: Treatment is an important constituent of drug policy in India. Though available, health measures are overshadowed by penal considerations. Arguably, for persons who use drugs, addiction treatment is part of the right to health, in domestic and international law. Interventions to promote treatment as a matter of right can redirect policy away from repression towards health and harm reduction.

Description: The Narcotic Drugs and Psychotropic Substances Act, 1985 institutes strict controls over production, supply and use of drugs. Consumption and/or possession are punishable, depending on the substance and quantity. Simultaneously, health concerns led to enactment of provisions that offer treatment as an alternative to, and independent of penal measures. India's statutory and constitutional framework supports the claim for voluntary and evidence informed treatment for drug dependence.

In practice, treatment has been relegated to prioritize penal enforcement. Provisions for diversion and protection for treatment seekers are not invoked. Judicial interpretation has tended to encourage criminalization and discourage treatment seeking. Worse still, proliferation of unregulated facilities has left people who use drugs vulnerable to unscientific, degrading and inhumane practices.

Process and Outcomes: The Lawyers Collective, an NGO committed to protection of rights, initiated litigation for observance of clinical and human rights standards in drug treatment. Subsequently, State governments were directed to review existing services and frame regulations. Legal strategy was informed by people who use drugs, whose testimonials and suggestions were submitted in Court. Still pending, the case has triggered policy deliberations on health and rights of people who use drugs.

Lessons: Statutory sections beneficial to persons who use drugs are as much a part of drug policy as those proscribing drugs. Litigation can lead to a reorientation of policy priorities, through the rightful involvement of people who use drugs.

[Paper ID:910]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

capacity building, monitoring and evaluation, Harm Reduction, CARHPA

Authors (speaker underlined):

Tanina, Marianna Viacheslavovna; Karimova, Nasiba

Title:

CARHAP capacity building of HRSOs on effective M&E of HR projects

Abstract:

Central Asia Regional HIV/AIDS Programme (CARHAP) is funded by DFID and managed by GRM International UK and National Implementing Partners in Tajikistan, Kyrgyzstan and Uzbekistan to contribute to averting a generalized HIV/AIDS epidemic in Central Asia. Among its other objectives, CARHAP aims that M&E system for harm reduction is agreed and adopted by harm reduction service providers.

Since 2006, in Tajikistan CARHAP worked intensively with the HRSOs to build their capacity in successful M&E of HR activities. Following framework of M&E in HR was promoted:

- Development and utilization of sound logical frameworks and M&E plans for HR projects to form the foundation for the effective M&E and knowledge management
- Development and utilization of data collection tools according to developed M&E plan to ensure proper information inflow
- Utilization of CARHAP MIS as an advanced software system to monitor HR activities
- Monitoring client behaviors over time to measure the effectiveness of HR project interventions
- Utilization of Quality Management Tool (QMT) to improve quality of HR services

CARHAP undertook series of capacity building activities at HRSO level to promote the adoption of the M&E framework, including

- M&E & MIS trainings for key HRSO staff
- Extensive follow up in-field technical assistance to improve logical frameworks, develop M&E plans, organize effective data collection, utilize MIS and adopt QMT and improved approach to client behaviors' monitoring
- Study tours and exchange visits
- Reflection workshops to foster sharing of experience and results of utilization of advanced M&E practices and to improve analytical skills

The undertaken capacity building initiatives resulted in improved understanding and value of M&E in HR, increased capacity in data collection, MIS and behavior assessment and improved data analysis and reporting at HRSO level.

[Paper ID:759]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

female drug users, family support, sex worker, detoxification,

Authors (speaker underlined):

Tareque, Golam; Akhter, Shamima; Rashid, Harun or

Title:

Increased family members support helps female drug users to receive detoxification services and keep themselves out of drug

Abstract:

Issue

To reduce the transmission of HIV, detoxification of female drug users in the DIC is a major breakthrough for a targeted intervention

Setting

Light House is operating a female drug user's intervention at Natore, a small district town located in the northern part of Bangladesh where 69 female DUs are covered under this project. Most of them are poly drug users where 64% are cannabis, 6% heroin smokers and rest are different home made alcohol. 94% are employed and among them 29% are day laborer. 46% engaged in sex trade and 93% living at their own/rented houses.

Project

Following intensive counseling by project staff some Female DUs agreed to receive detoxification services and therefore we have decided to conduct a detox camp for 17 DUs for a period of one month in the DIC. To organize this camp for 17 DUs (2 heroin smoker, 12 cannabis and rest alcohol users). we talked to family members who disagree to allow their spouses/mothers to away from home for long period. We invited male members/children to visit our DIC and later relieved anxiety and gave their consent.

Outcomes

Arranged food and recreation for them - in door games, watching TV along with NA on a routine basis. Allowed their family members to visit DIC and spent sometimes with them. This works well to settle their mind. In graduation ceremony invited their family members. They expressed good feeling staying for such a long time without drugs and promised to keep them away out of drugs. 8 of them are now out of drugs for the last 9 months. One heroin smoker cum sex worker now engaged as a monkey charmer leaving behind her past awful memories. It is evident that family support is essential for a female drug users to bring positive changes.

[Paper ID:515]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

ART, HIV, adherence

Authors (speaker underlined):

Tayeri, Katayoun; Meshkati, Marjan; Etedali, Enayatollah; Darya zadeh, Saeedeh

Title:

Evaluation of adherence rate of PLWH to ART treatment in Esfahan triangular clinic from March 2002 until October 2009

Abstract:

Introduction: ART is end point of all HIV+ patients that after passing several times that related to different factors, they need to anti retrovirus drugs. According to this fact that ART is a lifelong treatment, adherence to treatment is very important factor in patient's response to ART and prevention of producing resistant viruses.

Methods: in this study all under treated HIV+ patients of Esfahan triangular clinic since March 2002 until October 2009 were evaluated. Drugs adherence rate, suitable and regular consumption of drugs, permanent and transient drugs interruption and death during anti retroviral treatment were mentioned.

Results: 37 patients were under treated (ART) since March 2002 until October 2009. During that time, 6 patients died that 3 of them had history of irregular drugs consumption and recurrent substance abuse. Other 3 patients died before 3 months of ART initiation. 3 patients interrupted ART due to adverse reaction of efavirenz. Transient interruption was occurred in 3 patients due to imprisoning. 28 patients have continued their treatment and the first under treated patient in Esfahan clinic is continuing his drugs after 90 months.

Discussion: for acceptance of good adherence to ART in patients, it's necessary to carry out a special and good counseling before treatment starting and prepare patients for taking drugs. Counseling must be continuing during lifelong treatment. Well-timed ART starting has essential role in successful response to drugs. It seems the team approach to HIV care and treatment could be effective in achievement of a suitable adherence to ART in patients.

[Paper ID:294]

Session: C28

Parents Who Use Drugs

Location: Room 1B, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

families, five step intervention

Authors (speaker underlined):

Templeton, Lorna

Title:

Working with family members: a globally neglected aspect of harm reduction

Abstract:

Harm reduction has mostly been conceptualised in individual terms, focused on ways of influencing the individual who is engaging in a dangerous or risky activity. Our international programme of research has collected data from over 500 family members of people with serious alcohol or drug problems in the UK, Mexico, Australia and Italy. We will describe how these alcohol and drug problems can negatively affect the family illustrating that, despite some nuances according to, for example, culture and family context, the core experience of family members is largely similar. This research further highlights that the harm reduction agenda is missing one of the principal domains where there exist opportunities to reduce or minimise harm. The presentation will then introduce the 'Five Step Method', a brief and structured psychosocial intervention which has been developed to minimise the harm experienced by family members. Findings from several research studies conducted in England, Mexico and Italy will be presented to indicate how the intervention can both reduce the stress and strain experienced by family members and enhance the range of coping strategies and support networks available to them. We believe the Five Step Method is of value at relatively low cost and can be easily adapted for use in a variety of primary and specialist health care and community settings, and is therefore of potential value in many countries including those of low and medium income.

[Paper ID:295]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

families, family focussed addiction service, five step method

Authors (speaker underlined):

Templeton, Lorna

Title:

The development of family focussed addiction services

Abstract:

Substance misuse can have a devastating impact on families. The evidence in this area highlights that it is an area of global neglect. In the United Kingdom, a brief, structured, psychosocial intervention called the 'Five Step Method' has been developed to help meet the historically neglected needs of these family members. Data from a range of research studies illustrate how the intervention, delivered through a series of face-to-face counselling sessions or through the introduction of a self-help manual, can result in statistically significant reductions in symptoms of ill health and coping behaviours. Qualitative data demonstrate how family members can benefit from the intervention whilst practitioners value the opportunity to deliver a more holistic service by being able to offer some support to family members. This poster will summarise the development and evaluation of the Five Step Method and will then outline how the method continues to be developed and implemented in a range of settings. The Five Step Method has been mentioned in UK policy guidance issued by the National Treatment Agency and by NICE. The method has also been tested in other countries and has potential for ongoing implementation in low and middle income countries.

[Paper ID:643]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Harm reduction, Peer Educator, Rapid Needs Assessment And response

Authors (speaker underlined):

Thach, Pham Ngoc; Trinh, Nguyen Kieu; Jacka, David; Kurma, Suresh; Hoa, Do Mai

Title:

Rapid assessment and response to injecting drug use and sex work in Hai Duong Province in Vietnam

Abstract:

Background: Preventing HIV among injecting drug users (IDUs) and sex workers (SWs) is a priority for the Government of Vietnam and assessments are required in order to develop appropriate harm reduction responses for these groups.

Methodology: Rapid assessment and response (RAR) to injecting drug use and sex work was carried out in two districts of Hai Duong and Chi Linh in Hai Duong Province. The study teams conducted site mapping; identified and recruited IDUs and SWs. In-depth interviews (N = 27) with a range of key informants; five focus group discussions with IDUs, SWs and peer educators; and survey administration with 105 IDUs and 41 SWs were carried out during February – March 2009.

Results: Most IDUs are current injectors (97%), many inject >2 times daily (50.5%), do not clean injection equipment (51.5%), had commercial sex during the past month (53.1%), use alcohol before commercial sex (84.8%) and report no condom use with SWs (62.9%). HIV risk perception is low (18.1%) among IDUs and most (91.3%) request support for detoxification. Many key informants prefer Methadone Maintenance Therapy (MMT) for heroin injectors. Fear of police arrest prevents IDUs from accessing services. Community's main concern relates to indiscriminate disposal of contaminated syringes. Among SWs, 64.1% report condom use with clients, 48% with their regular partners and only 4.9% have undergone HIV testing.

Conclusions: Based on the assessment, an action plan involving a multisectoral response was developed and discussed with the Provincial team. Expansion of peer outreach; needle and syringe distribution through peers, pharmacies; safe injecting education; proper needle disposal mechanisms; outreach targeting spouses, increased access to VCT, establishing MMT and advocacy with public security were recommended for IDUs. For sex workers, condom promotion, STI screening & treatment and increased access to VCT were suggested.

[Paper ID:339]

Session: M08

Tuberculosis and Integrated Care for People Who Use Drugs

Location: Room 3, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

Tuberculosis, ART, Drug Use, TB-HIV Co-infection

Authors (speaker underlined):

Thaung, Yin Min

Title:

Prioritizing TB as major component in six sites' harm reduction programs in Myanmar

Abstract:

Issue: Most Harm Reduction service provisions are often only focused on HIV related interventions. Tuberculosis treatment and care is perceived as too much of a challenge among drug users with bad adherence quoted as the excuse. AHRN Myanmar included Tuberculosis screening, treatment and care in its ongoing services, opening the way for more holistic services.

Setting: For over a century, Myanmar has been a major producer of opium. As a result the use, either through smoking or injecting, of opiates has been endemic in parts of the country. A 2009 population size exercise estimates that there are 75,000 IDUs, not including those that use other routes of administration. HIV prevalence among IDUs is estimated at 43% while TB/HIV co-infection is also a serious health issue within this target group.

Project: To address the risk of dual infection, AHRN implemented since 2008 TB screening and treatment in its existing programmes. To enhance the treatment, nutritional support is provided through collaboration with the World Food Programme. Since treatment adherence among drug users is more challenging, own DOTS services, psychosocial support and self-support groups are linked closely with the medical services. An inter-agency referral protocol ensures integration of VCCT through existing HIV and ART providing services, in particular, MSF-Holland and the National AIDS program to get optimal treatment for TB/HIV co-infection.

Outcomes: Before 2008, no one was treated for TB and only 7 drug users could access ART from MSF-Holland. After one year of integrating TB services, over 750 drug users were screened, and 93 treated for TB, while 45 drug users are receiving ART through referral. The inclusion of TB and inter-agency referral impacts greatly in enhancing harm reduction services, especially on the access to ART, Anti-TB Treatment and MMT for those drug users co-infected with TB/HIV.

[Paper ID:749]

Session: C14

Legal and Policy Developments

Location: Room 3, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

San francisco, government, implementation, policy, advocacy

Authors (speaker underlined):

Thomas, Laura; Ralston, Meghan

Title:

Harm reduction as official city policy in a US city - how helpful can it be?

Abstract:

Issue: Harm reduction has been an official policy of the San Francisco Department of Public Health since 2000. In theory, it is fully integrated into the public health care system, informing policy, funding decisions, program designs, and target populations. In reality, integration has been uneven, and much remains to be done.

Setting: San Francisco is a city with a high prevalence of drug use, homelessness, HIV, and hepatitis, and a tradition of progressive approaches to all of those issues.

Key points: Harm reduction advocates pushed for approval of harm reduction as an official policy, with the intent of scaling-up harm reduction approaches to health problems. As a result, funded community organizations must document how they incorporate harm reduction in their work, syringe access is widespread, and overdose prevention is supported by local government. However, actual implementation is uneven, and often depends on the individual bureaucrat rather than clear policy guidelines. Key informant interviews show some distrust of health department intentions, concern about sufficient resources, and a fear that the policy is in name only.

Outcomes: Advocates need to ensure full implementation and to make sure that there is a shared understanding and implementation of harm reduction in all its forms. The barriers include a lack of training on harm reduction principles, insufficient funding, and a belief that the issue is already "taken care of."

Implications: The public health bureaucracy can be an ally in implementing harm reduction principles. It is worth trying to integrate harm reduction into health systems. It also takes constant vigilance to ensure that people understand and embrace harm reduction principles, and that they are implemented in ways that support and encourage community organizations, especially abstinence-oriented treatment providers, to meet clients where they are and reduce the harms they face.

[Paper ID:913]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

syringes, pharmacy, legislation, California, advocacy

Authors (speaker underlined):

Thomas, Laura; Ralston, Meghan

Title:

Expanding pharmacy access to syringes in California to reduce hepatitis and HIV transmission

Abstract:

California law prohibits non-prescription sales of syringes in pharmacies except under certain circumstances. Groundbreaking legislation in 2004 created a statewide pilot and evaluation of non-prescription sales of up to 10 syringes to adults. That pilot will end at the end of 2010 unless new state legislation is passed.

Injection drug users (IDUs) comprise 17% of Californians diagnosed with HIV/AIDS. Many more people are at risk of hepatitis C or HIV because of no access to sterile syringes. Pharmacy sales reach IDUs who do not or cannot use syringe exchanges, as they are open more hours and in more locations. The current pilot is only available in a handful of counties, despite years of research showing that non-prescription pharmacy sales reduce syringe sharing and related health risks.

The Drug Policy Alliance (DPA) is supporting legislation to expand non-prescription sales to any pharmacy that wants to participate, increase the number of syringes one may purchase, and create more protections from the outdated paraphernalia laws. DPA is doing this by building a coalition of supporters, educating legislators, countering arguments, and holding advocacy days in the state capitol. The coalition includes pharmacists, nurses, and unions, as well as IDUs.

This legislation faces significant barriers, including resistance to harm reduction approaches to health, lack of concern about hepatitis and HIV, and law enforcement opposition. If passed, it will enable pharmacies across the state to sell 30 syringes to adults, allowing IDUs to buy sterile syringes and better protect their health.

The audience will learn about a current legislative effort to expand syringe access in California, including the strategies, successes, and challenges in getting harm reduction legislation passed. They will be able to take advocacy materials, insights, and tactics to adapt for their work on pharmacy sales and other harm reduction issues.

[Paper ID:539]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

marijuana legalization regulation

Authors (speaker underlined):

Naidoo, Theshia; Todd, Tamar

Title:

Legalizing and regulating marijuana in the United States

Abstract:

The discussion of whether marijuana prohibition in the United States should be replaced with a regulatory system has reached unprecedented levels. A confluence of events, including prominent media stories, the introduction of tax and regulate bills and ballot initiatives in several states, the Obama Administration's acceptance of state medical marijuana laws and cessation of federal interference, and the Governor of California's statement that there should be a robust debate on the issue of taxing and regulating marijuana has brought to the forefront questions of what regulating marijuana actually means: How should states control personal cultivation, retail distribution, advertising, and corporate involvement? What are the legal barriers that such a regulatory scheme must overcome? What lessons can be learned from alcohol and tobacco regulation to minimize harm to individual and community health?

This presentation will discuss the legal and procedural hurdles that need to be overcome to make ending prohibition a reality in the United States, as well as examine the different models for legalizing and regulating marijuana contained in the bills and ballot measures pending in various states, the strengths and weaknesses of each model, and the potential impact on other states and the federal government if one of these proposals succeeds. The presenter has drafted legislation and litigated cases involving medical marijuana and has assisted in the drafting of several of the pending regulatory measures. She has also testified in a historic hearing before the California State Legislature to examine legalizing and regulating marijuana.

[Paper ID:540]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

youth, drug testing, drug education

Authors (speaker underlined):

Naidoo, Theshia; Todd, Tamar

Title:

Drug policy and the school to prison pipeline in the United States

Abstract:

Many children in the United States are denied the basic human right to a quality education. The overuse of zero tolerance policies for drugs and punitive disciplinary measures has resulted in expulsions from school and an overabundance of criminal justice referrals. Schools' zero tolerance policies include invasive procedures such as random student drug testing, searches of students and the use of abstinence-only educational models (such as Drug Abuse Resistance Education or "D.A.R.E.") to address the issue of student drug use. These policies are based on scare tactics and misinformation about drug use, they disrupt relationships of trust between students and educators, and they fail to assist with effective prevention, management and treatment of substance use or misuse among students.

Drug Policy Alliance ("DPA") has been on the forefront of mobilizing and educating parents, teachers, and adolescent health experts to oppose zero tolerance policies, random student drug testing, and abstinence-only education as ineffective, costly and even counterproductive. This presentation will discuss the efficacy and dangers of student drug testing and zero tolerance policies, the tools, materials and techniques developed by DPA to counteract such policies, including harm reduction approaches in place of random student drug testing and DARE programs, and both the dangers and the opportunities of publicly addressing the controversial issue of youth and drugs. The presenter is a legal expert on drug testing and is currently engaged in a project of the American Bar Association drafting a model school discipline code aimed at creating a human rights framework for education and discipline in schools.

[Paper ID:541]

Session: M06

Gender Issues in Harm Reduction

Location: Room 11, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

pregnancy, drug use, criminal prosecution

Authors (speaker underlined):

Naidoo, Thesia; Todd, Tamar

Title:

The latest frontier for the war on drugs: the womb

Abstract:

Women's reproductive rights have become a battleground in the war on drugs in the United States as more and more states choose to prosecute women struggling with addiction during pregnancy as child abusers and murderers if they miscarry or suffer a stillbirth. Health care professionals are forced to become law enforcers rather than healers. Pregnant women are treated as criminals rather than expectant mothers. This criminalization of pregnant women is based largely on misinformation surrounding the risks of prenatal exposure to drugs and has deterred a vulnerable population of women from seeking proper prenatal care and substance abuse treatment for fear of prosecution and loss of custody of their children. The Drug Policy Alliance assists in litigation on behalf of pregnant women being prosecuted for harms allegedly caused by illicit drug use during pregnancy. This presentation will describe the serious ramifications of policies that deter addicted pregnant women from seeking prenatal care and treatment, and will address why it is essential that the United States move towards a national harm reduction policy—rather than a punitive criminal justice policy—to best achieve healthy outcomes for addicted pregnant women and their children. The presenter has participated in litigation over the prosecution of drug using pregnant women in a number of cases in various states.

[Paper ID:195]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

capacity, training, knowledge, skills, tools

Authors (speaker underlined):

Torokulova, Gulmira

Title:

Capacity-building tools for providing qualitative harm reduction services in Central Asia

Abstract:

The Central Asia HIV and AIDS Programme (CARHAP) has been developing effective harm reduction activities for high-risk populations and contributing to the prevention of a generalized epidemic in the region. After almost 4 years of work CARHAP has come to believe that securing and furthering the success of harm reduction does not simply depend on providing funding to projects and other key stakeholders. A crucial, but often neglected ingredient for the long term success of many harm reduction efforts is “capacity building” – technical assistance and training that helps harm reduction projects sustain themselves and have greater impact.

CARHAP has been providing more of in-house trainings in the harm reduction service organizations focused on their specific needs. Usually in-house trainings are attended by the whole HRSO staff since they meet their specific needs and requirements, and found to be very useful and effective. The organizations appoint a focal point in the organization to coordinate capacity building activities, including provision of training at workplace, systematic attestation of the staff, development and systematization of necessary CB materials. They establish minimal requirements of core competencies for each staff position, following national HR standards and develop support and supervision structures for staff to prevent stress/“burnout”, improve motivation and reduce staff turnover.

As a result of in-house training the sub-grantees were able to create internal capacity building/staff development systems that could potentially function with minimal external support. This allowed the sub-grantees work closely with the staff on building knowledge and skills. By doing so CARHAP increased local capacity for technical assistance, expand networking among HRSOs and minimize the dependence organizations’ dependence on external technical support.

[Paper ID:703]

Session: M10

The War Against Sex Workers

Location: Room 1A, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

sex work, raids, HIV/HEP criminalization, mobilization of allies, interventions

Authors (speaker underlined):

Tosheva, Marija

Title:

Mobilization of national and international communities against raids, human rights violations and criminalization of sex workers in Macedonia

Abstract:

Issues: At 20.11.2008, police raid was performed in Skopje. 35 people were arrested, than clients and other parties were released, 23 sex workers were kept over night and forcibly tested for HIV and Hepatitis C. Media was present and the identity and health status of SWa was revealed in the public. 7 persons were identified Hepatitis C positive, and charged under the Criminal Code for "spreading infectious diseases".

Description: In Macedonia "resorting to prostitution" is misdemeanor, punishable with fine of 600-800 euros. Pimping is criminal act. In reality, Ministry of Interior doesn't makes this difference and mostly undertakes measures against SWs. This is in constant clash with harm reduction policies and services that HOPS is developing since 1997, and the Ministry for Health is supporting since 2003. The raid and criminalization of HIV/HEP transmission in correlation with SWs was systematic violation of the dignity, safety, privacy and equality of SWs in Macedonia.

HOPS and Coalition for SRHR, managed to mobilize national and international communities for contra action which included: media work, requests for intervention from human rights mechanisms in the country: Sector of internal control within Mol, First Instance Court Skopje, Helsinki Committee for HR, OSCE, Ombudsman, Commission for HR within the Parliament of Macedonia, CCM for HIV/AIDS, joint UN team on HIV/AIDS, etc.; psycho social support and free legal representation for SWs in front of institutions, mobilization of international community etc.

Lessons learnt: Networking and joint advocacy platforms are crucial in making pressure to the Government to stop or address violations, are crucial in reducing consequences toward domestic HR groups. Court litigation supports systemic changes.

Next steps: Running court cases, providing psycho social support to involved SWs, monitoring the situation, making HR violations visible, education of journalists, police and public about rights of SWs.

[Paper ID:452]

Session: M02

Harm Reduction in Europe

Location: Room 3, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

drug policy development, drug policy trends

Authors (speaker underlined):

Trautmann, Franz

Title:

Global drug policy developments in the past decade: looking for a balance between harm reduction and repression

Abstract:

Harm reduction is still rather controversial in the drug policy debate as can be taken from the heated discussions in the 2009 CND meetings about having harm reduction accepted as essential element of drug policy. Still, in the past decade harm reduction programmes have been widely implemented in many countries.

This presentation is discussing issues and developments in and around harm reduction over the past ten years in different parts of the world drawing from the Trimbos/RAND report on the global illicit drugs markets 1998 – 2007 and the Trimbos inventory of harm reduction responses in EU Member States.

Overall, one can see a strong move towards harmonisation of drug policy over the world aiming at a 'balanced and comprehensive' approach to drug problems. There are two 'driving forces' pushing towards more uniformity. One is a top-down force e.g. through pressure by international bodies like UNODC/INCB and through pressure by strong national forces like the United States on weaker parties. The other driving force is a bottom-up power. Uniformity emerges from a diverging policy choice made in one country that in a process of years is followed or taken over by other countries resulting in uniformity. Harm reduction is one good example for this, starting in the late seventies in the Netherlands and the United Kingdom.

Another example of global harmonisation is a trend towards an increasingly harsh policy response to production and trafficking and at the same a more tolerant approach to consumption and possession of small quantities for personal use. Harm reduction can be seen as a manifestation of this more tolerant approach.

The presentation will explore contradictions and unintended consequences of this 'balanced' policy.

[Paper ID:442]

Session: M13

Harm Reduction for Producer Nations? Farmers' Perspectives on the War on Drugs

Location: Room 1A, 2010-04-29, Start: 09:00,End: 10:30

Keywords:

human rights, development, production, supply, indigenous, coca

Authors (speaker underlined):

Tree, Sanho

Title:

Harm reduction for producer nations? Farmer's perspectives on the war on drugs - Colombia

Abstract:

Format

Sanho Tree will interview farmers or local organisations that represent them from Colombia. These will be people with whom Sanho has developed close relationships over many years of work on Plan Colombia

Issue

Over many decades developing, producer nations have been subjected to intense crop eradication and law enforcement initiatives, ostensibly to protect consumer nations from 'drugs' and 'addiction'. They have borne the brunt of the war on drugs: the violence and corruption that has followed the creation of the criminal market; indigenous and cultural traditions have been trampled and traditional growers and peasant farmers have been branded as criminals.

Setting

Colombia has experienced decades of violent conflict, fuelled in large part by the drug trade. It is the main source of illicit coca in the world. The consequences of the conflict and the response to the drug trade, including Plan Colombia, have been dire for campesinos (local farmers) and indigenous peoples.

Key arguments

Alternative drug policy options on the demand side have received great attention in international drug policy debate, and consumers have been able to voice their concern in various platforms. On the production side this has hardly been the case. Until now farmers growing coca and indigenous people have not had a voice in this debate.

By interviewing people with first hand and on the ground experience, I will show the very negative impacts of aerial fumigation and forced manual eradication in the country. I will show that there is an urgent need to develop an alternative approach for production and supply-side issues. A number of principles of a harm reduction strategy for the production side will be introduced.

Topics will include armed conflict, crop eradication, alternative development, human displacement, indigenous peoples rights, and the, often disparate, attitudes to specific crops and to drug use.

[Paper ID:233]

Session: C26

Clinical and Programmatic Issues around Hepatitis C Treatment

Location: Room 3, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

attitudes, beliefs, clinicians, hepatitis C treatment, opiate substitution treatment, patients

Authors (speaker underlined):

Treloar, Carla; Newland, Jamee; Rance, Jake; Hopwood, Max

Title:

Uptake and delivery of hepatitis C treatment in opiate substitution treatment: perceptions of clients and health professionals

Abstract:

Uptake of treatment for hepatitis C virus (HCV) infection is low particularly among people who have injected drugs. Opiate substitution treatment (OST) with a high prevalence of people living with HCV, have been a site of growing interest in the delivery of hepatitis C treatment. There has been no exploration of OST clients' and health professionals' perceptions of the barriers and facilitators to uptake and delivery of HCV treatment in OST clinics from personal and organisational perspectives. This qualitative study involved interviews with 27 OST clients in New South Wales and a focus group and interviews with 22 Australian OST health professionals. Clients and health professionals viewed hepatitis C treatment in OST as a "one stop shop" model which could increase access to and uptake of treatment and build on existing relationships of trust between OST client and health professional. Elements of the organisational culture noted as barriers to HCV treatment delivery included concern about confidentiality, lack of discussion of HCV treatment and that HCV treatment was not perceived by clinicians as a legitimate activity of OST clinics. OST client participants also reported a number of personal barriers to engaging with HCV treatment including family responsibilities, concerns about treatment side effects, unstable housing, comorbidities and perceptions of unsatisfactory treatment efficacy. Combining very different models and cultures of care is not without challenge. The potential to reach many more people with HCV treatment in OST settings is compelling, however the capacity to do harm or provide further marginalising care is also present. Given the call for the urgent expansion of HCV treatment in OST settings, our data highlight the importance of including the perceptions and experiences of clients and various health professionals in future research and that research address the complexity of care and treatment for people in marginalised social circumstances.

[Paper ID:1043]

Session: P2

The Next Generation of Drug Policy: Decriminalisation and Beyond

Location: Room 1, 2010-04-27, Start: 09:00,End: 10:30

Keywords:

National Strategy on Drugs, decriminalisation

Authors (speaker underlined):

Trigueiros, Fatima

Title:

National strategy on drugs in Portugal: innovation and evidence

Abstract:

In 1999, the Portuguese Government approved the first National Strategy on Drugs, a historic turning point for drug policy. One of the measures proposed by the Strategy was the decriminalisation of consumption and possession of all illicit drugs for personal use (defined as a quantity that must not exceed that needed for average individual consumption over ten days). In 2001, this was made law in Portugal. This new law meant that personal consumption and possession would no longer be considered a crime, but would constitute an administrative offence – therefore no longer carrying a penalty of imprisonment.

The main purpose of this law was to prevent and reduce drug use and to promote and protect the health and social well-being of people who use drugs and encourage them to enter treatment. Eight years later, all the available evidence and indicators suggest that the overall impact of this law has been positive—although a direct link between these results and decriminalisation cannot be assumed. Decriminalisation is one element of a comprehensive national strategy aimed at preventing drug use, facilitating access to counselling and treatment, and establishing effective measures to reduce the adverse health and social consequences of drug use.

There have been some problems and challenges in implementing the law and we intent to propose some adjustments to it in a near future, based on the past experiences.

The INCB originally accused Portugal of disrespecting the UN Conventions on drug control but – after two missions to Portugal – they now recognise some of the benefits of our law. The 2009 World Drug Report noted that “Portugal’s decriminalisation of drug usage in2001 falls within the Convention parameter”. The2009 Annual Report of the EMCDDA has also recognised that decriminalisation has not let to an increase in drug use or drug tourism in Portugal.

[Paper ID:395]

Session: C28

Parents Who Use Drugs

Location: Room 1B, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

Families, support, advocacy, Stepping Stones

Authors (speaker underlined):

Trimingham, Tony

Title:

Families; a vital force for both harm reduction and treatment

Abstract:

This presentation will outline the value and importance of including families in dealing with drug issue. It will outline the stages of change that families go through in their journey through drug dilemmas - Denial, Emotion, Control - masculine and feminine, chaos and coping. The importance of family support will be stressed and I will draw on evidence from our award winning programs "Stepping Stones" and "Bridging the Divide". Family advocacy as a potent force will also be presented.

[Paper ID:407]

Session: C01

Youth-Friendly Harm Reduction Interventions

Location: Room 1A, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

IDU, HIV, youth, migrant, drugs

Authors (speaker underlined):

Tun, Thinzar; De Maere, Willy; Han, Thein

Title:

"One way ticket to hell" for young migrant drug users in Myanmar

Abstract:

Issue: Being stuck in poverty is not the only curse for young migrant drug users in Myanmar. High HIV prevalence and no ART availability are all too often jeopardizing their future and give rise to untimely deaths.

Setting: Pharkant, situated in Kachin State, Northern Myanmar, is a renowned jade mining place where many young people from across Myanmar, driven by poverty, come with dreams of riches. All types of drugs (Heroin, ATS, opium) are easily available with competitive prices in user-friendly shooting galleries run by competing dealers. Instead of riches, the majority of young people only find drugs for a variety of reasons (physical/mental pain, hopelessness...) ending up with chronic addiction, financial challenges and severe health problems. HIV prevalence among IDUs in the area is 50-70%; health care systems to address their needs are non-existent.

Project: Asian Harm Reduction Network implements since 2008 low threshold DIC in the area. They include medical interventions (PHC, Symptomatic Drug Treatment, STI, TB treatment), counseling, NSEP at shooting galleries through contacts with the dealers, outreach, health education, recreational activities...

Outcomes: During the implementation period, AHRN achieved significant coverage of male and female (I)DUs; over 6,656 (I)DUs accessed services, monthly 150 new clients access medical care; 135,000 N/S are distributed monthly, 429 clients were screened for TB and 55 received anti-TB treatment. But HIV prevalence remains high at 40% among newly tested clients and there are no ART provisions. In addition, many have no money to go back home and end their youthful life riddled by disease. And still more young people keep migrating to the area chasing fake dreams forced by poverty in a further degrading national socio-economic climate; no paradise for them but a one way ticket to hell? How more have to die while Government, donors and civil society look on...

[Paper ID:784]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Myanmar, female drug users, services, impact

Authors (speaker underlined):

Tun, Thinzar

Title:

Suffering in silence: harm reduction for female (injecting) drug users

Abstract:

Issue

Although worldwide data show that female (injecting) drug users are a significant group, they are much more stigmatized and oppressed than their male counterparts. Not only are they HIV vulnerable because of unsafe injecting practices, they are also more vulnerable to sexual HIV transmission.

Setting

Although the majority of the Myanmar female users contribute significantly to the family as housewife, mother, breadwinner (sometimes all of them), they are shunned by society. For them, access to drug services or main health care is almost impossible as it is designed mainly for men; so they are left to suffer in silence with addiction and health problems.

Project

Asian Harm Reduction Network implements drug services in 6 sites in Myanmar. All services are designed with gender sensitivity in mind: female outreach workers to reach more female, DIC equipped with female shower room and specific recreational rooms, female self-help group meetings and activities including income generation, female-centered Health Education, transportation/nutritional packages. Specific female clinics provide medical services (STI, VCCT, TB, HIV, reproductive health, referral for drug treatment, provision of condoms, NSEP).

Outcomes

In 1 ½ year 775 female users accessed the DIC, there were 7,789 outreach contacts; 25,000 condoms were given out to female users (some of them also sex workers), 78 accessed VCCT, 50 screening for TB and 7 received anti-TB treatment.

A 2009 population size exercise estimated 75,000 (I)DUs in Myanmar. If only 10% are female, we are still looking at 7,500 female injectors. It clearly highlights that, despite of AHRN efforts, coverage for female (I)DUs is still pathetic. Most of them are still suffering in silence from social exclusion, stigma and discrimination. If all stakeholders do not act together to address the vulnerability of female (I)DUs to HIV, how can we make an impact on HIV among this target group?

[Paper ID:128]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Hepatitis, opiate user, relapse prevention, module, behavior change

Authors (speaker underlined):

Dijkstra, Marijke; Van Der Poel, Agnes

Title:

Relapse prevention hepatitis C treatment

Abstract:

Issue: Opiate users in the Netherlands who start with hepatitis C treatment are seen by a nurse practitioner every week during a period of 24 to 48 weeks. Treatment of hepatitis C is very burdensome for the opiate user: they have to stop with alcohol use and most drug users experience many side effects. During the HCV treatment, the nurses pay much attention to the drug users and use motivational interviewing techniques. When the intensive treatment program ends, the opiate user has changed his/her behavior positively (less drug and alcohol use, attention to hygiene etc.). However, they easily relapse into 'old habits' when the HCV treatment has ended. Question was how to sustain the positive side effects of the HCV treatment.

Project: Based on literature research, interviews with opiate users who ended hepatitis C treatment and experiences of nurse practitioners, a "relapse prevention" module is developed. This module gives nurses a tool to keep opiate users motivated to sustain the positive life view they grew accustomed to and to prevent them to relapse of alcohol and/or drug use. Behavior Change Models are used and motivational interviewing, goal setting and how to make a social map are part of the module.

Outcomes: The module will be implemented in 2010 in addiction care in the Netherlands. At the IHRA conference we will present the module itself, our experiences with the implementation and effects that nurses observe using the module.

[Paper ID:491]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Opiate users, Hepatitis C, knowledge and attitude

Authors (speaker underlined):

van der Veen, Clary

Title:

Knowledge hepatitis C among opiate users

Abstract:

Issue

In the Netherlands, it is estimated that at least 19 250 drug users ever have been at risk for HCV transmission by injecting drug use and that the prevalence of HCV among injecting drug users is around 63%. Thereby, in the Netherlands, as in the rest of Europe, injecting drug users are amongst the groups with the highest HCV prevalence.

Project

For that, a nationwide campaign has started targeted at the enhancement of risk perception and aiming to increase information collection and test request behavior among opiate users. Trimbos-institute is studying the effectiveness of the national hepatitis C

information campaign (duration till 2011) for drug users. Objectives are to determine whether knowledge on hepatitis C in this group has increased as a result of the campaign, and whether the information campaign has caused behavioural changes, both in terms of safe drug use and sexual behaviour, as in willingness to undergo HCV testing, and for those eligible for treatment, the number of people entering and completing treatment.

Outcomes for presenting at the congress on poster

We will discuss the levels of knowledge on HCV (regarding the disease, the consequences, transmission routes, possibilities for prevention, estimation of one's own risk behaviour and treatment options), understanding of and willingness for counselling and HCV-testing and levels of exposure to information on HCV among opiate users (N=800) before the campaign started.

[Paper ID:14]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Travellers, Cultural, Drugs

Authors (speaker underlined):

Van Hout, Marie Claire

Title:

The traveller community and drug use - implications for harm reduction interventions

Abstract:

The Traveller community are particularly vulnerable to problematic drug use relating to social exclusion and compromised life circumstances. Traveller culture remains deeply suspicious and fearful of drug use, with all drugs deemed equally harmful. Resiliency to drug use is dissipating due to compromised nomadism and location of Traveller halting sites near marginalized areas with high drug activity, and increased levels of young Travellers retained within formal education situations and drug using in order "to fit in" and integrate with their "settled" peers. The research aimed to explore the issue of drug use in the Traveller community and research findings were used to guide harm reduction protocols as part of integrated service provision for Travellers at risk of early onset of drug use and experiencing drug related difficulties.

The research consisted of a comparative thematic analysis of 12 focus groups of Travellers (n=57) and interviews with service providers (n=45) in order to generate a more comprehensive picture of current dominant perceptions of the experiences and issues relating to drug use among Travellers. The research explored issues regarding Travellers and drug use, drug knowledge, attitude to harm reduction and drug use, and experiences of drug services.

The Travellers indicated drug related activity was a result of unemployment, depression and increased drug exposure from the settled community. They reported a fear of problematic drug use coupled with difficulties comprehending harm reduction messages, concern in terms of discriminatory experiences in drug services, lack of visibility of drug services and lack of culturally appropriate drug education material. The service agencies advocated an inclusive approach in order to integrate the Traveller community within local drug service delivery so as to improve drug awareness and comprehension of harm reduction interventions, reduce discriminatory experiences, improve on ethnic monitoring systems and heighten cultural knowledge within service protocols.

[Paper ID:15]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Rural Parent, Youth Drug and Alcohol Use, Ireland

Authors (speaker underlined):

Van Hout, Marie Claire

Title:

Youth alcohol and drug use in rural ireland- a parents view

Abstract:

Drug availability is increasing throughout all areas of Ireland, as a result of a certain convergence of rural and urban cultures in the last decade of economic growth and prosperity. Rural Irish youth may now experience heightened risk for problematic alcohol and drug use due to increased exposure to drugs, urban contact with peer drug users, unstructured recreation time and poor parental monitoring. Rural parents often perceive their children to be less at risk, and struggle to identify and respond to their children's alcohol and drug use. The aim of this research is to provide an exploratory account of rural parents' perspective of alcohol use and illicit drug use among youth in Ireland:

Semi structured interviews were conducted with a convenience sample of parents with adolescent children (n=55) which included questions relating to the parents' perception of youth drug and alcohol use, both in terms of recreational and problematic use in their communities, levels of drug availability, risk perceptions, settings for adolescent substance use, harm reduction school based interventions and drug service provision. A content and thematic analysis using QRSNvivo was conducted in order to identify areas of similar and contrasting opinions and ground the information firmly in the data garnered.

The research suggested parental concern with regard to increased rural drug exposure within local rural communities. The majority of parents were concerned about all drugs, not aware of specific differences in terms of drug related risk and had difficulty comprehending harm reduction principles. Most parents recognised the need for greater parental monitoring, awareness of free time accountability, improved parent-child discourse, and visibility of services.

The research highlights a need to target rural parents within the community development approach in order to increase drug awareness, service visibility and family support for those families experiencing problematic substance use.

[Paper ID:17]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Rural Youth, Differentiated Normalisation, Drug Transitions

Authors (speaker underlined):

Van Hout, Marie Claire

Title:

Differentiated normalisation and drug transitions among rural youth in Ireland

Abstract:

Economic growth during the 'Celtic Tiger' in Ireland has led to an influx of new drug markets and heightened exposure to drug activity in rural communities. There appears to be increasing fragmentation of traditional cohesive rural family structures. Few studies have explored the contexts and meaning of drug use on rural youth transitions in terms of increased drug prevalence, recent influx of rural drug activity, normative tolerance of recreational drug consumption and fragmentation of traditional rural communities.

Qualitative interviews were conducted with 220 young people (15-17 years), and 78 service providers in a rural area of Ireland, in order to yield contextualised narratives of their experiences of drug use and achieve a wider exploration of processes, drug transitions and realities of rural youth. The thematic analysis of the research described varied pathways, attitudes and typologies of rural youth drug use, ranging from abstinent, recreational, and moderated to maturing out.

The research suggests support for a "differentiated" normalisation theory in terms of consumerist and normative rural youth drug use transitions in their negotiation of risk within integrating rural and urban dichotomies. The emerging open-mindedness to drug use among rural youth is certainly promoted by the heightened exposure to drugs in rural locations in Ireland, and stimulated by a growing 'willingness' to experiment, consume and develop identities. The role of consumption has integrated recreational drug use within rural youth identity in leisure time, and therefore no longer carries a deviant connotation. Drug education and prevention tactics must therefore understand rural youth not as victims of economic growth in urban Ireland but rather locate their drug use patterns, practices and transitions within the context of their 'local social world'.

[Paper ID:647]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Effective drug surveillance, Injecting drug use, Lao PDR

Authors (speaker underlined):

Vanphanom, Sychareun

Title:

Barriers to effective surveillance of changing trends in injecting drug use practices in Lao PDR

Abstract:

Recently there was agreed to implement harm reduction programs in Laos despite lack of IDU data that would inform those programs. Periodical monitoring of the drug situation will be undertaken if it is found IDU/DU are becoming a problem and measures will be taken to reduce the risk of HIV/AIDS infection. It is however unclear how monitoring will be done and what exactly those measures will be. Furthermore, Laos is also experiencing a significant ATS using epidemic that has significant implications for individual and public health. This study has aimed to explore the barriers to the effective surveillance of IDU and non IDU trends by interviewing the key informants from the government and non-government sectors.

Monitoring of trends of drug use and associated HIV risk implication in Lao PDR is a crucial, in planning appropriate, well-timed and tailored responses to IDU/DU to reduce negative health outcomes including HIV/AIDS. Findings suggest that there is a range of gaps and barriers including; lack of technical capacity to design and implement IDU/DU trend surveillance; difficult access to IDU/DU network; lack of community involvement; law enforcement agencies do not work together with public health researchers on surveillance of trends; the inherent illegal nature of drug use; discrimination and stigma towards IDU/DUs; and the lack of financial commitment to developing surveillance.

There is a need for improvements in the working relationships between researchers, law enforcement agencies and health authorities would help facilitate the establishment of a monitoring surveillance of IDU/DU prevalence and behaviors; international donors and the UN need to advocate and support this relationship by providing a platform where technical capacity to monitor and design effective programs and policies is significantly enhanced; IDU/DU peer networks need to be involved in all aspects of surveillance, program design and the creation of an enabling policy environment.

[Paper ID:998]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Drug Users in Thailand , Drug Users' Services, harm reduction, Thanyarak Institute

Authors (speaker underlined):

Verachai, Dr. Viroj; Bunchipanichvattana, Dr. Sarayuth; Panchabuse, Ms.Chaweevan; Nakayothinsakul, Ms. Youwaras; Ruangmak, Ms. Jamreang

Title:

Harm reduction service system development and effect reducing HIV transmission among drug users in Thailand.

Abstract:

Prevalence Rate in injecting drug users in Thailand has is increasing. As for any other citizen, drug users need good health services. Thanyarak Institute, Bureau of AIDS/TB/STIs and their networks received budget from Health Systems Research Institute (HSRI) to develop a system service. The aim was to look after drug users through Harm Reduction Method. Health workers and networks service were provided to drug users. Information on drug users/ HIV infection to policy was distributed. We provided to advocates at 17 units in 13 provinces.

Additionally several activity services were set up. Those services included providing a networks- of- harm-reduction committee appointed by director general of Department of Medical Services. The committee consisted of diversified related groups such as health workers services, academic, policemen, local administrators, Radio reporters, tv reporters, non government organizations and local volunteer on drug prevention. We have developed a mobile clinic, a drop in center and radio outreach. Also there were academic development networks' conference, harm reduction service training sessions, methadone maintenance treatment training sessions and self-help group trainings were provided.

We will need and adequate budget to sustain the project, keep up the body of knowledge on harm reduction. We wish to continue with the integration of user's partners and the good quality drop in center with it's friendly minded services.

[Paper ID:246]

Session: M17

Public Health Surveillance of Infections and Behaviours among Injecting Drug Users

Location: Room 3, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

data collection on service provision and coverage

Authors (speaker underlined):

Verster, Annette; Sabin, Keith; Kirkwood, John

Title:

The target-setting guide: from consensus on the theory to practical roll-out

Abstract:

Background – In 2009 WHO published the WHO/UNODC/UNAIDS Technical guide for countries to reach Universal Access to HIV prevention, treatment and care for people who use drugs. The document outlines the consensus on what countries need to provide to people who use drugs, how to measure progress toward universal access, and if they reach targets necessary to have an impact on the HIV epidemic. Effective roll out efforts have been sought to promote use of the guide.

Methodology – A data management module of the proposed indicators in the Guide was developed for the CRIS platform and pilot tested in several countries. During the pilot, relevant M&E staff of various agencies will be trained to gather service data with electronic and paper instruments, tabulate and enter the data in the module and produce simple reports.

Results –The pilot phase of the specific module will be implemented in February and findings of the first few months of the IDU specific data collection will be presented at the conference.

Conclusion – In order to improve data collection systems at national level, countries need to start reporting on specific harmonized indicators on service implementation for people who use drugs. Tools are now available and local and national programs can begin using them to enhance their monitoring and evaluation systems.

[Paper ID:892]

Session: M04

Mental Health and Drug Use

Location: Room 1A, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

Recovery, citizenship, peer outreachworker,cooccurring disorder, alternative to hospitalization

Authors (speaker underlined):

Vincent, Girard

Title:

Lessons for harm reduction model from a French psychiatric experience of a therapeutic squat for the homeless with dual diagnosis in Marseille, France. How can we develop the harm reduction model in the mental health field?

Abstract:

Living in a poor housing increase health problem and make more difficult access to care. On the other side, health problem make more complicate access to a better home.

People with cooccurring disorder have difficulties to keep their home. One reason is their poor acces to care. One consequence is that they become homeless more oftenly than others.

In Marseille, city of 800 000 inhabitants, is the poorest of the country, with 30 % of the population living under level of porverty (for a national rate arround 12%).

The homeless population is consequently large even if it has not been count.

Social worker in housing project and shelter for homeless people emphasize how much it is difficult to offer services to people with cooccurring disorder.

Mental Health professional underline how it is difficult to found housing solution for their clients.

In response of this situation a mental health outreach team, working on the street with homeless people with severe mental disorder had actively participated to open a « therapeutic squat » .

This « therapeutic squat » have as principles : respect the choice of the individuals, community organsiation, harm reduction model. citizenship projects. A peer outreach worker have lied in the place the first year.

After two years, 75 peoples have spend at least one night in this small building (14 places), in the center of the town. 90 % of the population avec cooccurirng disorder.

Approximatly 70 % had access to care, 50 % have been hospitalized, 20 % are durably out of the street. The « therapeutic squat » have been useds as an alternative to hospitalization.

This outreachteam have developped new way of doing harm reduction model arround, housing, recovery and citizenship. One Lesson is the necessity to extend harm reduction model, not only to drug use and VIH, but to other field and problem.

[Paper ID:733]

Session: M16

Police and Harm Reduction

Location: Room 1A, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

Injection drug use, Mexico, policing, risk environment

Authors (speaker underlined):

Volkman, Tyson; Lozada, Remedios; Anderson, Christy M.; Patterson, Thomas; Vera, Alicia; Strathdee, Steffanie A.

Title:

Combined effects of police practices on the drug-related harms in Tijuana, Mexico

Abstract:

Background: Influences in the risk environment at the micro-social level, such as policing practices, have been studied in relation to their impact on injection drug users (IDUs') behaviors, but outcomes have typically been studied singly, rather than simultaneously. We assessed the combined effect of police practices on multiple high risk behaviors among IDUs in Tijuana, Mexico.

Methods: Between 10/07 and 5/09, IDUs who had injected drugs within the last month were recruited via respondent-driven sampling and underwent questionnaires and testing for HIV, syphilis and TB. Clustered, repeated-measures logistic regression was used to simultaneously model five outcomes occurring as a result of police practices in the prior 6 months (i.e., rushed injections, receptive syringe sharing, places where drugs were bought or used, fear that police will interfere with drug use).

Results: Of 703 IDUs, 84% were male; median age was 38 years. In the last six months, 15% were victims of police corruption; 27% reported receptive needle sharing. IDUs reported that police had led them to rush injections (3%), or affected where they bought (1%) or used drugs (1%) and 3% were very afraid that police would interfere with drug use. Factors independently associated with the combined effects of the 5 outcomes were: being arrested (AOR=2.21; 95% CI=1.70-2.88); front/back-loading (AOR=4.65; 95% CI=3.62-5.98); being homeless (AOR=1.91; 95% CI=1.37-2.66); perceiving decreases in drug purity (AOR=1.92; 95% CI=1.11-3.34); injecting more than once per day (AOR=2.37; 95% CI=1.70-3.29); having difficulty acquiring unused syringes (AOR=5.27; 95% CI=2.82-9.85); and using the needle exchange program (AOR=1.69; 95% CI=1.18-2.43).

Conclusions: Policing practices were adversely associated with IDU risk behaviors and protective behaviors as well as other factors influencing the risk environment in Tijuana, suggesting that their effect on the risk of blood borne infections may be both direct and indirect.

[Paper ID:731]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Injection drug use, Mexico, border crossing, needle sharing

Authors (speaker underlined):

Volkman, Tyson Alexander; Shin, Sanghyuk S.; Strathdee, Steffanie A.; Garfein, Richard

Title:

Correlates of cross-border injection drug use among San Diego drug users travelling to Tijuana, Mexico

Abstract:

Background: Few studies have investigated whether injection drug users (IDUs) from the United States cross the border into Mexico, where HIV prevalence is increasing in the border region. We examined correlates of injection drug use while in Mexico among IDUs in San Diego, California.

Methods: We analyzed data from two ongoing studies of IDUs in San Diego. Eligibility included injecting drugs within the last six months and age ≥ 18 years (one limited upper age to 30 years). Participants were recruited through street outreach, advertising and snowball sampling for a behavioral assessment using audio computer-assisted self-interviews. Logistic regression was used to identify correlates of injection drug use in Mexico.

Results: Of 221 IDUs, race/ethnicity was 63% white, 20% Hispanic, 9% black, and 8% other; gender was 70% male, 28% female, and 3% transgender; and mean age was 33 years (range: 18-68). Overall, 20% reported ever injecting drugs in Mexico. Those who ever injected in Mexico were younger at first injection than those who never injected in Mexico (mean age 19 vs. 23; $p=0.003$). Of those who injected in Mexico, 74% injected with others, 21% reported distributive needle sharing, and 16% reported receptive syringe sharing. Factors independently associated with injecting drugs in Mexico were younger age at first injection (OR=0.91 per year; 95% CI=0.85-0.97) and white versus Hispanic race (OR=3.15; 95% CI=1.12-8.88).

Conclusions: One-fifth of IDUs reported ever injecting drugs in Mexico and this proportion could increase due to recent drug policy changes decriminalizing possession of small drug quantities. Prospective studies are needed to monitor trends in cross-border drug use and its impact on behaviors and health outcomes.

[Paper ID:411]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

mobile, screening, IDUs, substitution

Authors (speaker underlined):

Vongchak, Tasanaj; Aramrattana, Apinun; S.Johnson, Lara; Guptarak, Marisa; Walshe, Louise; Anantawilai, Wichit; Timpan, Umpava; Rose, Scott; D. Celentana, David

Title:

An efficient mobile screening strategy for opiate substitution treatment study in remote areas

Abstract:

Background

We have conducted an NIH-sponsored, opiate substitution treatment study in remote northern Thailand since April 2007. Most opiate users live in remote areas up to 3-4 hours away from the study site. The 4-hour screening procedures require more than a day's travel and may discourage many potential participants. The site has identified a need to conduct off-site screening in the field.

Methodology

Screening procedures take place in the mobile van, parking at designated locations such as public health centers, district hospitals or other locations out of public view. All procedures are conducted in a confidential and private setting. All proposed off-site activities are authorized as required by Thai and DAIDS regulations. Only our study staff who have been trained in human subjects protection and good clinical practice conduct study procedures. Collaborating local facilities provide parking space for the mobile van to receive potential participants, consent and interview them; they also provide access to a restroom for urine specimen collection.

Results

The mobile screening plan has been implemented since September 2008 after DAIDS' approval. Sixteen months previously, there were 130 potential participants screened at our site, with 69 of them enrolled into the study (4 per month on average). After 13 months implementation, 151 potential participants were screened at the mobile site and 133 were enrolled into the study (10 per month on average). This was 2.5 times higher than the office screening.

Conclusion

Mobile screening procedures help minimize the disruption to IDU participants' lives, including dealing with withdrawal symptoms in the course of travel. Such measures allow for efficient recruitment and subsequent treatment of opiate addiction.

[Paper ID:36]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

injection drug use, high-risk practices

Authors (speaker underlined):

Vorobjov, Sigrid; Abel-Ollo, Katri; R  utel, Kristi; Talu, Ave; Uusk  la, Anneli

Title:

Initiation of injecting drug use in Estonia, Tallinn

Abstract:

Background: Non-injecting drug users are at risk of making a transition to injecting drug use, thereby attention should be paid on preventing this transition. Our aim was to describe the pattern of drug use before injection drug use initiation among current IDUs in Tallinn, Estonia.

Methodology: A cross-sectional study using respondent-driven sampling was used to recruit 350 injecting drug users (IDUs) for an interviewer-administered survey. IDUs were categorized into two groups, one with reported non-injecting drug use prior injecting (nIDU) and the other with no previous history of non-injecting drug use. Adjusted odds ratios (AOR) were calculated using gender, age, and duration of injection career as control variables in a logistic regression model.

Results: Total of 68% (n=238) of IDUs reported non-injecting drug use prior injecting, while 32% (n=112) reported starting illicit drug use with injecting. Among prior nIDUs, 80% (n=187) started injecting within three years and a quarter of them (n=58) started within the first year. Prior nIDUs were slightly older, 26.3 vs 24.7 years (p=0.026), more likely to report fentanyl as the main drug injected AOR: 2.03 (CI: 1.20–3.44), more frequent polydrug use AOR: 1.31 (CI: 1.02–1.68) and a higher number of casual sexual relationships AOR: 1.79 (CI: 1.08–2.96) than IDUs starting illicit drug use with injecting. There were no statistical differences in having part/full time job, frequency of injecting, being overdosed, sharing injecting equipment, and reported HIV, HCV, or STI status. Prior nIDUs had a slightly lower HIV prevalence than IDUs (53% vs 60%, p=0.245), HCV prevalence was similarly high (94%) in both groups.

Conclusions: A significant proportion of IDUs uses non-injection drugs before starting to inject. However, intervention measures preventing transmission from non-injecting to injecting drug use, including education on the harm caused by injecting and a high-risk behaviour, are clearly warranted.

[Paper ID:421]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

injecting drug user, initiation into injecting, transition, break the cycle

Authors (speaker underlined):

Vu, Khanh Ngoc; Mundy, Gary; Madan, Yasmin

Title:

Breaking the cycle — the role of IDUs in the transition from inhaling to injecting: findings from a study in Northern Vietnam

Abstract:

Background & Methodology:

In January 2009 , Population Services International (PSI) conducted research among male injecting drug users (IDUs) in 2 provinces in Northern Vietnam, Hai Phong and Quang Ninh, to understand the initiation into injecting drug use and the role of male IDUs in that process.

Peer researchers employed a qualitative narrative methodology to conduct interviews with 36 IDUs in 12 separate triads. Study findings were used to inform PSI's 'Break the Cycle' program that targets existing IDUs to reduce initiation of injecting drug use by non-injectors.

Results:

- Almost all of IDUs had inhaled drugs for several months to years prior to transitioning to injecting drug use.
- Injecting is perceived as complicated and scary when they were still inhalers. The majority ask for help from an IDU to perform their first injections.
- IDUs follow an unwritten code of ethics not to encourage or help a non-drug user begin injecting. However, assisting inhalers is considered acceptable because they are already addicted to drugs. The perception is that inhalers will eventually switch to injecting even without assistance.
- IDUs empathize with inhalers as fellow addicts, and are inclined to help drug users who can no longer afford the cost of larger doses required by inhalation. In certain circumstances, including a lack of drugs for everyone to share and a lack of time or space for inhalation, an IDU may recommend injecting drugs to an inhaler.
- IDUs often talk about the benefits of injecting, and inject in the presence of inhalers. They do not believe there is harm in doing so.

Conclusion:

The communication strategy is to:

- discourage IDUs from talking about the benefits of injecting
- discourage IDUs from injecting in presence of inhalers
- change perception among IDUs that addicted inhalers are just like them
- develop skills among IDUs to refuse to assist

[Paper ID:425]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Unique Identifier Code, sex worker, drug use, monitoring, reach

Authors (speaker underlined):

Vu, Khanh Ngoc; Madan, Yasmin; Mundy, Gary; Nguyen, Van

Title:

Unique Identifier Code (UIC), an effective monitoring approach for outreach activities with sex workers in Vietnam

Abstract:

Issue and Setting:

PSI is implementing a HIV prevention outreach program targeting female sex workers (SW), including SW who are drug users in 2 provinces in Vietnam. The program has two behavioral objectives: reduce initiation of drug use and promote safer sexual behavior. The UIC was developed to track reach, coverage and depth of communication activities. UIC is a confidential, yet reliable tracking system that is useful when program reach and frequency need to be monitored in a hard to reach population.

Project:

Since August 2008, PSI has successfully collected UIC information to reach over 4,300 SWs, including 560 injecting SWs and 320 inhaling SWs. PSI reaches these SWs with a range of communication messages (aligned to achieve the behavior objectives), products (male and female condoms and lubricants) and service promotion (voluntary counseling and HIV testing and early STI treatment).

Programming implications:

1. UIC helps track the number of SWs reached by type (karaoke, street-based etc.) and by drug use (injecting, inhaling, exposed to drug use).
2. This allows PSI to customize the outreach activities by communication message and conduct 'depth of reach' analysis i.e. frequency of message delivered by behavioral objective.
3. PSI can also track frequency of reach by communication message and product distributed (female condoms, lubricants and male condoms). For instance, PSI can track repeat new or trials for female condoms.

Outcome:

PSI's research shows that duplication of the UIC information is extremely low (0.5–1.3%). PSI's experience also proves that SWs are willing to share UIC information as it ensures complete anonymity and cannot be tracked back. This is important as sex work and drug use are illegal activities in Vietnam. The UIC system has allowed the program to ensure high coverage linked to mapping and to constantly renew communication messages in line with target group needs.

[Paper ID:654]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

outreach, female ex-drug user

Authors (speaker underlined):

Vuong, Anh Thu; Oosterhoff, Pauline

Title:

Extraordinary women: examining outreach strategies of trained, elected leaders and untrained support group members of female recovering drug users in Vietnam

Abstract:

Background

Community-based support groups can play an important role in the addiction recovery and social reintegration process after an extended period in a state rehabilitation center. However, female recovering drug users are particularly hard to reach in many countries. This study examines outreach strategies by government officials, trained peer-selected outreach workers and untrained regular members of a support group for female ex-drug users and analyses factors affecting outreach outcome.

Methodology

Qualitative and quantitative data were collected in a Hanoi-based support group for women recovering from drug use founded in 2005. Participatory observations were made of group activities throughout four years. Group records were examined to understand the referral process of new members. Among 78 women who joined between September 2007 and November 2008, 20 were randomly selected for semi-structured one-to-one interviews to explore outreach experiences.

Results

Members did not mention government officials as referral persons. 48 out of 78 women were introduced to the group either by trained and elected core members who received a per diem for their efforts. A further 28, were recruited by regular untrained members who received no financial compensation. Regarding the frequency of group attendance, nearly half only showed up one or two times before leaving the group permanently. Thirty were occasional members whereas 10 sustained membership over a 15-month period.

Conclusion

Data analysis is still underway, but preliminary findings suggest the importance of informal contact in outreach, and a possible aversion against perceived authorities, even if these are 'peers'. Specific outreach strategies are required to secure sustained membership.

[Paper ID:649]

Session: C25

Compulsory Detention of Drug Users: We All Know It Is Happening But What Can We Do?

Location: Room 1A, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

dependence, risk behavior, drug rehabilitation, reintegration

Authors (speaker underlined):

Vuong, Thu Thi Huong; Tran, Hoang Vu; Simon, Baldwin; Stephen, Mills; Le, Giang Truong; Nguyen, Nhu To

Title:

Improved access to services and quality of life for people returning from drug rehabilitation centers in Ho Chi Minh City, Vietnam

Abstract:

Issues

Evidence of effective approaches to addressing issues related to HIV risk, drug use and social stigmatization of drug users engaged in government rehabilitation centers in Vietnam is lacking.

Setting

In 2003, the National Assembly of Vietnam issued Resolution No. 16/2003/QH11, which mandated drug users to be detained in government rehabilitation centers for a period of two to five years. At the end of 2006, as many as 15,080 residents had completed the second phase of the four-year drug treatment program in HCMC and were eligible for release into the community.

Given high relapse rates and associated HIV risk following release, with support from PEPFAR, FHI developed an intervention that targeted individuals transitioning from drug rehabilitation centers back to their communities. The project consisted of two major components: 1) Rehabilitation center-based pre-release interventions and 2) Community-based aftercare interventions.

Methods

In order to evaluate the intervention, an 800 person cohort was established in 2008. Data were collected through both qualitative and quantitative methods prior to release, and at three-month intervals post-release.

Results

The first year data will be collected and analyzed by December 2009. Data will be presented on the effect that the intervention has on recent drug use (relapse rates), HIV risk behavior, exposure to different services, quality of life and social re-integration.

[Paper ID:557]

Session: C06

Insights from Qualitative Research

Location: Room 12, 2010-04-26, Start: 14:00,End: 15:30

Keywords:

HIV, injection drug use, qualitative methods, behavioral research

Authors (speaker underlined):

Wagner, Karla; Lankenau, Stephen E.; Palinkas, Lawrence A.; Richardson, Jean L.; Chou, Chih-Ping; Unger, Jennifer B.

Title:

Perceived consequences of refusing to share injection equipment: a qualitative study

Abstract:

Injection drug users (IDUs) are at risk for HIV and other bloodborne pathogens via syringe and paraphernalia sharing, and injection risk behavior persists even in the presence of syringe exchange programs. While the perceived risk of becoming infected with HIV via syringe or paraphernalia sharing has been relatively well studied, less is known about the perceived risk or consequences of refusing to share injection equipment. Decisions about whether to share injection equipment may be contextualized within a hierarchy of possible outcomes, only one of which is the consequence of becoming infected with HIV. To explore this possibility, we conducted in-depth qualitative interviews with 26 IDUs recruited from a Syringe Exchange program in Los Angeles, California, USA to understand the perceived consequences that IDUs associate with refusing to share injection equipment and to determine whether these perceived consequences differ by gender. Guided by the Risk Environment framework, we organized the perceived consequences into four domains: individual (drug withdrawal, forgoing drug use), social (violating trust, IDU social norms, non-IDU social norms), physical (syringe access/inconvenience), and economic/policy (economic consequences, legal consequences, threats to housing). Gender differences were identified in some, but not all areas. Rather than imposing external priorities, effective public health interventions among IDUs will benefit from a holistic perspective that considers the "situated rationality" (Kowalewski, Henson, & Longshore, 1997) of decisions regarding injection risk behavior, and assists individuals in addressing the consequences that they perceive to be most salient. Implications for harm reduction practice include targets for structural intervention (e.g., increasing access to substitution therapy and other low threshold drug treatment modalities to alleviate the consequence of withdrawal symptoms), as well as individual intervention (e.g., helping individuals assess the priority and relative risk of various outcomes that could result from syringe or paraphernalia sharing).

[Paper ID:919]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Injection drug use, HIV, syringe access, mixed-methods research

Authors (speaker underlined):

Wagner, Karla D.; Pollini, Robin A.; Palinkas, Lawrence A.; Strathdee, Steffanie A.

Title:

When qualitative and quantitative findings diverge: reconciling findings from mixed-methods research on drug use

Abstract:

Mixed-methods research, in which qualitative and quantitative methods are integrated, is an emerging area of interest in research on drug use. Qualitative methods are valued for their ability to provide rich narrative description and an "insider's view" into the lives of research participants. Quantitative methods are valued for their objectivity and their ability to generalize to larger populations. Mixed-methods designs integrate qualitative and quantitative methods, and can provide both breadth and depth of understanding of a phenomenon and also help to develop and test conceptual models and hypotheses. Often, the aim is to confirm or validate the findings of one set of methods with the findings of another set through a process of convergence or triangulation. However, the methodological significance of agreement or disagreement in findings from these two sets of methods remains unclear. Cases in which qualitative and quantitative findings are in agreement are generally thought of as ideal, while cases in which qualitative and quantitative findings disagree may, at first glance, appear problematic. However these situations may provide the opportunity for a "third level" of analysis in which additional steps are undertaken to understand and reconcile the apparently discrepant results, leading to new emergent understandings of the phenomenon. We will present "case studies" drawing from our experience in implementing mixed-methods in research on drug use in various contexts (IDUs who use a needle exchange program in Los Angeles, California, USA and pharmacy-based syringe access in Tijuana, Mexico). We will use the "case studies" to identify challenges associated with reconciling findings from mixed-methods projects, and propose some possible explanations and suggestions for reconciling results. Mixed-methods research design may provide important benefits to research on drug use, and researchers will benefit from considering the potential significance of discrepant results.

[Paper ID:39]

Session: C30

The Internet and Harm Reduction

Location: Room 12, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

Networking,Information,Communication, Education and online activism

Authors (speaker underlined):

Wahengbam, Dhojo

Title:

Establishment of an online HIV network for IDUs and the PLHIV community

Abstract:

PLHIV and IDUs are stigmatized often by the general community as the most vilified and demonized citizens in our society. Many of them are categorized as incapable and non-productive assets of the society and their rights and responsibilities as citizens are often challenged. Nevertheless, there are many IDUs/PLHIV who are having unique expertise and experience and can play a vital role in defining the legal, social, health and research policies that affect the entire society. They have the potential to organize, educate and be educated, manage funding, serve on key committees, conduct awareness programs, etc.

Despite the psychological and physical toll that the IDUs and PLHIV personally manage and face on a daily basis, they also have to struggle with financial, health access, discrimination issues, etc. The HIV-Network (www.hiv-network.com) was conceptualized as an e-platform by a group of IDUs and PLHIV from Manipur to discuss problems/issues confronting our community and for bringing a tangible solution through online services. This Network continues to improve and enhance the quality of life for people using drugs and PLHIV; ultimately raising their self-esteem and easing the pressures associated with their conditions. The Network aims to raise the voice of the PLHIV and IDUs community and the work that they do to better the lives of those infected and affected by drugs, HIV, STDs, and other social communicable diseases.

- The information shared by the IDUs and PLHIV can be an effective/faster network.
- The network can be a platform to air grievances by the discriminated/stigmatized community.
- Less inhibition in sharing true feelings/problems through internet virtually.
- The network can be a medium for online activism.
- The network has been providing information and news on drug use and HIV/AIDS

[Paper ID:877]

Session: M11

Viral Hepatitis A, B and C: An Overview

Location: Room 3, 2010-04-28, Start: 11:00,End: 12:30

Keywords:

HCV, HBV, IDUs, global, response

Authors (speaker underlined):

Walsh, Nick; Verster, Annette

Title:

Viral hepatitis in people who inject drugs: epidemiology, current response and proposed priorities

Abstract:

Issue: Transmission of viral hepatitis is widespread among IDUs causing significant burden of disease. We reviewed the global epidemiology and current response, including options, their feasibility and (cost-) effectiveness to outline response priorities.

Setting: Chronic hepatitis C (HCV) is highly prevalent among IDUs, particularly in low and middle income countries as well as prisons with HCV HIV coinfection common among IDUs across much of Eastern Europe and Asia. Chronic hepatitis B (HBV) prevalence in IDUs generally reflects the population prevalence of HBV, while acute HBV is transmitted particularly among IDUs in higher income countries. Little is known about the epidemiology of HBV HIV coinfection in IDUs.

HBV is effectively prevented by a cheap and widely available vaccine. HCV can only be prevented with harm reduction interventions with even higher levels of coverage than are effective in preventing HIV.

Chronic HBV can be treated with a number of antivirals. Resistance remains common. There are few examples of IDUs being effectively treated for HBV. Chronic HCV treatment is becoming more accessible and effective. Emerging studies of shorter duration treatment for equal efficacy are increasing the treatment cost-effectiveness, particularly in genotypes 2 and 3. However in low and middle income countries, HCV treatment remains prohibitively expensive and HCV HIV coinfecting IDUs in particular have little access.

Key argument: There is a need for improved knowledge and expertise on viral hepatitis both among IDUs and in health professionals working with IDUs and improved access to prevention and treatment.

Implications: There is a need for strong advocacy in low and middle income countries to increase integrated service delivery for HIV, viral hepatitis and drug dependence through: harm reduction; HBV vaccination in (I)DUs; increasing the availability and reducing barriers to treatment; and ensuring programs to adequately screen and/or treat both HIV HBV and HCV coinfection.

[Paper ID:1000]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

alcohol, local, practice, investment, England

Authors (speaker underlined):

Ward, Sarah

Title:

Alcohol harm reduction initiatives taking place across England

Abstract:

Issue and setting:

Alcohol-harm reduction investment decisions are made at a local level in England due to a devolved governance structure. In health these decisions are made by 152 Primary Care Trusts (PCTs). While most have prioritised alcohol it is not a mandatory National Health Service requirement. Prior to 2008 there was considerable confusion around what PCTs were doing to reduce alcohol-related harm, as well as repetition, lack of linkages and reinvention of the wheel.

Key arguments:

The Hub of Commissioned Alcohol Projects and Policies (HubCAPP) aims to address this. HubCAPP is an online resource of local alcohol initiative throughout England. It aims to promote, share and learn from others. HubCAPP has a particular focus on collecting the background information as to how projects received funding and why. This allows users to examine a wide range of initiatives and if appropriate reproduce these in different locations. It also promotes and values the work currently taking place across the country.

Outcomes:

HubCAPP has been live since March 2008, to date 89 projects and 18 strategies are listed, covering different populations and a variety of settings: primary health care; A&E; criminal justice; education; pharmacies; community; workplaces etc.

In 2008 over 6500 people used the website. The evaluation revealed that people had positive responses when contacting projects listed resulting in some reciprocal visits or good advice being offered. Over time we collate learning from the practice examples and make recommendations based on real life work. This was done recently around Identification and Brief Advice in England.

Implications:

Audience member will learn about the breadth of work taking place across England and some of the key barriers and challenges that people face when implementing ideas into real work practice.

www.hubcapp.org.uk

[Paper ID:619]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Drugs law, advocacy, Indonesia UNGASS Forum, compulsory treatment

Authors (speaker underlined):

Wardhana, Aditya

Title:

Indonesia UNGASS Forum advocacy on drug law

Abstract:

Indonesian Drugs Law had been legalized on October 2009. This law consisting article which full of repressive action direct to drugs user in Indonesia. Besides, this law also criminalized a family and other drug user's friends that already know about drugs using without making a report to the authority.

Under this new law, Harm Reduction Program for drug user also would have a several difficulties to be implemented. This law would threaten needle syringe program. Outreach workers would be in prisoner if they don't denounce the drugs user activity to authority. This law also put in to effective a mandatory treatment.

Advocacy effort had been set up by civil society in Indonesia. Indonesia UNGASS Forum in collaboration with Indonesia Drugs User Solidarity Association (IDUSA) plans to do some activity to address this new law.

Our advocacy efforts divide in two strategies. First one is Non-Litigation Process and other is litigation Process. We agreed if these two strategies should come together in term to make our pressure stronger.

On non-litigation we launched an on-line petition to refuse this law, sending a formal complaint to UN Special Rapporteur for health rights on Human Rights Council and we would precede the technical regulation of this law such as government and ministry regulation in term to decriminalized drugs user and ensure harm reduction program still running.

Litigation process would analyze further. There is just one mechanism to cancel this law, which called Judicial Review, under Indonesian legal structure. The hard point was to linkage whether this law contradictive with Indonesian constitution.

Lesson learned from this effort were, we should work together to make our pressure stronger. Non-litigation and litigation effort should run parallel. Lack of financial resources make our litigation process would harder since the process would take a long time to proceed.

[Paper ID:1054]

Session: M09

Responsible Hospitality: Reducing Harm in the Nightlife Economy

Location: Room 11, 2010-04-28, Start: 09:00,End: 10:30

Keywords:

public safety

Authors (speaker underlined):

Watson, Stephen

Title:

Crime reduction and public safety in a challenging night economy

Abstract:

[Paper ID:160]

Session: C28

Parents Who Use Drugs

Location: Room 1B, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

harm reduction; maternity; fathering; mothering; services

Authors (speaker underlined):

Weaver, Sydney

Title:

'Left out': father exclusion in harm reduction maternal health services

Abstract:

Background

Research relating to drug use and pregnancy has largely focused on mothers' drug use, excluding fathers, despite evidence that paternal drug use perpetuates drug-related harm for both parents. Pregnancy presents an opportunity for both parents to engage in services, yet gender, race and class may present barriers to fathers' engagement in treatment services. A pilot study conducted in Vancouver, Canada with former patients of a harm reduction maternity ward and their male partners explored how excluding fathers results in increased drug-related harm for fathers and for pregnant mothers.

Methodology

For the qualitative study, a purposeful sampling method was used to recruit 7 mothers and 6 fathers, who participated in individual interviews and a focus group. A focus group was also conducted with service providers from this harm reduction maternity unit. Qualitative data were analyzed with an open coding method, guided by a grounded theory approach. The quantitative data were collected using a data collection instrument identifying 16 variables, from a random sample of 40 charts of former patients. Correlation analyses were conducting using quantitative data analysis software.

Results

Quantitative data revealed a positive correlation between father involvement and mothers' engagement in harm reduction services; fathers' participation in services was also positively correlated with their contribution to baby care. Findings suggest the importance of involving fathers in ante-partum harm reduction health services. Qualitative data confirmed that father exclusion results in pregnant mothers' reduced involvement in harm reduction services throughout mothers' pregnancy, leading to compromised family health and social outcomes.

Conclusion

Harm reduction maternity services may better support mothers and families by also assisting fathers. Mothers and service providers cited partner exclusion in mothers' avoidance of health services during pregnancy. The study suggests that excluding fathers from maternity-centred harm reduction health services negatively affects health outcomes for mothers, fathers and families.

[Paper ID:353]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

crackpipe, pilot, research, harm, reduction

Authors (speaker underlined):

Phillips, Rosie; Webb, Mick; Clark, Jody

Title:

Setting up a pilot to distribute and research the impact of crack pipes as a means of engaging and reducing drug-related harm

Abstract:

Issue: The purpose of this presentation is to show how the Drugs & Homeless Initiative (DHI) was able to work with the Police, CPS and other local strategic partners to set up a crack pipe pilot. The distribution of crack pipes is not specifically exempt from The Misuse of Drugs Act, Section 9A and threat of prosecution has meant that drug services are reluctant to distribute pipes as an engagement and harm reduction measure. This, alongside the fact that there is currently no medical intervention comparable to methadone, reinforces the perception from crack users that treatment services aren't set up to meet their needs. As a result, crack users remain a hard to reach population, with little currency available to services to encourage engagement.

Setting: Groundwork took place by DHI's Swindon Service to enable the research pilot over a 2 year period, resulting in successful commencement in January 2010. The research is currently ongoing, being conducted by an independent researcher. Findings are due to be published later in the year.

Outcomes: A patient approach building the public interest case and fully engaging/gaining support from key partners, in particular the police was crucial to the project's success. The resulting pilot involved a sample of 25 clients, identified to be treatment naïve and members of traditionally hard to engage groups (sex workers, injectors, PPOs).

Implications: It is hoped this presentation will encourage other drug services in the UK to set up similar projects without fear of prosecution and for research to be conducted into the efficacy of crack pipes as a means for engaging crack users in drug treatment services and reducing drug related harm.

[Paper ID:338]

Session: P1

Harm Reduction: Next Generation Challenges

Location: Room 1, 2010-04-26, Start: 09:00,End: 10:30

Keywords:

Funding, The Global Fund, Harm reduction

Authors (speaker underlined):

Atun, Rifat; Kazatchkine, Michel; Weber, Urban

Title:

The Global Fund's leadership on harm reduction

Abstract:

Injecting drug use is a major driver of the HIV epidemic globally, particularly in Eastern Europe and Asia. Whilst a robust body of evidence points to the effectiveness of harm reduction programmes to halt and reverse epidemics driven by injecting drug use, uptake of these programmes in developing and transitional countries has been slow. In part, this stems from inadequate financial resources for harm reduction; legal, socio-cultural and medical barriers leading to stigmatisation; and weak health systems unequipped to manage marginalised groups. In low-income countries where programmes have been rolled-out, coverage remains low.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2002, has become the major source of external funding for harm reduction programmes in countries experiencing concentrated HIV epidemics driven by injecting drug use. Between 2004 and the end of 2008, the Global Fund invested around US \$180m in harm reduction programmes in 42 countries. This funding has helped to initiate and scale up harm reduction programmes in settings where domestic funding was lacking - for example, in Eastern Europe and Central Asia, where a number of countries benefiting from Global Fund financed grants implemented by a range of stake-holders, predominantly by civil society organisations, are now reporting coverage rates of over 30%.

In addition to financing harm reduction programmes globally, through its inclusive approach to managing HIV epidemics in varied contexts, the Global Fund has stimulated a strong dialogue between at-risk groups and governments. Further, in a number of fora, the Global Fund has engaged in a dialogue with countries to encourage an evidence-based approach to policy-making that recognises the immense value of harm reduction in HIV prevention and control - an approach the Global Fund will continue to support in the years to come.

[Paper ID:762]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Team Working Group, Civil society control, Regulation, Policy, Integrating program

Authors (speaker underlined):

Wedhasmara, Rudhy

Title:

Harm Reduction Team Working Group as one of the program continuity strategy, East Java - Indonesia

Abstract:

Issue:

Every policy has instrument in implementation, in Indonesia this is known as rules under the regulation. Harm reduction program has been arranged in the policy of the minister of welfare and the ministry of health. To optimize this regulation, it is necessary to build a supervision in the implementation of this policy. Yet, since it was made three years ago, this civil society control function still low and often meet obstacle due to cross sector and cross program egoism in stake holder.

Setting:

East Java Action (EJA) is based in East Java – Indonesia. It was founded in 2007 based on the injustice occure to drug user in fulfillment of human right and the right to health. This activity is managed through 5 empowerment strategy in strategy of Advocacy, Community organizing and Networking.

Key Argument:

EJA has done approach to the Provincial AIDS Comission (KPA) in the inisiation of forming and optimizing the role of Harm Reduction Team Working Group (TWG). This TWG consist of stake holder from all aspect regarding Harm Reduction program including the law invorcement officer. In the process, EJA invoved in advising, technical planning and implementation. Integrating the program of all TWG member is the concentration of EJA.

Output :

There are harmony and synergy of the program among stake holder to the civil society by indicator of increasing both health service provider, IDU population who accept the service also established condusive environment and program continuity.

Implication:

The forming of Harm Reduction TWG can be used as means of communication and coordination in gaining optimal results and minimizing problems in the implementation of Harm Reduction. Beside that, TWG is optional activity that can be done in the field in which there are many instrument of sectoral policy.

[Paper ID:900]

Session: M14

Ageing Substance Users in the Developed World

Location: Room 3, 2010-04-29, Start: 09:00,End: 10:30

Keywords:

collaborative research, mathematical modeling, life course theory

Authors (speaker underlined):

Boeri, Miriam; Whalen, Thor

Title:

Collaborative research on harm reduction: sociological insights, life course theory and mathematical modeling techniques used to inform future research

Abstract:

Collaborative efforts between researchers from different fields of study are needed to better understand the complex relationships between drug users and harm reduction strategies. This poster shows the first steps in an attempt to traverse the borders between sociological and mathematical analyses. The goal of the study is to provide innovative predictive models that have the potential to inform future research on specific turning points in substance use and related health risks over the life course. The study site is a metropolitan area in southeastern USA. We began by using mathematical modeling of data collected from 100 polydrug users on their substance use in the last 30 days and 6 months. Next we examined what age defines the parameters of age groups for use of specific substances. We employed several graphic visualizations of the substance use data and tested all viable age group definitions based on their differentiation with respect to substance use. In so doing, we measured the distinguishing power of different age-division options for each substance. Instead of considering how the substance use of a predefined age group is different from other age groups, we examined how age groups could be defined so as to maximize this difference between age groups. We found that active use of alcohol, marijuana and methamphetamine was greater among older adults and younger adults than among adults in the "middle age" range. The middle age range with the greatest distinguishing power was 34-44, representing the ages of lowest use. The greatest active use of crack and heroin was among those age 45 and older. These preliminary findings, explained by life course theory, will be used to continue our study on turning points in substance use and HIV risk behaviors of older users, with a focus on drug careers over the life course.

[Paper ID:284]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

hepatitis B vaccine, hepatitis c virus, injecting drug use, vaccine trials

Authors (speaker underlined):

White, Bethany; Dore, Greg; Maher, Lisa

Title:

Low hepatitis B virus vaccine coverage in young people who inject drugs in Sydney

Abstract:

Background.The National Health and Medical Research Council, Australia recommended universal infant and adolescent hepatitis B virus (HBV) immunisation in 1996. The universal infant program was introduced in all Australian jurisdictions in 2000 and HBV vaccination was added to the school-based adolescent schedule in 2004. Evidence suggests the infant vaccination program is effective but that the adolescent catch-up program has been less successful and therefore a generation of people will remain susceptible to, and at risk of, HBV-related complications. This paper reports HBV vaccination coverage in a cohort of young people who inject drugs (PWID) in Sydney, Australia.

Methods.The Hepatitis C Incidence & Transmission Study – community (HITS-c) is a prospective observational study of hepatitis C antibody (anti-HCV) negative PWID. Participants were recruited and followed-up in community settings. Screening for eligibility prior to enrolment included the collection of demographic and drug use information and serological testing for anti-HCV and HBV core antibody (anti-HBc), surface antibody (anti-HBs) and surface antigen (HBsAg).

Results.Among the first 100 anti-HCV negative participants the median age was 25 (range 16-40 years) and a majority (74%) were male. Previous HBV testing was relatively common (64% ever, 43% past year). Almost half (48%) had serological evidence of HBV vaccination (anti-HBs ≥ 10 MIU/mL and anti-HBc negative) and 5% previous infection (anti-HBc positive) however, susceptibility was high in both the younger (16-19; 50%) and older (30 plus; 55%) age groups. One quarter of the 26 who reported completing the HBV vaccine schedule had no evidence of vaccine-conferred immunity.

Conclusion.A significant proportion of this high-risk group remain susceptible to HBV infection. Young PWID may be more likely to miss out on catch-up vaccination programs due to poor school attendance. Recommendations for improving vaccination coverage in this group will be suggested and implications for future HCV candidate vaccine trials discussed.

[Paper ID:142]

Session: M04

Mental Health and Drug Use

Location: Room 1A, 2010-04-27, Start: 11:00,End: 12:30

Keywords:

Addiction, Mental Illness, Drug User Activism

Authors (speaker underlined):

White, Cheryl

Title:

Self-medicating to survive: a critique of "dual diagnosis/concurrent disorders" to expose the myth of 'Addiction' as a disease and promote harm reduction policies that enhance pleasurable illicit drug use

Abstract:

I will present my experiences of life-long self-medicating with illicit drugs as a means of surviving my undiagnosed Bi-Polar disorder. This will provide a spring-board to dismantle the myth of "concurrent disorders/dual-diagnosis" based on the erroneous belief that "addiction" is one half of a diagnosis for drug users living with actual illnesses, whether they are physical or mental. Instead, I will argue that the use of illicit (or licit) drugs represents one of the better ways of coping with undiagnosed illnesses (in my case, a life-long undiagnosed mental illness of bi-polar disorder). By drawing on my own life experiences I hope to show that "addiction" is not a "disease"; that it does not constitute the other illness in someone diagnosed with a "concurrent disorder"; and that it is possible, once a diagnosis is received for the real illness, to continue to use illicit drugs but in a way that enhances pleasures rather than as a coping strategy. In the end I hope to build an argument that supports harm reduction-informed pleasure enhancement strategies that would allow illicit drug users living with serious illnesses to continue using our drugs of choice in a way that reduces harms while maximizing pleasures. To do this it will be necessary to dismantle the myth that "addiction" constitutes a "disease"; to put a stop to the demonization of illicit drugs and the people who use them; and to provide examples of user-defined harm reduction policies that will contribute to pleasure enhancement strategies. All aspects of this presentation are intended to STOP the global war on drug users and to put an end to the discrimination faced by those of us living with serious mental illnesses. This presentation is a condensed version of the workshop I conducted in Bangkok at the last IHRA conference.

[Paper ID:561]

Session: POSTER2

Wednesday 28th - Thursday 29th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Family members, overdose, heroin, training, naloxone

Authors (speaker underlined):

Williams, Anna; Reed, Kylie; Groshkova, Teodora; Strang, John

Title:

Providing training on overdose management and naloxone administration for carers and family members of heroin users

Abstract:

An effective way of preventing a fatal overdose is training potential witnesses on how to manage an opiate intoxication. Overdose training among drug users has already proved to be a successful method of preventing fatalities. Carers and Family members are also likely to witness overdoses and could benefit from training. We are currently conducting a comprehensive study which aims to investigate the benefits of extending overdose training to this population. In this session we will present the content of the training which is being delivered at the National Addiction Centre in South East London. We target training carers and family members of heroin users who might be able to intervene in an overdose situation and possibly administer naloxone while waiting for an ambulance to arrive. The training consists of an interactive group session which provides extensive information as well as practical skills on managing an opioid overdose, including how to recognise an opioid overdose, actions that should be taken and how naloxone should be administered. This project takes into account family members training needs and attitudes towards dealing with an overdose. In the presentation we will also explore: the differences between training service users' and carers, the challenges involved in supplying naloxone to family members, resources required to implement this training and ways of assessing the short and long-term benefits of the intervention. Harm reduction strategies, like this, might have a greater impact if extended to the users' social networks. Family members are an important but overlooked population in receiving training on overdose management. This is a novel strategy which holds considerable promise for the prevention of fatal overdoses.

[Paper ID:386]

Session: C33

Drug Use and Infections in Prisons: Perspectives from the Inside

Location: Room 11, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

prison, post-release, IDU, cohort study

Authors (speaker underlined):

Stoove, Mark A; Winter, Rebecca; Quinn, Brendan; Kirwan, Amy

Title:

Back on the "horse": injecting drug use in the immediate post-prison release period. Results from a prospective cohort study of ex-prisoners with a history of injecting drug use in Melbourne, Australia

Abstract:

Prison populations are characterised by high rates of injecting drug use (IDU), blood borne virus infections and other co-morbidities. These factors contribute to making the immediate post-release period a particularly vulnerable time for this population. The "Hit and Miss" study recruited 133 ex-prisoners with a history of IDU to a prospective cohort study to examine their post-release experiences. Baseline interviews were conducted <4 weeks post-release, with follow-up interviews at three and six months post-release. This study describes the IDU characteristics of participants at baseline and explores factors associated with IDU following prison release.

Participants' mean age was 31.7 years (SD 6.9), mean age of first injection was 17.7 years (SD 4.9), most had extensive incarceration histories (median of four incarceration periods), and median length of most recent incarceration was 10 months. The mean time between release and interviews was 22.7 days (SD 10.7). IDU soon after prison release was common; 113 participants (85%) reported injecting any drug (primarily heroin; n=98). The median days injecting heroin per week was 3 days.

Pharmacotherapy treatment during incarceration was not related to post-release IDU. However, participants linked directly to a facilitated post-release pharmacotherapy program were less likely to have injected drugs at baseline (66%) and less likely to have reported an overdose (4%) compared to those not linked to a program (83% and 18%, respectively). Having injected drugs at baseline was associated with increased likelihood of contact with police (OR = 2.8), self-reporting income from property crime (OR = 4.3) and drug dealing (OR=3.8) and having "very high" psychological distress (K-10; OR = 2.7).

Returning to injecting soon after prison release has considerable individual and community consequences that may be alleviated by facilitated post-release treatment programs and other support services. Additional baseline and follow-up data will be presented as they become available.

[Paper ID:74]

Session: C27

Harm Reduction in European Prisons and Criminal Justice Systems

Location: Room 11, 2010-04-28, Start: 14:00,End: 15:30

Keywords:

Prion, needle exchange, syringe exchange

Authors (speaker underlined):

Wolff, Hans; Ritter, Catherine; François, Anne; Pinault, Françoise; Broers, Barbara

Title:

Syringe exchange for intravenous drug users in prison

Abstract:

Background: In Switzerland, harm reduction is a part of drug policy and includes syringe exchange programmes, known to reduce infectious diseases related to sharing injection equipment. In Switzerland's largest prison, a formal syringe exchange program was set up in 1996. Our objective was to describe the evolution acceptance and feasibility of the program.

Methods: A syringe exchange protocol was elaborated by addiction specialists and accepted by the prison authorities. The protocol gave an official framework to provide injection kits and appropriated advices to drug-using inmates. Distribution and return of syringes were monitored during seven years.

Results: Each year 169 to 337 syringes were distributed for 24 to 53 iv-drug users. The return rate fluctuated between 58 and 81%. The programme was well accepted by the staff but covered probably not fully the needs of the inmates, because of fear of denouncement. Besides the harm reduction work itself, this approach allows to intensify the communication between all involved partners and to overtake reciprocal mistrust. Overall it is considered as satisfactory.

Conclusions: Our experience shows that syringe exchange in the prison is feasible, safe and well accepted by staff and iv-drug users. The program needs an active supervision to make sure that nurses, prison staff and detainees feel comfortable with it. Access to harm reduction measures should be universal, in concordance with human rights principles and therefore be implemented in all prisons.

[Paper ID:161]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

Inhalation facility, harm reduction,

Authors (speaker underlined):

Wood, Evan; DeBeck, Kora; Werb, Dan; Montaner, Julio; Elliott, Richard; Fischer, Benedikt; Strathdee, Steffanie; Buxton, Jane; Kendall, Perry; Shannon, Kate; Mills, Edward; Guyatt, Gordon; Marsh, David; Kerr, Thomas

Title:

Preparation for the evaluation of North America's first medically supervised inhalation facility: the RECRUIT trial.

Abstract:

Background: In many settings, a range of public health and community harms continue to result from the smoking of crack cocaine. Investigators from Vancouver, Canada are currently planning the first randomized clinical trial (RCT) of a Supervised Inhalation Facility to examine the impact of such a program on addiction treatment uptake and several health- and community-related harms.

Methodology: The Randomized trial to Enroll CRack Users Into Treatment (RECRUIT) is a single centre randomized trial with blinded endpoint ascertainment currently being planned for initiation in 2010. The protocol seeks to enroll 490 urine cocaine (or cocaine metabolite) positive crack cocaine users and to randomize participants to access versus non-access to an inhalation room on a 1:1 basis in each of the two study arms (inhalation room use vs. standard of care).

Results: In Vancouver, there is a range of withdrawal management or detoxification services covering all options described in the American Society of Addiction Medicine Patient Placement Criteria. The primary endpoint for the RECRUIT Trial is detoxification enrolment at one of the Vancouver's 4 detoxification facilities, which offer monitored residential or intensive outpatient withdrawal management. Secondary endpoints include: 1) crack pipe sharing; 2) reporting crack cocaine smoking in public spaces; and 3) mouth sores (e.g., burns on the lips from rushed smoking). There will also be a process evaluation evaluating staff and participant safety, and barriers to detoxification program entry.

Conclusion: The RECRUIT Trial aims to examine several health and community harms attributable to crack cocaine and rigorously evaluate if inhalation facility usage is associated with more rapid referral and entry into the addiction treatment continuum. This presentation will describe the inhalation room that will be used for this trial, the study design, and will outline the knowledge translation strategies that have been employed to get this controversial trial moving towards enrollment.

[Paper ID:172]

Session: P3

Creating Evidence for Action

Location: Room 1, 2010-04-29, Start: 13:30,End: 15:00

Keywords:

drug policy, harm reduction

Authors (speaker underlined):

Wood, Evan

Title:

Addressing barriers to the implementation of scientific evidence into drug policy

Abstract:

Despite the wealth of evidence that law enforcement has been an ineffective tool for reducing drug-related harms, the overwhelming policy response continues to focus energy on police and prisons.

Beyond its failure to curb drug availability and use, over-emphasis on law enforcement has also produced a range of unintended consequences, including the emergence of a massive international illegal market estimated to be worth as much as \$320 billion annually.

These massive drug profits fuel crime, violence and corruption in countless urban communities and have destabilised entire countries such as Columbia, Mexico and Afghanistan. Although the failure of the war on drugs has become obvious to many, the reasons that it continues to be supported by governments are not well understood. In this context, it is important to recognise the role that non-scientific lobby groups play in maintaining the drug policy status quo. This includes the influence of the prison lobby's efforts in advocating for mandatory minimum sentences in the US as well as highly active law enforcement lobby groups that ignore scientific evidence of the drug war's failure while fighting to prevent the implementation of alternative regulatory and public health approaches.

While researchers from across scientific disciplines have helped prove the ineffectiveness and harms of drug law enforcement, this research has been consistently attacked by lobby groups and other third-party organisations that seek to discredit those who question the effectiveness of drug prohibition. Sadly, these efforts have been highly successful, and there are many examples of politicians moving to cut off research funding to scientists who wish to explore policy alternatives. These issues have contributed to an unwillingness among individual scientists to speak out. This plenary will describe the above issues and discuss the importance of scientists in promoting change.

[Paper ID:790]

Session: C07

Using Naloxone to Prevent Fatal Overdoses: Innovations and Programmes

Location: Room 1A, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

overdose, prevention, naloxone, peer

Authors (speaker underlined):

Xin, Deming

Title:

Naloxone: a missing link in harm reduction in China

Abstract:

Issue: Drug overdose is a common cause of death for injecting drug users in China. There is little or no understanding among peers of overdose prevention, and access to naloxone is extremely limited. This project aims to provide emergency overdose prevention to injecting drug users (IDUs), while simultaneously using the results of this work to advocate for improved policies from government and health facilities.

Setting: Affordable heroin in China's Yunnan province has led to a large IDU population, many of whom have limited education and little access to medical services or understanding of the risks of drug use. 80% of the local drug users mix at least three drugs with heroin when they inject, increasing the risk of overdose. In some areas, as many as 70% of IDUs are HIV-positive.

Project: Members of Huyangshu, a peer support group, learned about naloxone in 2008, and decided to deliver emergency overdose treatment to local IDU. After training staff in overdose management, emergency treatment skills, and data collection, they distributed information about overdose prevention and emergency phone numbers for each district on a "naloxone contact card". Staff with naloxone kits are dispatched immediately upon receiving a call.

Outcomes: From November 2008 to October 2009, Huyangshu delivered emergency treatment to 27 drug users who had either lost consciousness or were in shock from overdose. Ten received emergency resuscitation. 100% were successfully revived.

In China, few groups deliver naloxone emergency treatment. A lack of relevant policy and legal basis in support of naloxone use is a major barrier preventing access to naloxone emergency treatment. The work completed in this project will help to accelerate the development of laws and policies that support naloxone use, and make it commonly accessible to drug users.

[Paper ID:537]

Session: C16

Needle and Syringe Programmes

Location: Room 1B, 2010-04-27, Start: 14:00,End: 15:30

Keywords:

Community engagement, drug litter

Authors (speaker underlined):

Young, Sara; Dunn, Sandra

Title:

One man's junk: building support for harm reduction through community engagement around drug litter

Abstract:

Issue

Vancouver, BC, is home to some of the most well-established, comprehensive and innovative Harm Reduction initiatives in North America; however, these services continue to face opposition from some community members who are concerned about inappropriately discarded syringes. These concerns must be addressed, as they affect the delivery of current services, and the implementation of new harm reduction initiatives.

Background

Vancouver Coastal Health's (VCH) Harm Reduction Program coordinates harm reduction supply distribution and needle recovery in the city. Through this program we educate community members about harm reduction and empower people to recover discarded needles in their communities. Concerns about discards are transformed into opportunities to engage with communities and reduce fears associated with discarded syringes and harm reduction services.

Project

The Grandview-Woodlands Needle Discards Committee formed as a result of community concerns about discarded needles. It includes members of the Business Improvement Association (BIA), the local peer-based harm reduction group (Peer 2 Peer), the Community Policing Centre (CPC), the City of Vancouver, community members and VCH's Harm Reduction Program Coordinator.

The committee has met regularly for nearly 2 years and has evolved from a conflicted group to one in which all partners have committed to improving education and outreach about safe needle disposal and retrieval in order to increase the sense of safety for all members of the community, including those who access harm reduction services.

Outcomes

What began as a conflicted group has evolved into a productive committee, which has improved knowledge about VCH's needle recovery hotline, and had established better relationships between Peer 2 Peer, business and policing agencies. We have improved needle recovery and data collection, will install new outdoor needle boxes and will distribute over 200 needle recovery kits at community education sessions. Next year, our report will reflect the accomplishments of this committee.

[Paper ID:328]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV/AIDS, ART, IDU, Comprehensive harm reduction package, Networking

Authors (speaker underlined):

Yu Naing, Aung

Title:

Initiation of ART into a harm reduction program in Myanmar through networking

Abstract:

Issue – Police crackdowns and economic reasons have led to drug users switching from inhaling to injecting, increasing their risk of HIV transmission and other harmful health consequences. When drug users are identified as living with HIV/AIDS, they face a limited range of options and greater discrimination in accessing ART than any other group.

Setting –In 2009, UNAIDS, WHO and the National AIDS Program estimated that Myanmar has 75,000 IDUs. Injecting drug use is one of the primary modes of transmission of HIV/AIDS and attributes to approximately 30% of all new infections in country. The median HIV prevalence among IDUs is estimated at 43%. At present only 6,000 of the estimated 160,000 people in need for ART have access to it and there are only a handful of drug users among these lucky ones.

Project – AHRN set up a DIC in 2007 in Laukkai, a Kokang Special Region at the Myanmar-China border. In August 2009, an MOU was signed between MSF-Holland and AHRN that enabled the handover of the ART projects from MSF-H to AHRN in Laukkai. MSF provided technical training, all necessary medicines and equipment to AHRN. As such, through networking, AHRN could integrate ART as an important service within its comprehensive harm reduction package.

Outcomes – Currently more than 40 clients are accessing ART in AHRN DIC. The team has gained valuable experience in ART treatment thanks to networking with MSF-H. Steps for continued funding and scaling up of the ART project is done as a combined effort by the two agencies. Ultimately the aim is to create more opportunities for drug users to access ART based on the principle that all people, regardless of what they are, should receive quality treatment and health care. Even in Myanmar...

[Paper ID:322]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

HIV prevention, prisons, Indonesia, scale-up

Authors (speaker underlined):

Zam Zam, Adhe; Muqowimui, Bapak; Rahmah, Amala; Blogg, James; Silitonga, Nurlan

Title:

Assessment of preparedness for scaling up the HIV harm reduction response

Abstract:

An assessment of the HIV program in prison settings in Indonesia was done in mid 2008. The main objective of this assessment was to assist the Department of Justice and Human Rights to identify specific support needed to assist the scaling up of HIV programming in prisons in Indonesia.

The specific objectives of the assessment were to:

- identify key factors that may inhibit or foster HIV programs in prison settings
- provide recommendations to maximise the scale of implementation and improve quality and sustainability of HIV programs in prisons in Java and Bali.

Methodology: A qualitative assessment was applied by using in-depth interviews. Only prison officers with experience in HIV programs from selected prisons and the provincial prison offices were interviewed.

Findings:

- The range of HIV programs available at prisons visited varied significantly
- Health care services in the prison system are very limited, grossly underfunded and understaffed
- Access to MMT, VCT and CST services including ART, in prisons relies on prisoner access to health facilities outside of prisons
- Provincial institutions involved in correctional services have not yet been mobilized effectively to support HIV programming
- The Warden of the Prison has a crucial role for ensuring the implementation and priority of HIV and AIDS programming.

Response to the findings

- National Action Plan on HIV and Drugs Control in prisons for the period 2010 to 2014 was developed
- Technical and financial support was created for 94 prisons for a harm reduction program which includes an HIV education program, methadone therapy, HIV counselling and testing, and care and treatment services
- Strengthening of 36 provincial offices
- Systematic and intensive mentoring activities to support 94 prisons
- Support created for 7 referral prisons as model prisons in comprehensive HIV harm reduction program

[Paper ID:484]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

RDS, HIV, HCV, IDU, Iran

Authors (speaker underlined):

Zamani, Saman; Radfar, Ramin; Nematollahi, Pardis; Mortazavi, Shahrzad; Fadaee, Reza; Meshkaty, Marjan; Ono-Kihara, Masako; Kihara, Masahiro

Title:

Prevalence of HIV/HCV/HBV infections and drug-related risk behaviors among IDUs recruited through respondent-driven sampling in Iran

Abstract:

Background: Control of blood borne infections, including HIV and HCV among injecting drug users (IDUs) has been a challenging task for health authorities in Iran. In this regards, more reliable estimates on the levels of blood-borne infections as well as their associated factors are critically important.

Methodology: After a formative research, active IDUs were recruited using respondent-driven sampling (RDS) in a bio-behavioral survey in 2008. During 8 weeks, data were collected from adults living in a city in Isfahan who injected drugs in the past month. Participants provided a whole blood sample to test for HIV/HBV/HCV and answered questions on sexual and drug-related risk characteristics. Participants were then provided post test counseling, and non-monetary incentive for their participations. To prevent IDUs coercing their peers for participating in the study, we excluded the secondary incentive and used only non-monetary primary incentive for recruitment of the participants. Initial recruits resulted in 0-8 waves of recruitment.

Results: 118 IDUs including three females participated in the study. Estimated population proportion of HIV, HBV, and HCV were 0.7%, 0.7%, and 59.4%, respectively. Estimates indicate that 31% of the IDU population in this city ever shared a needle/syringe for drug injection. RDS-corrected estimate also shows that 77% of IDUs ever injected addictive solution marketed as Temgesic. Over 11% of the male IDUs in the city are believed to have had sex with other men in their lifetime. Bivariate analyses showed that high prevalence of HCV infection is associated, in a dose-dependent manner, with having injected Temgesic, as well as the length of lifetime drug injection.

Conclusion: Our experience in this study indicates that IDUs can be effectively recruited in a bio-behavioral survey using RDS even without secondary incentive. High prevalence of HCV associated with injecting Temgesic is important evidence in drug policy in Iran.

[Paper ID:800]

Session: C33

Drug Use and Infections in Prisons: Perspectives from the Inside

Location: Room 11, 2010-04-28, Start: 16:00,End: 17:30

Keywords:

MMT, NSP, Prison, Iran

Authors (speaker underlined):

Zamani, Saman; Mostashari, Gelareh; Farnia, Marziyeh; Torknejad, Alireza; Kihara, Masahiro

Title:

Monitoring patterns of drug-related risk behaviors among prisoners recruited from prison units with either MMT or NSP

Abstract:

Background: As a way of confronting the challenges associated with the transmission of blood-borne infections among prisoners, Iran Prison Organization has implemented harm reduction interventions, including methadone maintenance treatment (MMT) and a pilot needle and syringe program (NSP).

Methodology: This study protocol stipulates monitoring outcomes of MMT and NSP among prisoners population in a prison in Iran through a longitudinal investigation incorporating qualitative and quantitative methodologies. In the quantitative phase, separate time series surveys conducted among prisoners, before and after the introduction of NSP. Risk characteristics of prisoners participated in a survey in 2009 are compared with those documented in previous surveys in 2007 and 2008.

Results: In the prison unit with MMT, almost all of the participants had a lifetime history of drug use; however, the proportion of drug users entering other unit with a pilot NSP has been increasing from 77% (159/205) in 2007, and 87% (87/100) in 2008 to 94% (372/394) in 2009. In the unit with established MMT program, none of participating prisoners reported injecting drugs in the past week. However, in the other unit, proportion of drug using prisoners who injected drugs in the past week has sharply risen from 0% (0/159) in 2007, and 0% (0/87) in 2008 to 17.7% (66/372) in 2009 when NSP has been running for about one year (trend $P < 0.001$). Results from the post-NSP survey also indicate that up to 27% (18/66) of the drug injecting prisoners reported using a shared needle/syringe in the past week. Finding from our qualitative inquiry are consistent with the quantitative results.

Conclusion: Preliminary analyses in this study indicate that while prisoners from a unit with a pilot NSP showed elevated levels of injection-related risk behaviors, other prisoners from a unit with an established MMT program reported no recent drug or injection-related risk behaviors.

[Paper ID:970]

Session: M01

Young Drug Users: Emerging Drugs and New Trends

Location: Room 1A, 2010-04-26, Start: 11:00,End: 12:30

Keywords:

young people, HIV, resources, capacity building

Authors (speaker underlined):

Zanardi, Kyla; Broasca, Veronica

Title:

Youth RISE up HIV prevention!

Abstract:

Underage (under 18) and young IDUs are at great risk contracting HIV and Hep C particularly. High risks behaviors are reported among these groups by different HIV/AIDS, drug treatment and sexual and reproductive health services providers. Services and resources for vulnerable under-age groups are very limited and when they are available often time services are not relevant, accessible or safe for young people. Many sexual and reproductive health organizations do not have information or resources on harm reduction, failing to adequately address the relationship between substance use and sexual health.

In 2008, MTV's Staying Alive Foundation supported the development of the Youth RISE Up for HIV Prevention! Project. The program provides free access to youth-led developed training and advocacy resources for young people and health care providers around harm reduction and substance use. The guide which is writing to span for a two day facilitation, provides resources that were identified by the needs of young people, focusing on HIV, Hep C and overdose prevention as well as the intersection between sexual health and harm reduction.

The program has been piloted in Manipur, India and Bucharest, Romania with support from local NGO's and civil society including the ARAS (The Romanian Association Against AIDS) and the Manipur Intravenous Drug Users League. More than 60 young people in participated or been involved in the project's Expert Group, developing skills in capacity building and harm reduction training.

This workshop will provide participants with an overview of the guide with goals. A demonstration of one of the activities from one of the sessions in the guide will also be shown to participants, as well breakout groups to gain additional feedback from participants to help inform the new cycle of trainings that will be piloted in Mexico and Ukraine for 2010-2011.

[Paper ID:91]

Session: M16

Police and Harm Reduction

Location: Room 1A, 2010-04-29, Start: 11:00,End: 12:30

Keywords:

Instruction, vulnerable groups of population, HR advocacy to police

Authors (speaker underlined):

Zelichenko, Aleksandr

Title:

Instruction for police forces for HIV/AIDS prevention in service personnel and vulnerable population groups. Harm reduction advocacy to police in Kyrgyzstan; more effective regulation within better regulatory frameworks

Abstract:

The Harm Reduction programs advocacy to police personnel in Kyrgyzstan made a great step forward during recent decade, mainly through various educational activities.

In order to consolidate progress, two years ago a special working group started to draft the Service Instruction, which supposed to regulate interaction of police with vulnerable groups of population, especially with drug-dependent and HIV-infected people. The Instruction supposed to incorporate lessons learned from the advanced methods and best international practices.

The working group consolidated efforts of experienced police officers and representatives of vulnerable groups; this raised the professional level of the "joined forces" and improved competency, validity and applicability of the drafted document. The project had been sponsored by one of the most reputable international organizations specialized on HIV/AIDS prevention.

These joined efforts resulted in the unique Instruction, which regulates procedures in all aspects of police interaction with vulnerable groups of population, from personal identity verification and ID documents inspection to educating drug-dependent people in possible routes of HIV-infection and available drug-service and HIV-prevention programs.

The Instruction also incorporated the orders and statements issued by the Ministry of Interior that regulate the disciplinary sanctions for police violation of the rights of vulnerable groups.

Number of seminars and workshops focused on the Instruction had been carried out in the regional police stations by the joint group of instructors and facilitators, including representatives of the vulnerable groups. According to all accounts the idea of joint seminars was a great success and supported effective communication.

A 15 minute oral presentation will focus on close discussion of most important provisions of the Instruction.

[Paper ID:209]

Session: C10

Health, Risk and Injection Drug Use

Location: Room 1B, 2010-04-26, Start: 16:00,End: 17:30

Keywords:

syringes, dead-space, HIV transmission, IDUs

Authors (speaker underlined):

Zule, William; Bobashev, Georgiy V.; Coomes, Curtis M.; Des Jarlais, Don C.; Friedman, Samuel R.; Gyarmathy, Anna; Otiashvili, David; Poulton, Winona

Title:

Syringe type and HIV risk: current knowledge and future directions

Abstract:

Background: Twenty-five years into the HIV epidemic among IDUs, researchers still do not really know why HIV spreads more in some places than others. Simple rates of syringe sharing and unprotected sex do not explain variations in HIV prevalence. One widely overlooked factor that could significantly contribute to these differences in HIV spread is the type of syringes used by IDUs.

Methodology: Since 1989 we have conducted ethnographic observations, laboratory experiments, historical reviews and cross-sectional studies examining the potential effects of syringe type on HIV risk among IDUs. We recently conducted a literature review to identify cities in Europe and Asia with either high or low HIV prevalence among IDUs and information on the presence or absence of potential confounders (e.g. syringe exchange programs). We are currently collecting ecological data on the types of syringes used by IDUs in cities with high or low HIV prevalence.

Results: Ethnographic observations revealed that IDUs use either low dead space syringes (LDSS) with permanently attached needles or high dead space syringes (HDSS) with detachable needles. Laboratory experiments demonstrated that HDSS may retain over 1,000 times more blood than LDSS. Historical reviews indicated a switch from HDSS to LDSS in some areas during the HIV epidemic. Observational studies found an association between use of HDSS and prevalent HIV infection. Preliminary results of the literature review suggest an association between syringe type and HIV prevalence among IDUs. Initial findings from the ecological study will also be presented.

Conclusion: Findings from a variety of sources suggest that syringe type may affect the course of local HIV epidemics among IDUs. Innovative ecological studies, incidence studies and other approaches are needed to clarify the role of syringe type in HIV epidemics. If future studies confirm findings from previous studies, strategies for reducing use of HDSS may warrant consideration.

[Paper ID:357]

Session: POSTER1

Monday 26th -Tuesday 27th poster session

Location: , 2010-04-29, Start: 15:15,End: 16:30

Keywords:

human rights, drug policy, HIV/AIDS, stimulants

Authors (speaker underlined):

Zverkov, Kostiantyn

Title:

Violation of drug users' human rights in the health care system of Ukraine

Abstract:

Objective of the research: Collection of information and survey conducting regarding human rights violation of IDU with HIV/TB who receive services in the AIDS Centres and TB dispensaries in Odessa region (Ukraine). The research is aimed at studying difficulties faced by IDU using stimulants in receiving advocacy services and access to rights protection services.

Methods: The project team developed tools for the survey. Representatives of IDU community who faced their rights violation were interviewed and these facts were documented accordingly. 100 IDU living with HIV/AIDS and receiving services in AIDS and TB centres were interviewed.

Problem: Contemporary health care system in Ukraine needs urgent reforming. In spite of the fact that the Constitution of Ukraine guarantees free health care services and prohibits discrimination of people numerous complaints from IDU living with HIV/TB were received related to their lack of access to health services. These facts are connected with outrageous corruption in public health service.

Lessons: By the result of the research 100% of all the respondents proved that their rights were many times violated by health care workers

In particular,

- 56 % of respondents had to pay for diagnostic services.
- 79 % of respondents had to pay for medications
- 38 % of users of stimulants had no access either to rehabilitation or to methadone programmes because they did not meet selection criteria
- 29 % of respondents were refused in provision of health care services
- 72 % of respondents underwent discrimination due to their HIV status

All the facts of rights violation were analyzed and documented. In 12 cases complaints were filed in the name of chief doctors of AIDS Centres and TB clinics with demands to stop discrimination of PLWH.

Conclusions: Discrimination and violation of rights of IDU/PLWH in Ukraine is the main obstacle to the programmes treatment, care and support