

# **HARM REDUCTION COMING OF AGE**

REPORT FROM THE 18TH  
HR CONFERENCE  
WARSAW 13-17 MAY 2007

# RAPPORTEURS' TEAM

- DAMON BARRETT
- MICHAL BUJALSKI
- KASIA DĄBROWSKA
- HARALD KLINGEMANN
- JUSTYNA KLINGEMANN
- ARTUR MALCZEWSKI
- JACEK MOSKALEWICZ
- MARTA STRUZIŁ

# PARTICIPANTS

## PEOPLE:

- HAVE REGISTRED 1043
- HAVE PARTICIPATED 1200 (APPROX.)
- GENDER RATIO 50:50 (APPROX.)

COUNTRIES: 82

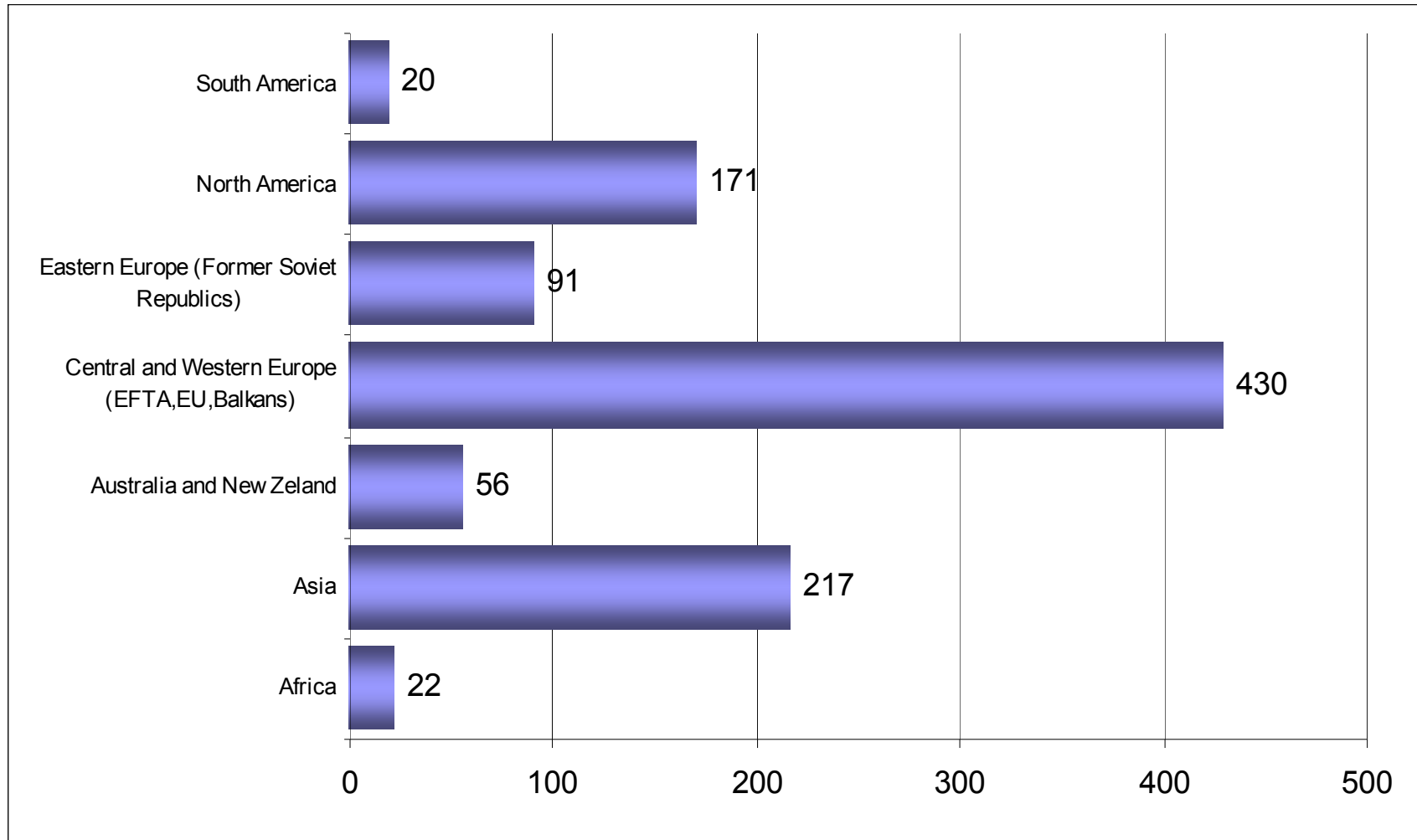
## INSTITUTIONS:

- NGO's, UN AGENCIES,  
GOVERN. DEPARTMENTS  
OTHER INSTITUTIONS 580 (APPROX.)

## PRESENTATIONS

- ORAL 300 (APPROX.)
- POSTERS 300 (APPROX.)

# PARTICIPANTS BY REGIONS



# **FROM ADOLESCENCE TO ADULTHOOD NINE MAJOR SHIFTS - BENCHMARKS**

- **FROM TOP-DOWN INITIATIVES TO BOTTOM-UP MOVEMENTS (24)**
- **FROM GENERAL DRUG ENVIRONMENT TOWARDS MORE SPECIFIC SETTINGS AND POPULATIONS (22)**
- **FROM HIV TO RANGE OF HARMS (20)**
- **FROM DEVELOPED COUNTRIES TO DEVELOPING COUNTRIES (20)**
- **FROM PUBLIC HEALTH TO HUMAN RIGHTS ISSUE (19)**
- **FROM CONTROVERSIAL ISSUE TO NORMALISATION (18)**
- **FROM ILLICIT DRUGS ONLY, MAINLY OPIATES TO OTHER SUBSTANCES (16)**
- **FROM OUTSKIRTS OF DRUG POLICY TOWARDS INTEGRATED DRUG POLICY (8)**
- **FROM INDIVIDUAL ISSUE TO STRUCTURAL QUESTION (6)**

# **FROM TOP-DOWN INITIATIVES TO BOTTOM-UP MOVEMENTS**

- **DIALOG BETWEEN HR PROFESSIONALS  
AND DRUG CONSUMERS**
- **LEGALISATION OF DRUG COMSUMERS'  
MOVEMENTS**
- **SELF-ORGANISATION OF YOUTH MOVEMENT**
- **FAMILIES OF DRUG USERS ORGANISATIONS**
- **ORGANISED MOVEMENT OF SEX WORKERS**
- **LAW ENFORCEMENT AGAINST PROHIBITION**

# **FROM GENERAL DRUG ENVIRONMENT TOWARDS MORE SPECIFIC SETTINGS AND POPULATIONS**

- PRISONERS**
- ETHNIC GROUPS**
- YOUTH**
- (PREGNANT) WOMEN**
- HOMELESS**
- SEX WORKERS**
- DOUBLE STIGMA GROUPS**

# **FROM HIV TO RANGE OF HARMS**

- **INFECTIOUS DISEASES: HEPATITIS, TB, MALARIA**
- **OVERDOSE**
- **LEGAL HARM: STIGMATISATION, CONSEQUENCES FOR OTHERS**
- **DISCRIMINATION**
- **SOCIAL EXCLUSION**
- **HOMELESSNESS**
- **WORK PLACE RISKS E.G. SEX WORKERS**

# **FROM DEVELOPED COUNTRIES TO DEVELOPING COUNTRIES**

- **RAPID SPREAD OF HR INITIATIVES IN DEVELOPING COUNTRIES IN ASIA IN RESPONSE TO HIV EPIDEMICS**
- **AFRICA AND SOUTH AMERICA LAG BEHIND**
- **“FOR DEVELOPING WORLD CONVENTIONAL DRUG TREATMENT IS OUT OF THE REACH FOR FINANCIAL AND OTHER REASONS” (VOICE FROM MYANMAR)**
- **“HARM REDUCTION IS NOT AN OPTION. IT IS A MUST” (VOICE FROM NEPAL)**

# **FROM PUBLIC HEALTH OR PUBLIC COMPASSION TO HUMAN RIGHTS ISSUE**

## **VIOLATION OF HUMAN RIGHTS:**

- DISCRIMINATION IN ACCESS TO LABOUR MARKET, HEALTH AND WELFARE SERVICES**
- NON-VOLUNTARY TREATMENT**
- PROSECUTION AND INCARCERATION**
- DEATH PENALTY FOR DRUG OFFENCES (RETAINED IN AT LEAST 34 COUNTRIES)**

# **FROM CONTROVERSIAL ISSUE TO NORMALISATION**

## **GENERAL TREND TOWARDS NORMALISATION:**

- **THE 2003 RECOMMENDATION OF EC (ALL EU COUNTRIES)**
- **HEROIN ASSISTED TREATMENT (CH, NL, UK, D, ES)**
- **RAPID EXPANSION OF MMT IN IRAN, CHINA, INDONESIA**
- **SYRINGE EXCHANGE IN MOST EX-SOVIET REPUBLICS**

**GREAT VARIATION IN COVERAGE REFLECTING  
UNDERLYING CONTROVERSY**

**STILL VERY CONTROVERSIAL FOR YOUNG PEOPLE  
AND PARTICULARLY FOR THE UNDERAGED**

# **FROM ILLICIT DRUGS ONLY, MAINLY OPIATES TO OTHER SUBSTANCES**

- ATS/PARTY DRUGS                      3 SESSIONS**
- COCAINE/CRACK                        1 SESSION**
- ALCOHOL                                3 SESSIONS**
- TOBACCO                                3 SESSIONS**

# **FROM OUTSKIRTS OF DRUG POLICY TOWARDS INTEGRATED DRUG POLICY**

- EXCEPT FOR SOME EFTA COUNTRIES  
AND AUSTRALIA HR IS NOT INTEGRATED WITHIN  
GENERAL DRUG POLICY**
- ATTEMPTS TO INTEGRATE HR WITH LAW  
ENFORCEMENT AT THE LOCAL LEVEL**
- NEVERTHELESS, SYSTEMIC PERSPECTIVE IS  
OFTEN MISSING WITHIN VARIOUS NATIONAL  
AND INTERNATIONAL INITIATIVES**
- COMPETITION FOR PUBLIC ATTENTION AND  
FUNDS PREVAILS**

# **FROM INDIVIDUAL/CULTURAL ISSUE TO STRUCTURAL QUESTION**

**PRODUCT OF SOCIAL ORDER: POVERTY,  
DISTRIBUTION OF POWER, SOCIAL EXCLUSION**

**CONSEQUENCE OF SOCIAL CHANGE**

**CONSEQUENCE OF WARS**

# **BARRIERS TO HARM REDUCTION**

- **RESISTANCE OF POWERFUL ACTORS ON INTERNATIONAL ARENAS**
- **PROHIBITIVE INTERNATIONAL AND NATIONAL LEGISLATION**
- **NEGATIVE PUBLIC ATTITUDES OFTEN REINFORCED BY MEDIA**
- **HIGH LEVEL OF MARGINALISATION AND SOCIAL EXCLUSION**
- **CUMULATION OF PROBLEMS (MULTIPLE-STIGMA)**
- **COMPETITION FROM OTHER DRUG POLICY FIELDS**

# **WHAT TO DO TO OVERCOME BARRIERS?**

- **TO IDENTIFY ALLIES AND COMMON INTERESTS**
- **TO INTEGRATE HARM REDUCTION WITH WIDER SOCIAL AND HEALTH POLICY CONTEXT (MODEL LEGISLATION)**
- **TO FIND LOCAL SOLUTIONS CONSIDERING LOCAL THREATS AND USING LOCAL OPPORTUNITIES**
- **TO ADOPT MEASURES SPECIFIC TO THE NEEDS OF YOUNG PEOPLE (E.G. USE OF INTERNET)**
- **TO ADOPT STEP-WISE APPROACH**
- **TO KEEP AN ANONYMOUS MONITORING SYSTEM**

# **LIMITATIONS**

- **LIMITED COVERAGE**
- **NON-RANDOM SELECTION OF SESSIONS**
- **NAIVE OBSERVERS**
- **SELECTION OF POSITIVE EXPERIENCES ONLY**