



## Young people being ignored

**Even in countries with progressive harm reduction policies young people were still not being involved in policy and programme development, Youth R.I.S.E coordinator Caitlin Padgett told delegates in yesterday's *Young people, drugs and harm reduction session*.**

Young people were being criminalised for their drug use, she said, ending up in correction facilities and therefore at serious risk. Iulia-Veronica Broasca, project manager of the Romanian Association Against Aids, said her organisation had been running pilot projects in prisons, including two youth penitentiaries. They had offered free condoms and peer education but had come up against strong resistance from prison personnel. The institutions were extremely high risk environments where syringes and condoms were not allowed – 'minor prisons are a death sentence for minors,' she said.

However the Convention on the Rights of the Child – the most widely ratified of all human rights documents – could help provide a framework, said Ms Padgett. The guiding principles of the convention could help make the argument for harm reduction for young people, she said. These included non-discrimination, the right to life, survival and development, the right to be heard and having their views taken into account.

'Sometimes it's uncomfortable,' she said. 'People don't want to think about these issues. In some countries, for example in Eastern Europe, the

average age for people to start injecting is 15 or 16 but they can't access services until they're 18.' A coordinated response that included the UN family was essential, she said, so that people did not have to worry about providing services in case their funding was halted or they were accused of enabling drug use. She called for strong leadership at high level to change legislation to allow young people the services they desperately needed.

'There's resistance even within the harm reduction movement,' she said. 'But the reality is that without harm reduction services young people are dying.'



'The way to get these kids off drugs is to give them inspiration,' said Peanut of the Kormix collective, a UNICEF funded project which aims to reduce drug related harm in Cambodia through hip hop. The project serves around 150 young people, the majority of whom have stopped using drugs as a result, he told delegates.

## HIGHLIGHTS

Thursday 23 April

### Major Session: Drinking patterns in Asia

This session will bring together research on drinking patterns in four Asian countries – China, Korea, the Philippines, and Thailand. It will explore how drinking patterns are measured, and how harm reduction can be applied.

*Queens Park 1 (2nd Floor)*  
09:00 – 10:30

### Major Session: Reflections from Vienna

The International Drug Policy Consortium (IDPC) has organised this session to give feedback from the UN High Level Segment on Drug Control which took place in Vienna last month. The session will include presentations from IDPC and IHRA followed by a panel discussion on the way forward for international drug policy advocacy.

*Queens Park 1 (2nd Floor)*  
11:00 – 12:30

### Plenary Session:

The last plenary session this year will be on methamphetamine, and will feature four of the best presentations on harm reduction from the Global Methamphetamine Conference in Prague last year.

*Queens Park 1&2 (2nd Floor)*  
13:30 – 15:00

### Closing Session:

To close the conference, and celebrate another successful and engaging event, we would invite all delegates to attend this final session, which will feature a keynote address from Craig McClure – the Executive Director of the International AIDS Society. The session will also include the conference rapporteur's presentation, the 2009 Film Festival Award, the presentation of the 2009 Bonnie Devlin Memorial Scholarship, and a handover to Harm Reduction 2010.

*Queens Park 1&2 (2nd Floor)*  
15:15 – 16:30





## Programme changes

**THURSDAY 23 APRIL**

### M13 (The UN High Level Segment on Drug Control: reflections and implications for international drug policy)

This session will now be chaired by Rebecca Schleifer from Human Rights Watch. The panel will now also include Pavlo Skala from the International HIV/AIDS Alliance in Ukraine.

### Closing Session (15:15 – 16:30)

The 2009 Film Festival Award will now be presented by Peter Higgs. In addition to the listing in the programme, this session will also include the presentation of the 2009 Bonnie Devlin Memorial Scholarship.

**Please also note** that the Thursday lunch break is from 12:30 to 13:30, and not 12:30 to 14:15 as the programme states.

### Daily Update erratum

'Coverage needs cash' (*Daily Update*, 21 April, page 5) The UN regional task force's projected figure for required resources to provide harm reduction measures in 15 Asian countries until 2015 is in excess of \$2bn, not \$7bn as reported.

'Compulsory treatment denies human rights' (*Daily Update*, 22 April, page 7) Sonia Bezziccheri from UNODC's quote should read: 'We want to see drug dependence at the heart of public health policy' not drug policy, as reported.



**Breaking from the past:** A member of Kormix, the hip hop group made up of drug users in Cambodia, demonstrates the breakdancing skills that have inspired Cambodian street kids to swap drug use for dance, art and education, at a conference reception on Tuesday night.

Since being deported from California five years ago, KK set up Kormix and a dance school, Tiny Toones, to inspire children from Phnom Penh's poorest neighbourhoods.

'Breakdancing didn't exist in Cambodia,' KK told the *Daily Update*.

We're giving kids a chance to dream and do what they want. All the kids who are involved are now clean.

From being a nobody they know they can now become a star in Cambodia.'

## Conference notice

### Additional meeting:

### International Doctors' Harm Reduction Network

**In the workshop lounge** – Meeting to discuss the launch of the above: Do we need one? Why do we need one? **Thursday 23 April, 12.45-13.45.** All doctors welcome, as well as interested others. Contacts: Chris Ford, UK or Simon Boerboom, Netherlands. If you can't make it, email [chrishelen.ford@virgin.net](mailto:chrishelen.ford@virgin.net)

### About the daily update

The Daily Update is produced on behalf of IHRA by CJ Wellings Ltd, whose team publishes *Drink and Drugs News* (DDN) in the UK. DDN is a free fortnightly magazine circulated to 11,300 UK substance misuse workers, and is read worldwide online. The DDN website, which contains current and back issues of the magazine, is freely accessible at [www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com)

To advertise in DDN, email [ian@cjwellings.com](mailto:ian@cjwellings.com). Daily Updates will be available on Tuesday, Wednesday and Thursday mornings at the conference, and will include late changes to the programme.

Reporting team: Claire Brown, David Gilliver, Ian Ralph. Layout: Jez Tucker. For editorial enquiries or feedback, please email [claire@cjwellings.com](mailto:claire@cjwellings.com)



# Research reveals physical and mental barriers to harm reduction



**The number of Thai military drug centres was on the rise – yet no meaningful evaluation of them had been carried out, Karyn Kaplan told delegates, while presenting her research on compulsory drug treatment experiences of injecting drug users in Bangkok.**

With a team of trained peer researchers, Ms Kaplan had asked drug users directly about their experiences. Despite Thailand's official policy of treating drug users as 'patients instead of criminals', 32 per cent of respondents had experienced compulsory drug treatment. More tellingly, 96 per cent of those with a history of compulsory drug treatment had injected during the week they had been interviewed for the survey – 'an alarmingly high post treatment relapse rate' said Ms Kaplan. 'The theory is that keeping them away from drugs as long as

possible solves the problem, but this is totally unrealistic,' she added.

The survey had revealed embedded stigma and brainwashing about how people are supposed to behave – a 'yes I want to quit' auto response from drug users. 'Compulsory treatment is certainly not meeting its goal,' commented Ms Kaplan. 'Almost all go back to using drugs, and sanctions expose them to exploitation and substandard treatment.'

Apinum Aramrattna of Chiang Mai University, presenting research at the same session, found very high rates of HIV infection from his research with drug users and had looked at ways of using peer intervention to promote risk reduction in social networks. Researching at two locations, Chiang Mai and Philadelphia, he had witnessed a substantial decline in risky injecting behaviour in both locations and recommended more rigorous research on involving drug users in behaviour change.

Dr Hannah Cooper reported on her work on syringe exchange programmes (SEPs) in New York – a substantial eleven-year study involving 42 health districts. Easy access to local SEP sites was found to positively influence people's likelihood to attend, and had resulted in injectors reporting that they were less likely to practise unsafe injecting.

Ensuring a flow of sterile syringes to high arrest districts and networks within those districts was equally important, said Dr Cooper, alongside 'shifting funds from arrest and incarceration to public health'.

The session's chair, Swarup Sarkar, emphasised the issue of negative drug-related policing that had surfaced throughout the presentations, and asked delegates to consider how the police's role could be better defined in increasing harm reduction.

## Engage with us, parliamentarians urge NGOs

**Civil society needs to think about how it communicates with parliamentarians, delegates at yesterday's parliamentary panel discussion on the decriminalisation of drug use heard.**

'If you really want a change in the legal status of drugs, the only people with a mandate to change it are parliamentarians,' said chair of Pakistan's HIV/Aids parliamentary sub committee Dr Donya Aziz. 'If you're not talking to them you're not going to get anywhere,' she said. 'You're preaching to the converted and telling each other what you already know – you need to engage with the countries that are hindering your cause the most.'

Organisations also needed to make sure they communicated in a language that

parliamentarians understood, she stressed. 'If you speak to parliamentarians about IDUs and MSMs they won't know what you're talking about.' The situation in her country was further complicated by its strong bureaucracy – a legacy of British colonial rule – its proximity to Afghanistan, and worsening security situation and ongoing battles with extremists. 'Social issues tend to get left behind,' she said.

Deputy speaker of the Indonesian government's upper house, Dr Laode Ida, said that his country had more than 2m regular drug users and about 40,000 people in prison without access to treatment. Criminalisation of drug users was not 'human treatment' he acknowledged, but at the moment the government and people of Indonesia would not be willing to embrace decriminalisation

because of fears it would lead to an increase in use. In the meantime the country would focus on improving the quality and quantity of rehabilitation facilities and improving collaboration between government and NGOs, he said.

Cambodia's prime minister had pledged to 'extend a hand' to drug users and treat them as patients who needed help rather than criminals, said Cambodian MP Dr Ouk Damry. There was a need for an 'enabling environment – an appropriate legal structure under which assertive harm reduction facilities can be implemented.'

'We know what we have to do but we need your help,' Thai senator Dr Pinit Kullavanijaya told delegates. 'We need reliable data and the best evidence – then I can brainwash my colleagues, in a nice way.'



# Masculine culture leaves no room for Thai women's services



**'My mother told me she would rather have a child who is a prostitute than a junkie.'** Niphatra Haritavorn gave this quote from her research in Bangkok to demonstrate the obstacles and prejudice faced by drug-using Thai women, at Wednesday's session on risk environments and drug harms.

Viewed as unacceptable in society, drug-using women were stigmatised both inside and outside the family, at more extreme

levels than men. One of the women who participated in the survey said neighbours had asked her mother: 'How can you raise your daughter to be a drug addict?'

For many, the 'good daughter' image was replaced by a 'junkie' image. 'They keep an eye on me like I'm going to steal something from the house,' another survey respondent had said. The word 'ra-aa' had become commonplace – meaning 'to be bored with', and used to describe the family's reaction to their drug-using daughter when they are resigned to being unable to change their behaviour.

Many families reacted to the embarrassment and shame they felt by enforcing their own social punishment on their drug user. One girl described how her family did not tell her when her father had died. Others explained how the traditional Thai family support structure of using parents and grandparents to help with childcare had turned against them when they had been denied access to their own children by families who believed the child would lead a better life away from the drug user.

For many women, violence and degradation – from partners, police and even from others within the drug-using community – had become a depressing part of daily life. Motherhood was often unplanned because of drugs' influence on irregular periods and their interference with effective condom use. Male pride was another barrier to harm reduction, where men saw their partners' request for a condom as a sign of infidelity: 'You are my wife, why do I have to use a condom?', one man asked his partner.

In other cases, women assumed that because their partner was HIV positive there was no point in wearing a condom, as they would get the disease sooner or later, 'so why not now?'

'We need a holistic intervention programme applicable to women,' Ms Haritavorn stressed. 'Much of the activity around drugs is an overtly masculine world.'

## Indonesian study reveals macho risk-takers

**Studying young male injecting drug users in the slum areas of Makassar, Indonesia, had revealed a culture of macho risk-taking,** said Suderman Nasir, offering a different perspective in the 'risk environments' session.

Interviewing 18 young male IDUs at a local drop-in centre had revealed risky injecting as a major mode of HIV transmission among the urban poor of the 'Larong' slum area. Their 'cluster of disadvantages' included high level unemployment and few prospects of a better standard of living, and there was interplay

between their socio-economic marginalisation and their pursuit of 'rewa' – the local construct of masculinity. Participation in gangs was a characteristic of Larong's risk environment in initiating and maintaining a drug injection career.

'You are not a real Larong boy if you don't put a brave face against dangers... using drugs or injecting putaw (street grade heroin) are part of our daily life,' said one respondent. Another added: 'Most of us are unemployed and of course we are depressed because there is nothing

meaningful to do. Being involved in a gang, using drugs and injecting putaw makes us busy and I forget our despair, at least for a short period of time during the high.'

Analysing the results of the study, Suderman Nasir said harm reduction programmes needed to be complemented with wider community-based programmes that addressed socio-economic deprivation.

'We need to talk about the broader issues of daily life – unemployment, dignity and status,' he said. 'We need more mixed method studies to take this forward.'



# 'War on tobacco' damages harm reduction

**The 'war on tobacco' was impeding any effective tobacco harm reduction policies,** Paul Bergen of The University of Alberta told delegates at the *Tobacco use and harm reduction* session. 'The single best way of reducing risk is communication,' he said. 'But the only message that seems to be getting through is "quit or die".'

This 'politically motivated war' had meant that tobacco had come to be defined as outsider behaviour he said. 'The wars on drugs, tobacco and obesity envisage worlds without these things – those worlds have never existed.' Groups arguing that all tobacco products should be banned meant it was likely people could remain smokers instead of switching to safer products, he said. 'There is a righteous sense of quest in this "war" that classes any opposition as heretical. It's a campaign of demonisation that cuts off access to healthier products.'

Among these products was snus – a tobacco product placed under the lip – said Lisa Cockburn of the same organisation. There had been a long tradition of snus use in Sweden, she said – many people had switched to it, and smoking prevalence was now lower among men than among women as a result. 'This creates a natural experiment, with the women serving as a control' she said.

Overall cancer rates – and death rates for most smoking related diseases – were now lower in Sweden than in the rest of the EU for males, while for females they remained the same. 'If other countries had Sweden's tobacco use patterns we could expect similar reductions in risk.'

## Sex partying and the 'fun police'

**Is drug use a cause or effect of sexual behaviour?** asked researcher Garrett Paul Prestage in the *Illicit drug use, intensive sex partying and risk* session. Levels of drug use among gay men in Australia were much higher than in the general population, he said – research showed that men who engaged in unprotected anal sex and group sex were more likely to use drugs in general, not just to enhance sexual pleasure.

Drug use patterns in this community were in a continual state of flux, said Angela Matheson of ACON in Sydney. 'GHB, crystal meth and Viagra have all gained popularity in recent years, and there's a lack of relevant information.'

The association between drug use and whether men chose to use a condom was not necessarily causal, however, said Prestage. Nevertheless, for some gay men drug use was problematic and likely to be a risk factor, while the normative nature of drug use in gay communities meant that young gay men were more likely to start using drugs in the first place.

Defining populations was problematic, said ACON's Ben Bavinton. 'Men move in and out of different subcultures at different times, and many overlap.' There were also difficulties in engagement with HIV awareness messages and condom-focused HIV prevention, because of a wariness of the 'fun police', while another challenge was the lack of clear goals and objectives in much health promotion. There was a need to look outside traditional methods of posters and forums, he said. 'Some of it won't even look like traditional health promotion.'

## Conference quotes

'The Commission on Narcotic Drugs operates in a parallel universe to the rest of the UN when it comes to harm reduction. There has been a decade or more of neglect of health issues from the CND and we are set for a further decade.'

*Gerry Stimson*

'Our movement truly has some heroes throughout the world.'

*Michel Kazatchkine*

'Advocacy for harm reduction has developed along a tunnel vision of Aids control – there is minimal involvement of people who use drugs. Harm reduction is now on a sticky wicket.'

*Tripti Tandon*

'Young people are being denied services. They're being told to wait until they're older, sicker, more worse off.'

*Caitlin Padgett*

'Punitive policies have led some criminal justice systems to the point of collapse.'

*Manfred Nowak*

'Traditionally public health and the drinks industry don't talk to each other. But the drinks industry has children and the drinks industry drives on the road.'

*Ian Newman*

'Simple and low cost interventions work.'

*Andrea Fischer*

'There is a lost generation in Indonesia because of drugs.'

*Dr Laode Ida*

'There is no port of exit in Afghanistan so a lot of heroin comes through Pakistan. Because of that there are around 500,000 drug dependent people in my country.'

*Dr Donya Aziz*

'We get called smackocrats'

*Jenny Kelsall* (on people's reaction to their service user group being office based).

'Drug users need to be supported and mentored to fight for their lives.'

*Delegate*

'We need to recognise the important role of activism.'

*Dr Anindya Chatterjee*

'We are not going to be able to tackle human rights unless we tackle criminalisation.'

*Anand Grover*

'The epidemic goes wider than HIV – it's about abusing human rights, of using the criminal justice system and calling it treatment.'

*Dr Chris Ford*

'We should agree on a language to call these [compulsory rehab] centres concentration camps.'

*Delegate*

'Broader engagement can't be left to technical experts because that doesn't work.'

*Delegate*



# Joint working on healthcare cannot wait

**Prakash Tyagi** of Health and Development Networks comments on Wednesday's sessions on integrating services for HIV, TB and drug users

**THE LINK BETWEEN HIV, TB AND INJECTING DRUG USE** is loud and clear, supported by clear statistical evidence. In a series of presentations on Wednesday, the need for an integrated programme of services was reinforced as a key component of harm reduction.

Of the estimated 16m injecting drug users (IDUs) globally, some 3m are currently infected with HIV. IDUs contribute a significant 10 per cent to newly infected HIV cases. In the Asia-Pacific region, the situation is even more complex.

According to Christian Gunneberg of the World Health Organization (WHO), the percentage of IDUs with HIV ranges from 11.5 per cent in India to 41.5 per cent in Nepal and 42.5 per cent in Indonesia. Mukta Sharma of SEARO, WHO, also confirmed that in the Southeast Asia region, HIV prevalence among IDUs is around one-third.

The risk of IDUs acquiring tuberculosis (TB) is equally high. Studies show that IDUs have 10 to 30 times more chance of becoming infected with TB – a risk up to 50 times higher in prisons. TB is a curable and manageable disease, but with inadequate treatment it can be fatal – as for the large number of IDUs who die within a year of contracting TB bacilli. Multiple drug resistance among IDUs with TB and HIV is another significant phenomenon in countries such as Russia and India. Co-

existent TB and HIV infections among IDUs increase the risk of morbidity and death tremendously. There is a great need for integrating services for IDUs with TB and HIV components.

Dmytro Sherembey from Ukraine described the positive changes over the past ten years following such a development. 'Until 1995, IDUs with TB or HIV, or both, had no other option than wait for death,' he said. 'There were no services available at all, no access to healthcare. People used to die not of diseases but because of lack of treatment and proper support. The healthcare system provided only old beds and inadequate diet.'

Sherembey said he and his colleagues in the All Ukrainian Network of PLHIV battled for the rights of IDUs, and in 2008, there was a marked change to partial access to healthcare services for IDUs in Ukraine. He hopes that further progress will be made in Ukraine and in other parts of the world too.

'This is our small story of a big victory. We must continue our advocacy efforts if we have to save our friends and families,' he said.

The case is strong, the need for working with a collaborative approach on TB and HIV among IDUs is urgent, and networking between various levels of healthcare systems will be crucial. There is often a disconnection between tertiary level care, primary health care services and the community, and the situation is exacerbated in countries with a dominant private healthcare system. Nevertheless, action taking a participatory approach may show good results in the years to come. It's never too late.

## Engagement can pave way for human rights

**Taking action against HIV - a handbook for parliamentarians can be vital tool for harm reduction campaigners to advocate with politicians, Ralf Jurgens, the founding director of the Canadian HIV/AIDS Legal Network told delegates.**

The handbook provided background on HIV and outlined the serious threats faced. 'Progress has been made but the situation remains grave,' Mr Jurgens said. The handbook was launched in 2007 in Manila, where at the first global parliamentary meeting on HIV and Aids, 150 members voted to use it and bring it to the attention of fellow parliamentarians. The handbook gave detailed and practical guidance on HIV law but also focused heavily human rights. 'Universal access [to antiretroviral drugs] will never be achieved without much greater attention to human rights' stressed Mr Jurgens. 'Governments need to take leadership on protecting the human rights of

populations who don't attract public sympathy, such as men who have sex with men, and drug users.'


Jenny Kelsall from Vivavids, a peer-based drug users organisation in Australia, talked about how user groups could further the human rights of drug users. While acknowledging that Australia's human rights record was good compared to some other countries – 'their stories make our cries sound like the bleatings of small children' – Ms Kelsall said there were still some serious abuses of human rights perpetrated on Australian drug users. Invasive physical searches and abusive police investigations, as well as drug users being denied employment and facing the threat of having their children taken away, left them isolated and criminalised with no sympathy from the wider population who may feel they had got their 'just desserts', she said.

'You need to engage with drug users if you




**Jenny Kelsall: user groups can further human rights issues**

want them to use services,' she added. 'The best harm reduction service in the world doesn't work if people don't engage with it.'

**ชุมชนเสวนา  
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The **ชุมชนเสวนา Dialogue Space** at IHRA provides the opportunity for all conference participants to engage in the sharing of information, knowledge and open dialogue addressing issues of harm reduction and HIV/AIDS, providing local and regional voices with a global platform. The dialogue space will be the main venue for grassroots organisations and civil society to meet and discuss with all other stakeholders involved in harm reduction how they can partner to support locally-driven community development efforts. The space aims to fill the gap between high level policy making and the realities of addiction and drug use.

The Global Fund, as the leading funder of harm reduction programs globally, is taking the lead in organising this dialogue space, **located in the exhibition area**, in partnership with the UNAIDS family, aiming to work with both community and technical partners.

**The Global Fund and UNDP would like to thank all delegates who participated in the dialogue space.**

**The next dialogue space will be at the ICAAP conference in Bali, we hope to see you there.**



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