

Conference report

Remembering the past, rebuilding the future: A summary of the 17th International Conference on the Reduction of Drug Related Harm, Vancouver, Canada, 30 April–4 April 2006

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Received 16 July 2006

The Monday opening session of the 17th International Conference on the Reduction of Drug-Related Harm in Vancouver, Canada followed a vibrant spectacle of dancing, music and thanksgiving to the traditional owners of what is now known as the Province of British Columbia. In a region where persons of aboriginal descent comprise a disproportionate number of persons who experience drug-related harms, the plenary session entitled “Indigenous Peoples: Remembering the Past, Rebuilding the Future” provided a forum through which indigenous peoples encouraged conference participants to reflect upon the ways in which colonization, inter-generational abuse and what Dr. Karina Walters referred to as ‘micro-aggressions’ create vulnerabilities leading to drug-related harms (abstract Mo.1.2; abstract references refer to the Final Program, [Harm Reduction, 2006](#)). The personal, moving accounts from this session provided both a global and intimate context for the remainder of the conference, which was attended by over 1300 delegates from over 60 countries.

Together, the six-member conference Rapporteur Team identified several themes that emerged from the conference proceedings: (1) the maturation of the harm reduction movement; (2) drug use and human rights; (3) limited harm reduc-

tion coverage; (4) the role of policing in social control versus social justice; and (5) new partnerships.

The maturation of harm reduction as a movement was evidenced by the way this conference was conducted as well as the proceedings. People who use drugs were part of every component of the conference, from the organizing committee to the plenary speakers and chairpersons, Film Fest and Rapporteur Team. The conference theme, “Hear + Now: The Peer Conference” exemplified the ways in which conference participants are learning to change our language, metaphors and models. Gone (mostly) are the days when conference participants used the word “junkie” or “addict,” with the growing understanding that all use is not abuse. Participants also heard different metaphors that described how various people have come to understand the concept and the necessity of harm reduction. Vancouver Mayor Sam Sullivan, a pioneer of legislation for people with disabilities in Canada, spoke about how disability as a metaphor helped convert him from a harm reduction naysayer to a harm reduction advocate. These metaphors do not always fit perfectly, but they should be welcomed and respected as they help people understand that harm reduction can save lives. UN Envoy for AIDS in Africa, Stephen Lewis, echoed this theme by reminding people to strive for consistent, non-contradictory messages (Mo.21).

As conference participants reflect upon the challenges, successes and failures each year at this annual meeting, there is also a need to ask who is still not ‘at the table.’ Many conference participants cited a need to include law enforcement, economists, policymakers and youth. In doing so, participants

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will need to focus on mentoring a new generation of harm reduction practitioners, researchers and advocates to promote harm reduction as the conference participants continue to mature in age (but not in spirit!). Although they represented a small number of the conference attendees, in the closing plenary session, young people made a significant contribution. Many in the audience were moved to tears by poignant stories from Kyrgystan (Dima Usenko, Th.03.1), China (Yul Yin, Th.03.2), Brazil (Lucas Neiva-Silva, Th.03.3) and Canada (Caitlin Padgett, Th.03.4) that focused on the need to create programmes and safe spaces designed by and for youth in various cultural contexts. At the close of this session, Diane Riley announced the start of the Youth International Harm Reduction Association, which will have a role in making sure that voices of youth are heard.

A second important theme, highlighted in numerous sessions and plenary addresses, focused on human rights for people who use drugs—an issue which has proven to be an ongoing challenge recognized in conferences gone by. Conference participants were reminded that drug treatment and medical care are a right for all people who use drugs. Drug use should never be a contraindication for medical treatments such as therapies for treating HIV or HCV infections (Kimberly Page-Shafer, Mo.22.2; Shruti Mehta, We.03.2). To deny or make illegal drug treatments that have been proven effective constitutes a violation of human rights. Methadone maintenance is still illegal in Russia and unavailable in many countries where opiate addiction and lack of treatment pose major public health consequences (Paisan Suwannawong, Mo.02.2). On the other end of the spectrum, Iran has established methadone maintenance in prisons—the first Islamic country to do so (Nissaramanesh, Trace, & Roberts, 2005). Switzerland has integrated heroin maintenance into its primary health care system, representing a standard we all hope to achieve some day (Robert Haemmig, Tu.08.2). In the words of Dr. Robert Haemmig: “The time has come for us to give back autonomy to our clients. They themselves can choose methadone or heroin maintenance as part of their primary care.”

As described in the conference programme book and in an excellent satellite session, coverage of harm reduction programmes still remains uneven and is lowest in the countries with the greatest burden of HIV and other blood-borne pathogens. According to the UN Reference Group on HIV Prevention and Care Among IDUs, only 28% of countries report having at least one needle exchange programme, which is similar number to that reported nearly a decade ago, and many are small in scope (Strathdee et al., 1998). Conference proceedings showed that “North/South” differences persist between and even within countries. Canada was a case in point as a tale of two potential futures. On one hand, we witnessed the establishment and efficacy of a safe injection site, as described by Dr. Jo-Anne Stoltz (Mo.09.2), and a heroin maintenance trial described by Dr. Martin Schechter during Sunday evening’s opening ceremony. Meanwhile, the Canadian press highlighted an ongoing debate about the Canadian

federal government’s proposal to establish mandatory minimum sentencing for drug possession which, if implemented, would be detrimental to the progress made within the harm reduction movement over the past two decades. Despite Vancouver’s advances in promoting harm reduction, the rest of the country needs to rise above what Diane Riley referred to as a “decade of dithering” (Mo.16.1). On the other hand, during the meeting Rebeca Ramos told how the President of Mexico, Vicente Fox, was on the verge of signing a landmark bill that would permit residents to possess small amounts of heroin, cocaine, ecstasy or amphetamines (Tu.01.3). This bill quickly died as a result of U.S. pressure, a testimony to America’s relentless interference in international drug policy. But not everyone backs down. Pedro Chequer told of Brazil’s decision to return \$39 million of PEPFAR aid instead of capitulating to U.S. demands to compromise its proven programmes that reduce harms among sex workers. According to Chequer, “Brazil has taken this decision in order to preserve its autonomy on issues related to HIV/AIDS as well as ethical and human rights principles” (Tu.21.3).

Issues relating to law enforcement also took center stage and reflected the ongoing tension between police as agents of social change versus social control. Several presentations from the USA, Mexico, Canada, Poland, and the United Kingdom described how punitive policing strategies directly and indirectly affect the health of people who use drugs and their access to harm reduction services (Jonna Weck, Tu.05.1; Tim McSweeney, Tu.05.2; Deborah Small, Tu.05.4; Rebeca Ramos, Tu.01.3). Fostering collaborative efforts between human rights organizations and people who use drugs to document law enforcement policies and police abuses that negatively affect drug user health and advocate for eradication of such policies and abuses is among the highest (and most challenging) harm reduction priorities. There were only a few examples of positive experiences with law enforcement. One such example was that of a police officer from New Mexico who once was an avid opponent of harm reduction but now is an advocate who speaks to other officers about how NEPs can make the streets safer. In Vancouver, police have openly supported the safe injection site and even escorted people to the programme who were injecting in public places. One Vancouver police officer spoke of his orientation to the street scene by an older officer, who told him that “the only difference between you and that guy over there is that he sticks a spike in his arm and you don’t.” We can only hope to collect more of these positive experiences in an effort to convince law enforcement officials that harm reduction, rather than supply reduction, will create safer communities for us all.

The conference ended with highlights of some successes that represent steps in the right direction. Intensive lobbying from IHRA and other international agencies led to the listing of methadone as an essential drug by the World Health Organization. In Cambodia, Vietnam and Brazil, peer-based harm reduction initiatives have been accepted and endorsed by health officials (Serey Phal Kien, Mo.01.3; Luiz Guanabara, Mo.13.2; Tuan We Nguyen, 070P). Safe injection sites have

now been implemented in eight countries, which is a testimony to the power of collaboration and consistent messaging. Data from Vancouver, Norway and Australia show that safe injection sites have been associated with reductions in needle sharing, public injecting and increased referrals to drug treatment (Allison Salmon, Mo.09.1; Jo-Anne Stoltz, Mo.09.2; Richard Pearshouse, Mo.09.3; Anluag Lia, M0.09.4). Not a single overdose death has occurred at Vancouver's safe injection site. There is now sufficient data to support safe injection facilities as an integral part of any harm reduction programme, which should encourage other countries to develop their own programmes. The Canadian HIV/AIDS Legal Network has published an outstanding document called "Nothing About Us Without Us" that epitomizes how harm reduction should happen—from the ground up, with people who use drugs involved in every part of the process (see www.aidslaw.org).

In the opening ceremony, UNAIDS official Dr. Prasada Rao, Director of the UNAIDS regional support team for Asia and the Pacific, pointed out that an estimated US\$ 11 billion is needed to stop the global HIV pandemic but only US\$ 200 million is needed to curtail the proportion of HIV infections

transmitted through unsafe injection drug use practices. What is lacking most, therefore, is not money, it is political will. In the words of Conference Co-Chair Sue Currie, "the success of any conference can only be measured by what comes before and what comes after." So it is time to roll up our sleeves and get back to work. We will next take stock at the 18th International Conference on the Reduction of Drug Related Harm in Warsaw, Poland in May 2007 (see www.ihra.org for details).

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